



**Alpha Omega Alpha University of
Maryland Presents:**

Junior / Senior Night 2012

February 28, 2012

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Residency Application Timetable

Note: This timetable is geared towards people doing ERAS (the computerized common application for residency) for the regular Match. Early Match programs are Military, Ophthalmology and Urology. For early Match, move this schedule ahead by 1-2 months.

Start Now!

1) Choose a specialty. This can be a difficult decision. Start by talking to as many people as possible. Good resources include:

- Dr. Parker
- Dr. Martinez
- Dr. Fantry
- Dr. Frayha
- Seniors
- Residents
- Attendings
- Doctors in the community

2) Remember that your clinical experience is affected greatly by your team and work environment for those several weeks. If something interests you, try to find out what it is like elsewhere.

3) Check out the AAMC's **Careers in Medicine** website for help with choosing a specialty, the application process, interviews, etc. OSA should provide a login code for you if they have not already.

<http://www.aamc.org/students/cim/>

4) Start thinking about letters of recommendation. You generally need 3-4 letters, depending on your specialty and each program's requirements. Consider getting letters from attendings on your electives, sub-I's, away rotations, research mentors, community service advisors, etc. Typically the chairman of the department will write you a letter as well. ERAS allows you to pick which letters you want to go to each program, so you could have more than 4 letters to mix and match if you wanted.

5) Consider peeking at **Iserson's Getting Into a Residency** for further information about the process. It's a widely used book that some students find helpful.

Scheduling:

1) Each specialty has different recommendations for this, so refer to each section. Typically, you will want to do your electives, away rotations, and sub-I's in your field of interest early in fourth year (July-October). This will allow you to get further exposure, check out other programs, and get letters.

2) Start talking with seniors, residents, and faculty in your field of interest to determine good places for away rotations, home rotations, etc.

3) December/January is typically a busy time for interviews (again, depends on the specialty).

4) Start to investigate and schedule electives at other schools, as the application process for these varies entirely by program/school, and often begins in April.

April-July

1) Start thinking about programs you might want to apply to. Slowly make a list, with the help of mentors/advisors. FREIDA is a good place to start for program information. <http://www.ama-assn.org/ama/pub/category/2997.html>

2) Update your CV! This will make your ERAS application much easier.

3) Start thinking about your personal statement.

June-July

1) Meet with Dr. Martinez, Dr. Fantry, Dr. Parker, or Dr. Frayha about your Dean's Letter (aka MSPE: Medical Student Performance Evaluation). The Dean's letter is written according to specific guidelines and will include grades, a synopsis of your CV, verbatim transcriptions of your 3rd year clinical evaluations and a brief statement about your rank in your class.

2) Review your transcript online (<http://simsweb.umaryland.edu>) to make sure that all your grades have been correctly submitted. 3) Ask for letters of recommendation. Letter writers will usually ask for your CV and personal statement. You will need to fill out a form to give to each letter-writer (available on medscope and at the OSA). These forms identify the letter-writer, and allow you to waive your right to view the letter.

July

- 1) OSA will send out a token (this year it was July 1) allowing you to begin your ERAS application. You can familiarize yourself with it and start filling out information. You should plan to complete and certify your application by early September.
- 2) Register for the match through the NRMP (<http://www.nrmp.org>).

August-September

- 1) Narrow down your program list. Talk to your advisor, residents, attendings, etc.
- 2) Complete your ERAS application. Details below under ERAS section.

October-January

- 1) Schedule interview dates. If you are interested, schedule. If you need to cancel later because of conflicting dates, do so as early as possible. Usually >2 weeks is ideal.
- 2) Interview! This is a tiring process, so try not to schedule too many in too short a time period. Remember that interview season is in the winter and travel plans can get fouled up by the weather. TAKE NOTES at the interview, get a card from your interviewers (so you can write them a thank you note if you want), and record your impressions soon afterwards. Interviews can really run together if you don't do this!
- 3) Send thank-you notes within 24 hours if possible. Buy nice stationery. Send notes to program directors, department chairs, and also to interviewers if you want.
- 4) Schedule second-look visits if applicable or necessary.

Late January-February

- 1) Enter your Rank Order List online (<http://www.nrmp.org>). You will need your AAMC ID number.
- 2) At this time, you may schedule a meeting with your OSA advisor to discuss your rank list.

Mid-March

Match Day! Students who did not match can find out on Monday at noon, and they will participate in the Supplemental Offer and Acceptance Program (SOAP) on Tuesday and Wednesday to find a residency spot (with help from the OSA). The Match Day ceremony takes place in Davidge Hall on Friday. The day starts with a mandatory meeting about commencement and the class picture. Match results start at noon. Envelopes are handed out to students in random order. The ceremony is usually followed by a luncheon sponsored by the Alumni Association.

At some point 4th year

- 1) Take USMLE Step 2 Clinical Knowledge (CK). Many programs are now requiring Step 2 scores before ranking. OSA encourages most students to take the exam by early January. A few programs require Step 2 before offering interviews, so check each program you are interested in to see what their policy is. Generally, take it when you have time to study, either on an off month, or light elective. If you feel you need to improve on your Step 1 score, it may be beneficial to take Step 2 very early in your 4th year, if you can devote a few good weeks of study so that residency programs can see your improvement. Most people this year did better (or at least the same) on Step 2 compared to Step 1.
- 2) Take USMLE Step 2 Clinical Skills (CS). This is essentially a day of standardized patients, testing your clinical abilities (focused history, physical, assessment, plan). This can be taken anytime, but the closest site is in Philadelphia and slots fill up quickly. Nothing to stress about – the pass rate is ~98%, and you will have a similar standardized patient session (OSCE) at school to prep. Schedule this exam early to avoid expensive travel to other, more distant, sites.

ERAS

ERAS stands for the Electronic Residency Application Service. It is used for all specialties except those in the San Francisco Match (ophthalmology).

ERAS is entirely web-based, so it can be accessed anywhere. To start the application you must wait for OSA to send you an AAMC token (early July). The website is:

<http://www.aamc.org/students/eras/start.htm>. You will not be allowed to submit until early September, so there is plenty of time to get familiar with the application and slowly upload.

Things you will enter include:

- 1) Biographical info (the information on your CV, but entered in a special format)
- 2) Personal statement- You can write your PS on a word processing program and import it (be sure to use the “proofreading” feature that will show you how it will look when printed). You may enter multiple personal statements and specify one statement to be sent to a given program.
- 3) Names of faculty writing letters. Again, you will be able to specify which letters are sent to a given program.
- 4) List of programs to which you are applying

Things OSA will upload for you:

- 1) Transcripts. View online (<http://simsweb.umaryland.edu>) to verify grades/courses.
- 2) Recommendation letters. OSA has a personalized recommendation request form and waiver that you will give to your letter-writer. Most often, they turn these in to OSA themselves (it can help if you have a stamped envelope for them). You can check your ERAS to see if the letters are in.
- 3) USMLE scores are sent automatically when you release them on ERAS. You may request that they be held until you review and release them.
- 4) You will have a professional photo taken in the spring at school, and OSA will automatically upload it into ERAS for you.
- 5) The Dean’s letter (MSPE) will automatically be uploaded October 1.
 - After you submit your application you can check ERAS to see which programs have downloaded your application, and to make sure all parts are complete.
 - Check your email often! Programs will usually use email, occasionally phone, to invite you for interviews. Also check message center on ERAS since emails occasionally get lost or stuck in your spam.
 - And reply quickly to any interview invites, as slots can fill up fast! You can always cancel later, if dates conflict, so long as you give them ample notice (>2 weeks).

Helpful Hints

1) First of all, if you’re going to buy a book about all of this, buy *Getting Into a Residency: A Guide for Medical Students* by Kenneth V. Iserson, M.D. It may be useful, but is not necessary at all.

2) **Curriculum Vitae:** Make this document 1 page (longer only if you have a lot of work experience, publications, etc). Have someone you trust look it over. Don’t be misleading. Emphasize things you have done besides medical school - previous career, college research, extracurricular activities, etc. Remember, anything you list can be brought up by your interviewer. Proofread very carefully. If you are using ERAS, you will enter the information from your CV into your application and lose all control over how it looks. Another resource is *Resumes and Personal Statements for the Health Professionals* by James W. Tysinger.

3) **Personal Statement:** This should be one page long. The key word is personal. This is your only chance to “talk” to a program, so make the most of it. A lackluster PS probably won’t prevent you from getting an interview, but a really good one can help you. Use your PS to introduce yourself. Prepare a well-written statement that is grammatically correct and focused. Have someone you trust read and critique your PS. DON’T repeat your whole CV- you can expand on 1 or 2 items. DON’T make excuses or rely on quotations

or clichés. DON'T overuse "I". You typically want to display why you have chosen that specialty, why you would be good at it, and what your future aspirations might be.

4) **Letters of Recommendation:** This differs somewhat by specialty. Attendings from 3rd year rotations, sub-I's, and/or research, are all good resources. Most often, the department chair for your specialty will write everyone a letter. Ultimately, you want letters that can speak about you as a professional and as a person. Most people will want to meet with you, see your CV and personal statement before they write a letter. Give them ample time to get the letters written. FOLLOW-UP ON YOUR LETTERS. Ensure that they are uploaded into ERAS. Send gentle reminders if they are behind schedule. You can also have as many letters written as you would like, and you can pick and choose which get sent to each program. E.g. a good research letter could be sent to academic institutions, while you may not send that to community programs.

5) **Dean's Letter (MSPE):** Hand in your CV and personal statement to the OSA and then meet with Dr. Martinez, Dr. Fantry, Dr. Frayha, or Dr. Parker. OSA will have already asked you to draft the introduction summarizing your accomplishments before medical school and during the first two years at Maryland. This is a narrative version of the highlights of your CV, and a sample is available on the OSA website. The majority of the letter is a compilation of your evaluations (verbatim) from 3rd year, plus a few from 4th year. It will also include a statement about your class rank. The letter is written according to a rigid standard now, so modifications may be limited. In order to get your early 4th year sub-I evaluation into the letter, they must reach the OSA before the deadline. Remind your attendings to complete these evals in a timely fashion. If you do an away elective, they will be sent a standard UMSoM eval form for them to fill out and send to OSA.

6) **Applications:** For ERAS there is one application completed and submitted online. For others: type your applications. Make a copy before you sent them out. It is a good idea to include a pre-stamped postcard in your application that will allow the program to notify you when your file is complete. Weigh your application and put enough postage on it! Phone calls can be made to check the status of your application. Remember, administrative assistants are very busy sorting mail during the interview season.

7) **Interviewing:** The OSA has information on discounted fares. This info is also available to AMA members through the organization. Southwest and AirTran usually have inexpensive airfare and Southwest allows you flexibility in changing your flight time/date without penalty. The Medical Alumni Association has been working on a HOST (Helping Our Students Travel) program through which you can stay with alums in other cities. Call them at 706-7454 for more info. People often ask about the timing of interviews. Iserson suggests interviewing late for programs that will be high on your list because you will be fresh in their minds. This is just one opinion! People also wonder about practice interviews. Obviously, it is less stressful to interview at you own institution first, but if Maryland is one of your top choices, you may want to use another program for polishing your skills... it really is a matter of personal preference. The night before the interview, make sure you have info about the interview time and place, info on parking, and your interview suit with ALL ACCESSORIES (tie, belt, shoes, hose). BE PREPARED FOR YOUR INTERVIEW. Look over your CV, PS, application, and program brochure. Review questions they may ask you and have a list of questions to ask them. Have your thoughts on your professional goals, past accomplishments, personal attributes, etc. formulated. Other things to bring if you feel they will add to your interview: abstracts, publications, USMLE Step II scores, recent evaluations, etc. Spend as much time as possible with interns and residents. Ask plenty of questions. Interns will let you know about surviving first year and residents can give you perspective about life after internship. At each interview, get the name and phone number of at least one resident. (In February, when you are making your rank list, you may have some last minute questions.) Write down your impressions about a program ASAP. You'll be amazed at how programs blend together. Send thank you notes to program directors - you can either "cc" the interviewers or jot a personal note to each on the bottom. Try to do these within 24 hours. With the majority of travel done in the winter, be prepared for delays and cancellations. Bring extra clothes and information for upcoming interviews in case you get stuck. Lastly, be nice to the program coordinators and staff, and socialize

with other applicants. It matters!

So You've Decided to Switch Specialties Late in the Year...

•It is still possible to change your mind and switch to a different specialty even in October and possibly later. In fact, depending on which field you have chosen, it is still possible to get invited to interviews at good programs. Here are some helpful hints from someone who switched late.

- 1) **DON'T PANIC**- it can be done. You must be committed to the change and willing to work quickly. Keep in mind that your happiness in the long run is much more important than a couple of months of hard work and hassle.
- 2) Contact your MSPE writer in OSA right away to begin strategy discussions.
- 3) You need a mentor. Find someone in the field who knows many programs and knows them well. Meet with this mentor immediately and generate a list of potential programs.
- 4) If the program uses ERAS, follow up your ERAS application with a phone call to make sure they look at it. Some programs may tell you that you have already passed their deadline- if you really like the programs, **SEND YOUR APPLICATION ANYWAY**. The worst they can do is tell you no, and some programs may give you an interview despite the deadline. **BE VERY NICE TO EVERY ADMINISTRATIVE ASSISTANT YOU SPEAK WITH**- they are often the people who schedule the interviews.
- 5) If you want to apply to Maryland, talk to the residency program director here immediately. They often give early interviews for Maryland students.
- 6) You may or may not need new letters of recommendation. Often the ones you have are either fine as they are, or can be edited easily by the writer to fit your new field. Some programs require a letter from Maryland's chairperson in that field. If so, this should be one of the first things you do. If you get new letters from other faculty, make sure to pick people you can count on to get the letters out immediately. Work very closely with the administrative assistants to ensure that letters are sent promptly.
- 7) See if you can get away with merely altering your personal statement to fit your new field.
- 8) When you send your application, include a cover letter emailed to the Program Director. Explain your situation. Tell them very honestly why you switched. Make the letter look professional- you want to come across as someone who has made a mature and educated decision, not someone who has been lazy and late getting in the application. You will be surprised to find that most programs will understand and even empathize with your situation.
- 9) Don't be discouraged if interview spots are filled at first. Many spots open later in the year as people drop interviews. Have patience. However, you must accept at this point that you are not going to have an ideally efficient interview schedule. **DON'T** be picky about interview dates- the more flexible you are, the more likely the program will be to help you. You should be extremely persistent. Keep calling back to check for openings. When you interview, expect to be asked about why you switched.
- 10) Talk to as many different people as you can. Talk to attendings, residents, classmates, etc. See what everyone thinks about different programs.
- 11) Good luck and remember hint #1.

Couples Match

Couples matching allows any two people to be matched with residency programs in the same geographic area if they so desire. ANY two people can apply as a couple. Partners apply and interview separately at programs in the same geographic region and then submit a rank order list of PAIRS of programs. The list algorithm is such that it will even also allow partners to match in separate locations or for one partner to go unmatched in the event that a couples match is not possible.

Plenty of thought is required before entering into a couples match. Couples matching requires a great deal of compromise and sacrifice on both parts and should not be entered into lightly. Matching as a couple may mean going further down on your individual rank list – so if you two are not married, or are not planning any kind of committed relationship, think long and hard before going through the Couples Match!

APPLICATION PROCESS: First, to make it official, you will need to register as a couple on NRMP's website. This basically entails entering each others AAMC ID and paying a nonrefundable \$15 each.

The hardest part is then deciding where to apply and how many programs to apply to. This varies from couple to couple. If one person is going for dermatology and the other for radiology, the number of programs will be much greater than a couple both applying for internal medicine. The competitiveness of each applicant in his/her respective specialty also plays a role. Some people suggest doubling the number of programs one would apply to individually in the more competitive specialty. It is generally better to apply to too many programs and cancel interviews than to add programs later in the application season since many of the interview spots have already been filled. The number of programs applied to can also vary depending on whether you look in larger cities – like New York or Philadelphia – since bigger cities tend to have numerous programs in any field.

For couples applying to the same specialty: Be sure to apply to programs large enough to accommodate both of you. For example, the likelihood of both matching in a program with 20 residents is greater than a program with only 6 residents per year.

GETTING INTERVIEWS: Certain programs, like pediatrics, family medicine, and internal medicine, tend to offer interviews soon after submitting your ERAS application. On the other hand, some programs (i.e. Surgery, EM, etc.) will wait until the Dean's Letters are sent out October 1st. This can make scheduling interviews difficult since one partner may hear back a lot sooner from programs than the other. In any case, schedule interviews as they come in – DO NOT wait for your partner to get an invitation. Remember, you can always cancel an interview.

Once you are extended an offer to interview, mention in your response email that you are applying as part of a couple. Also let the program know the name of your partner and what program he/she is applying to – many programs will try to work with you to schedule interviews on the same day. Although it may not always be possible to travel together on interviews, it is definitely worth trying to coordinate. With this in mind, by late November to early December (give programs time to process Dean's Letters and "complete" applications) it is okay to call programs you have not heard from. Use couples match to your advantage. If only your partner has an interview at Program X, call your respective program to "check the status of your application" and mention that you are couples matching and your significant other will be interviewing on this day. Many places will quickly get back to you with an interview offer. Plus it shows the program that you are interested. If they happen to say "No," then at least it saves your partner a trip out to Program X.

On the interview day, mention to your interviewer that you are couples matching and give him/her the name and specialty of your significant other. I know it's in your application, but tell them again anyway.

RANKING: It helps to keep a running rank list of programs as you interview. Some people create elaborate

charts and write pages of notes detailing the nitty-gritty aspects of each program; however, most make a rank list based on “gut” feelings. If there happened to be a program you absolutely hated – don’t rank it. It can’t be said enough, if you know you won’t be happy there, don’t even put it on your list! There will be places you both liked. The hard part is figuring out how to make the paired list. Here’s where the compromising comes in. One of the more creative systems I’ve heard of involved averaging the couple’s individual lists. So if Jon ranked Program X # 1 and Jane ranked it #5 then it would be #3 on the paired rank list. No matter what, you will need to sit down as a couple and hash out a list of pairings that you both are happy with. This might mean including “unmatched” options for one or both partners. Each partner of a couple may rank up to 30 different programs on their primary rank order lists, and up to 30 different programs on all supplemental rank order lists combined before incurring an additional fee of \$30 per program. Once you have a paired ROL completed, you must enter it into the NRMP website. Each partner enters his/her side of the list separately. This means you may enter one program multiple times. Each partner must also have the same number of programs listed. Don’t worry, this may sound confusing but it is a fairly simple process.

RESOURCES:

- Advice for couples match can be difficult to come by since not many people participate in it and situations are variable from couple to couple. With this in mind, talk to as many people as you can – whether fourth years, residents, faculty or other applicants or residents you encounter on the interview trail. You’ll be surprised how many people you meet have couples matched and are happy to share their experience with you.

FREIDA Online Search. <http://www.ama-assn.org/vapp/freida/srch/> You can search for residency programs in every state. Also lists application deadlines, number of residency spots, links to official program websites, etc.

On the website of the University of Kansas SOM: Couples Match/Surviving the Couples Match. www.kumc.edu/som/medsos/cm.html A very detailed outline for approaching the couples match.

The main things to remember as a couple are: 1) Make sure all programs know you're a couple. 2) Don't rank any programs where one or both of you will be unhappy, who knows, you may end up there. 3) 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 may go pretty far down your rank list before everything "clicks" - make sure your list is long enough!

Good luck!

For questions, please contact:

Janna Becker (jbecker2012@gmail.com)

The Military Match

Introduction:

The military match shares many characteristics with the civilian match, with some important differences depending on which branch of the military you are in. The military match is early, taking place in December instead of March. The timetable is therefore moved up a bit. (An example of a timetable is included below as a guide). The application process may vary as well. In the Air Force, a written application is used, while the Army uses the ERAS system primarily. Like the civilian match, a CV, Personal Statement, MSPE and Letters of Recommendation are included in the application. After the applications and rank lists are submitted, the Graduate Medical Education (GME) Board meets in mid-November and ranks the applicants using various criteria including: grades, USMLE scores, research, and “career potential”(whether they feel that you will be career military). Candidates are either matched into the military residency of their choice, “deferred” into a civilian residency of their choice (see below) or matched into a military transitional year (see below). All applicants must also apply to the NRMP match through ERAS in case they are deferred to civilian training. All Army info is available on the GME/HPSP website.

The most important advice is to stay in contact with your branch of service regarding the application process. There are differences between the Army, Navy, and Air Force which may only be addressed within that specific branch. Use the following information as an introduction to the military match, confirming all information with your service specific instructions.

Active Duty Tours (ADT's):

Your final rank list will be due at the end of October or beginning of November, so away electives at potential residency sites should be done **before** then. July to September is the best window, and some believe later is better since you will be fresher in the program's mind when the Board meets. Keep in mind your ADTs for the Army at least cannot be within 30 days of each other, so planning an early (July-September) ADT at what you think your 2nd choice residency site will be then taking a break at home and going back for a 2nd ADT (October) at what you think your 1st choice residency is what many do. Setting up the ADT usually consists of calling the clerkship coordinator at the site and checking availability and some have websites (like Tripler Army Medical Center in Hawaii). This should be done as **early** as you can (i.e. this spring or as soon as you know our 4th year schedule), since some sites and rotations are very popular.

Navy ADT's cannot be taken in the same fiscal year (fiscal year begins October 1). To do 2 ADT rotations in the 4th year, one must be done before October 1 and one must be done after October 1 IF you are planning on using your annual ADT. You may do two rotations prior to October 1, however one will be an ADT while the other is done as a civilian (i.e. you must pay for travel, meals, lodging, etc.).

You don't necessarily have to rotate in the specialty you want, you just need to be seen!! The military is a very small world so word will get around if you are good (or bad!) applicant no matter what specialty you may be rotating in. Certainly, if you are rotating in a different specialty then arrange for interviews with the specialty you want during your ADT.

At the UMB end, you need to inform OSA of your intentions if you want your rotations to count for school credit. You can do up to two away electives. If necessary, you can do the ADT's during your vacation months. Sub-I's away are a special situation. You may do one Sub-I away for credit if you obtain permission from the curriculum committee in advance, but you must do this in writing and explain the importance (this is a very rare exception).

You should go to all ADT's with a CV, Personal Statement, a photo and your Class A uniform (this is what you will interview in). Keep in mind that Walter Reed National Military Medical Center at Bethesda is very close to UMB, so if it is high in your rank order it might best to do a non-ADT away rotation. This

way you don't "waste" your ADT on a site that is so close (because you will not get per diem, hotel costs or rental car costs paid for). Make sure you update yourself on military practices and traditions.

Interviews:

In the Air Force, the applicant is required to interview with one military program in his/her specialty, and this interview may be by phone. However, it is in your best interest to interview with your top military choice at the latter end of an ADT at that site. The program director is only allowed to have your two-page application and your CV by JSGME Board rules. It may be worth interviewing with all of the program directors in your specialty by phone.

Similarly, in the Army, you should interview with as many of the programs as possible, with at least interviewing in person with your top 2-3 choices. You can interview over the phone with your other choices. Interviews are expected to be done while on ADTs. Surprisingly, most programs are rather understanding when it comes to phone interviews; but still if you are not as competitive as you would like to be then it would be in your best interest to interview in person.

Be aware that in the Army there is a deadline by which interviews should be completed, it changes yearly, so make sure you ask!! The MODS online forum is very helpful for this and they are very prompt with answering questions.

Interviews are like civilian interviews for the most part, only you will be wearing your Class A uniform (MAKE SURE IT IS ON RIGHT OR YOU WILL REGRET IT!). Even if your interviewer says it's not necessary, trust me, it goes a long way to presenting yourself professionally and they will remember! Another obvious thing is to make sure you use appropriate salutations ("sir," "ma'am," etc).

Letters of Recommendation:

In the Air Force LOR's are limited to two; at least one letter from a military physician or program director is ideal. If not, anyone at school is fine, though heads of departments are better than others. The important thing is to have your letters stand out in some way. The more specific, the better you distinguish yourself.

The Army allows three LORs, again, look for at least one from an Army physician that you worked with on an ADT (another reason to complete your ADTs early) and one from the chair of the Maryland department.

Civilian Deferments:

A civilian deferment is where you will complete your residency in a civilian program, this means that like medical school you will just be another resident in the program; meaning no uniform, no increased pay and not many "military demands" placed on you during residency. After completing residency training you will then pay back what you owe as normal.

In the Army as of now you are NOT allowed to rank civilian deferment as one of your choices, in the Navy you are allowed to rank it either #1 or #5.

To understand your chances of getting a civilian deferment (if this indeed is your first choice or near the top of your list), it is important to understand how residency spots are decided upon by the JSGME Board. Each branch of the military determines each year how many PGY1 openings it will allow in a given specialty. Each branch handles excess applicants for a given specialty differently, the Army is often the strictest with very few civilian deferments being given out and the Air Force is traditionally more liberal with the use of civilian deferments.

For the Army, they determine how many residents they need to train to satisfy its needs in the future, so if they determine they can train all of the residents that they need for a certain specialty then there will be NO civilian deferments in that specialty.

How does your competitiveness as an applicant play a role? Generally, the Board strikes a balance

between 1) any branch wanting to keep the best students in an applicant pool for its PGY1 positions, and 2) honoring applicants' top choices. If civilian deferment is your top choice, regardless of anything else, you should make your intentions known, both in your Personal Statement and in your interviews with program directors. The directors will offer you an assessment of where you stand in regard to a deferment. The worst thing you can do is to try to "outsmart the system" by leaving program directors unimpressed or sabotaging your application in hopes that you will not be selected for a military residency. You may be very unpleasantly surprised in December.

Transitional Year:

For applicants that are not selected to train in a specific specialty, applicants will be assigned to a transitional year. This is like a general intern year where you spend your time in various departments (medicine, pediatrics, OBGYN, etc), similar to third year of med school. Some programs will allow you to re-apply for a residency as a PGY2 after a transitional year, while others will require you to do their specific PGY1 year (you would be an intern for a second year). Others then serve as a GMO. It is important to know what the expectation is of your particular specialty and service. In some of the more competitive specialties (competitive specialties are different depending on the service), applicants do a transitional year, serve as a GMO, then reapply in their desired specialty. The upside of doing this is that additional time-in-service will give you more points when the board meets for residency selection.

A Word about Competitive Residencies:

All of the military branches vary by what is competitive and every year is very different with regards to what is a competitive specialty. This is because the pool of applicants is much smaller and thus is subject to more swings in popular sentiment.

Traditionally in the Army the competitive specialties are: orthopedics, EM, general surgery and ENT; but these even vary depending on the year.

Suggested Calendar:

April-May –

1. Register for Step II of the USMLE at OSA. Generally all of the services require Step II CK (the written portion) to be taken and scores available by September; make sure to check on this deadline!
2. It is also advisable that you register and schedule for Step II CS (the standardized patient portion) early because it fills very quickly, especially the Philadelphia site.
3. Start arranging for your ADTs during this time; it is sometimes a tedious process so getting it done early is important. You don't necessarily have to rotate in the specialty you want, you just need to be seen!!

May-June –

1. Work on your CV and personal statement.
2. Get copies of transcripts. Also get some wallet size photos done -- one in uniform and one in civilian attire. You will need to take all of this along for interviews. Many applicants copy and paste their uniform picture at the top of their CV so that they are always together.
3. This is also the time frame that the Air Force releases its available residency list, showing how many positions are available for each specialty in each location.
4. Start requesting LORs, the early you get this done the better off you will be!

June-July-

1. Meet with a member of OSA to discuss your MSPE. Doing this early is important given that you will most likely be away for ADTs later in the summer. You need to have at least a rough draft of your CV and personal statement for this meeting.
2. It is also important that if you have an ADT scheduled for August, September and possibly October to give OSA a heads up that it is crucial to getting your evaluation into your MSPE quickly.

August –

1. Fine-tune your personal statement and CV, make plenty of copies and keep them at hand.
2. Start collecting letters of recommendation if you haven't already done so. Give faculty at least 3 to 4 weeks to complete your letter. These LOR's need to be given to OSA and scanned into ERAS by the middle of October. There is a sheet that you must print out from ERAS to give to faculty writing letters. Make sure you print this out and give it to them when you request the letter. Many suggest hand-delivering the LORs to ensure prompt uploading to ERAS.
3. Try to complete your ERAS application by the end of August/beginning of September.

September –

1. Complete your ERAS application if you haven't done so already.
2. Ensure that OSA has been scanning in your LORs and if you have done an ADT make sure they get your evaluation and let them know that you would like it to appear in your MSPE.
3. The AF written application is due at this time, along with the previously
4. Watch for dates on any forms you receive and make sure you get them in on time--- rank list, etc.
5. This is the time that you request a deferment if you want one.

October –

1. Review your dean's letter and transcripts to make sure all are correct.
2. Final rank lists are due sometime in the end of October or early November. Relax, have fun, and do your best on rotations.

December -- You will be notified by e-mail or in writing in mid to late December of your selection for residency or civilian deferment. YAY!

For more information please contact:

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San Francisco Match

What is the San Francisco Match?

The San Francisco Match is used by several of the early matching residency programs, including Ophthalmology. Registration for these early match programs and the Central Application Service (CAS) forms can be downloaded and modified as a PDF file from www.SFmatch.org. However, these forms must be printed out and mailed via snail mail. Consider getting the package you sent insured and getting a tracking number. Some programs require that you still register with NRMP to secure your position in the intern year, so it's a good idea to do this regardless (this is NOT ERAS!).

Where to Begin

It is a good idea to go to the SF match website NOW and look at the timeline for your specialty, even if you have not decided for sure yet. Unlike the regular match, each of the early match programs has different deadlines and different match dates. Register for the match in May or early June. Once you do, you will be sent a password with which you can access the on-line program directory. The SF match has "target dates" instead of actual deadlines, which is when they recommend having your application completed. This is usually in early September. However, some programs have application deadlines of their own, usually late September or early October (which you need access to the directory to find out). Because of the snail mail factor, it takes 2-3 weeks upon receipt of your application in San Francisco for the CAS to distribute copies to the programs to which you have applied. This means having your application ready in mid-August to early September, so plan your senior sub-I's and rotations accordingly.

The CAS does not require your photo, but be sure to have a passport photo ready for each interview (most programs took their own anyway while there).

Transcripts and Letters of Recommendation

You will need to gather copies of your transcripts (college and medical school) and LOR's in sealed envelopes signed across the seal. Official transcripts can be requested from the Registrar's office and sent to your home, or sent directly to the program. CAS only takes 3 LORs so make them count, ie get as many Chairmen or well-known faculty as possible! If you want more, you must get sealed copies to take to the interviews to hand out yourself. Tell your letter writers that you need TWO COPIES of each letter. Each must be put in a sealed envelope and signed across the seal. One is submitted to OSA and the other is sent directly to SF Match. Make sure the one you send into OSA has the waiver form from ERAS.

The Dean's Letter

You will be notified to schedule a meeting in June or July with one of 4 deans who will prepare your dean's letter. After your meeting, your dean's letter will be created within a couple of weeks, and at the end of August a GPA calculation and an indication of your numerical class standing will be coded at the end of the letter. In the 1st two weeks of September, you will have the opportunity to review your dean's letter and help correct any errors. The letter will go out on October 1st. Because the early match applications are sent in so early, many programs will begin interviewing before the dean's letter is released. CAS will send you a bar code specifically for the dean's letter, which you need to give to OSA. They will then affix this sticker to your dean's letter and send it to CAS for you. **This is the only part of CAS that the OSA takes care of for you. You are responsible for gathering and mailing the application, transcripts, LOR's, etc.**

Since the OSA doesn't take care of recommendation letters for you, make sure you get two copies of your recommendations, both signed across the seal. Applicants submit one copy to OSA, then send the other copy directly to the SF Match!

Couples Match

The SFmatch can provide a true couples match only if you and your partner are participating in the SAME match. If not, they provide a limited free service as a courtesy that offers you feedback about your partner's chances in their, later, match, and gives you the option to revise your rank list to match where your partner also has a good chance.

For more information about the SF Match please contact:

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Anesthesiology

An anesthesiologist is trained to provide pain relief and maintenance, or restoration, of a stable condition

during and immediately following an operation, obstetric, or diagnostic procedure. It is the anesthesiologist's foremost purpose and concern to protect the patient's well-being and safety just prior to, during, and after surgery. Anesthesiologists have many responsibilities: preoperative evaluation of patients to determine conditions that may complicate surgery; management of pain and emotional stress during surgical, obstetrical, and medical procedures; provision of life support under the stress of anesthesia and surgery; immediate postoperative care of the patient; and knowledge of drugs and their interactions with anesthetic agents. Their functions also include long-standing and cancer pain management; management of problems in cardiac and respiratory resuscitation; application of specific methods of inhalation therapy; and emergency clinical management of various fluid, electrolyte, and metabolic disturbances (Adapted from the American Board of Medical Specialties' "Guide to Physician Specialties" and the Pathway Evaluation Program for Medical Professionals' "Specialty Profiles," 2003.)

Intra-operative anesthesia is the cornerstone of practice, but there are some evolving office-based practice areas outside of pain medicine. Regional anesthesia is becoming more popular by patients and by surgeons. Such regional techniques are regarded very highly in same day surgery and orthopedic centers, as there is less morbidity from regional anesthesia, patient turnover is rapid, and patients can be discharged home with catheters for pain control. Some programs may still have a rather weak regional anesthesia experience, although this is changing, and regional fellowships are now available.

If you are interested in academic medicine/research, anesthesia is an excellent specialty. We still don't know how general anesthetics work! Plus any area including the heart, brain and the lungs are within your domain. There is so much to be done. However, be careful about the program you choose to go to if this is your interest, since some programs foster research more than others during training. Some programs include an option of six months research elective time in your PGY-4 year, while others even have specific research scholarship positions for which you can apply. With the anesthesiology lull in the late 1990's as well as with the competitive salaries in private practice, many academic centers are recruiting academicians (teachers and researchers), especially female academicians!

Training

Anesthesia programs require 4 years of training, the first one being a preliminary medicine, surgery, or transitional-year internship. A preliminary year in pediatrics is also possible, but not common. The internship year can be matched as a part of a four year categorical program, or entirely independently, with a separate match for the advanced tract. However, more programs are beginning to offer a 4-year program. In this case, the first year is called a "clinical base year" or even "CA-0." These programs often contain a mix of medicine, surgical, ICU, and pediatrics months in the intern year.

In your CA-1 to CA-3 years, ACGME requires exposure to general OR anesthesia as well as sub-specialty anesthesia, including at least 2, 1-month blocks of neuro, peds, OB, and cardiac anesthesia. 4 months of critical care, and 1 month of preoperative evaluation are also required, as well as pain management.

As a resident, per regulations, you cannot be on duty for more than 24 hours; therefore you go home in the morning when you are post-call (usually around 7am). Your regular days can be rather long, though. It is not the easiest of residencies, but it is far from being the worst. The work hours are variable by program. Some programs make a point of relieving the residents at 4-5 p.m., while in others you are expected to finish up with the case in your room even if it goes to 11 p.m. Some programs have a night float system so there is no weekday overnight call.

The board-certifiable fellowships include critical care, pain medicine, pediatrics, cardiothoracic, and newly ACGME-approved OB. These are typically 1 year. Other fellowships available include neuro, regional, trauma and transplant anesthesiology. These do not require boards, but are also typically 1 year.

Match Statistics:

There had been a drop in anesthesiology applicants amongst U.S. grads, with the lowest point in 1996. Since then, the number of applicants has been climbing back up steadily.

In 2010, 797 PGY-1 spots were offered, and 626 of those spots were filled by US allopathic grads (total # US applicants = 1193). Of the 588 PYG-2 spots, 420 were filled by US allopathic grads. Other stats from the 2000 NRMP data include: mean number contiguous ranks = 12, mean Step 1 = 224, mean step 2 = 230, mean # Research Experiences = 1.9, mean # abstracts, presentations, publications = 2.0, %AOA = 10, % with other graduate degree = 11.3.

The good news is that a U.S. grad with good grades, board scores and letters of recommendations is very likely to match in one of the many top programs in the country. Set your standards high when choosing places to apply and keep in mind that you are very likely to match in one of your top three choices.

Lifestyle and Income

Anesthesiology offers a reasonable lifestyle. You are off when you are off, i.e. you do not carry a beeper when you are not on duty at the hospital. (This does not apply to pain medicine). The morning start is early, typically 6:30 a.m., but often, you are done early. Most anesthesiologists work for a hospital and they have to take some in-house call, but they do get paid rather well for it. The average anesthesiologist makes \$245,000/year (per First Aid for the Match 2000). Private practice jobs now may involve overseeing multiple operating rooms that are mainly staffed by CRNAs or AAs, as the direction of the field is constantly changing. It would be wise to gain some understanding of the future possibilities of the field during your clinical rotations.

Exposure at Maryland

Your exposure to anesthesiology will begin with a one week rotation on surgery during third year. It is best to do a one month rotation in anesthesiology early in your fourth year if you think anesthesia is for you. The general anesthesiology elective at Maryland is very well organized and I highly recommend it. During the elective, you will spend 1 week at the VA, 1 week in Shock Trauma, and 2 weeks at University (one week on general cases and one week in subspecialty cases). There is also a pain medicine elective, where you will spend time at Kernan Hospital. Critical care exposure is also recommended but not required, as anesthesiologists may be more heavily relied upon this aspect of training in years to come. A critical care anesthesia sub-I is available in the University SICU, but other critical care electives are available through Shock Trauma. In the SICU, you will work with both anesthesia and surgery attendings and residents, and it offers great exposure to a popular branch of anesthesiology.

Dr. Mary Njoku (Residency program director) and Dr. Kathleen Davis (Assistant residency program director) are both great mentors. If you decide to go into anesthesiology, Dr. Njoku or Dr. Davis will give you a departmental letter of rec. Be ready with your CV, board scores, and clinical evaluations from your third year rotations.

Most programs require three letters of rec. These do not have to be all from anesthesia. In fact, it is probably better that they are from other departments, but at least one from a senior level attending if possible. It is best to get letters from people who know you well and can speak about you in depth.

It is not necessary, at the moment, to do an elective at an institution you might be interested in for residency. Many people on the interview trail have done away electives, however. If you are a reasonable student, the chances are that you would be able to match there. An away rotation could be helpful if you "need" to be at a certain program for specific reasons, such as family, etc. Similarly, you are not required to do a research project in anesthesia to become a more competitive applicant, but some programs may be more interested in recruiting researchers for future academicians.

For more information please contact:

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Dermatology

Careers in Dermatology

Academic Medicine: teaching, faculty practice, clinical research, administration

Private/Group Practice

Fellowships: Mohs surgery, Dermatopathology, and Pediatric dermatology (each 1 year)

Dermatology Residency (3 year residency after PGY-1)

The applicant must be a graduate of an approved medical school and must complete a preliminary year at an accredited program before entering dermatology. Most people do a preliminary year in Internal Medicine (preferred!), although Pediatrics, Family Practice, General Surgery, and Transitional Year are also acceptable.

Most dermatology programs now participate in ERAS, however, there are still a few that require paper applications. Check program web sites or call to see if they are participating in ERAS or if they require a separate application (ie SUNY Downstate). It is a good idea to check the web sites of programs because some programs require essays in addition to what you submit to ERAS.

Types of programs:

Clinically oriented programs will prepare you well for private practice while academic programs are geared towards careers in research and academia. Most residency programs offer experience in outpatient clinics, surgical clinics, and inpatient/consult services.

Many programs offer electives in Dermatopathology, Mohs surgery, Phototherapy, Allergy and Immunology, Rheumatology, Pediatric Dermatology, and Laser surgery. Some programs require or highly recommend independent resident research, case report publication, papers, and presentations at local and national conferences. Most programs have daily didactic sessions (lectures, text review, dermatopathology review, unknown slide conference, journal club, grand rounds).

Application and Interview:

You must be a competitive candidate. Talk with Drs. Fantry, Parker, Martinez, Frayha or your advisor. **Dr. Gaspari**, the Chairman of the Department of Dermatology, is an important person to talk to. E-mail him and set up a meeting as soon as you decide Dermatology might be a good fit for you. **Dr. Goldner**, the Residency Program Director, is also very friendly and helpful to meet with. The Maryland Dermatology residents are also a great source of information. Try to do your dermatology elective early in your fourth year. Consider doing an away elective at a program you might be interested in going to. It always helps to have people recognize you and know that you are interested in their program. **Apply early to these away electives as they fill up fast!** If interested, it may be a good idea to do a month of dermatology research in addition to your 2 electives.

Dermatology continues to be one of, if not the most, competitive residencies to obtain. There are a very limited number of positions available. Competitive grades, especially in the 3rd year, are a must. It is also helpful to have adequate dermatology experience (electives and research). Publications, presentations, and fabulous letters of recommendation also help.

Match results from NRMP for Dermatology in the 2011 Residency Match:

(<http://www.nrmp.org/data/chartingoutcomes2011>)

Number of US Senior applicants: 387

Number of positions in main match: 363

Number of positions filled by US Seniors: 307

Statistics of US Seniors that *Matched*:

Mean USMLE Step I Score: 244

Percentage AOA: 50.8%

Mean # of Abstracts, Presentations, Publications: 7.5

Interviews range from November to early February, although most programs interview during December and January. Interview at as many places as you can due to the competitiveness of the specialty. Be prepared to describe your interest in Dermatology, your future career goals, and any clinical or research interests at your interview. Schedule your interviews as soon as you hear from a program since the interview spots tend to fill up fast!

Dermatology participates in the regular Match. This enables you to apply to more than one type of residency program in case you do not match for Dermatology. In past years, about 1/3 to 1/2 of those who applied did not match, so consider having a back-up plan (research fellowship versus another specialty)!

For more information please contact:

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Emergency Medicine

How do I know EM is right for me?

This is the million dollar question. Perhaps you enjoyed certain aspects of all your rotations but can't see

yourself as only an internist or a surgeon. Maybe you love procedures and trauma, or conversely don't like office practice. Emergency Medicine is a broad-based specialty for people who want to know “a little about a lot.” It requires you to think fast, multi-task, and delegate responsibility. One must form intimate patient relationships quickly and interact effectively with consultants. Many note “lifestyle” as another allure of Emergency Medicine, however, the hours off are only rewarding if you love your hours on. The ultimate challenge for us all is to find the career that makes us *happy at work*.

Emergency Medicine is a young field that is growing quickly in expertise, demand, and popularity. For patients, the ED remains one of the few providers of open access medicine. For residents, EM training offers a diverse skill set, a controllable lifestyle and the reward of being truly available to all patients.

What are the pros and cons to a career in Emergency Medicine?

Depending on what appeals to you, some of the pros may be cons and vice-versa:

Pros	Cons
<ol style="list-style-type: none"> 1. A fast-paced, exciting environment 2. Opportunity for procedures 3. Flexible scheduling 4. Range of patient acuity and complaints 5. Minimal patient follow-up 6. First to evaluate patients 7. Lots of patient and physician interaction 8. Increasing fellowship opportunities (critical care, international, ultrasound, pediatric EM, sports medicine, EMS, education, administration) 9. Increasing research opportunities 	<ol style="list-style-type: none"> 1. Shifts are usually non-stop work (little down-time, no “lunch conferences”) 2. Can be very high stress (high acuity/high patient volumes, and poor patient follow-up) 3. Shift work (rotating nights/days) 4. ED is open 24/7, weekends and holidays 5. Having to make decisions with incomplete information 6. Potential scrutiny by colleagues in other specialties 7. “Boarding” patients awaiting admission & overcrowding in the ED

What is involved in an EM residency?

There remains a range of program types/lengths. The majority are PGY1-3, but a number of traditionally academic programs are PGY1-4. All programs offer the same core rotations (required for credentialing): These include increasing ED time with each year of residency, ICU months (MICU, CCU, SICU, or PICU), Anesthesia, Orthopedics, OB/GYN, Pediatric EM, Ultrasound, EMS and Trauma. The goal is to gain exposure to specialties that interact frequently with the ED. Call is limited to off-service months. The true uniqueness of a program comes in the non-required rotations. Some programs pride themselves in more specialty floor months (usually in PGY1 in the PGY1-4 programs), more ICU months, and rotations in burn units or Toxicology. PGY1-4 programs offer more elective time or PGY4 years designed for “mini-fellowships.” All credentialed programs will make you a good doctor. The best program for you will be one that matches your future, personal and career interests often more importantly, your personality.

What will be my options when I finish my residency?

As an EM physician, your career will offer a range of options, from a community practice in the suburbs, to a small rural ED, to being faculty in a large, urban, university hospital. There are also a multitude of fellowships to match to your interests. Job opportunities still remain fairly abundant in Emergency Medicine, although in certain areas (California, Colorado...), the job market is more competitive. The average salary is \$200,000, but varies depending on practice setting and location. Academia normally pays a little less, but allows opportunity for research, prestige, and teaching. Alternatively, a broad EM training also provides an adequate basis for

practicing in a general health clinic, on a cruise ship, or as primary physician with an adventure expedition. International EM is becoming a popular area of interest with residents, and many programs are now offering overseas electives as a result.

What do I look for in an EM program?

Because of RRC requirements, you will get good training wherever you go. The goal is to pick a program that is the right for you. When considering programs, ask yourself if you think you are interested in community or in academics. This can have a significant impact on where you choose to train. Physicians who stay in academics should develop strong skills in teaching, research and mentorship. Community EM physicians, however, see their own patients and value strong skills in administration and efficiency in moving patients. Many young physicians opt for community practice right out of residency, or a balance of both in a community hospital with an academic affiliation (like Mercy Medical Center). In general, important things to consider are:

1) Patient Volume: You want to see a lot of patients during your training. The idea is to see as much while in training so that surprises afterwards are minimal. Residency in Emergency Medicine should not be the time to look for a “cush” program. When you become an attending, you want the confidence that when that patient with heart failure rolls in, you've treated it 1,000 times before.

2) Patient Diversity: Many programs have several different hospitals where you train, often a university hospital and one or two community hospitals. This gives you exposure to a variety of different patient populations, treatment speeds and styles. As an EM physician, you need confidence in caring for both kids and adults with a wide range of pathology and acuity. At most programs, diversity of adult pathology is not a problem but the amount and level of trauma, pediatrics, and ultrasound can vary.

3) Off Service Months: EM residency requires a good balance. You want a strong ED but you don't want lackluster off-service months. You want to learn EM-relevant skills on every rotation. Although no program is perfect, it is good to find out about the off-service months. Are they high yield? Are the EM residents well-respected within the institution? Off-service months also provide residents with an opportunity to develop stronger relationships with the consultants of the hospital.

4) Other Residents: The more specialty departments and residents are in your hospital, the less you may do in the ED. For instance, Orthopedics attendings will happily teach and allow EM residents to reduce fractures if they have no residents, but their residents have priority if the program exists. Again, for academic practice, this is less important, but if you practice in the community, you may want to have experienced a wider variety of procedures.

The most important thing to consider when looking at residency programs is how it felt when you visited there. Did you like the residents and faculty? How did you feel when you stood in the ED? Is this an area where you could live for 3 to 4 years? Faculty recommendations matter, but the best program according to your advisor may not be the best fit for you.

The debate on 3-year v. 4-year programs:

The difference between 3 and 4 year programs is that the longer programs allow you more time for electives and to find a niche within EM. Usually, the progression of EM responsibility within the department is more gradual. There are many rumors about the length of EM residencies including:

1. In order to stay in academics, I have to be in a 4 year program.
2. Top programs are all 4 years in length.
3. Residents that train in 4 year programs are better EM physicians than residents coming out of 3 year programs.
4. Three years of training is insufficient to make one comfortable as an attending.

All are false, but some subtleties do exist:

1. No, you do not need 4 years to graduate to an academic appointment. Some people call a 4-year program “the \$200,000 mistake,” referring to the 4th year as an EM resident.
2. Some of the best programs remain PGY1-3 (BIDMC, UMaryland, UChicago, Christiana, Temple – to name only a few). One thing to consider, however, is that if you aspire to employment at an institution with a 4 year residency program, they are unlikely to hire you straight out of a 3 year program and probably won't consider you until you have a few more years under your belt. Also, if off-service rotations are well-managed, then you really could acquire a stronger and broader specialty training with a floor-heavy first year.
3. Four year programs offer more time for electives, specialization and/or research. However, three year programs are efficient and equally encompassing of the core requirements.
4. Keep in mind that official certification for fellowships still requires the true “fellowship” year, whether you trained in 3 or 4 years.

What do I need to do to make myself a competitive candidate?

By the time you read this, your third year is almost complete and a lot of the work has been done! However, one of the most vital parts of your application is still to come: your EM electives. How you perform in these electives is notoriously what residency directors will be scrutinizing. This will be reflected not only by your grades on these rotations, but also in the letters of recommendation that you get as a result. The next most valuable portions of your application are 1) Clinical grades, especially in Internal Medicine and Surgery, 2) Step 1 and 2 scores, and 3) Preclinical grades. Ultimately, EM physicians want a colleague they can LIKE, TRUST, and RESPECT.

The Maryland EM faculty advises interested students to do at least two rotations in EM. Often, this means people do one at UMMC and one at another institution. Away can mean across town (i.e. Mercy) or across the country. True away electives can involve a lot of paperwork and planning as some schools even have different rotation dates than Maryland. Start applying for away electives early! March or April is not too early. Generally, you want to complete your EM electives by the end of October so that your grades and recommendation letters will be available before the application deadlines. Thus, competition for these “key months” (July, August, September) is high.

Doing an away elective does not guarantee you a spot at the program, though it may grant you an interview spot. Conversely, you don't need to do an away elective to get a spot at a program. Importantly, away electives are ideal for YOU to check out a program- either because you think you want to go there, because you want to see what's out there, or even because you'll see what you DON'T like. If you aspire to do residency in an area that is particularly competitive (i.e. California, New York City), an away rotation may show your serious consideration of the program and grant you an invaluable interview. You will find on the interview trail that a number of residents in a program did do away rotations at that institution, but many did not as well.

Of utmost importance, find an EM advisor to guide you through the process and start early. EM physicians value each other's recommendations THE MOST. Case in point, only EM requires a Standardized Letter of Recommendation (SLOR) from academic EM-only physicians. Dr. Bond, the residency director here at Maryland and Dr. Mattu, the former program director and now vice chairman are both very open to advising students. They will be honest with you in your status as a candidate, how many programs to apply to, etc. Try to get as much information as you can from people in the field - residents, attendings, etc...

In terms of the ERAS application, a few tips:

1) Submit your application EARLY: Even if incomplete (you may be awaiting your last SLOR and definitely the Dean's letter, which is transmitted on Oct. 1st for all students), some EM programs will start sending interview invitations in October. Begin your personal statement early (summer) so you are not stressing about it at the last

minute. Also, have several people in EM (faculty, residents, etc.) review your personal statement before submitting it.

2) Letters of recommendation- Ask early and often: The most important part of your application are your SLORs. EM residency programs put utmost weight in the SLORs that they get from other EM faculty. Try to work with potential letter writers for at least 2 shifts so that they will know you better. Letters from titled faculty (clerkship director, residency director, etc.) are valuable; however, do not underestimate the value of a letter from another EM faculty member (i.e. a mentor) who knows you very well. In general, you will need at least 2 letters from EMERGENCY MEDICINE faculty from Maryland and 1 letter from the away rotation you complete. Great letters from physicians in other fields are good, but may not be necessarily required but this varies depending on who you talk to. Give letter writers a few weeks to submit their letters and follow up early. DO NOT wait until the day before the deadline to track down letters. You may need to hassle your letter writers unfortunately.

3) Discuss your list of programs with someone: Dr. Bond, Dr. Mattu, or whoever you go to for advice, can help you decide on which programs to apply to, how many, etc. It is a good idea to ask more than one person for advice as you will find that faculty members with different training experiences will offer differing opinions. There is no ranking system of EM residency programs, and you will find that many schools with names traditionally well-known at the university and/or graduate level do not necessarily have “top” EM programs. This is why it is very important to talk to someone about the list of programs you plan to apply to in order to find out if you have a good mixture of “reach” and “safety” programs. This is not a process you want to attempt on your own.

What are some of the top programs in EM?

Unlike many of the other fields out there, Emergency Medicine has no specific ranking system. Because of the RRC, the vast majority of residencies will offer you the potential to become an excellent physician. A better question would be to ask yourself what you want out of a program. Location also plays a role in many people's choice of program. What some may consider one of the “best” programs in the country may be the worst for you and your particular situation. Ask around and get as much information as you can from as many people.

Fourth year is fun, so make sure to enjoy it. Enjoy the interview trail and the people you meet. Ultimately, you will all be colleagues in the same field! Good Luck!

For more information, please contact (interests included):

1. Jeff Leiter: leiter.jeff@gmail.com (3 and 4 year programs, sports medicine)
2. Elizabeth Kenez: elizabeth.kenez@gmail.com (international EM, medical education)

*Current PGY-1 at Maryland and former Maryland medical student

Combined EM-IM Residencies

Combined training in internal medicine (IM) and emergency medicine (EM) is currently offered at twelve institutions for graduate medical education in the U.S. After completing the five-year integrated training,

graduates are board-eligible in both internal medicine (ABIM) and emergency medicine (ABEM). An optional six-year EM/IM critical-care track is available at a few of the EM/IM training sites (those with * below).

Many exciting **career opportunities** are available to graduates of these combined residency programs. Some graduates complete fellowship training in either IM or EM sub-specialties while others pursue careers in international medicine, rural medicine, academic medicine or take on a variety of leadership roles. Although many early EM/IM graduates practice primarily one of the two specialties, EM/IM graduates now are increasingly able to practice both specialties in some capacity. Some work as hospitalists, splitting their time between the wards and the ED. Some run observational units adjacent to the ED (like the Rapid Diagnostic Unit or RDU at Maryland) and others pursue careers in critical care.

The most **important initial questions** to ask when considering a combined program are, “How would this type of program help me achieve my career goals? And why is it worth five years of training?” Realize that it is generally not advisable to pursue EM/IM training only to be a “better” EM physician or Internist. It is highly recommended to get advice from EM/IM residents and our own program director, Dr. Michael Winters. Dr. Joseph Martinez in the Office of Student Affairs is also a great resource.

Each EM/IM program has its own strengths and weaknesses. Some important considerations for you may include: How balanced are the EM and IM departments & training? Are EM/IM grads able to practice both specialties at this institution? As with any residency, location, university vs. community hospital, patient acuity/diversity, research or international opportunities and “personal fit” should also be evaluated closely.

With only 12 active programs in the country that typically have 2 spots per program (a few have 3 or 4), matching in EM/IM remains competitive. **You must have a backup plan**, be it EM, IM or another specialty. In the meantime, work hard, know what you want and sell your vision of an EM/IM career.

University of Maryland*
Christiana Care Health System
Allegheny General Hospital
East Carolina University/Pitt Co. Memorial
LSU Health Sciences Center
SUNY Downstate-Kings County
Long Island Jewish Medical Center*
Henry Ford Hospital*
University of Illinois Chicago
Hennepin County Medical Center
UCLA-Olive View
Virginia Commonwealth University Medical Center

Combined EM-Peds

Combined training in Pediatrics and Emergency Medicine is currently offered at three institutions: University of Maryland, University of Arizona, and Indiana University. Each program currently holds two spots, though there is talk of increasing the number of programs and spots throughout the country. Graduates are board-eligible in both Pediatrics and Emergency Medicine after their five years of residency. Residents split their time each year between the two departments so they never spend too much time away from either program.

While there are a limited number of graduates, often they practice in Emergency medicine, but are increasingly choosing to practice both specialties in some capacity. It is very important to remember that this residency currently does not take the place of an EM-Peds fellowship, which would allow one to practice in a Pediatric Emergency Department in major academic centers. These fellowships vary between 2-3 years depending on the location and the discipline in charge of the fellowship (EM sponsored are 2 years, Peds are 3, boarded EM physicians are able to participate in either, while Pediatricians may only do 3 year fellowships). There are people working to allow combined trained physicians to sit for the Pediatric-Emergency Medicine fellowship exam, but this has been unsuccessful thus far. This is crucial information to understand before selecting this career path as well as prior to interviews, so you look prepared. Each of the programs is located in vastly different settings throughout the country, making the selection of the best program challenging. Consider the amount of time you will spend with each department. Ask residents if they feel integrated into both departments. Also, be sure to look into how much attention is paid (read money is given) to each program within the hospital, this can help gauge how much the programs are valued within the hospital as a whole. As with every program, find out how they are viewed and how they get along with other residencies. Often the program itself improves EM resident and Peds resident relations.

As there are currently a total of 6 spots in the country, you must select a back-up. Even the best candidates have to be left behind with so few spots. Coming from Maryland is an advantage, as we have a program and you should talk with the current Peds/EM residents to get a good grasp of their experience before applying. Interestingly, this combined specialty has not been considered as competitive historically due in part to few people knowing about the programs (total applications are usually in the 30s), and selection of candidates based more on fit with the program than scores and grades, so do not be discouraged if your board scores were not as highly competitive. This trend is changing however as more people apply to this program each year.

Application is through ERAS and the tradition match process. Getting all applications in as soon as possible is ideal since there are limited interview slots. Interviews are offered in 2 day blocks, so plan for at least a 3 day travel for each program. This program takes a great deal of dedication, so think about it before you apply. If you do not like working with adults or dislike continuity of care, this is not the program for you. However, if you love Pediatrics and Emergency Medicine and could see yourself completely happy in either specialty, you have selected the right residency for you!

For more information, contact:

Chris Lemon (class of 2011): clemo002@umaryland

Family Medicine

Where to start

Here. You have many great resources available to you. Talk to anybody you can find: family docs at UMAB, other family docs you know, FP residents, fourth year students going into FP and your fellow classmates. Dr. Rooks (keep in mind that she is residency program director here) is a great resource about program, as is Dr. Stewart. Be sure to tell them your grades, board score, extra-curriculars, and ask their opinion about how many of your programs you will need to interview and rank, given who you are and which programs you are considering. If you're thinking about family medicine but don't know much about it, attend FMIG activities- its' a great place to learn about family medicine and meet FP residents and attendings in a casual atmosphere. If you also feel like you don't know enough about FP or its programs, consider attending the national meeting for the AAFP, where there are many different reps from FP residencies across the country. This conference is usually the last weekend of July/first weekend of August and there is often scholarship money to attend! Virtual FMIG on www.AAFP.org is a great resource also.

Types of Programs

- University vs Community, e.g. Univ of MD (university) vs York (community)

With university programs, you will be at a tertiary care hospital with lots of other residents, fellows, med students, etc. With community programs, FP might be the only, or one of very few, residencies in that community hospital. Both have their pros and cons. Many university programs also have substantial training in community hospitals). There are also many programs that are 'university- associated' which have a tertiary care center with many residency programs, but do not have a medical school attached to them.

-OB vs. non-OB: OB-heavy programs often have 100-150 deliveries in 3 years, 3 months or more of OB in the curriculum, and opportunities to do C-sections. Less heavy OB programs have 40-60 deliveries in 3 years and 2 months of OB in the curriculum.

-P4 Programs: The P4 Initiative is an innovation in Family Medicine residency curricula to develop residencies with greater options for residents to hone their skills to a particular focus (e.g. public health, international work, private practice, academic development, etc.) For more information: <http://www.transformed.com/p4.cfm>

-Programs will be suburban vs. urban vs. rural depending on its location. Overall, you should consider applying to a variety of programs, as there are a lot of different kinds of programs and interviewing at multiple programs can help you get a better sense of what's out there! You may be surprised.

Timeline

July: Look at the Directory of Family Practice Residency Programs at www.aafp.org or in the OSA. The directory gives pretty detailed information on each program. Decide which type of programs you're interested in, but remember, you don't have to decide everything before your interviews. I would recommend interviewing at least at a few of both university and community programs to get a flavor of the differences. Also think about where you may want to live. Location of the program is going to be almost as important a factor as whether or not you choose a community vs. university program. Think about if you can see yourself living in that city/town. Send postcards/letters for brochures and applications from 20-25 programs. Start writing your

CV and personal statement. Do away electives.

AAFP's national conference for students and residents is generally the last weekend in July in Kansas City. This conference is a great resource and opportunity for you to meet program directors, faculty members, and residents from residency programs across the country. There are also several information sessions that cover applying to residency, writing a personal statement, parenting during residency, and other great topics. If you are interested in going, contact Dr. Colgan about the possibility for scholarships to attend.

August: Letters of recommendation. In this specialty it is not as important to get a "big name" recommendation as it is in other specialties. It's really more important to have people write for you who know you well, from both a clinical and personal perspective. Narrow application focus to 10-15 programs. I did this by talking to Dr. Rooks and Dr. Ferentz about my initial list of 20-25 programs and getting their perspectives.

September-October: Review transcripts before mailing! Go over your program list/CV/PS with 2-3 FP attendings and ask for any advice they have to offer before submitting. Applications - all use ERAS. Most deadlines are late Oct to late Dec but FP begins arranging interviews a lot earlier than other specialties. Finish Procrastinating! Proofread Dean's letter in OSA. Begin to arrange interviews

Oct-Jan: Interview at 6-12 places. Many places will pay for your hotel room and a meal the night before with residents; a few will even pay for your transportation to the program! Don't forget follow-up/thank-you letters!

January: Second look visits if you want them. Start thinking about your rank list. Decide what kind of program is important to you, where you can see yourself living, which group of residents/attendings you met that you could see yourself working with.

February: Rank list due (**don't rank anyplace you do not want to go!**) FP is not a competitive specialty at this time, although the number of applicants is starting to go up again. Don't worry about ranking more than 1 "safety" school.

March: MATCH DAY

Electives

Consider doing an elective at one of your top choices in order to see and be seen. Arrange electives in March-June or at least 2-3 months ahead. Try to schedule electives in October/November/December. Consider a FP/ambulatory elective away from UMD so you know what FP is like at another location. York is just an hour away, an easy commute (they also provide free housing and meals). A great way to really see what FP is all about, if you're unsure about your choice of specialty.

Sub-I's

Almost anything will be useful. Try to do at least one month of general internal medicine. UMD/VA = teaching and supervision, Mercy and Family Medicine inpatient service = independence and self-confidence. Also consider CCU/MICU or Peds month. If done in July or August, a sub-I may be a good source of a letter of recommendation, especially an FP sub-I. However, don't panic if you are unable to schedule one before applications go out. For FP, doing AHEC early on in the year might be worth just as much as doing an early sub-I. Consider a sub-I at York or Franklin Square to get a taste for what training at a community program is like. Remember that sub-I's at away institutions are considered electives for your credit.

Letters of Recommendation

3-4 letters. May be from any field, but some might require FP letters (ask Dr. Ferentz if you don't know anyone). Ask people who you feel know you well and would write a good letter including insight into your personality and character. Once again, VIP letters do not weigh as much as they do in other fields. A good way to ask is "Do you feel that you know me well enough to write me a good letter or recommendation?"

Personal Statement

Programs really do read these, and I had a fair number of programs ask me questions based on something I had said in my personal statement. One page single-spaced (you'll be limited by what ERAS permits you in terms of space). This is your chance to convey your personality and your enthusiasm for family medicine. Don't simply rewrite your

CV. Discuss interesting experiences, projects, electives, travel. Programs want to know about your motivation - why FP? This is one of the specialties in which AHEC can really be a benefit to you, especially if you intend to practice in a rural area. In addition, if you have any other special interests like sports medicine, behavioral medicine, geriatrics, academics, etc, it is important to discuss that and any experiences you may have in those fields in your personal statement.

Applications

All done through ERAS. If you are applying to far away places, it is even more important to get your applications in early to increase your chances of getting your choice of interview dates. Try to cluster several interviews in a single trip - it saves time and money.

Interview Day

Allow sufficient time to travel. Have dinner with residents the night before if possible. This is a good chance to catch the residents when they can be completely honest with you. Practice run from hotel to interview location if the directions seem tricky. Review the program brochure and make up a list of questions. FP interviews provide a lot of time for you to ask questions; you don't want to be sitting in silence when they ask what you want to know. Most programs provide lodging at their expense. Bring your S.O. to the interview - most places encourage this (this is family medicine after all). Get to know the residents - some programs let the residents decide about the applicants. Furthermore, these are the folks you'll really be working close with. Are they people you think you would get along with and enjoy? Find and meet any Maryland grads - OSA keeps track of grads. Get residents' phone numbers or e-mail addresses for follow-up questions. Drive around the area and get a feel for the place.

Interviews

If you have not heard from a program, call and inquire about the status and completeness of your application. FP interviews are usually very laid-back and low stress. I generally had a good time. Usually you meet 1-2 residents, 1-2 faculty, and the program director.

Expect 3-5 interviews. You will tour the hospital and clinic and have lunch with the residents.

They will be selling their program and seeing if you are compatible. Review your CV and PS before the interview to refresh your memory. Remember what you wrote in ERAS, including your hobbies, as I was asked about my hobbies at every interview. Questions you are guaranteed to be asked: Where do you see yourself in 10 years? What do you do with your free time? What are you looking for in a program? Where else are you interviewing? How did you hear about our program? How did you get interested in FP? Do you have any questions about the program?

Have questions ready to ask every interviewer

What are the strengths and weaknesses of this program (can ask residents what things they would change about the program)? What changes do you foresee in the near future? Where do your residents go after graduating? How many grads practice OB? What sort of procedural training do residents receive? What is the service/board exam pass rate? How easily do problems get solved? How much input do the residents have? What are the demographics of your patient population? I often asked program directors what the personality of the program was and what they were most proud of.

Second Looks

If you interviewed somewhere early, remember liking it, but are hazy about details, consider a second look. Most places do not grant further interviews, but you can often hang out on a service or meet more faculty and residents. Make sure the program allows second looks.

Questions

Fourth years students are a great source of information, and all of us would be more than happy to help you with any questions you may have. Also, all of the FP residents and attendings at Maryland are glad to help and offer any advice then can. Good luck!

For more information please contact:

Janna Becker (jbecker2012@gmail.com)

Lauren Cascio (lauren.cascio@gmail.com)

General Surgery

- ***Before deciding on where you want to apply think about the following questions:***
 1. Are you interested in academic surgery or community practice? Going to an academic program does not preclude you from going into a community-based practice, or vice versa, but doing residency in a community-based program may limit your fellowship prospects in the future. That being said, many community programs have become “hybrids that are now affiliated with universities. Look at a program’s list of graduates and what they ended up doing (usually found on their websites). 90% of the time, that is what you will be doing as well.
 2. Are you interested in general surgery or do you think you may want to do a fellowship and specialize in Cardiothoracic, Transplant, Pediatric, Plastics, Vascular, Trauma/Critical Care/Acute Care, Surgical Oncology, Colorectal, Minimally Invasive, etc.? The majority of general surgery graduates go into fellowship. That being said, the average age of practicing general surgeons keeps on creeping up, particularly in rural areas, so there may be a strong need in the future for true general surgeons.
 3. Do you have a preference regarding the geographic location of the program? With work hour restrictions, you will spend a lot more time out of the hospital than your predecessors did, so make sure you only apply places you would actually be fine with spending the next five to seven years of your life. Speak to your significant other regarding their preferences.
 4. Are you considering a competitive subspecialty (like pediatric surgery)? You will most likely have to do two years of research during your residency to be competitive for such a fellowship. Some programs have two mandatory years of research for all residents, some send a specified number into the lab each year, but even most of those that do not are open to their residents taking one or two years during their residency to do research or a critical care fellowship (critical care fellowships are usually only available after PGY-3). Be sure to ask the program what the policy is on research and whether they will provide funding.
 5. Does the program have a lot of fellows? This is a double-edged sword. A program that can support fellows means that they do a lot of cases in those subspecialties, but it also means that the fellows will have priority in such cases.
 6. How much do the residents operate, and what sort of cases do they do? General surgery residency is as much about learning how to take care of patients as it is about learning to operate, so a resident who graduates with 1400 cases is not necessarily a better surgeon than one who graduates with 1100. Breadth of cases is also important. Generally speaking, academic programs send residents to the OR later in their training than community programs.
- ***Resources at UMD and beyond***
 - Our chairman **Dr. Bartlett**
 - Our program director, **Dr. Stephen Kavic**.
 - Other faculty** - General surgery has many subspecialties. When talking to a faculty member, they tend to know the best programs for their subdivisions. Speak to faculty in different divisions to give you a better idea of what the best programs for you are. Like applying to medical school, bear in mind, “There are no bad programs, just programs that are bad for you.”
 - Residents and Fellows** - These are the people who have gone through the process most recently so they can give you a great up-to-date perspective on the whole process. Additionally, ask them which programs they liked when they applied and how the program was at their medical school.
 - Senior Medical Students** - Ask us questions while we are still around! We are finishing up the process so the details are fresh in our minds and we can give you tips on navigating the process as well as programs we liked.

-All of the above people can tell you how competitive a candidate you are and give you ideas about where to apply; keep in mind that surgery as compared to other fields of medicine tends to be a little more self-directed during this whole process. If you feel lost just ask any of the above people for advice.

-Books: *So you want to be a Surgeon* by Johansen and Heimbach. This is available on the web at <http://www.facs.org/residencysearch/>

Iserson's Getting Into a Residency by Kenneth V. Iserson M.D (not specific to surgery)

-So You Want to Be a Surgeon (<http://www.facs.org/residencysearch/>)

-FREIDA Online (<http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>)

- **Logistical Issues**

-Setting up your 4th year schedule—this will vary from student to student but here are some recommendations:

1. Sub-Is:

- Do at least one early on at UMMS (i.e., July or August)
- If you think you will need two to get all your recommendations or you think you want to get your toughest months over with, do 2 sub-internships early on (July-October)
- Good chance to confirm that surgery is right for you and to get letters of recommendation from faculty
- Do a sub-I that will interest you and is possibly in the area of surgery in which you are interested but here is a list of some good sub-internships and letter writers
 1. Cardiothoracic surgery - Dr. Griffith
 2. Transplant surgery - Dr. Bartlett (you will *not* get a lot of face time)
 3. Surgical Oncology - Dr. Alexander
 4. Trauma Surgery – Dr. Scalea
 5. Vascular Surgery – Dr. Sarkar
 6. General Surgery – Dr. Olson

2. Away electives:

- Unlike other specialties, away electives are not a requirement
- If you have a strong interest in a program, doing an elective may help, but bear in mind that a bad performance may hurt your chances as well
- Doing an away does not guarantee an interview at that program, but it may help you get an interview at program who might not otherwise consider you. If you do it early enough, it may help get you a letter of recommendation from a surgeon who is not at your home school.

3. Research

- If you are interested in a career in academic surgery or training at a large academic center, research will help.
- Many of the surgery faculty at Maryland maintain active laboratories or are involved with clinical trials and are happy to have a 4th year do research
- You can either just help out on a project or sign up for a formal one or two month elective
- If you have already completed a research project, be able to talk about it intelligently. A lot of interviewers are suspicious that you may not have participated as much as your CV claims that you have.
- Try to get at least a poster presentation or get published by the time you interview

4. Letters of Recommendation

- Plan on getting three letters plus a chairman's letter from Dr. Bartlett.
- Ask the faculty whom you think you impressed for letters

- Try to ask them in person and while you are working with them (like at the end of a sub-I) so you are fresh in their mind. If you are doing a sub-internship with them closer to the application deadline, it may be helpful to let them know that you are planning on asking them for a letter earlier on so that they can pay more attention to you and have the letter finished shortly after the sub-internship ends.
- Meet with Dr. Bartlett near the end of 3rd year so that he knows who you are. Then meet with him again in early 4th year to ask for a letter. He writes a letter for all applicants to general surgery so don't be nervous! Have a CV complete
- Try to have packet for each letter writer that contains: a copy of your CV, application, personal statement, transcript, and maybe a list of programs
- Ask for letters in July, August, and September. Remember you need to give them time to write the letters and you want to have your application completed ASAP!
- Don't be afraid to follow up with your letter writers to ask if they have sent your letters to OSA
- Big names mean more than gushing letters. Surgery is a relatively tight-knit community and people know the stars. A well-known department chair saying you are good is a better letter than an assistant professor saying you are fantastic. That being said, if the department chair has no idea who you are, that letter won't mean much either. The greatest compliment you can get in a letter is them saying that they want to keep you at Maryland.

5. Applications

- Make a list of places in which you are interested
- Consider how many places you want to apply, size of programs, locations, community vs. academic, strength of subspecialty at program
- List a wide range of programs—from “reaches” to those you think you can match in easily
- The interview offers can seem random at times so applying broadly is to your advantage
- The number of programs you apply to varies depending on the applicant
 - On average most people apply to 25 programs
 - Don't feel like you have to apply to more or less—just remember that you want to get enough interviews (10-12) that you can rank 10 programs
- There is only 1 application to fill out on ERAS
- **Have your application ready for submission by September 15 or shortly thereafter! This is very important!** It is not a requirement that all of your letters of recommendation be in by the time you certify.
- Bear in mind that general surgery interview invitations go out later than many other programs. You will receive most of your invitations in October and November. Do not get discouraged or panic when your classmates applying in other specialties tell you that they already have invitations by mid-September. Your time will come!

6. Interviewing

- Find out as much as you can about a program by talking to residents and faculty; remember you are going to be at one place for 5-7 yrs so you better be happy there!
- Programs like it when you have questions specific to their program.
- Always send thank you notes to all your interviewers and maybe the chairman and program directors (personal preference)
- **HAVE TONS OF QUESTIONS!** You will be asked from the moment they meet you until the moment you leave if you have any questions.
 - Some good standard questions: Fellowship placements?
Research opportunities? Funded?

What is the biggest strength of program?

What is faculty-resident relationship like?

- If you accept an interview at a program and then decide that you don't want to go, let them know as early as possible! It is the polite thing to do for your fellow applicants and future colleagues who may be looking for an interview at that program. Also, simply not showing up reflects poorly both on you, your classmates who are also applying general surgery, and Maryland in general. Programs do talk to each other, so you may get a black mark at another program for not showing up to a completely different one!

7. Rank Order List

- Discuss your choices with advisors, residents, mentors, etc.
- Talk to Dr. Bartlett and Dr. Kavic — they should be able to make some phone calls on your behalf to your top programs. Other department chairs may be willing to do this as well.

For more information please contact:

Sean Jordan (SJordan24@gmail.com)

J Bergquist (jbergqui@gmail.com)

Internal Medicine

General Info:

Internal Medicine (IM) residency is a three-year program that prepares its participants for a wide variety of future careers. Most well-known among IM residency's end-points are the subspecialties, which can be practiced in a private office or academic setting. These specialties, which require a 2-3 year fellowship after residency, include Adolescent Medicine, Allergy and Immunology, Cardiology (including Interventional or Electrophysiology), Endocrinology, Gastroenterology, Geriatrics, Infectious Disease, Nephrology, Hematology/Oncology, Pulmonology, Rheumatology, Sports Medicine, and Critical Care.

Those who decide not to specialize have numerous options to choose from as well, as internal medicine also paves the way toward becoming a generalist. As an outpatient adult physician, doctors spend time focusing on more chronic, sub-acute issues. These internists often develop long-term relationships with patients as they follow patients longitudinally for years or even decades. In the up-and-coming profession of a hospitalist, doctors spend the majority of their time on inpatient floors, handling patients with more acute disease for shorter periods of time. In fact, more and more programs are developing Hospitalist Fellowships, usually 2 year programs which incorporate Masters in Public Health and Epidemiology work into the training.

Program Structures

Internal Medicine is a 3 year residency. Each year is broken down below, but keep in mind these are just generalizations – every program is a little different!

1st year: 6-9 mo general inpatient wards, 1-2 mo ICU/CCU, ER, Ambulatory, Elective(s), sometimes Geriatrics and/or Neurology mo.

2nd year: 3-6 mo general inpatient wards, 1-2 mo ICU/CCU, ER, Ambulatory, Electives, +/- Neurology. (**NOTE:** the fellowship application process has recently been moved from December of your 2nd residency year to July of the 3rd year, thus allowing you more time to figure out where your interests lie).

3rd year: 2-5 mo general inpatient wards, Ambulatory, +/- ICU/CCU and ER, several months for electives. (**NOTE:** if you wait until later in your 3rd year of residency or subsequently decide to pursue a fellowship, that's fine as well. In the time between residency and fellowship, physicians may work as hospitalists or do research).

The amount of ambulatory time varies significantly among programs, and even within programs depending on tracks (see below). Most residencies have "continuity clinic," where residents spend 1/2 day per week throughout all three years in the same clinic and develop their own cohort of patients. Programs vary in whether or not they require you to attend clinic on call days and post-call days. However, a minority of programs offer a system in which the resident is wholly focused on their inpatient rotation for a set amount of time (e.g. 3 continuous weeks) and then have 1 full week of ambulatory responsibilities. Ambulatory scheduling can often have a great impact on how residents feel about their clinic experience and you should inquire about this during your interviews.

With the recent ACGME changes to laws regulating resident hours (e.g. 80 hour work weeks, 16 hour max shifts for interns, etc), residencies have abandoned overnight call for interns and have 2-4 week "night float" rotations, during which time interns work overnight shifts admitting patients to day-time teams. Some residency programs have also eliminated overnight call for 2nd and 3rd year categorical residents, implementing the night float system for all levels of training. Although it's

natural to mainly focus on the structure of your intern year when you interview, make sure you understand and are pleased with the structure of your future 2nd and 3rd years of residency! Many programs are also instituting standardized/web-based sign-outs to help streamline continuity of care during change of shift.

Personalizing your Residency

Residency programs in Internal Medicine, much like the careers they lead to, differ in whether they are university (academic)- or community-based. University programs are generally more competitive, offering better chances to match into a fellowship or to launch an academic career (which incorporates teaching and/or research into clinical work, as well). Many university programs also have affiliations with Veteran's Affairs (VA) Hospitals and/or community hospitals, as multiple training sites within one program increases patient diversity. The kind of residency you choose should reflect your plans in the long run.

To add to program diversity, some institutions offer a variety of formal "tracks" during residency, as well as electives in specialties, emergency medicine, radiology and more. These variations are meant to allow you to tailor your training to your personal interests. While not all tracks are offered at every institution, some examples of the most common ones are as follows:

- ✓ Primary Care Tracks allow residents to focus more on outpatient care while still training in an academic program (fewer inpatient months, more ambulatory months). These tracks are rarely binding should a participant decide to do inpatient medicine after residency, and they still provide adequate preparation for fellowships.
- ✓ Clinical Educator Tracks incorporate a focus on the teaching aspects of academic medicine, and allow residents to spend time with students and residents in lower levels of training to work on curriculum development and lecturing skills. This particular track is very new, thus institutions which offer it tend to be quite flexible with how the program is structured. Residents can often personalize the details of each training year to match their specific goals.
- ✓ Physician Scientist Tracks allow future resident researchers to "short-track" into careers in academic medicine, or into subspecialty fellowships. While most IM programs last *three* years, participants in these Physician Scientist Programs spend only *two* intensive years in IM residency followed by fellowship training and research. Physician scientists usually have extensive research backgrounds before applying to this particular track.

(As an aside, more and more academic programs are blocking off significant time during the second and third year for residents to pursue dedicated research, so you don't have to do a track to get published! You'll find that some programs are now even requiring a research/scholarly activity month with some kind of poster presentation or paper as the end product. Ask more about this at each program!)

Senior Schedule

Below is a rough outline of the residency application process and timeline you'll become familiar with during your 4th year. Refer to the OSA Website for a match timeline, the Electronic Residency Application System (ERAS) manual, and other related information:

http://medschool.umaryland.edu/osa/match_process.asp

April-July:

- ✓ Start looking at programs online (they no longer send out brochures). Useful sites include:
 - AMA-FREIDA online at <http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.shtml> (Training statistics on individual programs)
 - NRMP Website at <http://www.nrmp.org/> (Provides match statistics)
 - Student-Doctor Network at www.studentdoctor.net (This site consists of other people just like you posting opinions on programs, interview experiences, etc. It has some great info, but, as always, take any extremely positive or negative posts with a grain of salt)
- ✓ Ask attendings and fellows who have intimate knowledge of other programs about their experiences. Residents, especially interns, can give you advice based on the programs at which they interviewed, as well! ✓ Meet with Dr. Wolfsthal (Maryland Internal Medicine Residency Program Director) to discuss programs you wish to consider (she'll send out an email when it's time to set these meetings up). She knows the ins and outs of each program and she is an invaluable resource to IM candidates! Think about what type of program you want (university vs. community), future career plans (subspecialty vs. primary care), and which logistical factors matter to you (location, reputation, etc.) before you meet with her; you'll leave your meeting with some solid plans for places to apply.

✓ **START ON YOUR PERSONAL STATEMENT AND CV EARLY!** Many applicants work on multiple revisions after seeking advice from various faculty members, family members, and friends.

✓ Consider away-electives at programs of interest. This option allows you to observe how medicine is practiced outside of UMD, as well as a chance to create a favorable impression on the program's faculty. It is usually advised to obtain a letter of recommendation from any away rotations you do, just to demonstrate that the experience was a positive one. Many schools are using a centralized application process for scheduling these electives that can be found here:

<https://www.aamc.org/students/medstudents/vsas/>

✓ Get letters of recommendation! Most programs ask for 3 letters although a handful will require a total of 4 letters. One letter will be from the department chair, which is written for all IM applicants by Dr. Gambert – there will be an informational meeting held late in the spring of your 3rd year to discuss the details of this process. Other letters should be obtained from medicine attendings you worked with (sub-I letters are much stronger than those from 3rd year rotations or 4th year medicine electives, but all are good). Letters from research mentors who know you well are also well-received. Keep in mind that you can absolutely complete and certify your ERAS application without all required letters of recommendation, and then submit additional letters as your letter writers complete them. The goal is to have all letters uploaded by the end of September/ start of October. Don't hesitate to remind letter writers frequently if they're falling behind – they expect (and probably need) to hear from you!

Summer:

- ✓ Make sure you have a photograph of yourself ready to submit to OSA for them to upload to ERAS. You will schedule a time in the early fall to have your picture taken professionally by school photographers – you simply report to their office near Taylor Lecture Hall. They will work with you to edit your portrait and ensure the photo is submitted to OSA for upload to ERAS.
- ✓ Meet with the dean of your choice so they can get to know you and compile a draft of your Medical Student Performance Evaluation (aka your MSPE, formerly known as your “Dean’s Letter”). You will receive correspondence and many emails reminding you to set-up this meeting. All

MSPEs are released to residency programs on October 1st. This is generally a form letter with little room for subjectivity; it includes clerkship evaluations from E-VALUE, highlights a few of your accomplishments, and assigns a class ranking as top, middle, or bottom third. Your dean will send you a draft to proofread – review it with a fine-tooth comb!

- ✓ Start working on ERAS (the website becomes available on July 1st). Your CV, personal statement, and explanations of activities are the bulk of the application.
- ✓ Make sure the grades and courses listed on your transcript are accurate! OSA will upload it to ERAS.
- ✓ Start getting letters of recommendation (LORs) turned in to OSA, as well (REMEMBER – you can “complete” the ERAS application and send it to your programs without having all of your LORs turned in. Some programs will offer interviews prior to receiving your letters as long as ERAS is submitted. However, the earlier letters are uploaded to your application, the better).

September-October:

- ✓ Finish ERAS. Make all attempts to transmit your file earlier than September 15th. The first day you can certify your application is around September 1st, and you should absolutely set this date as your goal for certifying! The earlier you submit your application, the earlier you may hear about interviews, etc. Interviews arrive in clusters. Some programs do “rolling interviews;” i.e. they offer interviews shortly after receiving applications. Other programs wait until a certain day (often early November once they receive the MSPE) to send out invitations to interview. Submitting your application on the earliest possible date will help ensure that interview spots are not full at the program of your choice!

November-January:

- ✓ Time to interview and send thank-you notes to all interviewers (and maybe even program directors). Most medicine applicants apply to about 15 programs and interview at 10. DON'T GO CRAZY trying to interview at more than 10 or 12 programs. The goal is to be able to rank 8-10 programs (matched US seniors had a median of 8 ranked programs based on NRMP 2008 statistics). The interview day is a long and tiring one (including attending rounds, conferences, and multiple presentations/ question-answer sessions), and you are usually completely exhausted by the end of interview season.
- ✓ Some interviewers love to spend the entire 30-60 minute session with you just making you ask them questions. Some aces in the hole: Are the residents happy? Is there camaraderie among the house staff? What med schools did the residents come from? Where do they go after residency (look at the program's fellowship match list – one of the few ‘objective’ factors which may assist your decision)? What are the quality and frequency of resident conferences? Percentage of foreign medical graduates? Access to Medline, library, journals? Resident autonomy? Percent of private patients? Patient population and demographics? Frequency of call, night float, # of hits per night? Ambulatory setting, continuity of care? Free parking, meals, textbooks? Where do residents live? Quality of ancillary services? Research opportunities?
- ✓ Most programs offer a social event at a local bar/restaurant the evening before the interview day. This is the best opportunity to talk to interns and residents informally and gather as much inside information about the programs as you can.
- ✓ Perhaps most importantly, ask yourself the question, “Do I see myself fitting in here?” This becomes more clear as you are further along on the interview trail and have more schools to

compare.

- ✓ Do not be afraid to say you are specifically interested in a certain specialty when interviewing! It can be tempting to be vague when interviewed by someone in a specialty other than the one you are interested in, but be honest about your own career goals.
- ✓ Look for Maryland graduates – they can be a great source of honest information. OSA has match records starting from 2004 so you can see which students match to a particular program in internal medicine.

REGISTER FOR THE MATCH AT WWW.NRMP.ORG BY THE END OF NOVEMBER (costs \$50) to avoid paying late fees. You need to register here in order to submit your rank list by the middle of February.

January-February:

- ✓ Decide on your first choice and meet with faculty members who advised you earlier in the process.
- ✓ Ask a faculty member who knows you (or Dr. Wolfsthal) to make a phone call on your behalf to your #1 program – this can be especially useful if that faculty member has ties to the institution.
- ✓ Enter rank list – due in late February.

March:

- ✓ Match Day now occurs on the 3rd Friday of the month.

Programs: This list is far from complete, but it may give you a start. You will have an opportunity to meet with Dr. Wolfsthal to further discuss programs of interest prior to entering a list into ERAS.

- Very competitive programs: Mass General, Brigham & Women's, Hopkins, UCSF, Duke, Columbia, U Penn, U Washington (Seattle), Beth Israel/Deaconess, Stanford, U Alabama, Mayo Clinic, Barnes (Wash U), U Texas, U Chicago, Cornell, UCLA
- Competitive programs: U Michigan, Emory, UNC, Oregon Health Center, Yale, Boston U, Tufts (NEMC), Case Western, U Maryland, U Pittsburgh, NYU, Mount Sinai (NY), Einstein, Temple, Jefferson, U Minnesota, Northwestern, Vanderbilt, Brown, Dartmouth

GOOD LUCK!!

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Combined Internal Medicine-Pediatrics (Med-Peds)

Residency Background

Med-Peds began in the late 1960s at the University of Rochester (NY), Tufts University (Baystate), and University of North Carolina. These schools played a large role in the formation of early Med-Peds residency programs. Many new programs were organized in the 1980s and 1990s, and there are now 78 in the nation. There were 359 residency positions offered in the 2010 match. The largest programs take 15 residents per year, but most take between four and eight. Several Med-Peds programs are expanding to accommodate an increased interest in the field.

Med-Peds continues to be a small (but rapidly growing) field, with an estimated 6,300 graduates around the country. Residency programs are accredited by the ACGME. According to the National Med-Peds Residents Association (NMPRA) 55% of graduates are practicing primary care, 77-93% treat pediatric and adult patients, 40% work in academic positions, and 18-25% go onto combined or single specialty fellowships. 15% of total Pediatrics residents and 8% of all Internal Medicine residents are training in Med-Peds programs.

There are many fellowships available (<http://www.medpeds.org/archive/PDF/fellowshipguide.pdf>). The fraction of graduates pursuing fellowship opportunities has recently been reported to be 18-25%, including pediatric, medicine, and combined fellowships. Some subspecialties translate easily to Med-Peds practice, including rheumatology, allergy/immunology, endocrinology, and infectious disease. Many physicians with combined training are now developing a niche in the long term follow-up of patients with patients with "childhood" diseases such as congenital cardiac disease, adult survivors of childhood cancers, and cystic fibrosis. Many graduates of Med-Peds residencies have worked with programs to "create their own" fellowships to accommodate broader interests. In addition, an increasing number of Med-Peds physicians are settling on careers as hospitalists, where combined training and their ability to serve a broader spectrum of patients can make them especially marketable and valuable to smaller communities. Med-Peds training translates well into work in global health and many programs now offer electives or tracks in this area.

The Med-Peds program is a four-year residency, with a total of two years spent in each department. On completion of the program, graduates are eligible to become board certified in both specialties. Most programs rotate between the pediatrics and medicine departments every 3-4 months, although less commonly it can vary from 2-6. The Med-Peds residents are members of both departments, though the number of dedicated Med-Peds faculty and infrastructure varies greatly between programs. The internship "year" varies from 12-18 months. Approximately 7 months will be spent on the ward services per year and a total of 6-8 months will be spent in intensive care units over the four years. Since the programs have to compress 6 years of training into 4 years, the combined program is a very rigorous one and offers less time for electives. However, many programs have now developed combined Med-Peds subspecialty electives to try to maximize your elective time.

Med-Peds is most commonly compared to Family Medicine and deciding between the two (or between Med-Peds and one of the categorical programs) is often a difficult choice. In general, Med-Peds provides more hospital based training, including more time in an intensive care setting, while providing residents with the opportunity to pursue subspecialty training. Family Medicine residents will spend significant time during their intern year on OB/Gyn and Surgery services. In addition,

Family Medicine programs tend to provide more exposure to outpatient procedures such as colposcopy, as well as more training in the psychiatric components of primary care. Perhaps the most significant difference is in OB/Gyn training. While Med-Peds trained primary care physicians may provide routine gynecological care, i.e. Pap smears, they do not provide any obstetrical care. Things to consider when making your decision include: what kind of practice are you interested in, location, interest in obstetrical care, interest in subspecialties, demands of becoming board certified in two fields, and length of residency. Try talking to physicians and residents in the various fields. There is also a significant geographic bias between the two fields, as Med-Peds is far more established in the East and Midwest, while programs are less common further west.

How to get started

- The FREIDA website has all of the programs with the basic information- program director's names, address, # of residents, etc. You should start looking into programs in June and July. Unfortunately, there is no central place to obtain specific information on the various programs though a program map is available (http://www.medpeds.org/medstuds/program_map.asp) that can link you to each program's website. It is best to ask questions to as many residents and faculty members as possible. Dr. Robert Habicht, the University of Maryland's Med-Peds Program Director, and Drs. Ronald San Juan and Leah Millstein (the Associate Program Directors) are all Med-Peds trained faculty who are excellent resources and always willing to talk with interested students. Additionally, Dr. Erin Giudice (Peds) and Dr. Susan Wolfsthal (Med), the Program Directors of Maryland's categorical programs, are also great resources. Information about Maryland's program can be found at <http://www.umm.edu/pediatrics/med-peds/index.htm>.

- Check out National Med-Peds Residents' Association at <http://www.medpeds.org/> and the AAP site <http://www.aap.org/sections/med-peds/>. The NMPRA publishes a medical student guide which addresses many common questions <http://www.medpeds.org/archive/PDF/StudentGuide.pdf>.

- Write your CV and Personal statement: Have your advisor and other people go over them with you. If you are torn between specialties, write a personal statement for each and ask other people which sounds the most genuine, and think about which was the most natural to write. Some applicants choose to apply to one or both categorical programs in addition to Med-Peds, however, you should discuss this with your faculty advisor.

- Request letters of recommendation: Usually you will need 3-4 letters. Most programs want letters from the chairman of both the Medicine and Pediatrics departments. Request the chairmen letters early as they will be inundated with requests. (Call in early July to set up an appointment with each dept. chair for sometime in late July/August.) Your other letters should come from faculty with whom you have worked closely, preferably one from each department or a Med-Peds trained physician, but most preferably from people who know you well and will write strong letters. The MSPE (Dean's Letter) is also required.

- You should seek the advice of your faculty advisors regarding when to take USMLE Step 2.

- Consider scheduling a sub-I in each discipline early in the year. This may help you in the decision making process and allow you to interact with faculty who may write your letters.

- Get involved with the Med-Peds interest group. They hold activities to help students learn about Med-Peds training and allow you to get to know the residents and faculty.

Applications:

Med-Peds is on ERAS. It is important to get your applications in early (September) as the interview slots fill up quickly. Show your list of programs to a number of attendings in order to get feedback. Drs. Habicht, San Juan, Wolfsthal and Giudice are all willing to discuss programs and their reputation. Individual program requirements are available on their respective websites.

Interviewing:

Save December or January as a free month for interviewing if you can. Interviews start in early November and continue through mid-late January. Take notes during or shortly after your interviews and get phone numbers/emails of residents in case you think of questions later. Have questions to ask of each interviewer. It is sometimes helpful to ask the same questions to different people to verify consistency. After your interview write thank you notes to the program director and your individual interviewers. Students in the past have interviewed at between 8-20 depending on their individual academic strengths, couples-matching, overall interest in Med-Peds in a particular year etc. It is best to discuss the total number of programs to apply to with the Med-Peds faculty at Maryland.

Things to look for:

- Curriculum: Because med-peds training is condensed from 6 years into 4 years, the ACGME has pretty stringent curriculum guidelines to be followed by med-peds residency programs, and as such, the curriculum does not vary much between programs with regard to the number of months spent on wards, in ICUs, and in the ambulatory care setting. However, what can vary between programs is the structure of ambulatory months (for example, sporadic 4 week blocks vs. multiple consecutive blocks of ambulatory medicine), possibility of second ½ day of clinic during upper level years in certain programs, whether or not there are combined med-peds electives, and whether or not there is transitional care curriculum or transitional care clinic. When looking at programs, think about your possible career goals and try to find programs that structure the curriculum in a way that is conducive to achieving those goals. If interested in primary care, are the residents well prepared for outpatient medicine? Do they have a primary care curriculum? How much time is spent in the units vs in clinic? Is there adequate subspecialty training? One excellent way of evaluating programs is to look at the careers chosen by the program's graduates. Also note that some programs are starting to develop specific tracks for residents interested in primary care or subspecialties. The opportunities available through these tracks can vary greatly between programs, and if interested in a special track, be sure to ask about them when you interview.

- Call schedule and vacation: This varies from program to program. Most programs have mostly q4 with some q3 call. This may change as new work hour requirements are instituted. The average vacation is 3-4 weeks/year.

- Academics: What is the quality of teaching? What is the conference schedule? Is teaching a priority? Is there formal board preparation? What are the pass rates? Are the categorical medicine and pediatrics programs equally strong? Any recent changes in chairman's in either department and the future effect?

- Med-Peds "identity": How many dedicated Med/Peds faculty are there? Is there a Med-Peds trained program director or categorical residency directors in Medicine and Pediatrics? Is there a dedicated med-peds chief resident? How do the med-peds residents interact with each other, the program

director, and the categorical residents? Are there combined conferences or journal clubs to address med-peds issues? Are there med-peds faculty practicing combined medicine and pediatrics? Are there fellows pursuing combined fellowships, or are the faculty/institution willing to work with incoming fellows to form opportunities for combined fellowship training?

-Facilities: Is there a free standing children's hospital? Are there pediatric specific services? Is there an electronic medical record (including electronic order entry)? How many hospitals/clinics will you rotate through and where are they located? Is there new construction underway for a new hospital (a clue to suggest financial status of hospital)?

· Responsibility: Do house officers write all the orders? Are there private attendings and how does that impact your training? · Ancillary Services: The less scut you need to do, the more time you have for learning and patient care (look for "resident assistants" or some variation who help with discharge planning including appointment scheduling)...How much autonomy do you have on medicine and pediatrics? (Note: Pediatrics is traditionally a more "hand-holding" field, so do not be surprised if you hear that everything you do is supervised even as a senior resident).

· What do graduates do upon completion of the program: What percentage go into primary care vs. subspecialty training vs. academic medicine? (look at this in the categorical programs too). How competitive are the residents when pursuing fellowships?

· Continuity Clinic: How much time is spent in clinic per week? Is it a combined clinic or do you alternate between medicine and pediatrics clinics? (there are pros and cons to each of these). Is there clinic post-call? Are there subspecialty clinics available for residents? How does the program maintain a balance of medicine and pediatrics in resident clinics?

· Procedures: Will you get sufficient exposure to outpatient procedures? Are units "fellow driven" or "resident driven?"

-Electives: Are there electives available in women's health, orthopedics, community medicine, advocacy, or in your other areas of interest? Is there a limit to the number of "off campus" electives? Are there international opportunities in place? If you do an international elective, do you still get your paycheck? Does the program help to fund international trips?

· Patient Population: Is it a diverse population? Will you get exposure to the patient population you plan to work with?

· Location: Is it an area you want to live for four years? If you have a significant other, is it a compatible location for them? Do residents live close to the hospital? Could they afford to if they wanted? Are there opportunities for rotations away from the main site? How many different hospitals do you rotate through?

· Residents/Faculty: What type of people does this residency attract? What are the dynamics among residents and between residents and faculty? Are all subspecialties represented, especially in pediatrics? Are the residents happy? Do they appear overworked? Do they spend any time together outside of the hospital? Have many people dropped out of the program, and if so, why? Do people stay to be on faculty upon completion of their residency? Can you picture yourself there? How well do Med-Peds residents blend into the categorical programs? What are the demographics of residents in terms of single, married, engaged/serious relationships?

One Final Word of Advice: During the process you will hear lots of positives and negatives about programs to go to and not to go to from classmates, colleagues, faculty, and people you meet on the interview trail. It is important to realize that not everyone is the same (or has the same criteria for a

program) and as such, you should really check out a program for yourself and assess if you like it or not, because ultimately you decide if the place/program is the right fit for you.

There is no one factor that will determine which program is best for you. After evaluating what is most important to you, much of it will come down to the general feeling you had on your interview day.

Enjoy the process and good luck!

If you'd like to speak to some of the students from the Class of 2012 applying to Med-Peds, feel free to contact

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Neurological Surgery

Well at least it's not rocket science! But it is a wonderful field that incorporates the logical clinical diagnostic tools of neurology with high-level surgical skills. And unlike most other surgical specialties, the fully trained neurosurgeon performs a variety of procedures in any given day. Yet neurosurgery training still has the unfortunate reputation of being in the 'Dark Ages.' However the 88hr/wk limit (yes, NS has a 10% exemption on the standard 80hr/wk) and inclusion of significant research time has improved the quality of life somewhat over prior generations of residents yielding more applicants than ever. As you probably already know, Neurosurgery now participates in the Electronic Residency Application Service (ERAS). At this point, a few things should have been accomplished, or at least should be in the process of being completed: 1) Taken Step I and passing, 2) Establishing connections/research with the Neurosurgery department at Maryland, 3) Thinking about external/away rotations and applying for them, 4) Thinking about the appropriate time to take step II.

As you know, neurosurgery is traditionally self-selective and competitive. The major selection factors are: (1) Board Scores (most applicants will have >230; >240 will be required by top programs, and 250+ will give you a competitive edge; please note that these numbers are just generalizations, not rules!) (2) Research (be sure to send reprints of your publications and abstracts to all the programs you interview at) (3) Letters (4) Med School reputation/AOA status (5) Away electives (try and give a talk on your research wherever you rotate) (6) Undergraduate Institution/Grades. There is a relatively small pool of applicants, and many of the faces you meet on "the trail" will be your colleagues that you'll see again at meetings throughout your career.

Phase I: Information Gathering

• Phase Ia: Planning

-Talk with residents (John Caridi, Danny Liang, Mark Iguchi, Lewis Chang, Mike Koltz, Dave Ibrahim, Dave Chesler, Chris Malucci, Gary Schwartzbauer, Adam Polifka, Justin Slavin, Ryan Nowak), faculty (Drs. Aldrich and Simard are very influential on selections for Maryland, but ultimately it's up to the chair, Dr. Eisenberg; get to know Dr. Eisenberg!!!).

-Visit web sites: <http://www.neurosurgery.org/welcome.html>. [Http://www.nsgy.net](http://www.nsgy.net) has results from the past years' match. Use this to look at trends when picking your sub-I's (ie don't waste your time rotating at programs that seem inbred)

-Start work on CV and Personal Statement (Dr. Eisenberg will review and give advice about your personal statement if you ask him).

-Schedule your Sub-Internship early if you don't already know the faculty/residents well.

-Plan externships early - begin planning in March/April for elective in July, August or September.

-Choose programs you want to apply to for residency

• Plan remainder of schedule to accommodate interviews from October to February.

• Plan research with Neurosurgery Department (w/ Dr Simard) – Laboratory papers are valued more than Clinical.

• -Be sure to arrange and give talks on your research when you rotate at other schools. Maryland will require you to present during your sub-I. This is a good opportunity to perfect your talk for when you present elsewhere.

- **Phase Ib: Implementation**

-Finish CV and Personal Statement by the end of August.

-Formulate a list of potential programs - be open-minded and realistic, Eisenberg is a good source of information as well as the residents when it comes to being realistic.

-Complete Sub-I and externships early, and ask for letters. Make sure you follow-up on your letters! This is really important! If you don't have a letter from an institution it can look suspicious.

-Once you get your ERAS token from OSA, begin to fill out the application early. Submit early is key!

-Schedule an appointment with Dr. Eisenberg, in July (bring CV, statement, & list - be prepared).

-Get LOR's, you can have a total of 4 for each application. (Definitely need Eisenberg, Between Maggio and Simard, Simard's would be best. Then you need letters from the chairs of your aways. Most program require at least 3 letter to review your application so if your away letters take too much time initially, put in another letter, another faculty letter from NS would be best, but any good letter will do. Then just change the letters that you submit once the away letters are submitted. All the letters should ultimately be from neurosurgeons.) -Do not forget to register for NRMP.

-Schedule Interviews - late October - early January.

-Try to schedule programs that are close together geographically, close together temporally

-Remember, this can be quite an expensive and exhausting experience, so only interview at programs you will consider ranking.

-Talk to residents as much as possible and take good notes

-Do not forget 'Thank you' letters to program chairmen, use this opportunity to update CV etc.

-Go back for a 'second look' at programs you liked

Phase II: Decision Making

- Finalize and Submit your rank list - get advice from trusted, informed, and reliable sources.

-Rank programs according to how they fit your specific needs

-The best predictor of your being happy with a program is the happiness of the current residents. However, other factors to consider: geography, length of program (6 vs 7 yr incl GY-1), research opportunities, need for fellowships, time at other institutions, reputation of institution and chairman (be very careful with this one!)

Programs:

Top Tier (You MUST rotate at many of these programs to stand a legit shot of an interview let alone getting in): Hopkins, Brigham, Barrow, Virginia, Columbia, MGH, Mayo, UCSF, USC, NYU, Michigan, Iowa. Part of it depends on research funding, part of it depends on the reputation of the hospital itself. Reputations change from year to year. Talk to the interns and the people who just matched to find out what programs are going up and what programs are a little shaky. Talking to a chief isn't going to help much in this arena, although the programs listed in the top tier are pretty much sanctified, so to speak....

Notes From the Trail

- The RRC's 80-hour week proposition is very controversial among academic neurosurgeons. Make sure you are politically correct when you address this issue.

- Columbia, Hopkins, Barrow, and USC were the hot programs this year. There are applicants that rotated at places like Columbia, Hopkins, Barrow, etc that were NOT invited back to interview. Keep that in mind. Columbia had 12 of its OWN students interested in NSGY one year, let alone the 12-15 other people who rotated there.
- Research out the programs you want to rotate at – most don't require an extra CV, photo, etc. but always make sure you have it on hand if needed. Submit applications early!

We are lucky at Maryland to have a very political chairman in Dr. Eisenberg. Dr. Simard is also one of the few academic neurosurgeons with three R-01 grants (Max Friedlander at the Brigham is the other), which lends academic credibility to the program. Be sure to research the attendings' backgrounds before interviewing – it's always nice to come across a Maryland grad on the trail and it makes for a topic of conversation.

DO NOT HESITATE TO ASK THE RESIDENTS AND ATTENDINGS QUESTIONS ABOUT THE PROCESS!!! THE MORE INVOLVED YOU ARE, THE MORE THE FACULTY RECOGNIZES YOUR INTEREST IN THIS HIGHLY COMPETITIVE SPECIALITY AND WILL HENCE BE REFLECTED ON YOUR LETTERS OF RECOMMENDATION!

For more information please contact:

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Neurology

- Neurology is a specialty devoted to the function of the nervous system, including motor and sensory functions, cognition, and sleep. Neurologists encounter a range of disorders including: headache, stroke, epilepsy, multiple sclerosis, movement disorders (Parkinson's disease), cognitive/behavior disorders (dementia/Alzheimer's), neuromuscular disorders (ALS, myasthenia gravis, muscular dystrophy, Guillian Barre and other peripheral nerve disorders), neuro-oncology, neuro-ophthalmology, neurootology and vertigo, sleep, neuro-HIV/ID, pain, neuro-radiology, and trauma. Many neurologists pursue fellowships to gain expertise in one of these subspecialty areas. Of these, some go on to take faculty positions in academic institutions to pursue basic science or clinical research in addition to their clinical work. Many neurologists choose to work in the community in private practice or other non-academic organizations. Traditionally, much of their time is spent in the outpatient setting. However, most neurologists take call at local hospitals and see inpatients as a consultant. There are few full-time neuro-hospitalists, but this may change in the future. Of note, neuro-ICUs are popping up in many hospitals around the country, with many residents now pursuing fellowships in neuro-critical care. These neuro-intensivists are trained to care for critically ill patients in the ICU. There are many different career paths within the field of neurology, and you can choose between almost any mix of inpatient, outpatient, clinical work and research.

- Although there are many high-tech studies available to the neurologist, the history and physical exam still holds the greatest information for diagnosis. Thus, neurology retains much of the art of classical medicine, which has been lost from many other fields. For this reason, neurologists successfully petitioned to bill for longer office visits (30-45 mins) than most other specialties (15-30 mins). A large percentage of research is dedicated to the neurosciences. Recent advances in the way neurologic disease is diagnosed and treated have broadened the field greatly to make it less purely diagnostic and more therapeutic. This also means that neurologists now have more long-term follow up with patients they are treating. Although much research has already been done, revealing many of the mysteries of the brain, there is still vast information not yet understood. There is, therefore, plenty of opportunity for those interested in research and academics. In general, those who choose neurology as a specialty vary greatly in personality types. Applicants, however, all share a common fascination for how the brain works and its intricate connections with the rest of the body. Depending on fellowship, average neurologist salaries range from \$150,000 to \$250,000.

The Neuro Match:

- Adult vs. Peds: When choosing neurology, you must first decide whether to do pediatric or adult neurology, since this choice will affect the application process.
- Adult Neuro Program Options: Adult neurology requires a year of internal medicine followed by three years of neurology. There are also a few combined neurology/medicine (5 years), neurology/psychiatry (4-5 years) and neurology/neuroradiology (7 years) programs.
- Adult Neurology Match Process: Applicants will complete the ERAS application. Most commonly, you apply for a neurology residency position as an MSIV to begin as a PGY-2. These are 3 year programs that you would complete from PGY2-PGY4 years and are usually designated as "Advanced" programs in ERAS. You will apply for these "Advanced" spots at the same time you apply for your PGY-1 in internal medicine. Of note, many programs have 4-year programs that include a guaranteed spot in medicine or have variations on this theme. You will need to look into the details of each program through their website or by contacting their residency coordinator.

- The PGY-1 Year: Applicants must also enter the standard match for a medical internship (preliminary year) unless the neurology program in question offers a guaranteed PGY1 year (many do, but many still do not). The neurology ACGME has specific requirements for the intern year (8 months of internal medicine or 6 months internal medicine + 2 months of peds/ER/FamMed), which a preliminary medicine year best meets (as opposed to a transitional year). Additionally, how a guaranteed PGY-1 is approached varies by institution, with some programs having you just rank them on your match list and they rank you such that you will match and you do your PGY-1 year through the Medicine department at that institution. Other programs are developing a PGY-1 year run through the neurology department.
- What if you don't match: Vacant positions will be offered through a new program, the Supplemental Offer and Acceptance Program (SOAP), which is replacing the scramble process.
- The Outlook of Neurology: Neurology had not been a very competitive match in the past; therefore, class rank and honors are not as important as they are in many of the other specialties. However, this has changed in recent years as neurology has become more popular. High board scores and especially research are helpful for those who are interested in matching at academically oriented programs. Research is especially popular in academic neurology and can give a distinct competitive edge. Recently, the number of applicants for neurology has increased a trend that has made the top programs more competitive. However, clinically-oriented programs look for well-rounded applicants.
- Letters of Recommendation: Neurologists are a tight-knit community and tend to know one another more than some larger specialties. This can be to your advantage if you have recommendation letters from people well known in the field to outside institutions. You should definitely have at least two letters from neurologists. When asking for a letter, it is best to meet individually with the faculty member. You can achieve this by emailing them or their administrative assistants first. Have your CV and personal statement ready (or at least the most recent drafts!). Most neurologists see themselves as extensions of internal medicine, so a good letter from a professor of internal medicine is another option. It is often recommended to have 2 letters from neurologists and 1 letter from an internist, which will be sufficient for sending to both preliminary and neurology programs. The fourth (optional) letter could be from anyone, but is usually from another neurologist, or alternatively from faculty that supervised any of your research experiences.
- Personal Statement: This is more important than you think! The program director has almost certainly read your personal statement carefully, as well as many of your other interviewers. It is a great way to show the department what you are all about. Make sure it is professional and well-written.

The Application Process:

- On average, applicants apply to 12 to 15 programs, interview at 6 to 9, and rank 5 to 7. In the first tier, >90% of all positions are filled, <10% are left for the second tier.
- Where you decide to apply will be your most difficult decision. To start, decide whether you want to focus on clinical versus research oriented programs. Then determine what criteria are

most important to you, including geographical location, quality of education, reputation of the medical facility, and fellowship placement opportunities when you are done. Most programs are university affiliated, but there are some more community-based programs which are less competitive.

- Once you decide what type of program you want, talk to people in the field. When you meet with neurology faculty to ask for your letter of recommendation, that is a great opportunity to go over your list of programs with them and get their insight. Residents are especially helpful. They may remember programs they visited and give you tips. The chairmen of neurology and medicine are also important people to talk to. The Neuro department at UMMS has graduates from several excellent programs around the country and are more than happy to discuss those and other programs with you.

- **The sooner you can send out your applications, the better** – the suggested target date is September 15th but the deadline set by individual programs varies – usually mid October through early December. Although Dean’s letters are not sent earlier than October 1st, some programs will interview as early as October. Finally, do not forget to apply for a preliminary year. You might even be able to coordinate same-day neuro and medicine interviews.

The Interview Process:

- Neurologists are generally pleasant, knowledgeable people. While a few programs are known for “pimping” students on interviews, most programs were very pleasant and interested in the applicants as a person. Find out the reputation of the chairman and the program director, what fellowships are available, what fellowships graduates match in, and what the call schedule is like (varies widely between programs). Some less common fellowships (sleep, neuro-oncology, neuro-HIV) are not as available everywhere. These are some of the main differences between residency programs.

- Have a LONG list of questions ready before attending the interview, since most of the interview consists of the interviewer asking you if you have any questions. You MUST have questions ready so as to appear interested in their program.

Most neuro programs provide a pre-interview dinner and some may provide your room. The pre-interview dinners are a great chance to get to know the residents and to get a feel of how well you fit in with them.

Most interview days consist of 4-5 interviews, including the chairman and program director, tour of the hospital, lunch with residents and/or faculty, and a briefing from the program director about the program.

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Obstetrics/Gynecology

Ob/Gyn is the field of medicine that specializes in women's health. A career in obstetrics and gynecology is extremely rewarding, gratifying and diverse. We deliver babies, perform surgery, provide cancer screening and, most importantly, provide quality health care for women of all ages.

- Career opportunities in Ob/Gyn are quite varied. Fellowships are offered in Gynecologic

Oncology, Reproductive Endocrinology and Infertility, Maternal-Fetal Medicine, Urogynecology, Family Planning, Pediatric and Adolescent Gynecology, and Minimally Invasive Pelvic Surgery. Additionally, Ob/Gyns have the ability to practice in a variety of professional settings, i.e., private practice, academics, public health, and research within the clinical and basic sciences that are encompassed by the specialty.

- Ob/Gyn is considered to be a specialty of “intermediate” competitiveness based on the overall number of U.S. applicants who match each year. Intermediate means the match rate for U.S. seniors in Ob/Gyn is between 90-95%. However, the competitiveness of any specialty varies tremendously from program to program as well as between applicants, so this designation is just meant to provide you with a rough guideline. Good scores on USMLE Steps 1 and 2, clinical honors in Ob/Gyn, strong letters of recommendation, and good interviews are considered important for a successful match.
- Board scores: A score of 200 or greater is expected at many institutions. If you scored less than 200 on your Step 1, be sure to study hard and take your Step 2 CK early during your fourth year. Consider using one of your months off to maximize study time. Improvement on your Step 2 demonstrates that you have a strong clinical knowledge base and the aptitude to pass the CREOGs (the yearly in-service exams) during residency. Of course, the average applicant scores will vary from institution to institution, but as far as I know there are no strict cut-offs and this is just one of many factors that are taken into consideration.
- Nothing says, “I will be the best resident you have ever had” like an A or Honors in your Ob/Gyn clerkship and 4th year sub-internship/elective. But if you get a B during your clerkship, never fear. You can be the most awesome 4th year ever during your Ob/Gyn rotation. Be sure to walk away from your clerkship or elective having formed a relationship with at least one faculty member who can write a detailed letter on what a fabulous Ob/Gyn you will be. If you find that you need to beef up your application with an awesome grade & comments from your sub-I/elective, try to schedule it as early as possible (July-Sept) so it is sure to get in your MSPE, application, transcript, etc. Depending on the number of people applying to Ob/Gyn your year, it may be hard to get a sub-I during those earlier months since there is only one sub-I (MFM) with two spots per month. If you do have to schedule it for later, then try to do an Ob-Gyn elective early on so that you are still getting personal experience with different faculty members who could write you a letter.
- The interview is very important as the residency class size is much smaller in Ob/Gyn programs (4-12), than in, say, Internal Medicine. The faculty and residents want to be sure that you are someone that they will be able to work with at 3am and someone who

will fit in well with the program. It is also important to remember that you are evaluating the program during the interview day just as much as they are evaluating you.

Residency Application Process Timeline

I. Spring:

A. Gather information

1. Talk with faculty, residents, and graduating seniors entering Ob/Gyn about programs that may interest you. The OSA website has the match lists from previous years; if you are considering a program that a UMD grad has attended, you may want to contact them and see how they like it there.

2. Think about what characteristics are important to you in a program and use them to narrow down your search:

- a. Type of program: university vs. community (keeping in mind that some non-university-affiliated hospitals may still be very “academic”)
- b. Location: urban vs. suburban vs. rural, proximity to family, significant others, etc.
- c. Patient population: private vs. indigent (the majority of programs have a mix of both)
- d. Size of residency class: large (>8) or small (<5)
- e. Number of hospitals used for training
- f. Strength of subspecialties/availability of fellowships

3. Useful websites to look up specific information on programs:

- a. **FRIEDA**: to perform residency training search: <http://www.ama-assn.org/ama/pub/category/2997.html>
- b. **APGO**: has a very comprehensive database of residency programs with more detailed information than FRIEDA. You can use the residency program search under the tab for “Medical Students” <http://www.apgo.org/residencies/>
- c. **ACOG**: a clearing house for residency positions that have become available mid year. So, these are programs not retaining their residents, for whatever reason. http://www.acog.org/departments/dept_notice.cfm?recno=1&bulletin=122

B. Letters of Recommendation

1. Most programs require at least three LORs in addition to the standard MSPE (“Dean’s letter”), although ERAS gives you the option to send up to four LORs to every program. If a program has a specific requirement about who they want your letters to come from (i.e. Chairman, senior OB faculty, Medicine faculty, etc) then they should explicitly say that somewhere on their website, so be sure to check those out. Almost every program out there will want a Chairman letter plus one from a different Ob-Gyn faculty member. You do not need to send the same letters to all programs; you can tailor your assignment of LORs to specific programs (e.g., if a recommender is an alum of a program you are interested in).

2. Even though it is never too early to begin asking for LORs, especially if you ‘click’ with an attending during your rotation, most people wait until the summer to begin collecting their letters. This makes sense because it is nice to give your letter writer a packet including your CV, personal statement, transcript, and copies of your clerkship evals when you meet with them so they can write you the most personal, detailed recommendation possible. However, that also means that many faculty get bombarded with requests for LORs during July-Sept so it may take them longer to get your letter written. Bear this in mind. If schedules permit, it is nice to sit down with your letter writer in person so that they can ask any questions they may have and so that they have a more personal interaction to go on when they do start writing. Also remember to follow-up with your letter writers at appropriate intervals to find out their progress on your letter/remind them about it – don’t wait until three months have gone by before you get in touch.

3. Sources for recommendation letters:

- a. Chairman Our department chair will write letters for all the applicants. Almost all programs require a Chairman’s letter, so everyone should take advantage of this offer. It does

not matter that more likely than not, you have not actually worked with this person. He/she can still write a great letter based on your application packet and from speaking with other faculty members. Schedule your meeting early, since the Chairman's schedule is probably extremely busy.

b. OB/GYN attending that knows you well from Maryland or from an away elective.

c. Medicine or Surgery attending There is a rumor floating around that it is better to get a letter from a Surgery attending since Ob-Gyn is a surgical subspecialty. But in the end, it is really about who knows you best and who you predict will write you the best letter. If you really clicked with your Medicine attending, then by all means have them write your letter. Many, many applicants have letters from non-Surgery attendings.

d. Research mentor

4. Many people consider LORs from faculty at the place where you did an away elective a great addition to your application (especially if he/she is well-known) since these are outsiders who are not biased toward you. Also, attendings from sub-I experiences (i.e. medicine or surgery) can usually write more substantial LORs than those from your 3rd year clerkships since you can shine more during a sub-I, but this is not a strict rule by any means.

C. Electives

1. One OB/GYN elective during your 4th year is enough. Your elective can be done either at Maryland or away. Many people consider their away electives extremely helpful in the residency application process because it can give you a good perspective on what different programs are like and what you want in a residency program. Also, it can help your chances of matching at that program if you make a good impression.

2. Scheduling away electives: Most schools begin accepting applications from visiting students in March-April, and spots fill on a first-come, first-served basis so it helps to send applications in early. Try to apply to a few different schools to increase your chances of landing a spot somewhere. You can now use the VSAS application system via AAMC to apply for away elective positions. In addition, check each school's OSA (student affairs) website for detailed information on this process. If you are interested in a particular geographical location, do try to do your elective in that area since it is likely that the faculty will know each other at schools in the same states/regions.

3. When? Remember that electives done after August will not be reflected in your Dean's letter, which is not ideal. Nov-Jan are bad months to do any important away rotation because you will likely be interviewing and you do not want to be taking off several days during the time you are trying to make a good impression.

D. Sub-Internships

There is now an OB/GYN sub-I in Maternal-Fetal Medicine. The 2008 -2009 academic year was the first year it was offered. Since everyone is required to do two sub-Is, scheduling one in Medicine, Surgery, or ICU are good ideas since you will be exposed to all these types of patients in residency.

II. Summer:

A. The personal statement:

1. Ideally you'd like to get your PS written as early as possible so that you can give a polished copy to your letter writers. This is easier said than done and many students find that writing the PS is one of the more tedious hoops you must jump through in this process. Your

PS doesn't have to be a literary gem worthy of a Pulitzer prize to be good, it just has to be a concise essay on why you want to be an Ob/Gyn and why you would be good at it. One page single-spaced is enough. Try to have a first draft done by May-June so that it is ready to go by mid July. Make sure to pass out an early draft to a bunch of people you trust (parents, faculty members, the deans in OSA) to get their opinions and edits – once you have read your PS for the 100th time, it can be hard for you to recognize places for improvement, so get help from these other people.

2. Books such as First Aid for the Match have sample essays that some find helpful to look through. Also, the Office of Student Services sponsors a writing center which is staffed with professionals who can help you every step of the way:

<http://www.umaryland.edu/student/writing/>

B. The Dean's Letter:

1. In June or July you will meet with one of 4 deans to discuss your Dean's Letter or MSPE (Med Student Performance Eval). This is a very standard document that contains a written summary of your pre-med school and med school careers, your class rank, as well as a copy of every clerkship eval comment from 3rd and 4th year up to September.

2. If you believe you received an unfair evaluation or there is something in your evals that you think is erroneous, talk with that clerkship director about it right away. Don't wait until you see it on your Dean's letter because at that point it will be sort of late to complain about something you had previously accepted.

C. My ERAS

1. Beginning in early July you will be able to register for My ERAS and can start filling out your application and selecting programs. You will get more information from Dawn Roberts at OSA about how to register. You can also check out the My ERAS website for details: <http://www.aamc.org/students/eras/start.htm>.

2. At this time the OSA will also be accepting LORs, official transcripts, and your head shot so they can be uploaded onto the ERAS system (only they can do this). Make sure to check your application on-line to make sure the items have been indeed received and uploaded as you go along.

D. Step II. Supposedly some programs out there require Step 2 CK scores at the time of application, but this is rare and you should check their individual websites for this information because they differ. Most programs want to see your CK score. What is more likely is that they will require your CK scores before ranking you at the end of February (although this is still not extremely common). Therefore it may be wise to schedule your Step 2 CK early enough in the year that scores are available by that time.

III. Fall:

A. My ERAS

1. The first day ERAS allows applications to be submitted is September 1st. You should definitely try to submit your application within the first week or so because interviews are offered on a rolling basis. You should also try to get your application complete as early as possible (i.e. plan ahead when asking for LOR's).

2. You do not need all your supporting materials (LORs, personal statement, transcript) to be uploaded onto your application in order to submit it. In fact, some programs start offering interviews on a rolling basis before they have received a complete application so it is definitely worth it for you to submit the common application form and whatever supporting materials you have while you wait for that one LOR so it doesn't hold up your entire application.
3. The official Dean's letter does not get sent out until October 1st (nationwide) and some programs do wait until they have reviewed it to send out interview invites, so don't worry if you haven't heard from many programs until then.

IV. Winter:

A. The Interview

1. Many Ob/Gyn programs offer only three or four interview dates, so scheduling can be tricky. Plan on doing most of your interviews in November-December. Some programs also offer January dates. Very rarely, you may want to wait for a couple of days after receiving an invite before getting back to them if you are waiting to figure out another interview slot. However, some programs will send out more interview invites than they have interview day slots such that if you get back to them too late, you may find that they have no more interviews available. So in most cases, try to schedule the interview as soon as you can after receiving the invite.
2. If you haven't heard from a particular program but really want the interview make sure to email or call them to confirm your interest.
3. Most people strongly consider taking off November or December or scheduling light rotations during these months. Even though some programs interview on Saturdays, Friday and Monday interviews are also common and when you factor in travel time you will end up missing a lot of days during one or both of these months. Keep in mind that the maximum time you are supposed to be allowed off per rotation is 3 days (although most attendings will be pretty lenient if they know it's for interviews).
4. Most programs organize a social activity the night prior to the interview. Definitely try to attend these events as you can usually get a good feel for the program from interacting with the residents in this type of casual atmosphere. Try to relax and have fun, too.
5. Smile and try to appear interested during your interview even if you are nervous or tired. This becomes hard after the fifth interview of the day. In general the interviews are pretty benign, and most people are very friendly. It is pretty easy to find a list of commonly-asked residency interview questions on the internet – try to find some and jot down (or at least think about) your answers so that you are not taken off guard and so that you can relax a little during the interview knowing that you have done some preparation.
6. Send thank you letters to your interviewers as soon as you can after your visit unless specifically told not to.

B. Second looks

1. Most programs will let you know that these are not necessary and will not influence their

decision, but you are always welcome to re-visit the program if you feel that it will help you decide.

2. Many applicants find it useful to go back to their top one or two choices to get a better sense of what a typical day is like, get to know the residents a bit better, and even scope out the neighborhoods and see if you really like the area. Usually these are very informal and you can stay as short or as long as you want.

C. Letters of Interest

1. Although it is against match rules for a program to tell you where they are ranking you (or for you to ask them), it is common and wise for applicants to let the programs they are most interested in know about it.
2. Since most programs will make their final rank lists in late January/early February, be sure to send a letter to the program director at your top 3-5 choices by email or standard mail letting them know of your strong interest as soon as you've decided which programs you will rank highest. Some programs are known to be more aggressive and will contact applicants directly to try to feel you out.
3. Whichever way you choose to do this (there is no one right way), make sure you are always honest and never tell more than one place they are your #1 – programs do talk to each other, and you will not look very good if they find out you told five programs that they are your #1. If you are not sure of your first choice until the very end, just say that you are very interested in the program or that they will rank high on your list.

Rank Order List

1. Beginning sometime in late January you will be able to start making your rank order list on NRMP's (National Resident Matching Program) website.
2. When making your rank list, absolutely feel free to bounce ideas off individuals whose opinions you trust and who can be somewhat objective. The deans in OSA will be extremely helpful in this regard. But also remember that this is YOUR list and there is some element of going with your gut when it comes to your feelings about specific programs. Most importantly, all of the programs that you rank should be places where you see yourself being happy. If you interview at a program that you think is a really terrible fit for you and that would make you miserable, then do not rank it because you do not want to end up matching there.
3. The deadline to certify and submit your final ROL is in late February but supposedly the system can get overloaded the last few days prior to the deadline, so it's best not to wait until the very last minute.
4. Congratulations! At this point you've done all you can and you should reward your hard work. You'll do great! ♣ GOOD LUCK ♣

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Ophthalmology

- Choosing a medical specialty is a very important and complex decision that is exciting while somewhat stressful. Ophthalmology is a tremendously enjoyable, interesting field that involves the diagnosis and treatment of diseases of the eye.
- It is a unique field of medicine that unites medical and surgical skills for optimal patient care. It also allows the physician to follow a patient from the time of presentation and diagnosis through

treatment (either surgical or medical) and long-term follow-up in many cases. As a result of recent scientific and technological advancements, ophthalmology offers possibilities for diagnostic precision that are unavailable in many other specialties.

- Continuing advances in laser vision correction, the genetics of glaucoma, and future non-surgical cataract extraction make ophthalmology an exciting and rapidly advancing field. Currently, cataract surgery is the most common surgical procedure performed in the U.S. Subspecialties of ophthalmology include: pediatrics, glaucoma, oculoplastics, vitreoretinal, oncology, neuro, uveitis, cornea and ocular pathology.
- Most programs report that half of their residents pursue fellowship training and half enter private practice.
- The ophthalmology match is organized through the CAS (Central Application Service) in San Francisco. Your application is snail mailed to SFMatch (at least it was this year). You will be very thankful that it is an early match and you will learn your fate in mid January, approximately two months before your classmates discover their match.
- Ophthalmology has a reputation for being highly competitive.

GUIDES TO APPLICATION:

I found these two resources very helpful: simply “google” them 1) Wayne Lo’s Nearly Complete Guide to Applying for Ophthalmology Residency (50 pages) 2) Ophthalmology Match – A Guide for VMS Students

ELECTIVES:

- A one month rotation at U. Maryland is pretty standard. The earlier this rotation is done, the better, so do the rotation in July or August of fourth year (only 2 positions/month, so be flexible!). During this rotation you should try to get to know a faculty member who might write you a letter of recommendation. Dr. Bernstein is most involved with research, while Dr. Guerami is the program director.
 - There is the possibility that more than 4 in your class want to do ophthalmology, in which case not all of you will be able to do the Maryland rotation in July or August. If you don’t, you will need to find an away rotation to do instead. This should not adversely affect your application in the end, but just be prepared for the possibility (the student who went through it this year did an away at Hopkins in July and got her letters from there). You will probably still want to do a Maryland rotation later since they will guarantee you an interview offer if you do.
 - Meet with Dr. Bernstein before your elective and he will give you an honest assessment of your application and suggest what type of programs may be a good fit. Before your elective you will also figure out the rotation schedule with Dr. Bernstein, depending on how many students are on for the month.
-
- As always, make sure you read up during the rotation. Figure out when Dr. Bernstein has clinic, and be prepared for a question and answer session. He will also usually give you a topic to present for these sessions. Be prepared! Consider referencing these books during your elective:
 - Basic Ophthalmology, by Bradford
 - Clinical Ophthalmology, by Kanski
 - Will’s Eye Manual
 - A short presentation during grand rounds is necessary to receive honors.

Get to know the residents as they are a friendly group and act as a great resource for ophtho knowledge and the application process in general.

Most applicants also do either a month of research or some sort of research project. This is NOT required, however, research will benefit you on the interview trail by showing your interest in the field and as a useful topic of conversation. You can easily do a month of ophthalmology research as a 4th year elective if you feel your application is lacking in this area.

Away rotations are always the subject of debate among medical students. There are two theories. The first being to do an away rotation at a place that you may not get in otherwise. The second is to do one at a place that you might get in anyway so that you are “locked in”. Keep in mind that OSA will only allow two electives in Ophtho. So, doing more than two months will mean you sacrifice your vacation time. An away elective is preferably done in September or October of your 4th year as this is the month when most programs decide on who they would like to interview. Remember to schedule an away elective **early** as the better programs fill up fast...so starting working on this NOW! (By the way, a third theory on away rotations is that you really do not have to do one at all).

Miscellaneous:

Ask for letters EARLY. This will, seemingly without fail, take longer than you think. You will probably want your application in no later than the 1st or 2nd week in September, and letters will be what hold you up in the end.

- NOTE: LOR's seem to be VERY important when applying to ophthalmology programs. Make sure to choose your letter writers well! The usual protocol is to get two ophtho letters as well as one from another attending with whom you have worked (often medicine or surgery). Ophtho is a small field, so choosing a letter writer who is well known to his/her academic colleagues can be a tremendous boost to your application.

- Don't forget to fill out your ERAS application for your intern year. It seems that most people will complete a Preliminary-Internal Medicine year, although Transitional Years (TY), Preliminary-Surgery, and Preliminary-Peds (I think acceptable) are other options. Also register for the NRMP (yet another \$50)

- Use Google Calendar (or similar application) to keep track of all of your interviews. Once they start rolling in (along with prelim/TY interviews) they can become very difficult to keep track of. Also, your flight schedules will change, regardless of how well you try to plan your interviews. Book your flights on Southwest or be aware of flight change fees (up to \$150/change in itinerary).

- Make sure that you know how to answer the simple (and recurring) questions:

- Why ophthalmology?
- Tell me about yourself.
- Why do you want to come here?
- Tell me what makes you a better applicant than ...?

There are good questions listed in Wayne Lo's Guide
Be yourself on interview days.

Be happy! Smile!

Spell OPHTHALMOLOGY (lots of H's) correctly in your application!!!

Check out: <http://dralbertlin.com/4.html> "Guide to Ophthalmology Residency Application." I referenced this early and often. • Also check out: <http://www.opthobook.com/> - a free online ophthalmology text.

OPHTHO TIMELINE

JUNE: Register with the Ophthalmology Matching Program (OMP) (<http://www.sfmatch.org>) If you don't register you won't be able to log into the program directory of the SFmatch and the view the statistics of the programs such as number of positions offered, etc. Prepare your CV and begin writing a personal statement. You will need these items when you request letters of recommendation. Also register for ERAS/NRMP for PGY-1 year. Do this so you won't forget!

JULY – AUGUST: LORs should be obtained or asked for during your elective. Get the ball rolling so that the writers will have time. There is almost always a holdup with one of the letter writers. Also try to have one of the residents give you an eye exam as this is required for some programs.

LATE AUGUST – EARLY SEPTEMBER: The "target date" is usually around Sep 1st to submit your completed application to CAS. This includes your application, letters of recommendation, transcript, and list of programs that you are submitting your application. CAS does not distribute a picture, although some programs will ask for one outside of the CAS. The actual significance of the target date was never totally clear.

More importantly, find out if certain programs have their own deadline. The application is said to require up to 2-3 weeks processing time between receipt in San Francisco and distribution to the programs, so shoot to have it in as early as you can (Note that for me personally the turn around time was MUCH faster than this, but definitely keep the worst case scenario in mind). If it looks like you won't be able to get your application in until early September and that you will potentially miss out on some programs' deadlines, don't panic. Just get it in as early as possible. My personal experience was that this worked out fine. There is also a rumor that interviews at a lot of institutions are on a rolling basis, however this was generally not my experience.

IMPORTANT: Note that a few programs require supplemental information, and they won't usually go out of their way to tell you this. Check program websites and SDN as they will often list any additionally required information. Some programs requiring supplemental things: UCSD, Tufts, University of Washington, Cornell, GW.

OCTOBER - NOVEMBER Most of the invitations for interviews will arrive in October and November. This is an exciting time, but be prepared that most programs will have only a few interview days and there will be multiple conflicts. The conflicts are intentional to limit interviews to serious applicants. The best way to avoid this is to schedule your interview immediately when you get the invitation (literally email within 5 minutes). Be sure that you do a rotation during these months that allows you to check your email as needed, and have your interview calendar handy (again, gmail calendar is a good pick). Any rotation outside of the OR

should be fine. Start off by taking the earliest dates that you are offered, and then fill in the calendar as you go. Ideally this leaves later dates for later offers.

DECEMBER The bulk of interviews are in November and December. You should try to take off one of these months, and schedule a more “flexible” elective in the other. In my experience both radiology and pathology are good choices, and I’m sure there are more. Most electives will be understanding. If you get stuck with AHEC, don’t worry. Every year someone has to do AHEC during this time frame, and preceptors know there is nothing you can do about missing a lot of days. For your PGY-1 interview scheduling, it depends on where you want to be. If you have no preference, then just try and schedule your interviews in January or late December when they won’t conflict with Ophtho interviews. If, however, you want to have your PGY-1 in the same city as your ophtho residency, then schedule as many of your interviews as you can after match day. This way you can cancel all the ones that you don’t want once you know where you are going.

AND THE 2011 MATCH STATISTICS ARE...Ophthalmology Match Report (2012 results are not available yet, but can be found by Googling “Ophthalmology Match Report”).

Ophthalmology Residency Match

Sponsored by the Association of University Professors of Ophthalmology

655 Beach Street, San Francisco CA 94109 ■ www.sfmach.org ■ Phone: 415.447.0350 ■ Fax: 415.561.8535

Ophthalmology Residency Match Report – January 2011 Comparative Statistics

	Jan '01	Jan '02	Jan '03	Jan '04	Jan '05	Jan '06	Jan '07	Jan '08	Jan '09	Jan '10	Jan '11
Total # of registrations	927	930	922	887	839	824	855	869	866	823	823
Total # of CAS participants	798	805	800	786	761	743	792	789	767	728	746
Total # of rank lists	662	671	650	639	596	620	648	639	654	630	622
Total # of applicants ranked	667	653	629	630	608	609	642	629	645	620	608
Matched applicants:											
> US Seniors	379	384	365	369	374	382	399	394	419	415	405
> US Grads	33	27	40	34	35	38	25	27	24	13	26
> IMGs	23	27	29	35	34	26	25	32	15	28	27
Total Matched:	435	438	434	438	443	446	449	453	458	456	458
Unmatched applicants:											
	227	233	216	201	153	174	199	186	196	174	164
Pct. Matching:											
Overall	66%	65%	67%	69%	74%	72%	69%	71%	70%	73%	74%
> US Seniors	87%	88%	84%	84%	84%	86%	89%	87%	92%	91%	88%
> US Grads	8%	6%	9%	8%	8%	9%	6%	6%	5%	3%	6%
> IMGs	5%	6%	7%	8%	8%	6%	6%	7%	3%	6%	6%
Positions:											
> Offered	438	440	438	442	445	447	450	454	459	458	461
> Filled	435	438	434	438	443	446	449	453	458	456	458
> Left	3	2	4	4	2	1	1	1	1	2	3
Avg. USMLE Step 1:											
> Matched	224	225	228	228	229	230	231	232	235	236	237
> Unmatched	206	208	208	218	213	215	215	212	212	210	214
Avg. applications per applicant	36	38	38	41	43	45	47	48	50	53	52
Avg. # offers per applicant	4.0	4.0	3.9	4.0	4.4	4.4	4.0	4.4	4.24	4.3	4.4

http://www.sfmach.org/residency/ophthalmology/about_match/match_report.pdf

Resources: American Academy of Ophthalmology www.aao.org

The San Francisco Match www.sfmach.org

Forums.studentdoctor.net This is a good source, although take it with a grain of salt.

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Orthopaedic Surgery Residency

General

Orthopaedic Surgery is a very competitive field in medicine; however this should not discourage anyone from pursuing it as a career choice. I feel that it's the best one out there. The following information is based on observations and anecdotes from attendings, residents, and other students on the interview trail (from this year and year's past). It is by no means set in stone. There are always special circumstances and outliers, but those that have been updating this guide believe that it is a fairly thorough and accurate guide to applying for a residency in Orthopaedic Surgery.

1. What makes a Strong Candidate?

- a. First and foremost you have to get in the door by receiving an interview invitation.
- b. Important Factors to becoming a strong candidate for an interview (expanded below)
 - i. Away rotation performance
 - ii. Getting to know the powers that be, here and there
 - iii. Board Scores
 - iv. Grades, and therefore Medical Student Performance Evaluation and Class rank
 - v. Alpha Omega Alpha (AOA)
 - vi. Letters of recommendation (LOR)
 - vii. Research
 - viii. Experience within a team environment
 - ix. Extracurricular Activities
- c. Away Rotations
 - i. The most important factor, when program directors were surveyed
 - ii. Programs want to know whom they are going to get. Make sure you know your anatomy, work tirelessly, are always enthusiastic, and try to get to know the residents and attendings.
 - iii. Picking a program to do an away may be one of the hardest things to do. Suggestions from the program director (Dr. Robert Sterling), attendings that you've worked with, or residents may be helpful.
 - iv. Most programs require an application to get an away rotation, so get the information off of their websites and get those in ASAP according to their deadlines. Scheduling will never be easy.
 - v. The VSAS program from the AAMC is hit-or-miss and sending in an application does not guarantee an interview by any means
 - vi. Be ready for an exit interview, some programs count the away rotation as an interview, and won't invite you for a later one.
 - vii. This is an excellent tool to help you decide how you fit in with the program
 - viii. Don't expect it to be easy; it'll be a new place with unfamiliar faces and you'll be taking lots of call away from your normal support group. Other students will likely be rotating with you but you can only control how well you do. Keep on truck'n when time are tough.
 - ix. Remember that the experience can help or hurt you
- d. Getting to know the powers that be
 - i. Orthopaedics is a tight network, particularly within the realm of academics. Everybody knows everybody, and certain people's names go very far.
 - ii. Get to know the Orthopaedic Surgeons at Maryland- they are your biggest allies
 - Vincent Pellegrini, M.D.- Chairman of Department
 - Andrew Pollak, M.D. – Director of Orthopaedic Traumatology

- Shock Trauma docs
- University/Kernan docs
- VA docs

Find out where the faculty members who you work with trained or worked prior to coming to Maryland. They often have many connections and will candidly discuss programs and make phone calls for you.

iii. Family Friends

- If you know doctors at other programs you may be interested in, or if family members know people, this can go a long way in helping to get an interview, and maybe even strong consideration for a spot as long as you have a decent application.

e. Board Scores

- Although not designed to be, board scores are the only means of comparing applicants from different schools objectively. Therefore it is many times used as a cut-off.
- Again, knowing the right people and rotating at specific programs can trump this in many cases
- Only USMLE Step 1 is required. If you did well, don't worry about Step 2 until the spring. If you take Step 2 and mess it up it can hurt you. If you messed up Step 1, study over break and try to ace Step 2 before August, but try not to sacrifice your grades in Sub-I's or the ability to do an away rotation.
 - There are a few (not many) program which require Step 2 scores by a certain date to rank (Duke, UCSF, etc). Make sure to check their websites.
- The average board score for people that matched into Ortho in 2009 is a 238. This has been increasing since past years.
 - The word on the street is that almost all programs require at least above 200
 - Most good programs would like to see about 210
 - Above 220, with other strong areas on the application will get you interviews.
 - Above 230, with other strong areas will get you most interviews, may be regional
 - Above 240, with other strong areas will get you interviews at the majority of places
 - Above 250, just have solid grades, a well rounded application and letters, and you will likely have more interviews than you can go on

f. Grades, and therefore Class rank

- Programs like Honors, A's and B's (the more A's and Honors the better)
- Most programs want strong clinical grades (Surgery, Medicine)
- Ortho Sub-I performance is crucial; make sure that grade is on your transcript when you submit it with your application.

g. AOA

- A huge help, will open many doors, but not a determining factor by any means will greatly help your application to be selected for review
- Certain medical schools do not have it (Brown) or only offer it at graduation (JHU)
- Some programs unfortunately may require it for an interview (unless you have politics in your favor)
- Other medical school honors are also greatly appreciated

h. LOR

- i. Not a criteria to weed out applications, but once your application is selected for review, this is one of the most important parts of your application. Good letters go a long way to getting you an interview, and a consideration for a position.
- ii. Chairman letter- required or appreciated by almost all programs
 - a. Pellegrini is well-known within the field of orthopaedics
 - b. You should try to rotate with him during your Sub-I to get a letter. He is looking for your interest and the way you interact with patients and the residents. Be prepared to answer questions, particularly during surgery. Respect for patients, him, and co-workers is crucial. If you cannot work with him due to the number of students, he may allow you to do an extra week on orthopaedics (a 5th week) as long as you can work it out with another department (radiology with Dr. Pugatch) to do a 3 week rotation afterwards or if you are off the following month.
- iii. Ortho Big Names help, but they have to be able to write you a good letter.
 - a. Egelseder, Pollak (Trauma)
 - b. Frassica, Sponseller, Kostuik, Burgess (Johns Hopkins)
 - c. Matthews, Graham, Schon (Union), Brumback will usually not write a letter
 - d. Myerson (Mercy)
- iv. General Ortho Letters
 - May be your best letter, if you can get to know the attending well.
 - A solid letter from your home program, other than your chairman's letter goes a long way
- v. Chief Resident
 1. A declining requirement but one or two programs may still request one
- vi. Non-surgical
 1. Some programs require a medicine or research-based letter
- vii. Letters from people at away rotations
 - Not required but will likely be helpful if they got to know you and can speak highly about you. A big name helps but is not necessary.
 - An away letter can be difficult to get considering that you may have limited interaction with certain attendings depending on how you're scheduled.
- viii. Supplements
 - Vanderbilt, Yale, Case Western, Wash U, University of Washington all required additional forms for people who write you LOR. Download them off the internet.
 - UVA will ask for a supplemental essay after you apply telling them why you want to come there.

Remember, everybody knows everybody, particularly within academics, so never burn any bridges.

- i. Research
 - a. An excellent way to elevate your application above others who may have higher board
 - b. Certain programs will value this higher than others- ask about it on interviews
 - c. Regardless, it is nice to have something, especially orthopaedic related.
 - d. If you haven't done any up until this point, either find something or have a good reason why you don't. This is a big interview topic.
 - e. Research within orthopaedics is preferable, but trauma, plastic surgery, vascular surgery, or bone radiology are good as well. Of course, any research, especially resulting in publications, is better than no research.

2. The Application and Picking Programs to Apply

a. Electronic Residency Application Service (ERAS)

- i. Make sure there are absolutely no spelling errors on your application
- ii. Make sure everything is 100% accurate (especially research and references)
- iii. Make sure it's submitted well before the deadline. Most programs' deadlines range from October 15th to November 1st but some are early October (Cincinnati, Emory)
- iv.
 1. Aim to have your application in before October 1st and everything else 1 week before the 1st deadline
 2. Some programs do not start reviewing applications until all requirements including LORs are uploaded

i. Format

- Application
- USMLE transcript
- Official Medical School Transcript
- Personal Statement
- LOR (limit usually 3-4 / program)
- Medical School Performance Evaluation (MSPE) with class rank
- Program Selection

ii. Application = Glorified CV

- Biographical info, Education, Medical school awards, Work, Volunteer, Research, Publications, Language Fluency, Hobbies and Interests, Other Awards and Accomplishments
- Make sure you include everything, especially any honors before medical school
- You will need dates (month/year) for everything

iii. Personal Statement

- Can help you, people read it
- Don't give anybody an excuse to eliminate you from an interview spot, do not be bazaar or arrogant; can hurt you.
- Do not repeat your application
- Keep it to one page
- Try not to use "I" too much
- If you wrote about something specific, you WILL be asked about it during interviews

iv. LOR

- Pick people who can write you strong letters preferably by people who know you well
- Best to provide them with a CV, personal statement, copy of transcript, 3rd
- Pick up or have letters sent to you, you need to turn them in to OSA yourself
- Vanderbilt, Yale, Case Western, Wash U, University of Washington all required additional forms for people who write you LOR
 - Download them off the internet and give them to the people writing you letters with envelopes already addressed to the programs

v. Supplemental Info

- Several programs require supplemental information like college and grad school

- transcripts, MCAT, SAT scores
- You may also need to have your CV scanned and sent as a 4th LOR

b. Picking programs

- i. Now that the residency application is standardized, it is very easy to apply to many programs, and this is typically what happens
- ii. Students generally apply to 30-60 programs
 - Even strong candidates should apply to many programs because each program is looking for a specific type of resident, and none of that information is published or on any website
 - Also it is very important to know that many programs offer interviews on the same day, so just because you get 10 interviews does NOT mean that you will be able to go to all of them. Most programs interview on weekends in late Nov, Dec, Jan.
 - Programs do NOT reschedule
- iii. Common advice is to pick the places that you could live, and apply to the programs in that location. They might not be the exact location you want to live, but matching in a tolerable location is better than not matching.
- iv. The question of academic v. community programs should not matter now unless you know that you want to go academic.

The most important thing you can have is choices for interviews, so apply to as many as you can reasonably afford.

3. The Interviews: accepting and interview day

- a. Most programs receive between 300-600 applications
- b. Most programs offer 40-100 interviews for 2-12 spots (avg. 4-6 spots)
- c. Be ready to get interviews from unexpected programs and rejected by what you thought were “safeties”—although there are no such programs. This will humbling experience.
 - Each program has a specific applicant they are looking for
- d. The magic and arbitrary number of interviews to shoot for is 12
 - i. I heard that number from several program directors, and other medical students on the trail. Is there any formula behind it, NO!
 - ii. You can do the math above and see that you have a 1:10 shot at an Interview, a 1:10 shot at a spot if you get that interview so the odds are in your favor
 - iii. If you are a solid candidate and you “know” somebody, and feel confident about 2 or 3 programs you could probably get away with 8 interviews at the least. But I wouldn’t recommend going below that. You’re just playing with fire.
 - iv. If you’re a below average candidate or are couples-matching you may need to go on more.
 - v. If you only get 3 or 4 interviews, don’t be discouraged, just make sure you’re political, and have people calling for you at those places.
- e. Accept all interview offers initially right away, even if you’re not sure you want to go there. You may wind up declining later due to scheduling or cost, but that’s ok. Just decline as soon as possible so that people on the wait list will have a chance to interview. This may help you as well.
- f. Many places will offer interviews to more people than they have spots and it’s a phone or email race, so check your email several times daily from late Oct-Jan.
- g. Selecting Interviews

- i. Now is the time to narrow down your choices
- ii. By now you should have done your Sub-I's and away rotations, so you will have an idea about what you want in a program
 1. Academic v. Community
 2. Large v. small
 3. City / Rural / East Coast / West Coast / Middle America
 4. How much research do you want- there are 6-year programs out there
 - a. 6 year mandatory: Brown, Cleveland Clinic, Union Memorial, Maryland +others.
 - b. 6 year research option- Penn, Pitt, Rochester, +others
- iii. Female applicants may want to keep some points in mind
 - See if the programs you are applying to are “woman friendly” programs
 - Find out how many women are in the program and how many women are on staff
 - Consider inquiring if female residents have had children while in the program (but be kinda careful)
- iv. Many interviews also have casual dinners before or after the interview. Attend these if at all possible. This is a great time to meet residents and attendings, to see if you fit in with them as well. Many residents will talk candidly about their programs.
 - For some programs this is very important and others it doesn't matter. It is impossible to tell which program is which, so go whenever possible.
 - However, don't cancel another interview just to make the get-together. Programs are understanding that orthopaedic applicants can have crazy travel schedules at times. Just let the residency coordinator at those programs know in advance.
 - Always act professional. Never become intoxicated. You will hear stories.
- h. Interview Day
 - i. Orientation- do NOT be late
 - ii. Remember this- once you are at the interview it's a level playing field, they want to know if they can work with you for the next 5+ years
 - iii. Meet the residents
 - Talk to them as much as you can, ask them questions
 - Often they have input to the committee regarding who they liked on interview day, so don't turn off your charm around them
 - If you can get an email address or phone number of one you conned with, great, they may be able to help later when decision time comes
 - Remember, they need to impress you as much as you need to impress them. Eventually you will rank your programs, and I assure you that much of your decision will be based on how you meshed with the people at the program.
 - iv. Interviews
 - Usually 3-6 sessions of 10-30 minutes long with 1-4 interviewers at a time asking you questions. May be attendings, residents, or research faculty.
 - Bring any LOR, Chapters, Publications, or any other relevant items that may add to your application

4. Interview Questions

- a. DO you have any questions????
 - i. The most often asked question, have questions about the program even if you have to ask the same one over and over again.
 - ii. Examples:
 - What is the relationship between attendings and residents like? Could I find a mentor here during my training?

- Even though I didn't do a lot of research in medical school, it is something I am very interested in during my training, what opportunities do I have here at this program?
 - Why did you decide to work here?
 - Is this a good place to raise a family?
- b. What are you looking for in a program?
 - c. Why orthopaedics?
 - d. Where do you see yourself in 10-15yrs? (Academic, academic affiliated, community)
 - e. Why do you want to come here?
 - f. What other programs are you interested in?
 - g. Tell me about your most interesting patient?
 - h. Tell me or explain to me what you did during your research. (Know this cold)
 - i. What are your strengths and weaknesses?
 - j. What words would your friends use to describe you?
 - k. What do you think of Maryland's program?
 - l. Did you spend any time at Shock Trauma?
 - m. How is Dr. Pellegrini doing?
 - n. Where did you do your away electives? Why? Why not here?
 - o. You discover that one of the other residents is selling or taking percocet illegally, what do you do?
 - p. There are 17 muscles that attach to the scapula, name them.
 - q. Bend this wire into the shape of a pentagon.
 - r. Tie 4 knots in warm cheese as fast as you can.
 - s. What books have you read lately?
 - t. Who are your heroes?
 - u. What is the most amazing thing that has ever happened to you?
 - v. If there is anything that you would like me to think about when your name comes up in the candidate discussions what would it be?
 - w. What have you done to prepare you for intern year?
 - x. Read this Xray.

5. After the Interview: Thank you letters, phone calls, and second looks

- a. Thank you letters
 - i. Varying opinions
 - ii. Some programs expect it and don't tell you, others tell you flat out not to send them
 - iii. Expect to write thank you notes to the program director and chairman of every place you interview. And if you bonded with another doc it might help.
 - iv. If there is one place your really interested write everyone a letter- it won't hurt
- b. Second looks
 - i. Go back to a program that you interviewed to see what it's like and show interest
 - ii. Plan on doing this at your top programs
 - iii. Even if it's just going to dinner with a few residents, and meeting with the chairman or program director again, it's helpful!
 - iv. Highly recommended
 - o If you really liked a program and didn't rotate there
 - o If you really liked a program and have no ties there
 - o If you really liked a program and you have to convince your spouse to move there
- c. Working assessment sheet – After you visit a school I would highly recommend making of list of each program's strengths, weaknesses or just your gestalt feeling. After ~10 interviews, many back to back, this will be very helpful down the line when making your rank list.
- d. 1st Choice – when you are finished interviewing, find out your top choice and call and tell them.

Also write them a letter saying that they are your first and that you would love to be a resident there.

e. If you are unsure about a top choice, or you don't get a strong verbal reciprocating answer from your #1 choice, don't be afraid to call your 2nd, 3rd, and 4th programs and tell them that they are one of your top choices and that you would love to be a resident there. Just tell them you haven't submitted your list yet, and you're still trying to make final decisions.

f. Pellegrini will call only one program for you as your top choice- make sure it's your #1

g. Never go back on your word or make it look like he did

6. The Politics of the Match

a. Some programs rank their list right after interviews, and won't call anyone.

b. Some programs wait till last minute after they make phone calls to their top prospects to see where they stand

i. Be prepared to get phone calls from programs (residents and attendings)

ii. Be ready to talk to programs even if they are not your 1st choice- you still may wind up going there

c. Some programs have a list of top prospects and wait for you to call them

i. Certain programs really appreciate you telling them you will rank them #1, they want people to be excited about going there

ii. They don't want to settle and they don't want you to either

d. No matter what, rank where you want to go in order and not where you think you'll get in.

7. Books for Orthopaedic Sub-I

- Hoppenfeld, Surgical Exposures in Orthopaedics Hoppenfeld –a lifesaver when it comes to OR pimping, will highlight the relevant anatomy
- Netter's orthopaedics—good overview of ortho anatomy such as muscle insertions, innervations, common pathology etc.
- Koval and Zuckerman, Handbook of fractures, 2nd Edition—helpful for ED call
- Physical Examination for the Spine and Extremities Delahay and Wiesel
- Essentials of Orthopaedic Surgery

8. Timetable

1st Year

- Do the best you can in the classroom
- Introduce yourself to the Orthopaedic Department here at Maryland
- See if there are any research projects that need med student help, even if it's data entry
- Set up something between 1st and 2nd year that is Orthopaedic related if possible

2nd Year

- Do the best you can in the classroom
- Continue to stay in touch with or introduce yourself to the Ortho department
- Follow up on previous or initiate some involvement in Ortho related research
- Prepare yourself to study for the boards; these are extremely important

3rd Year

- Do the best you can in medicine and surgery
- During the sub-specialty month, do your best to get the word out that you are interested in Ortho, and get into the OR so you can spend time with attending
- Begin to think about attendings who could write you letters, both in Medicine and in

Surgery

- Put together a CV, or update the one you have

- Get application forms for away rotations
- Sometime in April or May, plan a meeting with Pellegrini to introduce yourself
- Plan your 4th year schedule

Recommendations for early July, August, September, October

- a. Plan to do your Ortho Sub-I at Maryland before an away
 - i. You want to be sharp at the away rotations and experience helps
 - ii. If it doesn't work out that way, many have had their away rotation first and done well
- b. Also plan to do a radiology elective one of these months
 - i. Musculoskeletal radiology is a low-stress rotation with friendly attendings where you can learn a great deal if you're motivated
 - ii. This also helps prepare you for away electives, lots of pimping is just reading x-rays
- c. Plan to do an away elective or 2
 - i. Get your requests in as soon as possible, the competitive programs have many applications, and slots fill up quickly for the early months
 - ii. If you have any desire to go to Hopkins, it's a good idea to rotate there, especially coming from Maryland
 - o You must work with either Wenz at Bayview or Frassica and Sponseller at the Hopkins
- d. Plan on taking either December or January for vacation, you will be interviewing so much a Sub-I or elective is very difficult.
- e. You can do your other required Maryland Sub-I in November or in the Spring after January

4th Year

- Maryland Sub-I
- Get to know the attendings well wherever you are assigned (VA, Joints, Spine etc.)
- Get to know the residents
- Try to rotate/interact with Pellegrini
- As soon as you finish with the Sub-I ask Pellegrini and one other attending for a LOR
- Remember that they are all very busy people, their assistants are very nice and always helpful

Away Rotations

- Work hard (see above)
- You don't need a LOR from there, but if they offer take it! Bring your CV with you.
- If they don't have an exit interview and you liked the program, plan on meeting with the chairman or program director before you go. Let them know that you are seriously considering their program.

Interview

Don't make any plans on the weekends in late November, December or January!

Other

www.orthogate.org is the equivalent of the orthopaedic "studentdoctor.net" that is dedicated to orthopaedic applicants

- Some find it helpful to see when interview invite dates are released
- Take everything said on the forum with a grain of salt. Especially with this resource, you will find that biases and misinformation are abundant. You will have to sift through it all to get any information.

- Some people use it, many do not. Use at own risk.

10. **Best of luck!**

For more information please contact:

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Otolaryngology – Head and Neck Surgery (ENT)

Overview

- Otolaryngology is the second oldest surgical subspecialty. According to AMA figures, there are slightly over 5000 board certified Otolaryngologists practicing in the United States. This number has remained relatively stable over the recent past.

The surgical procedures are diverse and challenging. They range in complexity from tonsillectomies & adenoidectomies and ear tube placements to microsurgery of the ear, major head and neck tumor surgery, endocrine surgery, anterior skull base and sinus surgery, sleep surgery, treatment of various vocal cord pathologies—including treatment of the professional voice, and facial plastic and reconstructive procedures. The specialty encompasses all age groups and both sexes. The diseases treated by otolaryngologists include congenital, neoplastic, inflammatory, traumatic and degenerative as well as cosmetic deformities.

Otolaryngology offers a wide variety of practice options. One can practice in both academic and community settings, operate a lot, or a little, or not at all. As there are few true Otolaryngology emergencies, the overall lifestyle of Otolaryngologists is quite good. Post-residency training is becoming increasingly popular, but not entirely necessary to gain an academic appointment. The fellowship options following residency include head and neck surgery with or without training in microvascular surgery and reconstruction, facial plastics & reconstructive surgery, pediatric otolaryngology, rhinology/sinus, laryngology, and otology/neurotology/skull base. Fellowships range from 1-2 years and can include time for research opportunities.

Requirements

Currently, all residencies require one year of internship, which is directed by a program's Otolaryngology department and incorporated into the residency training tract. Applicants do not need to apply for a separate preliminary position. The rotations during the internship year typically include 1-3 months of otolaryngology, 1 month of emergency medicine, 1 month of anesthesia, 1 month of neurosurgery, 1 month of plastic surgery, 1 month of surgical ICU/critical care, and 4-6 months of general surgery rotations. Most programs are 5 years in duration, however there are select programs that are 6 to 7 years depending on additional research requirements.

Match Statistics

Otolaryngology remains one of the most competitive specialties. The 2011 match was more competitive than previous years, 77% of US seniors that submitted rank lists matched. A total of 283 people matched with the average USMLE 1 score being 240. Most applicants apply to 40-60 programs with the average number of interviews being 9. To be a competitive applicant, you must have done consistently well in preclinical classes, third year rotations, USMLE I, and have pursued a research interest. One does not have to be AOA (only 41% of those who matched were). It definitely helps to have research experiences, especially in something related to Otolaryngology. Although not necessary, many applicants even take time off during medical school to pursue meaningful research, especially authorship on a paper. As the field becomes more competitive it will become increasingly difficult to match in a program without participation in research.

Contact People

Your friendly Otolaryngology chairman and/or program director:

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sstrome@smail.umaryland.edu

Program Director: David Eisenman, MD
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There are a few web-based resources that can be helpful. For example, <http://headmirror.com/> and www.otomatch.com, are two sites that are pretty well known amongst those applying for Otolaryngology. They both contain forums for otolaryngology applicants, so read them with a grain of salt. Many of the opinions on these medical forums can be quite polarized, but they can be used as a reference for interview dates.

DO NOT HESITATE TO ASK THE RESIDENTS AND ATTENDINGS QUESTIONS ABOUT THE PROCESS!!! THE MORE INVOLVED YOU ARE, THE MORE THE FACULTY RECOGNIZES YOUR INTEREST IN THIS HIGHLY COMPETITIVE SPECIALITY AND WILL HENCE BE REFLECTED ON YOUR LETTERS OF RECOMMENDATION!

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Pathology

The practice of pathology involves the application of modern technology to the scientific study of disease in the living patient. Pathologists interact with all other medical specialties, providing them

information which is vital to the formulation of accurate clinical diagnoses and treatment strategies. Pathologists are at the forefront of medical research, they are educators, and they are coordinators of all other medical specialties.

Careers: Generally speaking there are two broad categories, Anatomical Pathology and Clinical Pathology. Anatomical Pathology involves areas such as surgical pathology, cytopathology, and autopsy pathology. Clinical Pathology involves blood banking, microbiology, clinical chemistry, hematopathology, molecular diagnostics and immunopathology.

1. Surgical Pathology: This field is involved with studying specimens resected during surgeries or other procedures. The pathologist's diagnosis plays a critical role in guiding future therapy for that patient. (eg. staging of cancer). At times surgeons request an immediate diagnosis while they are still in the OR, and the surgical pathologist performs a frozen section to help guide the surgery (eg. benign versus malignant; are the surgical margins free of tumor or do they need to resect more?) There are various sub-specialties in this area including cytology, neuropathology, dermatopathology, pediatric pathology, GI pathology, and gyn pathology.

Cytology: This field involves making diagnoses from fine needle aspirations (FNAs) and biopsies and smears, including paps. In many institutions the pathologist performs the FNAs and biopsies in the clinic and is able to make an on-the-spot diagnosis for the clinician. It is therefore an area with some patient contact.

Autopsy: Not much needs to be said here, as this is what most people think pathologists do for a living. Although 50 autopsies must be done in residency, they are actually very rare in private practice unless you enter the forensic field. Forensics deals with the investigation of deaths that occur outside of the hospital setting. If you are interested in forensics, you need to do a one-year fellowship after your pathology residency.

2. Clinical Pathology: This is a catch-all phrase which includes blood banking, microbiology, clinical chemistry, hematopathology, molecular diagnostics and immunopathology.

Blood Banking/Transfusion Medicine: Here, the pathologist controls the dispersal of blood and blood products (platelets, cryoprecipitate) in the hospital. If there is a request for blood products, the pathologist will review the request and approves or denies the request or makes a more appropriate suggestion. They also work up blood transfusion reactions, coagulation disorders and aphereses. This again is an area with some patient contact.

Hematopathology: The pathologist is involved in diagnosing hematologic disorders and malignancies. It involves looking at blood smears, performing plasmapheresis on patients, and performing bone-marrow biopsies. You therefore work closely with hematologists, oncologists, and their patients.

Microbiology and Clinical Chemistry: In each of these areas, the pathologist is in charge of running the laboratories. In microbiology, you work closely with Infectious Disease and are responsible for making sure the lab makes quick but accurate diagnoses. In Clinical Chemistry, you are in charge of making sure the lab runs efficiently, and equipment is up to date and accurate. Quality control issues are important in these areas.

Molecular Diagnostics: This emerging field involves identifying changes in genes and gene expression to guide treatment of disease.

Research/Teaching: All pathologists are involved in teaching, whether it's teaching medical students in an academic institution, or teaching residents and faculty about the various aspects of disease. They frequently hold conferences for other specialties such as dermatology, surgery, and infectious disease. Most pathologists are also involved in research. Some make it their whole career, with little time spent on diagnostics. Others publish a case here and there that they find interesting.

If there is anything you take home from this it's that Pathology is VERY flexible and you can focus your interests in a variety of different areas. Pathologists don't just do autopsies.

Residency programs

What to look for in a Residency Program: It is important to consider the type of career you want, academic vs. community practice. Academic programs offer research opportunities whereas community programs are more focused on laboratory management and pathology training. You also need to consider whether you want a combined Anatomical and Clinical Pathology (AP/CP) training or just Anatomical or just Clinical Pathology. If you plan on community practice, you need the combined AP/CP training. Most community practices expect you to be proficient in not only diagnostics but also how to run a lab and the blood bank. If you are 100% certain that you want to go into research/academic practice, either AP or CP training may suffice. However, most people advise getting both AP/CP training even if you are going into academic practice, because it is good to get the overall experience of the various areas of pathology and because you may change your mind later on and want to go into a community practice. The combined AP/CP residency is 4 years (and no intern year!). Some programs mix up the AP and CP rotations each year whereas others do 1 year AP followed by 1 year CP. On call, usually you only come in to the hospital if a frozen section needs to be done, although some programs consider Saturday more of a workday. Otherwise you can usually answer questions from home. Most programs have 3-4 weeks of vacation a year and about 1,000 in book funds. Mid-sized programs usually take 4-5 students per year.

What to Do Your Third and Fourth Year: The best way to get experience is to do some pathology rotations. A surgical pathology rotation and a clinical pathology rotation will give you a great idea as to what pathology is all about. Not only that, but during your residency interviews they will ask you if you have had any experience in pathology and they are not likely to take your interest seriously if you have no exposure to the field. Another suggestion is to do a month or more of research with an attending in the path department. Not only does this look good and may get you a publication, but it gives you an easy topic to discuss during your interviews. The earlier you do your electives the better, this way you can get letters of recommendation from people you worked with, as well as ensure you have a good exposure to pathology to feel confident in applying, and discuss during interviews. All of the attending pathologists are really nice and would be happy to talk to you about residency. In particular, three people who are great to talk to and get to know at the University of Maryland are Dr. Olga Ioffe (Residency Program Director), Dr. William Twaddell, and Dr. Ben Edelman (Director of Clinical Path and Blood Banking).

Good resources include faculty, Student Doctor Network website, and scutwork.com. A VERY

helpful book that is put out each year is the Directory of Pathology Training Programs. It describes all of the programs in the country. You can find it in the OSA or in the Pathology Department. Also, ask for letters of recommendation early (July/August) so that they have time to write the letters. One letter from a pathologist is essential, and at least two are usually recommended. Most interviews are scheduled in Nov./Dec. Step I score and LORs were usually noted as important factors in selection to interview. Only one program (Vermont) asked about completing Step II by the match, but most programs only care that you pass by graduation.

If you can, try to arrange an away elective at a program that you might be interested in applying. This way you can make contacts and you can get a real sense of how the program operates. You may be quite surprised how different each program is structured.

As for interviews, be prepared to answer the question, “So how did you become interested in Pathology?” and *make sure* you have researched the programs and have questions of your own to ask. Another piece of advice is to get your application in early. This gives you a greater choice of interview dates since they haven’t filled up yet, and you can better arrange your interview schedule. You will interview with anywhere from 2-8 faculty per interview, which can be tiresome. Some places will pay for your hotel.

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Pediatrics

- Thinking about Pediatrics? Well, don’t sweat about the application process because it is notoriously benign. Though many people are concerned about pediatrics becoming more

competitive and most residency directors would agree that the number of applicants is increasing, just remember that there are TONS of programs (about 200) and therefore TONS of spots (over 2,200). Do as much as you can to help yourself by learning as much as possible about the application process, plan to submit your application early, and everything will be fine!

- Most students apply for “categorical” positions in pediatrics. This means that the programs expect the applicant to complete three years of training in general pediatrics. There are several combined programs: Med-Peds, Triple Board (Peds, Adult Psych, Child Psych), EM-Peds, Peds-Neuro. These programs vary in the number of actual pediatric years of training. Pediatric fellowships exist in all the traditional subspecialties: cardio, GI, critical care, etc. There are also several fellowships unique to pediatrics: genetics, developmental peds, neonatology, etc. Most fellowships are three years long.

- An increasing number of programs have developed two tracks to provide a more “primary care/outpatient” based training for those interested. You often have to specify on your application whether you want to be considered for a particular track. You are not locked into anything at this point. It just indicates which program(s) you want to be considered for.

TYPES OF PEDIATRIC TRAINING PROGRAMS:

1: University (U of MD) vs. Community (Sinai)

2: Within university programs: Freestanding children’s hosp. (CHOP, Children’s National) vs Hospital within a hospital (U of MD, Duke, Columbia, Hopkins)

- **Type:** This is a big decision. There are major differences in the running of the hospital and the make-up of your colleagues depending on which type of environment you choose. In general, free-standing children’s hospitals are busier with more admissions each night and have a lot more pediatric residents. There is no OB dept in house so you have to go to an affiliated institution for well baby and newborn nursery rotations. Freestanding children’s hospitals have their own NICU (generally for referrals/transfers) and residents frequently will also rotate at a smaller NICU in the affiliated adult/women’s hospital. At the freestanding hospital, most (or all) sub-specialties are well represented...and therefore there are more fellows running around. You need to assess how fellows and residents work together and who is running the show. This varies widely between programs. In hospitals within a larger medical center, you will have more interaction with residents of other specialties...but the focus can be less on children in terms of labs, radiology, sedation, phlebotomy, etc.

However, there is also a wide variety among the hospitals within a hospital: a pediatric service that functions autonomously but does not physically stand apart. There are the “freestanding-look alike” like Rainbow Babies and Morgan Stanley Children’s Hospital that have the majority of the perks of a freedstanding hospital but are still technically part of a larger medical center. There are hospitals like U of MD that are only a floor or two within a university medical center...and everything in between (UNC, Duke, Brown). Most pediatric hospitals within a hospital do call themselves Children’s Hospitals.

There is no right or wrong answer here...just serious things to consider and ask about when visiting. Consider the environment you best learn in. Though this generalization may not apply to all programs, you still have to consider if you work best in a fast-paced environment with repetition in cases versus working in a lower-volume environment that affords time to read

about patients, but would expose you to fewer cases overall. Your general career aspirations may also weigh into the decision. If you are interested in academic medicine, research or fellowship, you would probably be better-served by a university program or children's hospital, mainly because of the networking and exposure to sub-specialists provided by these programs. However, the majority of programs have similar rates of graduates getting into fellowship, so don't let that be the sole determinant regarding which programs you visit or rank. Also, do not worry if you are unsure if you want to specialize in the future or not when making this decision. If you are unsure about what type of program would serve you best, then apply to a variety of programs to "try them out" during interviews.

- **Size:** Programs range from "small" (5-10 interns per year/15-30 total residents) to "large" (>20 interns per year/60+ residents total) and many fall into the "medium" category (10-18 per year), including University of Maryland.

- **Curriculum:** With standardization of GME requirements and accreditation, most programs' curricula are very similar to each other. One aspect to consider is how the curriculum is weighted (i.e. is there more emphasis on tertiary care at the expense of outpatient/primary care experience, or are the three years well-rounded?). Again, there is no right or wrong answer here, just attempt to find programs that fit your personal requirements and learning style the best. Keep in mind that some programs have unique programs and requirements such as advocacy projects or research.

- **Personality:** Each program has its own "personality". Ultimately, most people have a "gut feeling" about which program(s) they will rank highly after interviews. Remember the importance of the dynamic between the residents in a program and whether you feel that you "fit in" there because you will be spending an extraordinary amount of time with your fellow residents in the next three years.

Top Programs:

- CHOP, Boston Children's, Baylor, Cincinnati, Hopkins etc.

These programs are very competitive and people often recommend doing away rotations at these hospitals to increase your chances.

- There are tons of other well respected and excellent programs: St. Louis Children's (Wash U), UCSF, Children's LA, Seattle, Denver, Rainbow Babies (Case Western), Pittsburgh, Children's Memorial (Northwestern), DC Children's, Morgan Stanley (Columbia), etc.

Talk to as many people as you can. And, remember that rankings in certain magazines rank hospitals not their residency training programs.

Other things to consider:

- How the program makes work hours regulations work in their program? (As of 2011, new duty hours state that interns can no longer work greater than 16 hrs a shift which means the days of 30 hr overnight call are no more. It is important to ask how each program will be addressing these new changes with regards to the intern schedule) How the program has handled the new resident evaluation requirements? Number of call-free/light months? How the residents get along with each other and the faculty? Number of hospitals you rotate through and the logistics of commuting to each of them? Number of electives? Whether you work mostly with private or

faculty attendings?

- Is help provided to residents for discharges, social work, blood draws/IV's, etc. (IV service is key!)
- The aesthetics of the hospital and the creative comforts provided (nice call rooms, free meals on call, free food at morning/afternoon conference, parking, gym privileges)
- Other requirements like surgery rotation or research or interests you may have such as global health opportunities.
- Is the program expanding or cutting back?...this may be hard to assess but you should assess the stability of the faculty and whether they are cutting back the number of residents. You can also ask how long the current chairman or residency coordinator has been in the position and the recent changes that he/she has made.
- How does the program listen and respond to resident concerns?
- Does the program have strong leadership? (meaning: is the Residency Coordinator active in resident issues; does the Chairman participate in residency activities; do the residents have a say in the program; how quickly are new ideas implemented)
- Who will be cross-covering you when you are an intern? Whether or not you cross-cover other teams on call. -Is there night-float? And how does it work? -Financial stability of the hospital -
- Vacation amount and when it is taken; whether or not there is a week off after your intern year; group retreats; the number of men vs women in the program; the number of single vs. married residents in the program; social events scheduled for the residents as a group; moonlighting opportunities
- **Group dynamics and camaraderie is probably one of the most important aspects of a residency program!**

THE APPLICATION PROCESS:

Peds is on ERAS, so you just have to fill out one common application on the computer. Make sure you think long and hard when selecting the programs you are going to give your ERAS application to. You will likely receive invitations to interview from most of the programs you apply to, so applying to about 15 or even less will be plenty. Also, you will start getting interviews soon after you submit your ERAS application. So, if you feel you need to apply to more programs, you can do so up until early November (most places have a deadline around Nov 1st) although dates for interviewing may be less appealing the longer you wait. Once the deadline rolls by, it is difficult to get interviews at schools not on your original list. Remember to check websites of programs you are applying to and that you meet their requirements. (A few programs want additional information in your personal statement, or request LORs from certain people, or require that you have passed Step 1 and Step 2 on the first try.)

As far as Sub-I's go: many students do peds sub-I and one "something else". You do not NEED to do two peds sub-I's but some do one floor and one unit (PICU or NICU). The ultimate decision is up to you. You might want to do something else since you'll be doing peds the rest of your life, or you might want to have some experience with the ICU prior to starting your internship.

When you know that you definitely want to do pediatrics, ask attendings for letters as soon as possible. The more time they have the better and the sooner you ask, the more likely that you will get a personal letter as the physician will have more accurate memories of you and your work. Try your hardest to get a recommendation from the attending in charge of your Sub-I. Don't be afraid to get non-pediatric faculty members to write you recommendations (although the majority of your recommendations should be from pediatricians). Most programs require 2-3 letters, and some programs require a letter from the department chairman. Although you can have as many letters as you want scanned into ERAS, a maximum of 4 letters can be sent to each individual program.

Many people recommend getting a letter from your peds sub-I. If you are unable to complete your sub-I prior to application deadlines, remember it is not the end of the world. You can still submit LORs until the match list is submitted. Just make sure that you have three LOR submitted before the deadline and let programs know when you interview that your sub-I letter will come in later.

Personal statements are rarely something that make or break your application, but nevertheless they are important. Many people are happy to look over your personal statement for content and reassure you that you are on track with your personal statement. Feel free to ask people in student affairs, Dr. Giudice (Residency Program Director), Dr. Lewin, a trusted attending, or even your letter writer if you feel comfortable.

GET YOUR APPLICATIONS IN EARLY...you will have a better shot at getting interviews WHEN you want them.

DON'T FORGET TO APPLY FOR THE MATCH on the NRMP website. It is a separate application from ERAS. The registration deadline is December 1.

INTERVIEW PROCESS:

- Most of the interviews are conversational as opposed to tense and formal. Do not feel that you have to steer the meeting and state your accomplishments, research into the program and career goals. If an interviewer is very relaxed, just go with the flow, listen carefully to their questions and enjoy yourself. Remember that they have a thick file on you and are probably just trying to get to know you. If they begin the conversation with, "So, what questions do you have about our program?" do not panic! It always helps to have a few questions and notes about the program written down ahead of time so you can refer to them. Remember they are evaluating you as a future employee. You look interested and sincere if you have done this homework ahead of time.
- It is also helpful to know the peds department at Maryland well. For example, you can mention our Center for Vaccine Development and ask about opportunities for research at program X if you are interested. You will be surprised how often your interviewer will reply with "Do you

know Dr. XYZ? I did my fellowship with him/her.” So, it is a great thing to know names. This shows that you are proud of the institution you came from and have taken time to get to know the peds department.

- Many of the programs have social opportunities before or after the interview day. This is a great chance for you to get to know some of the residents on a more social level so you should really try and work these evenings into your travel plans. This is a great setting to ask informal questions like: cost of living, jobs for spouses, good restaurants, wacky faculty, recreational activities, etc. You can tell a lot about a program based on how boring (or fun) your night was! But do not panic if you cannot attend all of the dinners. It will be hard sometimes to coordinate multiple interviews with the dinners as well. They are mostly for your benefit.
- Finally, remember at the end of the day you will likely rank programs based on a “gut” feeling rather than the specifics surrounding the program. So, don’t spend your day at the interview furiously writing down the nitty-gritty details of the program. Instead, take note of how the residents interact with each other and the hospital staff, whether people genuinely seem happy (this is difficult to do in a few hours), how the program directors work to make resident life more tolerable, and the other applicants interested in that program.
- Second look – no program will require a “second look”, but if you need extra time to evaluate a program you interviewed at, or you want to reassure yourself of the “feeling” of your interview day, then a second look can be useful. Do not worry, however, if you are unable to do a second look at a program because it won’t have a negative impact on your ranking at that program. \

ADVICE: TALK TO PEOPLE ABOUT PEDIATRICS

_ Attend the department dinner for students interested in pediatrics (last year it was in May). _ Your advisor: You should find an advisor in Pediatrics at the end of this year/start of fourth year. _ Tap into resources within our own pediatric residency program. _ For example, our former program directors Dr. Carraccio (trained at St. Chris) and current program director Dr. Guidice (trained at Maryland). They are both very knowledgeable about different programs and what the programs are looking for, very nice and approachable and willing to help you out. _ Dr. Ackerman, was the acting chairman of the department before Dr. Czinn arrived. She is happy to give you advice. She has trained at Rochester as well as other places and can give you specific advice. _ The department chairman, Dr. Steven Czinn, a nationally known pediatric gastroenterologist. He trained at Rainbow Babies and Children’s Hospital in Cleveland. Some programs require a letter of recommendation from the department chair. You will have to be proactive to schedule an appointment to meet with him so he can get to know you before writing a letter. He and Dr. Lewin wrote joint letters for us this year. You will need to provide them with a copy of your personal statement, most recent CV, and any completed evaluations from pediatric rotations. Information about when and how to set up your appointment will be given to you at the meeting for students interested in pediatrics.

- Any other faculty members...just keep talking to as many people as you can. Just remember that a lot of things may have changed since these people have finished their training.
- Fourth year students who have recently finished the interviewing process...while we are still around.
- Longitudinal preceptors and other community doctors involved in primary care...particularly the docs at the PATH. They have trained all over and would be happy to give advice as well.
- Pretty much anyone you ask will give you their opinion about residency programs. Just remember that things have changed at all programs recently and not to take all this advice as

gospel. You need to go and see for yourself if you're genuinely interested in a program. Also remember that people may like or dislike programs for their own reasons which may not pertain to you so just because someone hated a program doesn't mean that you yourself won't love it.

AWAY ELECTIVES

– If you decide to do an away elective, get your application and other requirements (i.e. immunization records) in as early as possible. Consider beginning this process during the **early spring of 3rd year.**

– Most people aimed to do away electives early in fourth year, but you'll have to decide based on your schedule.

– Many places require that you have completed all the core rotations (medicine, peds, surgery, and ob/gyn), which is proven by your transcript. If your grades are not on your transcript, you can also have the clerkship director write a short note verifying you will have completed their clerkship by the time you do an away rotation.

START YOUR APPLICATION EARLY

– Update your resume/curriculum vitae **NOW**. . . it will come in handy for the application as well as for your letters of recommendation. As busy as you might feel right now, when it comes time to do your ERAS application, if your CV is totally finished it will be much less of a chore.

– Visit the ERAS website at <http://www.aamc.org/students/eras/start.htm> and become familiar with the application process, timeline, and fee structure.

You will receive an electronic code from OSA in the summer in order to register with ERAS. You can begin working on your application online starting July 1 and you can submit your application to programs beginning September 1.

DO YOUR HOMEWORK ABOUT RESIDENCIES

Search for pediatric residency programs using the AMA Fellowship and Residency Electronic Interactive Database (FREIDA) website at <http://www.ama-assn.org/ama/pub/category/2997.html> to

Visit program websites (most have links in their FREIDA entry) to learn what makes the program unique and to get a sense of its “personality”.

LEARN ABOUT THE MATCH

Visit the National Residency Matching Program (NRMP) website at <http://www.nrmp.org> to learn about the match algorithm. You'd be amazed at the number of misconceptions are out there regarding how the match actually works. It will save you a lot of grief by understanding the algorithm. It will also help you avoid the confusing advice people will give you about “match strategy”.

Become familiar with the Main Residency Match Schedule! There is also some useful data tables of the PGY1 positions offered and filled by specialty.

SCHEDULING For 4th YEAR

- Try to do a sub-I early in the year. If you cannot, it's not the end of the world _ If you can't do a sub-I early, try to do an elective in pediatrics. _ You can do up to two of your electives in peds. _ For AHEC, you can also specify that you are interested in pediatrics, and they will try to set you up with the opportunity to see kids.
- You get 12 weeks off in 4th year (between July and May). Most people will take off either Nov, Dec, or Jan to interview. The other break time is up to you. It's a good idea to either take another 4 week break to study for step 2 clinical knowledge (especially if you really want to improve on your Step 1 scores) or take Step 2 CK during an easy elective (i.e. radiology).
- If you want to take Step 2 Clinical Skills in Philadelphia, you need to register for that right away because the spots there fill up quickly.

Most importantly, have fun! 4th year is a blast – you finally have a say in your education, do things you'll never get to do again, take lots of vacations, and enjoy lots of traveling during interviews. Do your best not to stress about any aspect of the application process. (If you keep on top of things and do everything as early as you can, you shouldn't have a reason to stress!!) Enjoy this unique time in your medical education!!

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Physical Medicine and Rehabilitation

Physicians who specialize in Physical Medicine and Rehabilitation are called “physiatrists” (pronounced fizz-ee-at –trists or fizz-I-atrists... the second is preferred in the Northeast). A physiatrist is a doctor who treats medical conditions that limit function or cause pain. Physiatrists provide a spectrum of care, from

diagnosis to treatment and rehabilitation, with a focus on the functioning of the whole patient and an aim at trying to restore health and quality of life. Physiatrists are experts in the diagnosis and treatment of patients of all ages in three major categories of medical care.

1. Rehabilitation of patients with severe impairments, which is primarily inpatient, with some follow-up in the outpatient setting. The physiatrist leads a team of rehabilitation professionals that includes physical therapists, occupational therapists, recreational therapists, rehabilitation nurses, psychologists, social workers, speech language pathologists, and others. The types of conditions that are commonly treated by physiatrists and the rehabilitation team include: spinal cord injuries, traumatic brain injuries, amputations, multiple trauma, stroke, back problems, cancer, burns, post-orthopedic surgery, and other conditions.
2. Diagnosis and treatment of musculoskeletal conditions (both acute and chronic conditions). These run the gamut from industrial, sports, and performing arts injuries to degenerative conditions as common as arthritis or low back pain, and more complex pain syndromes. In the setting of musculoskeletal medicine, physiatrists are experts in non-surgical, conservative solutions to musculoskeletal/orthopedic conditions. This type of practice is typically outpatient/clinic based, but an emerging branch within this field is interventional pain management, with numerous types of injection techniques, often under fluoroscopic guidance.
3. Electrodiagnostic medicine. The physiatrist is specially trained during residency in electromyography (EMG), nerve conduction studies, and somatosensory-evoked potentials.

Helpful Websites

- Association of Academic Physiatrist: <http://www.physiatry.org/>
- Directory of Physical Medicine and Rehabilitation Residency Training Programs can be found via the Association of Academic Physiatrists website: <http://www.physiatry.org/education/index.html>
- American Academy of PM&R: <http://www.aapmr.org/> Excellent website. Explore!

Future Prospects and Beyond...

- Nationally, there is a deficiency of rehabilitation specialists. There is an excellent job market now, and with the population aging, it is projected that the demand for physiatrists will continue. The outpatient-based musculoskeletal job openings are most popular right now.
- Right now what is “hot” is Pain Management and Interventional Physiatry. Many residency graduates are pursuing Fellowships in Pain (either PM&R based or anesthesiology based programs) or Sports & Spine. Becoming board-certified in Pain requires a one-year fellowship as of 2006. The interest and growth of this subspecialty is driven by impressive financial reimbursements and a desire to have a procedure-oriented practice.
- Salaries in private practice range from \$120-200K, but in an Interventional/Pain-based practice, the upper limit can be much higher. One of the overall benefits of PM&R is that there is very little Call or Weekends.

Mentors

- The University of Maryland is now jointly affiliated with the residency program at Sinai Hospital of Baltimore (<http://www.lifebridgehealth.org/sinaibody.cfm?id=77>), and the program director there is Melanie Brown, M.D. She is very helpful as an advisor, and if you rotate at Sinai, it would be a good idea to impress her and get a letter of recommendation. The field is small, and the residency program directors know one another well.
- Also, Dr. Henry York, a physiatrist at Kernan Orthopedics and Rehabilitation, which is a hospital where Sinai residents rotate, is a tremendous resource and has offered to mentor

students interested in PM&R.

Clinical Schedule and Letters

- Do a rehabilitation elective rotation late in the third year or early in senior year to confirm your interest in the field and to make a good impression on those who you will ask to write letters. At least one letter from a physiatrist is required; two letters, however, is ideal.
- You can do an off-campus elective at Sinai or an on-campus elective at Kernan Hospital.
- Many PM&R applicants do away rotations at top-tier programs. This is not necessary, but it can be helpful. Again, PM&R is a small field, and a letter from a big name or a faculty at your top choice will go a long way.

Research

- Research is a plus, but is not crucial for a successful match; most applicants have not done research. Dr. Macko, a neurologist at the VA, does a lot of neuro-rehabilitation research. In addition, Kernan has a lot of research projects going on all the time.

PM&R Residency

- PM&R residency begins after an internship year (PGY1: either Transitional or Prelim. Medicine), and the residency is three years in length.
- A handful of programs offer a four-year option. The internship year is very similar to a prelim. medicine year, and sometimes offers one month of PM&R in that year. The advantages to these programs are that you don't have to move twice, you will gain familiarity to the system, and you get to know many of the consultants whom you may have to call once you're a PM&R resident.
- Residency is usually 50% inpatient and 50% outpatient. The ACGME requires 12 months of inpatient and 12 months of outpatient. With the job market trend towards outpatient physiatry, many programs have increased the outpatient focus (50-70%) and are emphasizing or increasing musculoskeletal medicine training.
- Call is very light compared to other specialties. For example, some programs have this type of call schedule: q-7 in PGY2, q-14 in PGY3 and no call in PGY4. Some programs have call from home.

Difficulty of Getting a Residency Position

- Several of the top programs are competitive. The remaining institutions accept a wide range of applicants. Just like in other specialties, the higher your class rank and the more honors you have, the more attention you're likely to receive initially. However, in this field, personality plays an important role. As noted above, the team concept is very important to PM&R. Programs will probably learn the most about your ability to be a team leader and a team player from your letters of recommendation. Lastly, programs want to see that you have a real interest in and enthusiasm for this field.
- Interest in this field has swelled in recent years. But many of the applicants for this field are foreign grads or DOs; there is an advantage coming from a US allopathic medical school.

Transitional Year vs. Preliminary Year

- The preliminary year in internal medicine is an excellent preparation for inpatient rehabilitation rotations. Most inpatients on the rehab. service will have general medical issues that physiatrists must be able to address and manage (Inpatient rehab. involves quite a bit of internal medicine). The transitional year, on the other hand, usually offers more elective time.
- Many top residency programs are based at "stand-alone" rehab hospitals. In these situations, the physiatry resident is the only in-house physician on call, so a rigorous medicine internship is valuable.

Programs and Interviews

- The number of programs to which you apply should be determined by the competitiveness of your application. Use the Web to gather information from a large number of programs and apply to a portion of those. If you are a solid student with good letters, obtaining interviews is a given at most places. It is probably overkill to interview at more than 10 PM&R programs, although the field is progressively becoming more competitive.
- Historically, the top PM&R residency programs are Rehabilitation Institute of Chicago (RIC)-Northwestern* (considered to be the best), Kessler Inst.-Univ of New Jersey (UMDNJ), Mayo Clinic*, and UW-Seattle.
- Other good programs: Temple, Cornell-Columbia, NYU-Rusk*, Spaulding (Harvard)*, Jefferson, U Pitt-Mercy, Sinai (Baltimore), VCU*, UVA*, Ohio State, Emory, U Alabama, Baylor-UT Houston, Univ. of Colorado, Univ. of Utah*, UCLA, UC Davis*.

* for places with outpatient emphasis

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Plastic Surgery

- Currently, there are two ways to become a plastic surgeon in the U.S. The classical pathway requires completion of a full general surgery training program followed by a 3 year fellowship in plastic surgery. This pathway requires two matches: general surgery at the end of medical school and plastic surgery fellowship after general surgery residency. Interestingly, you can also apply for plastic surgery fellowship after completing a residency in orthopedic surgery, ENT, neurosurgery, or urology.
- The newer pathway accepts candidates directly out of medical school into a “combined” or “integrated” residency program. The combined programs entail 3 years of categorical general surgery followed by 3 years of plastic surgery at the same institution. In the integrated programs, the first 3 years of general surgery are “tailored” for plastic surgery with more rotations in relevant specialties such as ENT, orthopedics, anesthesia, and dermatology. The newer pathways allow one to forgo several years of additional (and some feel irrelevant) training, not to mention the hassle of a second match.
- Unfortunately, there are few positions available for the combined and integrated programs (~100 nationwide). Look at the NRMP’s “Charting Outcomes in the Match” to get a good sense of where you stand. The competition is keen. Therefore, you should not set your hopes on being accepted to these programs. You should be prepared to enter a general surgery program and enter plastic surgery via the classical route. This means that, while you are completing plastic surgery applications, you should also strongly consider preparing general surgery applications. When you apply to a general surgery program, present yourself as a general surgery candidate and not as a plastic surgery applicant to avoid bias against you.
- **Why do you want to be a plastic surgeon?**

Please think about this question seriously. First of all, you will be asked this question repeatedly as you discuss your future with people and as you interview with programs. More importantly, you need to make the right career decision for you. Consider that surgery requires a great deal of personal sacrifice. You should be absolutely sure that you are prepared for the lifestyle of a surgeon. Thinking about this question will help you to write your personal statement.

Talk to Dr. Slezak and the other plastic surgery faculty. They are all extremely friendly and approachable. They can help you plan your 4th year schedule and suggest programs for both general and plastic surgery. Aim high but also include a range of programs. Many applicants apply to every plastic surgery program in the US.

There is plastic surgery conference at Maryland on Tuesday mornings and grand rounds at Hopkins on Thursday mornings. Show up and see if you like what you see. If you do, keep going when you have time – people will be impressed by your interest.

- **Plastic Surgery Sub-I’s and Away Electives**

Do a plastic surgery elective here at Maryland (unfortunately, this month will not count as a sub-I for some unknown reason, so you may end up having to use up some of your free time to do away rotations). **Schedule your plastic surgery away sub-I’s as early as possible!!** July-Oct are prime months for away rotations and fill up fast. Some places utilize VSAS (Visiting Student Application Service), while others require an individualized application through their registrar. Check out their website for details.

Once you get to your plastics sub-I, work really hard, show your enthusiasm, and prepare for cases. If they do not require you to take call, I suggest you volunteer to do so. Know your anatomy and try to know plastic surgery like a resident. Perhaps most important is just try to be a likeable member of the team – these places will emphasize over and over on the interview trail how all they are want to find is a “good fit” for the program.

In terms of preparing, there are several very helpful books which I suggest you purchase. The first is a textbook – Grabb and Smith’s Plastic Surgery – it is around 150 bucks and written at a good level for a medical student. The other two books are more of pocket guides, but still great resources – the Michigan plastic surgery manual and Essentials of Plastic Surgery by Jeffrey Janis from UTSW. Michigan’s is a little cheaper and easier to fit in a white coat pocket, but UTSW’s is a bit more comprehensive with better pictures.

• **Plastic Surgery Research**

To be a competitive applicant you need to do research, preferably plastic surgery research. Having actual publications is even better. When you do your plastic surgery rotations, talk to the residents and attendings about their current research projects. Join a project that will be completed before the match if possible. Choose faculty that have a strong record of publications are actively publishing – pubmed them to find out.

• **Personal Records**

When writing your CV, make a file that includes all of your accomplishments. Always bring your CV when you set up a meeting with plastic surgery faculty.

• **Letters of Recommendation**

Plastic surgery is a very small community. You need letters of recommendation from program directors and other well known plastic surgeons. Letters will open doors for you across the country. After you complete a rotation with them, arrange a meeting to present your interest and CV. Avoid sending their letters to general surgery programs. Also ask general surgeons that know you for letters of recommendation if you are going to be applying to general surgery as well. Request the letters of recommendation ASAP.

Applications

Plastic surgery participates in the regular match and all programs use ERAS for the application. You can find programs by searching on ERAS for “plastic surgery” (“combined” curriculum) and “plastic surgery – integrated” by state. Do not limit yourself geographically. Most of these programs only accept one or two medical students per year. A handful of programs take three. Complete your application ASAP, i.e. Sept 1. Do not wait for the AOA selection, you can mail a follow-up letter later. The earlier your application is considered the better.

Transcripts

Check your transcript online to ensure its accuracy. Save yourself stress by doing this early. Contact OSA with any discrepancies.

Interviews

Most programs wait until after the MSPE letters come out to offer interviews (Oct 1). After Oct 1, the flood gates open and hopefully you will have so many interview invitations that

you are happily overwhelmed. Keep your smart phone with you or check your email often during Nov and Dec. Reply to interview invitations ASAP, as preferred dates may fill up within minutes (yes, minutes). January is the busiest month for plastics interviews – try to take off if possible. Keep December relatively free as well. Do a light elective, i.e. dermatology, radiology, pathology, or subspecialty surgery. Do not do a sub-I or away elective during this time! Be prepared to spend several thousand dollars on travel arrangements. With all programs interviewing in a few short weeks, dates will conflict. You will be forced to decide which interviews to accept. Prioritize plastic surgery interviews over general surgery interviews. Then consider reputation and location.

At the interview, try to relax and be yourself. Be prepared to talk about how you became interested in plastic surgery. People will ask how you can be sure that you want to be a plastic surgeon at a relatively early stage in your career. They will ask you about your mentors, special cases, research experiences, and other programs. Remember specific names and cases at programs where you rotated. You may be asked to discuss these at the interview.

In addition to the interview day itself, most programs host a dinner the night before (or sometimes after). Make every effort to attend these events. It shows your interest in the program and allows you to gain valuable (i.e. candid) information from the residents outside the confines of the formal interview.

When you interview with a general surgery program, you are, for all intents and purposes, primarily interested in general surgery, with a possible interest in plastic surgery. Most general surgery residency programs do not want to train future plastic surgeons.

- **Thank You Notes**

DO NOT send them. There is a rule that strictly prohibits any contact between plastic surgery programs and applicants after the interview date. This is to avoid any potential strategizing about rank lists and to level the playing field for those who cannot afford to do “second looks.”

- **Ranking Programs**

This is a very personal decision. Weigh the factors that are important to you. Ultimately your goal should be to get the best surgical training possible. You have to balance this with (sometimes) competing desires to be near family/friends, in a certain geographic location, at a “big name” program, available research opportunities, etc. Consider ranking every program at which you interviewed. Meet with the faculty and the residents for advice.

Please feel free to contact me and good luck!

Sarah Sasor- ssasor@gmail.com

Psychiatry

- Psychiatry is the specialty concerned with the diagnosis and treatment of mental illness. It requires 4 years (PGY1-PGY4) of training. The PGY1 year is usually included in the training program and offers 3-10 months of medicine and 2 months of neurology, with the remainder of the year spent in psychiatry. The medicine months can vary greatly between programs, with some consisting of mainly out-patient work, and others including ICU months. Some programs require 1-2 months in the emergency room as part of the medicine training.
- Many programs offer a few spots beginning in the PGY-2 year. This allows for the opportunity to complete a preliminary year in internal medicine, although many residents who enter at this time are switching to psychiatry from a different specialty.
- Fellowships (1 or 2 years) are popular and include child and adolescent psychiatry, geriatric psychiatry, consultation/liaison psychiatry, community psychiatry, forensic psychiatry, substance abuse, eating disorders, and research. Some programs offer “fast-track” child psychiatry fellowships which begin in the PGY-4 year and last 2 years. Additionally, there are several programs which offer combined training in psychiatry and internal medicine, family medicine, pediatrics or neurology.
- Psychiatry programs vary greatly in their structure and philosophy. Some programs put the primary focus on psychopharmacology while others stress therapy. Programs may also emphasize a particular model of therapy such as cognitive behavioral or psychodynamic. But most attempt to integrate all areas. Structural differences and facts to ask about include: training sites (academic hospitals, private hospitals, state hospitals, VA hospitals), amount of inpatient versus outpatient training, elective and research opportunities, amount of psychotherapy training/supervision, and didactics.

Applicant Characteristics

Programs look for well-rounded applicants with a variety of interests. Good numbers, varied experiences and publications may help in finding a residency position at top programs, which tend to be competitive. However, applicants with less competitive first and second year grades or USMLE scores but good clinical performance will still match at respected programs

The Fourth Year Schedule

• Because there are no psychiatry sub-internships at Maryland, it is recommended to do two electives in psychiatry, with at least one early in the year. There are many electives at Maryland, including the PACT (psychiatric assertive community treatment) team and substance abuse. Consider spending one month at your top program choice, but this is by no means a necessity. Your sub-internships can be in any specialty, although many programs like to see at least one month of internal medicine.

The Application Process

• Psychiatry is an ERAS specialty. ERAS should be completed as early as possible in the fall of the fourth year. Some programs begin interviewing in November, so the earlier the better.. If you have an interest in child and adolescent psychiatry or research, make sure to see what programs offer combined programs; as it can allow you to get a fellowship faster, without having to change programs.

Plan to apply to 15 programs, from which you should expect around 10 interviews. At least one letter should be from a psychiatry attending, And another from a different specialty. Additionally, some programs require a letter from the Chairperson, so be sure to consult each program’s webpage.

- Maryland attendings are very eager to help with the application process. People to talk to:
- Dr. Philip Luber – the residency director of the Maryland/Sheppard-Pratt program. He is an excellent source for advice, and you should meet with him early in the application process. He is knowledgeable about many programs and will be honest in evaluating options.
- Dr. Ann Hackman - the medical director of the PACT team. She is very helpful in planning for fourth year and explaining different fellowships.

Dr. Francesca Staiti – the psychiatry clerkship director. She is very involved in raising interest in psychiatry among medical students. She’s an excellent resource for help with personal statements, and knows a lot about west coast programs. Note: Dr. Staiti may be leaving this position, but the incoming clerkship director will be just as knowledgeable.

Dr. David Mallott – the associate dean of medical education. He knows a lot about residency programs around the country, and isn’t at all involved in interviewing/ranking for the department.

- Interviews are generally friendly and non-threatening. Again, your goal at the interview should be to determine if the program would be the best place for you to train. To prepare for interviews, think about interesting patients and reasons you are interested in psychiatry – favorite questions in interviews.

Match Statistics

- Positions in psychiatry have become increasingly more competitive, especially in top programs. However, residency positions are numerous. It is estimated that 75% of American graduates will receive their first choice. Most programs receive several hundred applications and interview approximately 100 for 6-12 positions.

For more information please contact:

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Diagnostic Radiology

Introduction:

-Q: Radiology? What's that?

-A: Radiology stands at the interface between clinical assumption and medical fact. A radiologist is able to look inside the human body and interpret anatomy, physiology, and pathology to provide answers to the suspicions of clinicians. Probably more than any area of medicine, it is a burgeoning field that is intricately linked to technology and its advancements. The number of imaging studies performed annually continues to rise as the quality and diagnostic value of images improves. As a radiologist, your services are called upon many times a day by physicians from practically every field of medicine. You must be able to communicate your findings clearly and succinctly for those who are relying on your interpretation.

-Q: What's involved in a radiology residency?

-A: Residency involves the completion of a preliminary clinical year followed by four years of radiology residency. Workdays typically start between 7-8am and end at 5pm, which includes 1-2 hours of protected lecture time each day. Residents do not take *independent* call on their own during their first year, but may still be expected to take call with another resident. Residents usually take minimal call during their last year in order to study for boards (though this will change since the boards system was recently moved to 3rd year). Call schedules vary widely in type (night float vs overnight) and in frequency between programs. During your interview visits, be sure to write down each program's call schedule policy (see 'Interviewing').

-Q: Do radiology residents have it easy?

-A: That depends. Indeed, radiology residents generally have shorter average work weeks than their medicine and surgical counterparts. However, with all that free time, a resident must have the discipline to put in a significantly greater amount of independent study in order to establish and maintain the wide breadth of knowledge demanded by the field. In addition, you must pass a computerized board exam (replaced written and physics boards) during your third year (PGY4). Furthermore there is another written board that is taken 15 months after completion of residency.

-Q: What happens when I finish residency?

-A: Upon completion of residency a radiologist can choose to subspecialize by completing a year fellowship in a variety of fields (i.e. body imaging, pediatrics, mammography and women's imaging, thoracic, musculoskeletal, interventional radiology, neuro, etc). A fellowship is a must for a career in academics, and can make a radiologist more marketable for the private sector. Most fellowships (except neuro IR) are 1 year long; they are surprisingly not terribly competitive, however as the healthcare climate changes this could very well change.

-Q: Academics versus private practice, what's the difference?

-A: There are some key differences between a career in academics vs. private practice. Arguably, the most definitive is the salary. Whereas an academic radiologist will make anywhere from 150K to 300K annually, their counterpart in private practice will make two to four times that amount. Radiologists in private practice do not have it totally easy though – they generally work longer hours (8am – 6pm is normal) and must be able to read large numbers of studies very quickly. Though the money is tempting, being in an academic setting provides a number of

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advantages: a stable 8-hour day; opportunities to teach residents and students; interaction with colleagues both within your field and from other fields; chances to contribute to your field through research; much more likely to attend professional conferences. At risk of **oversimplification**: academics = less pay, more intellectually fruitful; private practice = more pay, but sacrifice stimulating setting, risk falling behind in field.

What to do now:

-Q: What should I do to assure an interview at a top program?

-A: In an ideal world you should make sure you have a solid string of ‘honors’ on your transcript, get elected to AOA, publish an original research article as first author in Radiology, present research at the Radiological Society of North America’s (RSNA’s) annual meeting, and have glowing letters of recommendation from world-renowned radiologists.

That being said, you don’t need all of the above, and in fact very few applicants are perfect across the board, but most applicants who are granted interviews at top programs have a combination of MOST of the above factors (i.e. lots of research can sometimes make up for not being AOA, while being AOA may help offset a slightly lower Step 1 score, etc.) Regarding research: research experiences are a much bigger deal to programs that have a large emphasis on residents doing research (usually large academic programs); however, at community programs not having much research background probably isn’t that large of a disadvantage. In fact, some community programs might not interview an applicant with lots of research under the assumption that the applicant clearly has interest in research and would be unlikely to come to their community program which wouldn’t offer many research opportunities.

-Q: I’m a third-year, and none of the above sounds like me; now what?

-A: No sweat; here are some suggestions:

1. Make sure you are scheduled to do the radiology elective during July or August of your fourth year. This will enable you to a) decide if you really want to do radiology early enough so that it won’t hurt you if you decide otherwise, b) give the faculty ample time to get to know you and write a letter of recommendation before ERAS opens, c) enable your evaluation for your rotation to make it into your Dean’s letter, d) prepares you for doing an away rotation in Radiology if that is something you would like to do.

2. Talk with Dr. Pugatch and Dr. Resnik (Residency Program Director) ASAP and let them know you’re interested in radiology. Be warned that Dr. Pugatch won’t necessarily leave you feeling warm and fuzzy about your chances of a getting a residency spot. What is important is that he knows your face and has an idea of what you’re about. Towards the end of your radiology rotation, ask him (in person, not via email) if he would be able to write a letter of recommendation on your behalf. He expects to write letters for the students applying to radiology. Remember, Dr. Pugatch’s advice is usually very helpful, but it isn’t gospel. If he tells you something that doesn’t quite sound right, look into it. Try to have multiple sources of information (not just Dr. Pugatch’s opinion), such as residents input, other radiologists’ advice, and yes, there is SOME useful information on websites like auntminnie.com forums, but you need to be cautious about just how much of that information you trust (i.e. people sometimes rant on there because they have an agenda, what they say is often biased.)

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3. It’s no secret that the radiology rotation is an easy one, and many of your classmates who are going into other specialties will show up for a few hours each week. It is in your best interest to arrive each day at 7:30a.m. and plan to leave at 5:00p.m. Dr. Pugatch is always aware of students who are notoriously late/absent. **DO NOT BE LATE TO CONFERENCES.** They tell you if you are going to be late don’t come. **Not even 5 minutes late.** You will be surprised by how much Dr. Pugatch knows!

4. During your rotation make sure to spend some time in different areas (remember, make yourself visible to as many faculty as possible). Without a doubt, spend time in chest (Pugatch/White/Jeudy), body (Vandermeer), peds (Gross), neuro (Morales/Ashruf, Kouo), bone (Resnik). If you had a good experience with one of the faculty, think about asking them to write a letter of recommendation for you. You can also try to get an interesting case published in CaseInPoint – they are simple, pay money and while not groundbreaking research it is something.

5. If you are interested in a specific program or location, think about doing an away rotation during August, September, or October. Start scheduling these away rotations **NOW**, because at some big name places they fill up fast. Be realistic about where you could reasonably match; if you have a below average application, doing an away rotation at a top program is probably not going to help your chances of getting an interview there. Try to schedule away rotations at a realistic/"slightly reach" programs. When on your away rotations, obviously do as good of a job as you can. Read, be social, and try to be as helpful/knowledgeable as possible without being annoying. If you have a great experience on your away rotation, and you do the rotation early enough, try to get a letter of recommendation from someone who worked with you at that program. If you want to stay at UMMS, do a second month; possibly in a speciality that has piqued your interest.

6. Get one letter of recommendation from radiology, no more than two, they **DO NOT** want to see all letters from radiology. Get others from other clinical fields, attendings that know you well and can speak to your talents. **START THINKING ABOUT LETTERS NOW!** You don't have to ask now, but have an idea; plan to start asking at the end of 3rd year. The idea you beat the "rush" that happens in August and you can be assured you are giving your letter writer plenty of time. If you have significant research, most programs will want to see a 4th letter from your research PI. If you do a Sub-I before the beginning of October, it might be good to get a LOR from the attending you worked with.

Applying:

The application process for Radiology can be a lengthy one. There are several factors to consider when applying for Radiology:

-Q: When should I submit my ERAS application?

-A: September 15th (or the first day it's available). Many programs have a rolling interview process. You should never miss out on an interview because you couldn't get your applications together in time. Be very neurotic about having everything done on time, this includes letters, transcripts, papers for honors grades, etc. This is a deadline that shouldn't be missed if at all possible. If there is a very good reason to delay submitting your application (i.e. you'll get a decision on a submitted publication, or something equally important), its possible to delay submitting your ERAS by a week or so, but only do so in such a situation. As a general rule, the

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more competitive programs in more desirable locations wait until later in the season before handing out interviews, and many now wait until after Oct 1st when Dean's letters are uploaded to ERAS; however, many community programs will offer rolling interviews early in the process (a couple weeks into September), so be particularly diligent about submitting your ERAS on Sept 1st if you are applying to community programs. **DON'T DELAY SUBMITTING YOUR ERAS APPLICATION FOR LETTERS OF RECCOMENDATION!** LORs can be uploaded to ERAS at any time before Oct 1st, and many programs will give out interviews before all of your letters get uploaded, so don't hold up your application for a late letter.

-Q: How many programs should I apply to?

-A: There is no simple answer to this question except to say that you need to apply to enough programs. The average # of applications per applicant has been increasing over the past several years. On average, an applicant will apply to approx. 35-45 programs. However, depending on the competitiveness of your application you may need to apply to either more or less, although applying to less than 30 is not recommended even for the strongest candidate. The process of who is given interviews is extremely random. Many programs get >500 qualified applicants for 100 or so interview spots, so no matter how strong your application, you will get rejections at places that you thought you were competitive due to the large number of talented applicants in this field. It is wise to apply to too many programs, rather than not enough. Most people end up doing about 10-15

interviews.

-Q: Where should I apply?

-A: Again, this is not a simple answer, but applications should be approached similar to those for medical school and college. That is to say that you should apply to a diversity of programs. There are two main distinctions in program type, those are Academic and Community based programs. Often times community-based programs are viewed as “back ups”, however, these slots are also highly competitive. As with every specialty certain programs are more difficult than others to match into (e.g. Harvard, Hopkins, Duke, etc.), so it is wise to apply to a variety of academic and community programs. Dr. Pugatch can help you figure out a good list of programs, just keep in mind that if you really want a shot at a “reach program” and Dr. Pugatch says you have no shot, you should still spend the small amount of money to apply there. Aim high in this process; it can never hurt.

Try radiology.matchapplicants.com for reviews of programs by interviewees and google “AMA FREIDA” to find programs that match your search criteria.

-Q: How does geography affect a program’s competitiveness?

-A: Geography has a strong effect on a program’s competitiveness. For example, all of the programs on the West Coast are notoriously difficult to match into due to high demand. Similarly, programs in NYC and Boston tend to be more difficult to match into as well and prefer candidates close to their state. Approx. ¾ of the unfilled positions at the end of this year’s match were in the Midwest.

-Q: How do I apply for Internship at the same time as Radiology?

-A: ERAS makes this easy. To each Radiology program that you rank, you attach a supplemental rank list of internship programs. This supplemental list can be unique to each Radiology program (e.g. for geographical reasons), or the same for each Radiology program (e.g. if you are very impressed with one internship program in particular). There are two general options for the
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intern year, Transitional or Preliminary Medicine. Transitional programs tend to provide more elective time, less call, and are generally regarded as more “cush”. However, because of this, they are far more competitive than Preliminary Medicine slots. The advantage of Preliminary Medicine is that you are more likely to be able to do one in Baltimore (Mercy, Univ. of MD), thus requiring only one move. Preliminary Surgery is also an option, but not one that most people pursue, except some of those who are die-hard about ending up in interventional radiology. If you ask most radiologists, they will tell you it doesn’t matter what type of year you do, you won’t learn anything that will help you in radiology so just pick the easiest one. Check out studentdoctor.net or auntminnie.com for lists of “cush” transitional year programs.

-Q: Should everyone apply to Maryland?

-A: Yes. You will notice as you interview that Maryland has an excellent Radiology residency program, excellent faculty, and an excellent group of residents. Furthermore, Maryland students have an advantage over others when it comes to matching at Maryland. All Maryland Medical students will be granted an interview here. It is good to get to know faculty who are members of the admissions committee (Dr. Gross; peds, Dr. Pugatch; chest, Moesline; IR, Dr. Resnick; MSK, program director, Dr. Jeudy; chest, Dr. Vandermeer; body, associate program director, Dr. Kouo; neuro, associate program director) as well as the two current chief residents.

Q: How much do applications cost?

A: This depends on how many programs you apply to. A ballpark figure is approx. \$550.00. This includes both Radiology and Internship programs. This figure represents approx. 35 Radiology, 10 preliminary programs, and 10 transitional year programs.

Q: Should I take Step 2 prior to applying?

A: Not necessarily. If you are confident with your Step 1 scores (>240ish), then it probably doesn’t benefit you, however, if you feel that you underperformed on Step 1, then you should take Step 2

early and DO WELL. It is also easier to do better on Step 2 if you take it earlier because all of that 3rd year material is still relatively fresh. There is also an option to withhold your score in ERAS, so if you don't do as well as you had hoped you don't have to disclose that right away. That way the PD's might consider your exams together. You will also find the fall of senior year a very busy time. Again, Dr. Pugatch can help advise you on if you should take Step 2 early.

Interviewing:

Interviewing for residency is an extremely important part of the match process. It is an opportunity for a program to make an impression about you as a person. They already have their minds made up about you as a student, but the interview gives you the opportunity to add something to your board scores/grades/letters, etc. This is the only time during the application process when you have total control of the situation and can literally influence whether or not a program will rank you.

Additionally, this is your opportunity to get a "gut feel" of a program. It is important that you rank programs where you believe you would feel comfortable, and the interview process is the only time that you will have the chance to make this assessment. If a program grants you an interview, it typically means that they feel you are qualified enough to become a resident at their program, and they are looking for you to supply them with reasons for or against placing you on their rank list. A few hints: **1.)** Look good on interview day. First impressions are everything. Have a good looking suit, be otherwise well dressed, brush your hair/teeth, and have a smile on. **2.)** Research a program before showing up and have some

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specific questions related to their program as well as be able to point out why you would like to come that specific program. At almost every interview you will be asked, "So why this program?" Have a good answer to that. Another, obvious, question is "Why Radiology?" **3.)** You are going to be telling the same stories over and over and answering the same questions a million times on the interview trail, but try to sound spontaneous (not too canned), try to come off as genuine as possible, make eye contact and if you can work a little humor into your answers all the better. **4.)** Research the program and come up with a few questions that you have **5.)** BE YOURSELF – most Radiologists are laid back and want to see your personality

Q: When will I start hearing from programs?

A: If you submit your application on the first day ERAS opens, you can start hearing as early as October, they continue steadily through mid-November and then start to slow down. The interview season officially goes from late October through mid February, however the bulk of the interviews are done November through January.

Q: How do I schedule all of these interviews?

A: Carefully. It can be difficult depending on your clinical rotations and the location of your interviews. The bottom line is try to group them geographically as best you can, but this can be difficult. Be prepared to do a lot of driving. I would recommend using at least one of your 4 week vacation blocks to interview. If you end up having a scheduling conflict, call the program coordinator and ask if you can reschedule. They are typically very accommodating. Lastly, as soon as you know that you will be unable to make an interview, call the program coordinator *immediately*. You could be costing another deserving applicant a much-needed interview. Remember, its probably easier to take a few more days off from an elective than a Sub-I month, so try to interview on either elective months if you can't fit all of the interviews into a free month. Just as community programs offer interviews earlier, they generally also interview earlier (Nov-early Jan) while academic programs offer interviews later and generally hold interviews later (Dec-early Feb)

Q: How much do interviews cost?

A: This also depends on how many you are invited to do. I would recommend doing as many as possible until you feel comfortable that you have done enough. There is no magic number here, it is a

judgment call. For each interview you have to budget for gas or airfare, rental car, hotel, and food on the road. Some programs will provide a dinner, and a few will provide lodging, but not many. However, radiology programs tend to be fairly stingy with their budgets. Some internship programs tend to provide the hotel and dinner. As a travel tip, try to use sites like priceline/hotwire (name your own price feature) for hotels and rental cars, as you can often save a lot of money here if you wait and book hotel/car a few days before you travel. The only downside to this type of website is that once reservations are made they are very hard to change or refund, so only book when you know your travel plans for sure (generally a few days before your interview). Don't just look at budget airlines like Southwest or Airtran, use websites like Kayak.com to find the best price for your specific travel itinerary. Southwest doesn't fly everywhere, but it has a rewards program, bags fly free, and you can change itineraries without any fees.

Q: What can I do to look polished in an interview?

A: Several things. First, schedule some of your "back up" program interviews first so that you can use them as rehearsals. This will help in getting you accustomed to the interview process.

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Second, have questions ready to go. They get annoying to ask over and over, but it is important to have them on hand. Also, some questions are more appropriate to ask the PD's/interviewers, and others should be reserved for the residents. These include but are not limited to:

- Call Schedule? And how will it change with the new board format?
- Research opportunities (Available? Required?)
- Teaching opportunities
- Resident satisfaction
- AFIP (\$ for tuition, \$ for housing, when do the residents participate) – good follow-up ? is what is their plan if the AFIP does close (it has been slated to be cut from government funding)
- Board Prep (Formal Physics, Formal Written, Mock Oral)
- Evaluations (In-service exams, etc.)
- Moonlighting (allowed? in house?)
- National Conferences (RSNA? Funded? Vacation provided?)
- PACS (Most will have it, but not all PACS is created equal)
- Away rotations (Are their off campus sites, or teleradiology sites)
- Elective Time
- Fellowship opportunities
- Didactic Conference Schedule (1/day?, 2/day?, mandatory?)
- Number of fellows (affect ability to participate in any field?)
- Protected time to study for oral boards (i.e. no call in last 6mos of 4th yr?)
- Board performance (# pass, # conditioned, #failed)
- Book fund
- Does the program pay for boards/license fees? (not many places do)
- Is there any housing stipend/subsidized housing/relocation bonus? (in more expensive cities)
- How many studies does the typical resident read during a year

Third, some people may choose to leave a formal portfolio with the PD (inc. formal CV, any publications, business card, etc.). This is not necessary but can be a nice touch; Dr. Pugatch told me he thought it was a turn-off though.

Q: How many interviews will I have to do at each program?

A: The # of interviews per program varies widely, so always be prepared to be there all day. Anywhere from 1-6 separate 30 min. interviews. Most are 2 or 3 so it does vary.

Q: How many people will interview with me?

A: You will find that this also varies widely from program to program. For example, you may go to

an interview day at one program and you are the only candidate there, and then the next program's interview day and find that they interview 30+ candidates at a time. Also, interviews may be done in differing formats including a panel format (several attendings and one of you) or a group format (several applicants interviewed at a time) in addition to the standard one-on-one. The lesson here is to be flexible and adapt.

Q: Any travel tips?

A: Yes. Do not buy airline tickets until you are sure that you will be attending the interview. You may find that you want to cancel certain interviews and you don't want to be stuck with the non-refundable ticket. Southwest Airlines is great because you can refund your money towards a future flight if you cancel, but many airlines are doing similar refund policies now as well. Also, Priceline.com often has great deals on hotels. Lastly, if possible get the Northeast programs out of the way early because the weather can get bad in Jan/Feb.

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Q: Should I always send a thank you note?

A: Yes, unless you know that you are not going to rank a particular program. You need not send thank you notes to everyone you interview with. One to the PD is sufficient, unless you REALLY liked a particular program. Also, a word of caution...do NOT tell a program that they are your "first choice" unless they really are. If you tell this to more than one program and they communicate with each other, then you are on your way to the scramble.

Follow up:

When you decide on your 1st choice program it isn't a bad idea to have Dr. Pugatch call on your behalf. He will tell you whether or not he thinks it will help and is typically happy to do so.

Ranking:

There are many factors to consider when ranking programs. The biggest include: Academic vs. community, location, strength of training and overall "gut feeling". The bottom line however is simple. RANK PROGRAMS IN THE ORDER THAT YOU WANT TO GO TO THEM!!!

The algorithm of the match works in favor of the applicant such that the computer will check your list, see your #1 choice, then check that program's list to see if you are on it. If you are it will tentatively match you there. If not it will go to your second choice. So, essentially, it gives the applicant their first choices over the program's applicant rank list.

Matching:

There are two important days for match day. The first is the Monday of Match week. You will get an email stating whether or not you matched. This year the email simply stated, "Congratulations, you have matched". If you get this email you are golden, you only have to wait until Thursday (Match Day) to find out where you will be going.

If you don't match at all or only match into your internship, then you enter the Supplemental Offer and Acceptance Program (SOAP).. Unfortunately, Radiology doesn't have many unfilled spots, so you may have to define another contingency plan.

Weblinks/Resources:

Aunt Minnie (Radiology forum – This is a very helpful website, which I think all radiology applicants should keep an eye on during application season. People post on there when they got their interview invitations, so if there is a program you're waiting to send out invites before you call them and beg them for one, this is the place to check out.

There is a lot of good information from knowledgeable people (residents, and the Cleveland Clinic PD even answers questions frequently) **WARNING, like most discussion forums there are people who spread misinformation/rumors so just be careful with taking everything you read as fact. **

www.auntminnie.com

National Residency Match Program www.nrmp.org

Electronic Residency Application Service (ERAS)

<http://www.aamc.org/audienceeras.htm>

Fellowship and Residency Electronic Interactive Database (FREIDA)

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www.ama-assn.org/go/freida

Case In Point – fun resource for learning a little bit about Radiology

<http://caseinpoint.acr.org/>

For more information please don't hesitate to contact:

Catherine Shaeffer (catherine.shaeffer@som.umaryland.edu)

About the Specialty

Radiation Oncologists use ionizing radiation for the treatment of cancer as well as a few benign medical conditions. The field focuses on prescribing and planning the appropriate treatment, ensuring that the treatment is properly administered each day, managing any complications of treatment, and following the patient after treatment to manage late side effects and monitor the status of disease. Radiation Oncologists work with a team that also includes physicists, dosimetrists, radiation therapists, nurses. In most academic centers, they also work as part of a multidisciplinary team that includes medical oncologists, surgical oncologists, radiologists, and pathologists. About 50% of patients are treated with curative intent, while the remainder of cases are treated palliatively, (e.g., for pain relief from bone metastases). A small percentage of patients are treated for non-cancerous conditions such as trigeminal neuralgia or keloids. The specialty is highly academic with a focus on physics, radiobiology, molecular biology, and evidence-based medicine. Imaging and computer treatment planning are also a major component. Radiation oncologists divide their time between seeing patients (inpatients and outpatients), performing brachytherapy (radioactive implant) procedures, and creating/evaluating treatment plans. In the academic setting, radiation oncologists often dedicate a significant portion of their time to research (clinical or basic science).

About the Residency

Residency is four years (PGY-2 to PGY-5). The PGY1 year can be done as a preliminary year or a transitional year. Most programs do not offer a PGY-1 year, so the applicant needs to apply for and interview at PGY-1 programs separately. However there are some programs that require you to fulfill your PGY-1 year at their hospital (Penn, Cleveland Clinic). It is important to note that you can have a separate preliminary/transitional program rank list for each Rad Onc program that you rank.

Programs are generally structured so that you have responsibility for patient care and treatment planning from the very beginning of your training. As you progress through the residency, you are expected to function more independently from attending supervision.

Graduating from residency is dependent upon your completing a certain number of treatments for each required site. A number of programs do not have a sufficient caseload in certain areas, usually Gynecology and Pediatrics, for you to complete your cases and you will have to go elsewhere for 4-6 weeks to fulfill these requirements. Most programs where this happens have formal arrangements with a large center, e.g., all Maryland residents go to St. Jude's for their Pediatric elective.

Research: most programs require 3-9 months of research (clinical or laboratory). Some require the resident to publish an abstract or manuscript before graduating. Required or not, the emphasis on research that's seen in the resident selection process continues throughout residency at most programs. There are a few smaller programs (e.g., Eastern Virginia, South Carolina) where this may not be as strongly emphasized.

Most residency programs offer formal (i.e., a few hours of lecture per week) protected lectures in physics and radiobiology in addition to hands-on clinical didactics. You are tested in radiobiology and physics on the board exams, so expect to devote some hours each week to learning these subjects.

Call: There is no in-house night call for radiation oncology residents. However, most if not all programs have the residents take beeper call from home, usually for one week at a time. During

call you would be expected to address patient problems at night and on weekends as well as consults for radiation oncology emergencies such as spinal cord compression that may require immediate treatment.

Other work outside the hospital: Most residents devote a few hours each night to reading, since in addition to physics and biology, residents are also expected to be familiar with (i.e., quote and know the implications for the standard of care) important clinical studies for each cancer site and stage. This takes a lot of reading in textbooks and journals.

Applicant Characteristics

Most programs are looking for applicants who show interest in the clinical as well as research aspects of radiation oncology and molecular biology. Positions are extremely competitive, and good numbers (boards/clinical year grades) and publications within the field of radiation oncology or cancer in general are important in finding a residency position.

Many of the so-called elite programs have board score cutoffs in the 220's and possibly even as high as 230. However, applicants with average board scores can be competitive if they have other outstanding characteristics, such as research publications, an MD-PhD, or AOA status. Grades in Rad Onc electives are particularly important; try to get A's/Honors in these. Other important rotations are Medicine, Surgery, and Ob-Gyn. In addition to academic abilities, most programs are also looking for applicants who can fit in and work well with the people in their small departments, so personality and letters of recommendation are important as well.

Because Rad Onc is a research-intensive field and has become so competitive, some research in the field is almost an absolute requirement. Publications are impressive, but any research experience which shows your interest and commitment to the field will be helpful. The attendings at Maryland are extremely supportive and willing to help you set up research. You need to be aggressive about getting such projects though.

The Fourth Year Schedule

Remember that grades from any rotation done after August of your fourth year probably will not make it on your ERAS transcript in time for evaluation by residency programs. However, letters of recommendation and updated transcripts can be sent directly to programs even after ERAS closes.

Plan on doing at least two radiation oncology electives before October of the fourth year – one here at Maryland and an away rotation. Spend one month at your top program choice whenever possible. Avoid July (most places will not even take students in July); programs will be focusing on their new residents and it will be difficult for a med student to get attention. Arrange for away electives early (as early as January of the third year), because they can be difficult to get, especially at top programs (such as Sloan-Kettering or MD Anderson). You can often find applications for away electives on the different programs websites.

Sub-I: It seems that many programs also like to see sub-I grades, so try to do a sub-I before November. The inpatient Cancer Center month, or any Medicine Sub-I, would be a good choice. Scheduling interviews: Schedule preliminary/transitional year interviews as early as November if possible to get them out of the way. Most radiation oncology interviews are from early December to the end of January and even into early February. Try to take one of these months off and schedule a flexible elective in the other. Do NOT schedule a sub-I in these months if you can help it.

The Application Process

Most programs now use ERAS although there are still a few that do not (e.g. NCI). If interested in applying to non-ERAS programs, applicants can often find application materials on-line at the program's website or request them by calling the program directly. Applications should be completed as early as possible as deadlines for some schools may be in September. Regardless of the deadline, the earlier, the better.

Plan to apply to 30-60 programs; expect to receive interview invitations from about 1/4th of the programs where you applied. Some programs only consider M.D./Ph.D's (e.g. Vanderbilt), so it is important to know about each program before applying. Apply to a wide range of programs and regions.

Letters from department chairs in Rad Onc and from well-known physicians in the field are extremely helpful. Most programs ask for 3 letters; some only look at letters from radiation oncologists. Get letters from Dr. Regine (Chairman) and/or Dr. Suntha (Vice Chairman) at Maryland in addition to a letter from a well-known attending at your away rotation.

Interviews also play a vital role in the selection process. Interview days are very long; often you are interviewed by 6-12 attendings for 20-30 minutes each. Most places will also have you interview with faculty from the Physics and Radiobiology division and some places have panel interviews. Make sure you are very familiar with your research, plus it doesn't hurt to read up on the program (from information packets or web sites). Other popular topics of discussion include how you got interested in Rad Onc, why you are interested in Rad Onc as opposed to Medical or Surgical Oncology, your strengths/weaknesses, and what your career goals are. Because of the small number of applicants that are interviewed, each program interviews on only a limited number of dates (typically 1-3). This means that there is very little flexibility when it comes to scheduling interviews, and some programs interview on the same date. Because of this, it is important to schedule interviews as soon as you receive an invitation since spots fill up fast (some programs send more invitations than they have spots for interviews). Radiation Oncology tends to send out interview invitations later than some other specialties. Most interview invitations will be sent out after the dean's letter is received, from mid-November through the end of December.

Be advised that some programs do not participate in the NRMP (e.g. NIH/NCI).

Also be advised that some programs might not be accepting applicants in the year that you apply and occasionally the only way to find that out is after you apply. However, usually the studentdoctor.net forums will discuss which programs are on probation and are not accepting residents for that year.

Check out The Association of Residents in Radiation Oncology website (www.arro.org) for a list of all the Radiation Oncology residency programs in the U.S., the number of residents in each program, the program director's name, and the contact information for each program. This website is more accurate than FRIEDA. Other good online resources include the Radiation Oncology forum at <http://forums.studentdoctor.net> and the residency program reviews at www.scutwork.com.

Match Statistics

Radiation Oncology programs decreased in size a number of years ago, making the match quite

competitive. There are currently about 140 residency positions at 79 accredited Rad Onc programs in the U.S., with program sizes ranging from 4-20+ residents. Most programs receive 100-300 applications and interview 8-20 for an average of two positions. This past year, applications were up a lot, with many programs getting around 200 applications. Residents graduating recently state that they have had no trouble finding a job. Make sure you send thank you notes; also, a phone call or second look to your top 3-4 choices may help considering each program only offers a couple spots.

What to Look for in a Program: Questions to Ask Your Interviewers

How are physics and biology taught?

What updates/changes in the program are expected during your residency?

What kind of jobs have recent graduates gotten?

What types of research have residents recently published?

Do Residents have the opportunity to present their research at national conferences?

What is the board pass rate?

Other Things to Consider

How much scutwork (e.g., tracking down medical records, pulling films) do the residents do?

What is the attendings' attitude towards teaching (malignant/supportive/indifferent)?

Does the department perform a sufficiently wide range of procedures to equip you for your future practice?

How old/new are the treatment machines and planning equipment?

Are the residents satisfied with their learning and clinical experience?

Outstanding Programs

These programs are great places to do electives, research, and residency: MD Anderson (Houston, TX); Memorial Sloan-Kettering (New York, NY); Harvard (Boston, MA); UCSF, (San Francisco, CA); Stanford (Palo Alto, CA); University of Chicago (Chicago, IL); University of Pennsylvania (Philadelphia, PA); Johns Hopkins (Baltimore, MD); University of Florida (Gainesville, FL); University of Michigan (Ann Arbor, MI); and of course, University of Maryland (Baltimore, MD)

Good Luck!!

For more information please contact:

Musaddiq Awan (musaddiq.awan@som.umaryland.edu)

Urology is a great surgical subspecialty field that offers a broad variety of surgery as well as significant clinic time and minor, office-based procedures. Urologists control how much time they spend in clinic and OR, and therefore the lifestyle is extremely controllable/desirable. It is also an intensely academic field, and offers strong academic opportunities, in addition to community practice. The initial cut for most programs is based on board-scores. Urology is often on the forefront of technological advancement, being one of the first specialties to use the Da Vinci robot. Talking to Drs. Jacobs and Naslund as soon as you are interested can be very helpful to set yourself up to maximize your chances of matching. The other Univ. of Maryland urologists are also a great resource, any of them would be happy to sit down with you and talk. Programs are between 5 and 6 years and contain variable amounts of research (none to 1 year), general surgery training (1-2 years), and Urology (3-4 years clinical).

The Application

- Urology is a separate, early match, therefore you must get everything done ~ 2 months earlier than those applying for residencies through the regular match. (Match through the AUA, <http://www.auanet.org>)
- It is a competitive field, with a match rate of ~70% (274 of 381 who submitted lists match in 2012). Grades, board scores, and letters of recommendation are very important: interviews are commonly based on these criteria. In addition, some effort to perform research, either clinical or basic science, is helpful and gives you something to talk about at interviews. AOA membership is a plus, although not necessary
- Meet with Drs. Naslund/Jacobs AS SOON AS YOU ARE INTERESTED, you can meet with them again later with further questions.
- Step 1 is required by all programs, Step 2 is not required by most programs. If your Step 1 is solid, don't worry about taking Step 2 (check the rules on transmission of scores at the NBME website). If your Step 1 is lacking, Step 2 can be a boost (although if your Step 1 misses their cut-off, they will not even look at your Step 2)
- Nearly all programs accept applications through the ERAS system.
- You should submit your ERAS application as soon as possible (Sept 1 in '11), as programs will start to offer interviews upon receipt of applications. Applying late will disqualify even competitive candidates, as programs receive upwards of 300 applications and interview only 30-50 students.

Timeline

July-August:

- Urology elective during July, August, or both (one home, one away). If you did urology as a 3-week elective during your surgery clerkship, you might be advised to not do urology at home, as you could feasibly already have a couple letters of recommendation lined up from your time on the urology service. An away elective is essential to show your interest in the field of urology, as well as obtain additional letters of recommendation.
- Make sure your academic record is current. All discrepancies should be resolved, and all third-year clerkship grades should be in. Request your LORs starting in July, so they can all be collected in August and you have time to chase down any stragglers. Start to work on your personal statement.
- Meet with Dr. Naslund (chairman) and Dr. Jacobs (a prior chairman)... they are your best source of information and your advocates during this process.
- During these months you should become familiar with the AUA (American Urological Association) Matching program which you can learn about from the web site www.auanet.org. They have a listing of all the programs participating in the match this year, including whether or not they will be using

ERAS or if they use their own application. It's \$75 to register for the AUA match.

- Start compiling a list of programs to which you want to apply. An average number might be 30-60 programs, depending on your grades and board scores. If any do not participate in ERAS, you will have to contact them so they can send you an application packet.

- You need three to four letters of recommendation. One must be from Dr. Naslund; the others should be from surgical attendings, including other urologists at UMMS, or from your aways. Dr. Jacobs is a good person to ask for advice about how many programs to which you should apply and other such questions. Dr. Jacobs is a great bet for letters as well. He knows a lot about the field and can help you come up with a list of programs to consider. You may not know anyone very well, but bring a CV and personal statement with you, and with a quick meeting they should be glad to write you the letter. Urology is a very small field where everybody seems to know everybody; so getting a good letter from a "big name" during your away rotation can carry a lot of weight. Similarly, letters from non-urologists might not strengthen your application unless the letter writer knows you a lot better, or in a different way than your other letter writers.

August-September:

- Complete personal statement
- Complete the ERAS common application, and any other applications for non-ERAS programs. Definitely try to have the application submitted, with 2-3 letters of recommendation also uploaded on the first day.
- Be sure to note the deadline for each program. Some are extremely early (Sept 15), while others are not until November 1. In general, get yours in as soon as possible.

September-October:

- You will hear from the different programs as to whether you are offered an interview or not. Schedule as many as you can fit in immediately, hoping for 12-15 interviews. Later, you may find conflicts and will have to choose which you most want to attend. Give the programs at least 2 weeks notice on cancellations.

- **IMPORTANT:** Many programs will contact you by e-mail for interview offers. You need to check your email several times per day during this time and respond as quickly as possible. Programs will send out more invites than they have room for and will put you on a waiting list if spots fill up. Be diligent about this.

November-December:

- Attend interviews. The earliest interview I've seen is around the middle of October. The latest I've seen is in mid-December. Schedule easy rotations around this time if possible (i.e. radiology, anesthesia), or take these months off.

- Send thank you notes to interviewers unless you were explicitly told not to. (I routinely sent thank you notes to chairman, program directors, and anybody else who interviewed me and gave me a business card without asking for one)

- You may want to leave some extra time to visit programs for a "second look." It can go a long way

to show your interest in a program, but they can be a double-edged sword. You may learn more and show your interest, but also be prepared to get pimped, so stay current on your urology knowledge or the second look may be counterproductive. Remember the programs are trying to limit their own effort, so they may not want extra students around. The programs that look favorably upon a second-look will usually tell you during the interviews (directly from the chairman or PD, do not trust what the residents tell you in this regard).

- Maryland will give you the option to interview or not since they know you. It might actually be helpful to attend an interview date since you can get a feel for how they present themselves and the program to outside applicants. It also reminds them of who you are. Otherwise, try to meet with Dr. Naslund at some point after you know what you want in a program to answer any questions.

- The interviewer wants to know two things: *are you a hard worker, and can I stand to spend the next 5/6 years in very close contact with this person.* Unlike medical school interviews, these interviewers have a direct stake in selecting people they want to be around. Common interview questions include:

What questions do you have for me? (this may get asked 10+ times in one day) so come prepared with different questions for attendings and residents. (I.e. it is not appropriate to ask attendings about call schedules, etc.)

What are you looking for in a program?

What makes you better than the other applicants in the waiting room? (don't answer this one directly, just talk about your strengths)

Why did you choose Urology? (you probably already talked about this in your personal statement)

What do you bring to this program?

Tell me about (interesting activity in your application).

Tell me about some research you've done.

What do you like to do in your spare time?

Do you see yourself in academics or private practice? (A good answer would be "I don't know yet.")

Is there an area of urology that in which you want to complete a fellowship? (Ditto.)

December-January:

- Talk to Dr. Jacobs, Dr. Naslund about your list.

- There's debate on whether or not to contact your top choices and tell them where they stand. Some program directors tell you that this is illegal and that they don't want to hear from you. Others will call you to find out your top choices. This is also illegal and you have the right to refuse to tell them anything. In all, it might be helpful to contact your top choices via mail or email to let them know you are interested, unless the director says otherwise. Second looks are an option if you can't decide. If you decide to contact your top programs, tell your top program that they are "number one" and other programs in the top 3 that they are ranked "very highly"

- Send in your list by the deadline. This year, the deadline was January 5th and match results were sent on January 23rd via email. Sorry, no ceremony, but OSA will email you congrats. You can stop by there for a pat on the back and a few pieces of chocolate.

- Note: Some students choose to do away electives in Urology. Students find this helpful if there is one place you are considering and want to get a more in depth look at the program. Also, Urology is a small world and this gives you one more thing to talk about at interviews. This also helps get your

foot in the door, as many programs offer you an automatic interview if you do a rotation there. At any given program, there are 200-300 applications for 40-50 interview spots for two to three positions. So any way you can help out your odds might be a good thing. Jul-Sept are good times for an away sub-I. This also might be a good way to get another letter from a prominent urologist. The ideal situation would be to do an away rotation at a first-class institution (Hopkins, Cleveland Clinic, UCLA, etc.) and another away rotation at an institution that you are interested in and is less competitive. (Keep in mind the dean's office here frowns on three rotations in one field, and one month may not be for credit). Also keep in mind that if you are an applicant who has spent most of your life in the mid-Atlantic or East Coast but would like to do residency in another part of the country, it is in your best interest to do an away rotation in that part of the country. This tells other programs in the area that you are serious about training in the Midwest, West Coast, etc.

Note: Most programs look to see if you have any research on your CV. This need not be focused in urology. If you have done work in either college or med school and have your name on a paper, this should suffice. If you don't have any publications to date, then you might want to put something together with a member of the urology department. The programs just want to see that you have an interest in research. Others have no research and still have no problems matching because the rest of their application is strong.

GET TO KNOW DRS. NASLUND/JACOBS, WORK HARD ON YOUR SUB-I AND AWAYS, AND TURN YOUR APPLICATION IN AS EARLY AS POSSIBLE!

For more information please contact:

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