



STROLLING THROUGH THE
MATCH
2014-2015

The **FUTURE** is yours to
discover. **EXPLORE** your
options to find your **MATCH.**



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

The American Academy of Family Physicians (AAFP) is very pleased to provide you with this copy of *Strolling Through the Match*, a guidebook to residency selection. Additional copies of this product are available upon request by calling (800) 944-0000. This guide, along with other student and residency resources, are also available at www.aafp.org/fmig and www.aafp.org/strolling.

Acknowledgments

The materials in this resource were initially developed in 1979 by the students of the Family Practice Student Association at the University of Tennessee in Memphis, with support from the department of family medicine, and are revised annually by the AAFP. They have been reviewed for consistency and applicability to the career-planning objectives of most medical students, regardless of specialty interest or medical school.

The AAFP also recognizes the following individuals and organizations for their contributions:

Electronic Residency Application Service
(ERAS)

Franklin E. Williams, M.Ed.

National Resident Matching Program (NRMP)

Shadyside Hospital Family Practice
Residency Program

Thornton E. Bryan, MD

Gretchen Dickson, MD

Robert McDonald, MD

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Medical Education Division

All users of Strolling Through the Match, student faculty, or otherwise, are invited to give us their feedback regarding the usefulness of this material at nf.aafp.org/novisurvey/n/strollingeval.aspx.

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INTRODUCTION

We developed *Strolling Through the Match* to help you make appropriate decisions about your professional career and to learn more about the process of getting post-graduate training. This book emphasizes a practical approach and encourages you to gather and summarize specialty information, establish timelines, and organize checklists and reference materials.

This guidebook is not a publication of the National Resident Matching Program (NRMP) or the Electronic Residency Application Service (ERAS), nor was it developed under their auspices. The material is intended to complement the information provided by the NRMP and ERAS to medical students about residency selection.

The format of this guide is designed to let you supplement this information with locally derived materials. You may want to add to or subtract from its contents to suit your specific needs. We hope these materials will complement and expand upon existing programs on residency selection in various medical schools. The AAFP invites and welcomes your feedback on the usefulness of this guide as it seeks to help the professional development of future physicians.

ERAS

Special information on the ERAS is provided throughout this guidebook. If you plan to apply for residency or fellowship training in one of the specialties using ERAS, please carefully read the sections on ERAS.

Not all of the training programs within the ERAS specialties will accept applications via ERAS. You will be required to submit paper applications to programs not participating in ERAS. Contact the programs in which you're interested to find out the method for applying to them.

THE ELECTRONIC RESIDENCY APPLICATION SERVICE

The Electronic Residency Application Service (ERAS) was introduced by the Association of American Medical Colleges in 1995 to automate the residency application process. The service uses the Internet to transmit residency and fellowship applications, letters of recommendation, deans' letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors.

The ERAS has three distinct application season cycles during which applicants can apply to residency or fellowship programs:	
Residency Cycle	The allopathic medical residency match opens for applicants on September 15, 2014. Residency specialties begin receiving applications on October 1. The NRMP Main Residency Match® occurs on the third Friday in March, and residents begin training July 1, 2015.
July Start Cycle	Osteopathic internships and fellowship programs begin receiving applications on July 15, 2014, through the American Osteopathic Association Intern/Resident Registration Program, administered by National Matching Services Inc. Rank order lists are due in January, and the osteopathic match is in February. Applicants begin training on July 1, 2014. Fellowship specialties participating in this cycle usually have their matches in December of the same year they begin receiving applications; fellows begin training July 1 the following year.
December Start Cycle	Subspecialty fellowship programs begin receiving applications on December 1. Formalized matches, for specialties that have them, generally occur in May or June. Fellows applying to programs in these specialties typically begin training a year later, in July.

How Does ERAS Work?

The ERAS allows the applicant, the applicant's medical school, and the programs to which the applicant is applying submit and access application materials, including applications, letters of recommendation, medical student performance evaluations (MPSE), and transcripts.

Applicants access ERAS through MyERAS and use it to select programs to which to apply, submit applications, and assign documents for their medical school to provide the programs.

Medical schools access ERAS through the Dean's Office Workstation (DWS) software, which allows medical school staff to create and assign ERAS tokens to applicants. These tokens are required to register in MyERAS.

After an applicant has completed the application in MyERAS, DWS allows medical school staff to submit the corresponding supporting documents (transcripts, letters of recommendation, etc.) for the applicant.

Finally, programs access ERAS through the Program Director's Workstation to receive the applicant's materials and review, evaluate, and rank the applicants. All of these transactions occur through the ERAS PostOffice.

Advantages of Using ERAS

Efficiency: With ERAS, you don't have to complete an application and request supporting materials for each program to which you're applying. You complete one application and send it to all programs you've selected.

User friendliness: It is very intuitive, and the easy-to-follow instruction manual guides you through the application completion process with relative ease.

Flexibility: You decide how many personal statements and letters of reference you want to use in the application process, and you assign these documents to individual programs. You may want to designate that all programs receive the same documents, or you can customize documents for each program.

Specialties Participating in the 2014-2015 Residency Cycle

- Anesthesiology
- Army and Navy Residency Programs
- Dermatology
- Diagnostic Radiology/Nuclear Medicine
- Emergency Medicine
- Emergency Medicine/Family Medicine
- Family Medicine
- Internal Medicine (including IM/Anesthesia, IM/Derm, IM/EM, IM/Genetics, IM/Neuro, IM/Peds, IM/Preventive, IM/Psych)
- Internal Medicine/Family Medicine
- Neurodevelopmental Disabilities
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics (including Peds/Anesth Peds/ Derm, Peds/EM, Peds/Genetics, Peds/ PM&R, Peds/Psych, Child and Adolescent)
- Physical and Rehabilitative Medicine (PM&R)
- Plastic Surgery and Plastic Surgery Integrated
- Preventive Medicine (Public Health, General, Occupational, and Aerospace)
- Psychiatry
- Psychiatry/Family Medicine

- Radiation Oncology
- Surgery – General
- Thoracic Surgery
- Transitional Year
- Urology
- Vascular Surgery

Steps in the ERAS Process for Residency Applicants

STEP 1

It is important that you contact the programs directly to determine their participation in ERAS before you apply. You can visit program websites to learn about their requirements and application mechanism (ERAS or outside). Programs accepting applications via ERAS will communicate this to applicants. Although MyERAS displays programs that have indicated they will receive applications through ERAS, some may change their processes after the ERAS software has been released, so directly contact the program before applying.

STEP 2

Medical students and graduates from the United States should contact the dean's office at their schools of graduation to determine when ERAS tokens will be available. International medical graduates (IMGs) and Canadian applicants should contact their designated dean's offices to get procedures for obtaining an ERAS token. Applicants should get an ERAS token and begin completing applications as early as possible in the match season.

STEP 3

Go to the ERAS website, www.aamc.org/eras, and complete your application and designation list. The online help and residency application checklist provided by ERAS will guide you through the completion of the ERAS application and the entire process.

STEP 4

Finalize application materials in preparation for them to be sent to the programs you've chosen.

- Send a recent photograph to your designated dean's office for processing.
- Ask all letter-of-recommendation (LoR) writers to send LoRs to your designated dean's office.
- Ensure that all segments of the application have been completed and your designated list of programs is final. *No programs can be deleted once the application has been transmitted to the ERAS PostOffice.*

STEP 5

Use ERAS's Applicant Documents Tracking System (ADTS) to confirm that supporting documents were uploaded to ERAS and, later, that documents are downloaded by programs. Check your email frequently for requests for additional information and invitations from ERAS through ADTS.

Applying for a Fellowship for the 2014-2015 Season

Eligibility for fellowship positions generally requires completion of a residency program. Contact the fellowship program for specific requirements and instructions for applying.

Steps in the ERAS Process for Fellowship Applicants

STEP 1

Contact programs directly to learn about their participation status in ERAS, the ERAS application cycle in which they are participating (July cycle or December cycle), their program requirements, and the mechanism (ERAS or other) for applying to their programs.

STEP 2

Contact the ERAS Fellowships Documents Office (EFDO) for an electronic token, instructions for accessing MyERAS, and information for completing the application process using ERAS.

STEP 3

Go to the ERAS website www.aamc.org/eras and complete your application and designation list. Use online help and the fellowship applicants timeline to guide you through the process of completing your ERAS application.

STEP 4

Use EFDO Online Services to submit your MSPE, medical school transcript, and a photograph. Letters of recommendation may be submitted through the ERAS LoR Portal. Contact your medical school to determine its policy on releasing medical school transcripts and MPSEs. If your school will not release these directly to you, it may submit directly to the EFDO using its Medical Institution Document Upload Service.

STEP 5

Use ERAS's Applicant Documents Tracking System (ADTS) to confirm that supporting documents were uploaded to ERAS and, later, that documents are downloaded by programs. Check your email frequently for requests for additional information and invitations from ERAS through ADTS.

Fellowship Specialties Using ERAS

- Adolescent Medicine
- Allergy/Immunology
- Cardiovascular Disease
- Colon and Rectal Surgery
- Critical Care
- Endocrinology
- Female Pelvic Medicine and Reconstructive Surgery
- Gastroenterology
- Geriatrics (FM and IM)
- Gynecologic Oncology
- Hematology
- Hematology/Oncology
- Hospice and Palliative
- Infectious Disease
- Interventional Cardiology

- Maternal – Fetal Medicine
- Medical Genetics
- Neonatal/Perinatal Medicine
- Nephrology
- Oncology
- Pediatric Cardiology
- Pediatric Critical Care Medicine
- Pediatric Emergency Medicine (ER and Peds)
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology/Oncology
- Pediatric Infectious Disease
- Pediatric Nephrology
- Pediatric Pulmonology
- Pediatric Rheumatology
- Pediatric Surgery
- Pulmonary
- Pulmonary Disease/Critical Care Medicine
- Rheumatology
- Sleep Medicine
- Thoracic Surgery
- Vascular Surgery

(Note that although most do, some programs may not participate in ERAS. Contact the programs you are interested in to learn about their application procedures.)

MyERAS contains a list of programs you can select to receive your application materials electronically. Because ERAS is not the definitive source for program participation information, you should verify the application process and deadlines for programs in which you're interested before you apply. An online directory of all Accreditation Council for Graduate Medical Education (ACGME)-accredited programs is available at **acgme.org/ads/Public/Programs/Search**. An online directory of all American Osteopathic Association-accredited programs is available at **opportunities.osteopathic.org/**. In addition, some specialty-specific directories exist, such

as the AAFP's Family Medicine Residency Directory, which is searchable by location, program size, community setting, program type, benefits, and more, and is available at **nf.aafp.org/residencydirectory**.

Students and graduates of U.S. allopathic and osteopathic medical schools should contact the dean's office at their school of graduation for ERAS information and processing procedures.

International medical graduates should contact the Educational Commission for Foreign Medical Graduates (ECFMG) early for instructions about applying to residency programs using ERAS. The ECFMG will function as the designated dean's office for IMGs in ERAS. If you have questions, see **www.ecfm.org/eras** for details. Section 2 of *Strolling Through the Match* also has information for IMGs.

Canadian applicants should contact the Canadian Resident Matching Service (CaRMS). Go to **www.carms.ca**. Applicants interested in applying to fellowship programs should go to the EFDO at **www.erasfellowshipdocuments.org** for information.

The Dean's Office Workstation

The designated dean's office (and the EFDO for fellowship applicants) transmits your letters of recommendation, MSPE, transcript, and photograph to programs through the ERAS PostOffice.

The EFDO and designated dean's offices determine their own procedures and timelines for processing ERAS materials. Make sure you understand and follow the procedures to ensure your ERAS materials are processed in a timely manner. If you have any questions about the processing of your application, contact your designated dean's office.

The Program Director's Workstation

The Program Director's Workstation (PDWS) is organized into electronic file folders by applicant identification number. It is designed to allow programs to efficiently download and review residency applications. Program directors use a variety of ERAS features to review and evaluate the applications. When applying, it is important to use the same name in both your ERAS application and your NRMP application so programs can accurately and easily find your application information.

Where Can I Find Additional Help?

Your dean's office is always the first step in resolving and troubleshooting problems. MyERAS also offers online support to help you while you're using the software. It also has an instruction manual that provides a breadth of information. The ERAS website, www.aamc.org/eras, has a frequently asked questions (FAQ) section. Applicants also can email myeras@aamc.org or call (202) 862-6264 with questions not answered by the ERAS FAQ. The phone line is staffed 8 a.m. to 6 p.m. ET Monday through Friday.

CHOOSING A SPECIALTY
SECTION 1

FACTORS TO CONSIDER WHEN CHOOSING A SPECIALTY

This section provides information about various specialties and resources for gathering additional information to help you choose the specialty that is right for you. The section includes:

- a bibliography of books, websites, and articles
- a tool for getting information about different specialties from clinical departments in your medical school
- a list of the different types of accredited residency training programs
- a list of specialty organizations that can provide more information

You also can view this guide along with other specialty choice resources on the AAFP student website at www.aafp.org/strolling.

Choosing a specialty may be one of the most difficult decisions you will make in your medical career. It would be easy if you could somehow transport yourself through time and preview your career as a family physician, surgeon, pediatrician, or radiologist. Instead, you and other medical students must decide your specialty based on the limited view you get from clinical rotations. Often, those first clinical experiences are so exciting and interesting that you might think you'll never decide what is the right fit for you. A particularly exciting clinical experience might convince some to pursue a certain specialty, but most medical students weigh several options after many clinical and nonclinical experiences. Armed with a balanced view of each specialty and an awareness of your strengths and interests, you'll find your way.

Making the decision begins with answers to questions that determine your personal and professional needs:

- What were your original goals when you decided to become a physician? Are they still valid?

- What do you value about the role of a physician? Is it the intellectual challenge, the ability to help others, the respect it commands from others, the security of the lifestyle, the luxury of the lifestyle, or the ability to work autonomously? Which aspects do you value the most?
- What type of doctor/patient relationships do you find the most rewarding?
- What type of lifestyle do you envision for yourself (time for family, time for other interests, income level, etc.)?
- In what type of community do you see yourself practicing and in what type of clinical setting?
- What skills (interpersonal, analytical, technical, etc.) do you value the most in yourself, and how do they affect your perception of the specialty or specialties to which your abilities are best suited?
- Are there particular clinical situations or types of patient encounters that make you uncomfortable or for which you feel unsuited?

Answering these questions takes a great deal of maturity and insight. Be completely honest with yourself so that you will be confident about your choices. There is a danger of either overestimating or underestimating yourself, so get feedback from people who know you personally and professionally. Mentors are a good resource during this phase of the specialty selection process.

As you begin to form some ideas of the career you would like to have, you'll have new questions about specific specialties and their respective training programs. Take time to write down what you already know about each of the specialties in which you're interested. Is the information you have accurate and complete? What else do you need to know? For each specialty you are interested in, consider what you do and do not know about the following:

Practice Characteristics

- type and degree of patient contact
- type and variety of patients, including ages, gender, conditions
- skills required
- disease entities and patient problems encountered
- variety of practice options available within that specialty
- research being done in that specialty
- type of lifestyle afforded

Residency Training Programs

- length of training
- goals of training: What does residency training prepare you to do?
- availability of residency positions (e.g., number of slots available, level of competition for those slots)
- differences between training programs within the same specialty (e.g., geographic or institutional differences)
- potential for further training following a residency (i.e., requirements for subspecialty training or fellowship training)

Overall Outlook

- availability of practice opportunities (e.g., amount of competition for patients or practice sites, demand for these physicians)
- current trends or recent changes in practice patterns for that specialty (e.g., the effects of cost of professional liability insurance, changes in Medicare reimbursement policies, health care reform legislation)
- foreseeable additions to the repertoire of that specialty (e.g., new models of practice, new technologies, new drugs, new techniques)

If you need help answering some of these questions, you already have a great deal of information at your fingertips. If your school has

a faculty advising system or a career advising office, use it. Don't hesitate to approach faculty and other physicians with whom you have established some rapport.

Seek physicians outside of your medical school, particularly if you are not exposed to physicians of all specialties. Look for opportunities to observe care in non-academic settings. You also should ask faculty for recommendations and introductions to physicians who have similar interests. Take advantage of opportunities to meet with physicians from various specialties, perhaps at events or meetings sponsored by your school (e.g., career days, hospital fairs). Often, local medical societies or specialty societies have meetings that are open to students. Organizations such as the American Academy of Family Physicians offer free memberships to medical students.

National meetings, such as the AAFP-sponsored National Conference of Family Medicine Residents and Medical Students, are also valuable sources of information about specialty choice. Visit www.aafp.org/nc for more information about the AAFP's conference, and visit other medical or specialty societies for other opportunities. Attend meetings hosted by student organizations and interest groups at your school. You also can address career issues with the American Medical Association-Medical Student Section, American Medical Student Association, Family Medicine Interest Groups (FMIG), the Organization of Student Representatives, the Association of American Medical Colleges, the Student National Medical Association, the Latin American Medical Student Association, the Asian Pacific American Medical Student Association, and others represented at your school.

Using elective time to explore specialty options can be extremely helpful, particularly if you want more exposure to certain specialties. You can choose an elective within your own institution or an outside elective or clerkship.

Outside electives are also an opportunity to visit a residency program you're interested in. You can arrange a clerkship either with private physicians in the community or at another teaching institution. The clerkship can be purely clinical or include a component of research, community outreach, or leadership. Ask your medical school advisor or student affairs office for information about locally available clerkship opportunities. Contact your local medical society, national medical specialty societies, area health education center, or other teaching institutions (medical school departments or residency programs) for information about elective rotations. Go to the AAFP student website at www.aafp.org/clerkships for a directory of clerkships and electives in family medicine and related clinical areas, including rural medicine, sports medicine, global medicine, hospice and palliative care, and population and public health.

Plan your electives as early as possible. Though your school's curriculum may not permit you to take elective time until your fourth year, careful planning will let you assess your specialty options before you begin the process of residency selection.

The following references and list of organizations may be useful. Several publications regularly feature articles on career selection, trends in specialties, and changes in the types and numbers of residency positions.

Keep in mind that many sources may present biased information. Generally, you can resolve questions and concerns by looking for common themes, then outlining pros and cons. Only you know what is right for you, and no amount of information from a single source should determine your choice. So try to get information from as many different sources as possible: student colleagues, senior medical students, residents, faculty advisors, department chairs, physicians in private practice, relatives, friends, and medical organizations.

Avoid making assumptions; develop a broad and well-balanced picture of the specialty you're considering. As with every other major decision in your life, making this decision may come with a certain amount of doubt. But, if you've approached the process with a willingness to look at yourself honestly and if you've tried to get the best available information, you can trust that your decision will be a good one.

SUGGESTED REFERENCES

Books

Graduate Medical Education Directory, American Medical Association, 2013-2014 Edition.

- Often referred to as the "Green Book," this is the official list of all residency training programs accredited by Accreditation Council for Graduate Medical Education for all specialties. It includes the accreditation requirements for each type of training program and some statistical information on numbers of residents and residency positions for each specialty. It is available in most medical school libraries and for purchase online from the American Medical Association (AMA) website at commerce.ama-assn.org/store/. Find out whether your dean's office or admissions office has a subscription to the online version. You can also access much of the information through the AMA's Fellowship and Residency Electronic and Interactive Database (FREIDA Online). See the list of websites in this section for the URL.

Freeman BS. *The Ultimate Guide to Choosing a Medical Specialty, Third Edition*. New York: McGraw-Hill Medical; 2012.

- This resource profiles the major medical specialties and gives insight into the specialty decision-making process, written by physicians from various specialties.

Iserson KV. *Iserson's Getting into a Residency: A Guide for Medical Students, Sixth Edition*. Tucson, AZ: Galen Press, Student Ltd.; 2003.

- This step-by-step guide to the process of selecting a medical specialty and obtaining a residency position provides valuable information on selecting a specialty, selecting a residency program, and interviewing.

Taylor AD. *How to Choose a Medical Specialty: Fifth Edition*. Minneapolis, MN: Publish Green; 2012.

- This is a popular resource on the process of choosing a specialty. It includes overviews of key specialties, data regarding projected supply and demand, the economic outlook for the specialty, as well as information on residency training.

Choosing a Medical Specialty: The AMA's Resource Guide for Medical Students, Third Edition.

- This book provides an in-depth look at major specialties and subspecialties. It is designed to simplify medical students' use of resources in choosing a specialty, and includes match data and career information statistics in individual specialties.

Websites

Careers in Medicine (CiM), hosted by the Association of American Medical Colleges.
www.aamc.org/cim/

Choosing a Specialty, hosted by the American Medical Association.
www.ama-assn.org/ama/pub/category/7247.html

Fellowship and Residency Electronic Interactive Database (FREID Online), hosted by the American Medical Association
www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freid-online.page

Medical School & Residency, hosted by the American Academy of Family Physicians.
www.aafp.org/med-ed

Medical Specialty Aptitude Test, hosted by Dr. Peter Filsinger, et al.
www.med-ed.virginia.edu/specialties/

Journal Articles

Green, M, Jones P, Thomas J, Jr. Selection Criteria for Residency: Results of a National Program Directors Survey. *Acad Med*. 2009;84(3):362-367.

Leigh JP, Kravitz RL, Schembri M, Samuels SJ, Shanaz M. Physician career satisfaction across specialties. *Arch Intern Med*. 2002;162(14):1577-1584.

Rabinowitz HK, Paynter, NP. msJAMA: The rural vs urban practice decision. *JAMA*. 2002;287(1):113.

Schafer S, Shore W, Hearst N. msJAMA: Is medical school the right place to choose a specialty? *JAMA*. 2001;285(21):2782-2783.

HOW TO OBTAIN SPECIALTY INFORMATION WITHIN YOUR MEDICAL SCHOOL

The departments within your own medical school are primary and accessible sources of information about various specialties and residency programs. The Department Information Form on the following page provides an example of the information you might want from various departments in your medical school as you begin to think about specialty selection. Consider compiling all the information from departments for use by other medical students. The form on the next page contains questions to ask faculty advisors, attending physicians, and other physicians with whom you have occasion to discuss your career plans.

DEPARTMENT INFORMATION FORM FOR RESIDENCY AND SPECIALTY INFORMATION

Department _____

Telephone Number _____

Faculty Resource Person _____

Title _____

1. Does your specialty match early?

2. Do programs in your specialty use ERAS?

3. Does the department provide advising on specialty selection and/or resources about the specialty?

4. What advice would you give a student that is interested in pursuing a career in your specialty?

5. What is the long-range outlook for graduates of your specialty?

6. What is your specialty looking for in a resident?

7. What resources are available in your department to help students with residency-location selection?

8. Do you have any advice for students about obtaining letters of recommendation from faculty members in your department?

9. Can you comment on how competitive the residency programs are in your specialty?

10. Does your residency program provide international/underserved/rural/community rotations?

11. What portions of a candidate's application do you consider most important?

12. What are you looking for in the interview?

13. What other comments do you have regarding your specialty?

TYPES OF RESIDENCY TRAINING PROGRAMS

The following is a partial list of the types of accredited residency training available with an indication of the usual course toward completion of training in each specialty. There may be exceptions in prerequisites or in years of training for individual residency programs within a given specialty. The information is derived from the AMA's Graduate Medical Education Directory.

SPECIALTY	DURATION OF TRAINING
Allergy and Immunology	5 years (Requires completion of three-year internal medicine or pediatric residency, plus two years in an allergy and immunology program.)
Anesthesiology	4 years (Includes a transitional/preliminary year, plus a three-year anesthesiology residency; or matching directly into a four-year anesthesiology program.)
Cardiovascular Disease	6–8 years (Requires completion of a three-year internal medicine residency, plus three to five years in a cardiovascular disease program.)
Colon and Rectal Surgery	6 years (Requires completion of a five-year general surgery residency, plus one year in a colon and rectal surgery program.)
Critical Care Medicine	5–6 years (Requires completion of an anesthesiology or surgery residency, plus one year in a critical care medicine program; or completion of an internal medicine residency, plus two years in a critical care medicine program; or completion of a pediatrics residency, plus three years in a critical care medicine program.)
Cytopathology	4 years (Requires three years prior graduate medical education, plus one year in a cytopathology program.)
Dermatology	4 years (Includes a transitional/preliminary year in an ACGME-accredited program, plus a three-year dermatology residency; or matching directly into a four-year dermatology program.)
Emergency Medicine	4 years (Includes a transitional/preliminary year, plus a three-year emergency medicine residency; or matching directly into a four-year emergency medicine program.)
Endocrinology, Diabetes and Metabolism	5 years (Require completion of a three-year internal medicine residency and two years in an endocrinology, diabetes, and metabolism program.)
Family Medicine	3 years
Gastroenterology	6 years (Requires completion of a three-year internal medicine residency, plus three years in a gastroenterology program.)
General Surgery	5 years
Geriatric Medicine	4 years (Requires completion of three-year family medicine or internal medicine residency, plus one year in a geriatric medicine program.)
Hematology	4 years (Requires completion of a three-year internal medicine residency, plus one year in a hematology program.)
Hospice and Palliative	3+ years (Requires completion of an ACGME-accredited program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery, plus one year in a hospice and palliative medicine program; accredited by the ACGME Review Committee for Family Medicine.)

SPECIALTY	DURATION OF TRAINING
Internal Medicine	3 years
Infectious Disease	5 years (Requires completion of a three-year internal medicine residency, plus two years of fellowship training.)
Interventional Cardiology	7 years (Requires completion of a three-year internal medicine residency, plus three years in a cardiovascular disease program, plus one year in an interventional cardiology program.)
Medical Genetics	4 years (Requires completion of two years of ACGME-accredited graduate training in a primary specialty, plus two years in a medical genetics program; or matching directly into a four-year combined medical genetics program, such as pediatrics/genetics or internal medicine/genetics.)
Neurological Surgery	6 years (Requires completion of one year of general surgery training; typically includes a seventh year of training in a fellowship program.)
Neurology	4 years (Requires completion of a transitional/preliminary year in an accredited program, plus a three-year neurology program; or matching directly into a four-year neurology residency.)
Nuclear Medicine	4 or more years (Requires completion of a preliminary or transitional year in an accredited program, plus three years in a nuclear medicine residency; or completion of a five-year diagnostic radiology residency, plus one year in a nuclear medicine residency; or completion of a two-year nuclear medicine program after completion of a residency program in another specialty.)
Obstetrics-Gynecology	4 years
Oncology	5 years (Requires completion of a three-year internal medicine residency, plus two years in an oncology program.)
Ophthalmology	4 years (Includes a transitional/preliminary year in an accredited program, plus three years in an ophthalmology residency.)
Orthopaedic Surgery	5 years (Includes one year of general surgery and four years of orthopaedic education.)
Otolaryngology	5 years (One year of general surgery training, plus four years devoted to head and neck surgery training.)
Pain Medicine	4+ years (Requires completion of an anesthesiology, physical medicine and rehabilitation, psychiatry, or neurology residency program, plus one year in a pain medicine program)
Pathology	4+ years (Most residency programs are four years, but the vast majority of pathologists subspecialize through fellowship training.)
Pediatrics	3 years
Physical and Rehabilitative Medicine	7 years (Requires completion of a transitional/preliminary year in an accredited program, plus a three-year physical and rehabilitative medicine program; or matching directly into a four-year physical and rehabilitative medicine residency.)
Plastic Surgery	6+ years (Requires six years in an integrated plastic surgery residency program; or three years in an independent plastic surgery program following completion of three years of clinical education in a general surgery program, completion of a neurological surgery, orthopaedic surgery, otolaryngology, or urology residency (separate requirements for individuals holding the DMD/MD or DDS/MD degree.)

SPECIALTY**DURATION OF TRAINING****Preventive Medicine**

3 years (Requires completion of at least one year of training in family practice, internal medicine, pediatrics, obstetrics, or transitional year program and two years in a general preventative medicine, occupational medicine, or aerospace medicine residency that includes a graduate degree for a Master of Public Health [MPH], Master of Science [MS], or Master of Business Administration [MBA].)

Psychiatry

4 years (Requires completion of a transitional/preliminary year or PGY1 year in an accredited internal medicine, family medicine, or pediatrics program plus a three-year psychiatry program; or matching directly into a four-year psychiatry residency.)

Pulmonary Medicine

5 years (Requires completion of a three-year internal medicine residency, plus two years in a pulmonary medicine program. Can also combine with Critical Care medicine by completing three years of training after internal medicine.)

Diagnostic Radiology

5 years (Requires completion of a transitional/preliminary year, or one year in an accredited training program, plus four years in a diagnostic radiology program.)

Radiation Oncology

5 years (Requires completion of a transitional/preliminary year; or one year in an accredited training program, plus four years in a radiation oncology program.)

Rheumatology

5 years (Requires completion of a three-year internal medicine residency, plus two years in a rheumatology program.)

Sleep Medicine

3+ years (Requires completion of an ACGME-accredited residency program in family medicine, internal medicine, pulmonology, psychiatry, pediatrics, neurology, or otolaryngology, plus one year in a sleep medicine program.)

Thoracic Surgery

6–8 years (Requires completion of a six-year integrated thoracic surgery program; or completion of a five-year general surgery program, plus two to three years in an independent thoracic surgery program; or seven years in a dual surgery/thoracic surgery program.)

Urology

5 years (First year is spent in a general surgery program, followed by three years in clinical urology, and a final year divided between general surgery and urology as a chief resident.)

Vascular Surgery

5–7 years (Includes five years in an integrated vascular surgery program that incorporates core surgical education; or completion of a five-year general surgery residency, plus two years in a vascular surgery program.)

A transitional or preliminary year is required for many medical specialties. This can be accomplished in many ways. Some will enter a transitional-year program, which is designed to provide a program of multiple clinical disciplines to facilitate the choice and/or preparation for a specialty. You can also spend a preliminary year in a designated position having already matched into a residency to follow that clinical year, or in a non-designated position, if you have not already matched into a residency to follow.

This information is derived from the *Graduate Medical Education Directory (GMED)*, published by the American Medical Association. The directory contains the accreditation guidelines for residency training. Additional information is available in *Choosing a Medical Specialty: The AMA's Resource Guide for Medical Students*. Check your medical library for an updated hard copy of the directory or order a copy via the AMA website.

OVERVIEW OF POSITIONS IN RESIDENCIES

The various types of residencies are diagrammed below. The length of each bar represents the years of training required for certification by the Specialty Boards. These are unofficial assignments derived from published materials and are offered only for information. Consult the current *Graduate Medical Education Directory* (the “Green Book”) or FREIDA Online for the official requirements. There are more than 9,300 residency and fellowship graduate medical education programs, and more than 100 combined specialty programs included in FREIDA Online.

1	2	3	4	5	6 – 7
Family Medicine*					
Emergency Medicine					
Pediatrics		Subspecialties			
Internal Medicine		Subspecialties			
Obstetrics/Gynecology					
Pathology					
General Surgery					Subspecialties
		Neurological Surgery			
		Orthopaedic Surgery			
		Otolaryngology			
		Urology			
Transitional or Preliminary Medicine or Preliminary Surgery	Anesthesiology				
	Dermatology				
	Neurology				
	Nuclear Medicine				
	Ophthalmology				
	Physical Medicine				
	Psychiatry				
	Radiology-Diagnostic				
Radiation-Oncology					

*Post-graduate family medicine fellowship options include Adolescent Medicine, Faculty Development, Geriatrics, Research, Global Health, Hospitalist Medicine, Obstetrics, Sports Medicine, and others. More information about these and other options can be found at www.aafp.org/fellowships.

OTHER TYPES OF TRAINING PROGRAMS

The preceding training programs, called residencies, are recognized as separate specialties and lead to Board certification in those specialties.

Programs that combine elements of two different specialty training programs do not constitute a separate specialty, but are designed to lead to Board certification in both specialties. Combined internal medicine-pediatrics programs constitute the largest group of these combined programs and are listed separately in the *GMED*. Other types of post-graduate training programs, called fellowships (usually one to two years), may lead to subspecialty certification or specialty certification with added qualifications (CAQs). The *GMED* includes some information about available fellowships within each residency program. More specific and comprehensive information is available by contacting medical specialty societies or individual training programs.

Currently, there are three types of dual degree residency programs for family medicine, which require extended training – typically five years total:

- Family Medicine – Emergency Medicine
- Family Medicine – Internal Medicine
- Family Medicine – Preventive Medicine
- Family Medicine – Psychiatry

There are five Certificate of Added Qualification-granting fellowships through family medicine; each requires one year of training and additional certification through the American Board of Family Medicine:

- Adolescent Medicine
- Geriatric Medicine
- Hospice and Palliative Medicine
- Sleep Medicine
- Sports Medicine

NATIONAL MEDICAL SPECIALTY SOCIETIES

You can get additional information about various specialties by contacting their respective professional organizations. The following is a list of some of the major medical specialty societies that are recognized by the American Medical Association.

Aerospace Medical Association

320 S. Henry Street
Alexandria, VA 22314-3579
(703) 739-2240
www.asma.org

American Academy of Allergy, Asthma and Immunology

555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823
(414) 272-6071
www.aaaai.org

AND

American College of Allergy, Asthma and Immunology

85 W. Algonquin Road, #550
Arlington Heights, IL 60005
(847) 427-1200
www.acaai.org

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
(202) 966-7300
www.aacap.org

American Academy of Dermatology

P.O. Box 4014
Schaumburg, IL 60168-4014
(847) 330-0230
www.aad.org

American Academy of Facial Plastic and Reconstructive Surgery

310 S. Henry Street
Alexandria, VA 22314
(703) 299-9291
www.aafprs.org

American Academy of Family Physicians

11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(913) 906-6000 or (800) 274-2237
www.aafp.org
AAFP student site: www.fmignet.aafp.org

American Academy of Neurology

1080 Montreal Avenue
St. Paul, MN 55116
651-695-2717
www.aan.com

American Academy of Ophthalmology

P.O. Box 7424
San Francisco, CA 94120-7424
(415) 561-8500
www.aao.org

American Academy of Orthopaedic Surgeons

6300 N. River Road
Rosemont, IL 60018-4262
(847) 823-7186
www.aaos.org

American Academy of Otolaryngology- Head and Neck Surgery

One Prince Street
Alexandria, VA 22314-3357
(703) 836-4444
www.entnet.org

American Academy of Pediatrics

141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
(847) 434-4000
www.aap.org

**American Academy of Physical
Medicine and Rehabilitation**
9700 West Bryn Mawr Avenue, Suite 200
Rosemont, IL 60018-5701
(847) 737-6000
www.aapmr.org

**American Association of
Neurological Surgeons**
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
(847) 378-0500
www.aans.org

American College of Cardiology
Heart House
2400 N Street NW
Washington, DC 20037
(202) 375-6000
www.acc.org

**American College of Chest Physicians
American Thoracic Society**
3300 Dundee Road
Northbrook, IL 60062-2348
(847) 498-1400 or (800) 343-2227
www.chestnet.org

AND

American Thoracic Society
25 Broadway
New York, NY 10004
(212) 315-8600
www.thoracic.org

**American College of Emergency
Physicians**
P.O. Box 619911
Dallas, TX 75261-9911
(800) 798-1822
www.acep.org

American College of Gastroenterology
6400 Goldsboro Road, Suite 200
Bethesda, MD 20817
(301) 263-9000
<http://gi.org>

AND

**American Gastroenterological
Association**
4930 Del Ray Avenue
Bethesda, MD 20814
(301) 654-2055
www.gastro.org

American College of Legal Medicine
1100 E. Woodfield Road, Suite 350
Schaumburg, IL 60173
(847) 969-0283
www.aclm.org

Society of Nuclear Medicine
1850 Samuel Morse Drive
Reston, VA 20190-5316
(703) 708-9000
www.snm.org

AND

**American College of
Nuclear Physicians Secretariat**
1850 Samuel Morse Drive
Reston, VA 20190-5316
(703) 326-1190
www.acnp.snm.org

**American College of Obstetricians
and Gynecologists**
409 12th Street, SW
Washington, DC 20090-6920
(202) 638-5577
www.acog.org

**American College of Occupational
and Environmental Medicine**
25 Northwest Point Boulevard, Suite 700
Elk Grove, IL 60007-1030
(847) 818-1800
www.acoem.org

**American College of Physicians/
American Society of Internal Medicine**

190 North Independence Mall West
Philadelphia, PA 19106-1572
(215) 351-2600 or (800) 523-1546 x2600
www.acponline.org

American College of Preventive Medicine

455 Massachusetts Avenue NW, Suite 200
Washington, DC 20001
(202) 466-2044
www.acpm.org

American College of Radiology

1891 Preston White Drive
Reston, VA 20191
(703) 648-8900
www.acr.org

American College of Surgeons

633 N. Saint Clair Street
Chicago, IL 60611-3211
(312) 202-5000
www.facs.org

American Geriatrics Society

Empire State Building
40 Fulton Street, 18th Floor
New York, NY 10038
(212) 308-1414
www.americangeriatrics.org

American Psychiatric Association

1000 Wilson Boulevard, Suite 1825
Arlington VA 22209-3901
(703) 907-7300
www.psych.org

American Society of Anesthesiologists

520 N. Northwest Highway
Park Ridge, IL 60068-2573
(847) 825-5586
www.asahq.org

American Society of Clinical Pathologists

2100 West Harrison Street
Chicago, IL 60612
(312) 738-1336
www.ascp.org

AND

College of American Pathologists

325 Waukegan Road
Northfield, IL 60093-2750
(847) 832-7000 or (800) 323.4040
www.cap.org

**American Society of Colon and
Rectal Surgeons**

85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005
(847) 290-9184
www.fascrs.org

**American Society of Plastic and
Reconstructive Surgeons, Inc**

Judy Northrup
Educational Director
444 E. Algonquin Road
Arlington Heights, IL 60005
(847) 228-9900
www.plasticsurgery.org

American Urological Association, Inc

1000 Corporate Boulevard
Linthicum, MD 21090
(410) 689-3700 or toll free (866) 746-4282
www.auanet.org

NOTES

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IMG RESOURCES
SECTION 2

WHO IS AN INTERNATIONAL MEDICAL GRADUATE?

Medical schools outside of the United States and Canada vary in educational standards, curricula, and evaluation methods. The information that follows is intended to provide international medical school students and graduates with basic information on the process for becoming certified to participate in the U.S. residency application process.

Definition of an International Medical Graduate (IMG): A physician who received a basic medical degree from a medical school located outside the United States and Canada. The location of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG. This means that U.S. citizens who graduated from medical schools outside the United States and Canada are considered IMGs. Non-U.S. citizens who graduated from medical schools in the United States and Canada are not considered IMGs.

The Educational Commission for Foreign Medical Graduates

WHAT IS THE ECFMG?

The Educational Commission for Foreign Medical Graduates (ECFMG). It was founded in 1956 to assess whether IMGs are ready to enter ACGME accredited residency programs in the United States. You must be certified by the ECFMG before you can start a graduate medical education program. Visit www.ecfm.org for more information.

Requirements for ECFMG Certification

International medical graduates must complete all of the requirements to be certified. The ECFMG will then issue a Standard ECFMG Certificate.

1. APPLICATION FOR ECFMG CERTIFICATION

- Submit an application for ECFMG certification before applying to the ECFMG for examination.
- Application includes: confirmation of identity, contact information, graduation from medical school listed in the International Medical Education Directory (IMED) list from the Foundation for the Advancement of Medical Education and Research (www.imes.faimer.org), and release of legal claims.

2. EXAMINATION REQUIREMENTS

IMGs must pass Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE), which are the same examinations taken by U.S. and Canadian graduates. Time limits may apply. Detailed information on the USMLE is available at www.usmle.org.

- Medical Science Examination
- Pass Step 1 of the USMLE.
- Pass Step 2, clinical knowledge, of the USMLE.
- Clinical Skills Examination
- Pass Step 2, clinical skills, of the USMLE.

3. MEDICAL EDUCATION CREDENTIAL REQUIREMENTS

- Physician's medical school and graduation year is listed in International Medical Education Directory (IMED)
- IMGs are awarded credit for at least four credit years of medical school
- Documentation for completion of all credits and receipt of a final medical diploma
- Final medical school transcripts

THE CERTIFICATION PROCESS

The first part of the certification process starts when you apply to ECFMG for a USMLE/ECFMG identification number. Once you obtain this number, you can use it to complete the Application for ECFMG Certification. Once you submit your Application for Certification, you may apply for examination.

Medical students and graduates can begin the certification process. Because one of the requirements of certification is the verification of your medical school diploma, you cannot complete the process until you have graduated. You can apply for the required examinations as soon as you meet the examination eligibility requirements. All of the required examinations are offered throughout the year.

The Federation of State Medical Boards publishes state-specific requirements for initial medical licensure, including minimum postgraduate training required, number of attempts at licensing examination allowed, and time limits for completion of licensing examination sequence needed for license eligibility. This is available at www.fsmb.org/usmle_eliinitial.html.

Applying to U.S. Graduate Medical Education Programs

FREIDA Online is the online directory of graduate medical education programs sponsored by the American Medical Association (AMA). The Accreditation Council on Graduate Medical Education (ACGME) also offers a residency directory at www.acgme.org/ads/Public/Programs/Search. The AAFP offers an online family medicine residency directory that has search functionality beyond those of the AMAs or ACGMEs.

For each medical specialty, there is specific information on individual programs and any

general or special requirements for application. Application deadlines may vary among the programs, and you should contact programs directly about their deadlines.

Most programs require applicants to submit their applications using the Electronic Residency Application Service (ERAS). The ECFMG coordinates the ERAS application process for IMGs. Visit www.ecfm.org/eras for more information.

The National Resident Matching Program (NRMP) is the mechanism for connecting programs and applicants. The NRMP also coordinates the Match for U.S., Canadian, and IMG students and graduates. If you wish to participate, you must register with the NRMP and submit the needed materials. See Section 6, “the Match,” in this book for more detailed information about how the process works.

Residency Program Requirements

Many residencies list their program requirements for applicants on their websites, such as medical school graduation year, types of visas accepted, or number of attempts on the USMLE. Research residency requirements before applying, and direct the submission of your applications appropriately.

Because offers made and accepted during Match Week will be binding under the Match Participation Agreement, only applicants eligible to begin training on July 1 in the year of the Match will be allowed to participate. The NRMP will exchange data with the ECFMG to recertify the status of IMGs.

Obtaining a Visa

To participate in U.S. graduate medical education programs, IMGs who are not citizens or lawful permanent residents must obtain the appropriate visa. The two most common visas are the H1-B (Temporary Worker) or the J-1 (Exchange Visitor). Some institutions will sponsor the visa for residents in the residency

program. The ECFMG is also authorized by the U.S. Department of State to sponsor foreign national physicians for the J-1 visa. Questions about obtaining a visa should be directed to your residency program staff, the U.S. embassy or consulate in your country of residence, or the U.S. Citizenship and Immigration Services.

Resources

The complete guide to the process for application for certification, important dates, application materials, and publications including:

- *ECFMG Information Booklet*
- *The ECFMG Reporter* – free newsletter
- International Medical Education Directory
Reference Guide for Medical Education Credentials

Visa Information

U.S. Citizen and Immigration Services
www.uscis.gov

U.S. Department of Homeland Security
www.dhs.gov

Graduate Medical Education Resources

AAFP Directory of Family Medicine Residency Programs

www.aafp.org/residencies

Association of American Medical Colleges

ERAS Website

www.aamc.org/students/eras

Educational Commission for Foreign Medical Graduates

www.ecfm.org

Graduate Medical Education Directory

www.ama-assn.org

National Resident Matching Program

www.nrmp.org

For tips on applying to a U.S. family medicine residency program, see the brief report:

What Residency Applicant IMGs Need to Know When Applying to US Family Medicine Residency Programs

Perry A. Pugno, MD, MPH, CPE; Amy L. McGaha, MD; Alexander Ivanov, MBA; Kaparaboyana Ashok Kumar, MD

(Fam Med 2011;43(1):43-4.)

Since 1997, international medical graduates (IMGs) have been a growing population within the entering classes of US family medicine residency programs. In 1997, IMGs made up approximately 14.5% of first-year family medicine residents. In 2009, that percentage had increased to 42.4%.¹

Without a doubt there exists a diversity of perspectives regarding the relative advantages and disadvantages of increasing IMGs in US family medicine residency programs.² IMGs bring to US family medicine programs individuals with widely varying backgrounds, skills, and levels of preparation for clinical practice in the US health system.^{3,5} It is natural, therefore, for IMG applicants to have had widely varying experiences and expectations as they seek to enter the US system of graduate medical education.

The American Academy of Family Physicians (AAFP) Division of Medical Education and the IMG Special Constituency leadership have responded to hundreds of related questions from IMGs and participate in many forums and discussions about challenges facing IMG applicants. In the interest of providing the best possible advice to IMG applicants for family medicine residency training, we offer the following recommendations:

Pre-planning

- Be realistic. Recognize that you are competing for a limited number of positions with other applicants who may be more recently trained, better prepared for US clinical work, and have better test scores than you. Residency programs are not obligated to grant interviews to applicants, so you may not get an interview call from some programs.
- Take advantage of every opportunity to improve your language skills and acculturation.
- Contact the US office of the national organization of physicians that represent your particular ethnic or cultural group. This could possibly be your best opportunity for reliable advice, local support, and access to US clinical experiences prior to residency application.

Applying

- Be wary of companies, Web sites, and sales persons who “guarantee” eventual residency placement. There are no guarantees of placement in the application process.
- Participate in the National Resident Matching Program (NRMP), www.nrmp.org. It validates your

capacity to be a “mainstream” applicant to residency programs.

- Attend residency fairs such as the one held at the AAFP’s National Conference of Family Medicine Residents and Medical Students, which takes place each summer in Kansas City, MO. (www.aafp.org/online/en/home/cme/aafpcourses/conferences/nc.html) Interacting with faculty and residents in the exhibit area is a great opportunity to speak personally with potential future colleagues.
- Avoid those companies that exploit IMGs, including those that arrange for clerkships and observerships with paid practitioners who provide mediocre clinical exposure and those that “blast” electronic copies of your application to all programs with open positions.
- Make certain that your visa status will permit you to both enter and fully complete your residency training.

From the Division of Medical Education (Drs Pugno and McGaha) and International Activities (Mr Ivanov), American Academy of Family Physicians, Leawood, KS; and Department of Family and Community Medicine, University of Texas Health Science Center, San Antonio, TX (Dr Kumar)

NOTES

PREPARING YOUR CREDENTIALS
SECTION 3

THE CURRICULUM VITAE

This section will give you some pointers on how to prepare your curriculum vitae (CV), a personal statement, and letters of reference, including a letter from your dean's office referred to as the medical school performance evaluation (MSPE), which are necessary to apply for a residency training position.

Though you may not have prepared a formal CV (i.e., *course of life*), you are already familiar with its function and the type of information needed from your applications for employment, college, or for that matter, medical school. One of the primary functions of a CV is to provide a succinct chronicle of your experience and training.

In a sense, a CV is a multipurpose, personal application form for employment, educational opportunities, honors and awards, presentations, research, and membership or participation in an organization.

Learning to prepare a good CV now will help you throughout your professional life. It is a living document that must be continually updated as you complete new experiences or accomplishments. Despite its multiple purposes, your CV must be restructured and rewritten, or at least reviewed, for each purpose for which it is to be used. It might be entirely inappropriate to include a lengthy list of publications in a CV you are submitting as application for membership in a volunteer organization. On the other hand, it might be imperative to include this information, if not in the body, at least as an appendix, in a CV you are submitting for an academic position.

Some experts recommend maintaining two versions of your CV — a short summary of your training and experience and a longer version with more detailed information about your publications and presentations. In general, however, no CV should be lengthy. No matter how many accomplishments you list, you won't

impress anyone if they can't quickly pick out two or three good reasons to choose you over someone else. Let your CV help you put your best foot forward.

Sometimes, a CV is referred to as a *résumé*. Academic or educational circles tend to use the term CV more frequently than *résumé*. Because of the nature of the medical profession, in which the years of preparation are highly structured and generally comparable from institution to institution, a chronological format for the medical CV is often preferred.

For additional information on developing your CV, visit <http://www.aafp.org/careers/hunting/cv.html>.

TIPS TO HELP YOU GET STARTED

General Tips

- A chronological CV should be arranged in reverse chronological order, starting with where you are now.
- Remember that an application form is limited to the few things that a particular institution wants to know about everybody. A CV lets you give information that is unique to you. Add all your key accomplishments and activities in the initial draft. In subsequent drafts, you can remove information that may not be pertinent.
- Resist the temptation to append explanatory sentences or language, which will distract the reader from the basic information being presented. The language of a CV is abbreviated and succinct. When applying for residency training, you will have the opportunity to express yourself in a personal or biographical statement. In the future, when applying for a job or some other type of position, you will want to include an appropriate cover letter with your CV to explain your particular qualifications and strengths for the position.

- Don't despair if your CV doesn't resemble those of other students who are applying to the same residency program. Each CV is different. Even if everyone used the same format suggested in this section, your CV will not resemble others' because it doesn't have the same content. No residency program director is looking for a specific CV style. You will receive points for neatness and readability.
- Be honest. If you haven't accomplished anything in a particular category, leave it out. Don't create accomplishments to fill in the spaces. Be honest and specific about your level of participation in a project or activity (e.g., say you coordinated membership recruitment for a student organization at your school, but don't say you were "president" unless you were).

If you need more information, contact your dean's office. They may be able to share samples and provide additional guidance. Student organizations at your school may also host CV review events, and many regional and national conferences offer these services to attendees. Look for opportunities to have your CV reviewed through local and national student, medical, and specialty societies.

Personal Data

Give your full name. Make sure you can be reached at the address, telephone number, and email address that you list. Use a professional email address that you check often. For example, if your current personal email address is hotmedstudent@hotmail.com, you might want to create a more professional address such as Janedoe1@gmail.com. Include hospital paging phone numbers, if appropriate. Indicate whether there are certain dates when you should be reached at other locations.

You can include some personal information, such as date of birth and marital status, at the beginning of your CV, or you can summarize it all in one section, if you choose to add it at all.

Remember that federal law prohibits employers from discriminating on the basis of age, race, sex, religion, national origin, or handicap status. Therefore, you do not have to provide this information. Discrimination on the basis of sex includes discrimination on the basis of child-rearing plans (i.e., number of children, plans to have children).

Although the following items appear frequently, they are probably not necessary and probably should not be included in a CV: social security numbers, licensure numbers, and examination scores. If this information is pertinent to your candidacy, the program will request it on the application or at some later point in the application process.

Education

List your current place of learning first in your CV. Include the name of the institution, the degree sought or completed, and the date of completion or date of expected completion. Remember to include medical school, graduate education, and undergraduate education. Omit high school.

Later, you will add separate categories for "Post-graduate Training" (includes residencies and fellowships), "Practice Experience," "Academic Appointments," and "Certification and Licensure."

Honors and Awards

Any academic, organizational, or community awards or scholarships are appropriate, but you must use your own judgment as to whether an achievement that you value would be valuable to the person reading your CV.

Professional Society Memberships

List any professional organizations to which you belong and the years of your membership. Include leadership positions held, if any.

Employment Experience

List the position, organization, and dates of employment for each work experience. Confine this list to those experiences that are medically related (e.g., med tech, nurse's aide, research assistant, etc.) or that show breadth in your work experience (e.g., high school teacher, communications manager, etc.).

Extracurricular Activities

List your outside interests or extracurricular activities. These help develop a broader picture of your personality and character. Also, any special talents or qualifications that have not been given due recognition in other parts of the CV should be highlighted in this or a separate section. For example, include things such as fluency in other languages or a certification such as a private pilot's license.

Publications/Presentations

List any papers you published or presented by title, place, and date of publication or presentation. If this list is very lengthy, you may want to append it separately or note "Provided Upon Request."

References

You may be asked to provide personal and professional references. These names may be included in the CV, appended as part of a cover letter or application form, or noted as "Provided Upon Request."

ERAS

Please note: Although CVs are not included as one of the standard ERAS application documents, programs can create and print out a report, based on information in your application, in a CV format. Developing a CV, however, remains useful because it provides most, if not all, of the information needed to complete the ERAS application. Having this information before the dean's interview may reduce the amount of time you spend completing the ERAS application. In addition, some programs may require the CV as supplemental information; therefore, applicants should consider having the CV available during interviews, should it be required by the program. Your designated dean's office cannot attach your CV to your ERAS application; however, you can view how your MyERAS information will appear to programs by electing the option to print or review your common application form in a CV format in MyERAS.

MyERAS will capture:

- Current and prior training (residency or post-residency)
- Education
- Language fluency
- Publications
- Work, volunteer, and research experience including clinical, teaching, unpaid extra-curricular activities, and committees

SAMPLE CURRICULUM VITAE

JESSICA ROSS

ADDRESS

3800 Hill Street
Philadelphia, Pennsylvania 19105
(813) 667-1235 (home, after 6 p.m. EST)
(813) 667-4589 (hospital paging)
jross@gmail.com

EDUCATION

University of Pennsylvania-School of Medicine, MD, expected May 2013
University of Pennsylvania, MS in Biology, June 2008
Oberlin College, BS in Biology, June 2007

HONORS AND AWARDS

Family Medicine Interest Group Leadership Award, 2010
Outstanding Senior Biology Award, Oberlin College, 2001
Dean's Award, Oberlin College, 2001

PROFESSIONAL SOCIETY MEMBERSHIPS

American Academy of Family Physicians, 2009 to present
Pennsylvania Academy of Family Physicians, 2009 to present
American Medical Association, 2009 to present
Pennsylvania Medical Society, 2010 to present

EMPLOYMENT EXPERIENCE

Venipuncture Team U-P University Hospital
Teaching Assistant, University of Pennsylvania, Biology Department

EXTRACURRICULAR ACTIVITIES

Family Medicine Interest Group, 2009 to present
Youth Volunteer – Big Sisters
Outside Interests – Piano, poetry, reading, running, walking, cycling, travel
Special Qualifications – Private pilot license, 2007. Fluent in French

PUBLICATIONS

Ross, Jessica, Robert Phillips, Andrew Bazemore. Does Graduate Medical Education Also Follow Green. *Arch Intern Med.* 2012;170(4):389-396.
"Make Time to Get Involved in Your Community", The Community Service Connection, Spring 2011.
"10 Tips for Effective Leadership," *AAFP News Now*, Fall 2010.

HOW TO WRITE A PERSONAL STATEMENT

Every application process includes the preparation of a personal or autobiographical statement. Typically, application forms for residency positions include a request for a personal statement. Personal statements should also be included in cover letter form when applying for a job or another type of position.

When applying to a residency program, the personal statement is your opportunity to tell the reader — a residency program director, faculty, or current resident — who you are and what is unique about you as a potential residency candidate. Most importantly, you should emphasize the reasons for your interest in that specialty and in that particular program.

Feel free to highlight items in your CV if they help remind your reader of the experiences you've had that prepared you for the position. This is your opportunity to expand upon activities that are just listed in the CV but deserve to be described so your reader can appreciate the breadth and depth of your involvement in them. It should not be another comprehensive list of your activities, but rather should refer to activities that are listed in detail on the CV.

You may choose to relate significant personal experiences, but do so only if they are relevant to your candidacy for the position.

Lastly, the personal statement is the appropriate place to specify your professional goals. It offers the opportunity to put down on paper some clear, realistic, and carefully considered goals that will leave your reader with a strong impression of your maturity, self-awareness, and character.

The importance of good writing cannot be overemphasized. The quality of your writing in your personal statement is at least as important as the content. Unfortunately, not only are

good writing skills allowed to deteriorate during medical school, but in some sense, they also are deliberately undermined in the interest of learning to write concise histories and physicals. For the moment, forget everything you know about writing histories and physicals. While preparing your personal statement:

- Avoid abbreviations.
- Avoid repetitive sentence structure.
- Avoid using jargon. If there is a shorter, simpler, less pretentious way of putting it, do so.
- Don't assume your reader knows the acronyms you use. As a courtesy, spell everything out.
- Use a dictionary and spell check. Misspelled words look bad.
- Use a thesaurus. Variety in the written language can add interest — but don't get carried away.
- Write in complete sentences.

Get help if you think you need it. For a crash course in good writing try *The Elements of Style*, Strunk and White, MacMillan Press, Fourth Edition. If you have friends or relatives with writing or editing skills, enlist their help. Student organizations at your school may host personal statement clinics, or your school may offer review services. Many student, medical, and specialty societies, local and national, may offer personal statement reviews or workshops.

Most importantly, your personal statement should be original composition. Get help where you need it, but make sure your personal statement is your original work. Remember, in the early part of the residency selection process, your writing style is the only factor your reviewers can use to learn about you personally.

ERAS

ERAS lets applicants create one or more personal statements that can be earmarked for specific programs. Some programs ask applicants to address specific questions in their personal statements.

Your personal statement(s) must be assigned individually to each program. The MyERAS website describes how to complete the document and assign personal statements to individual programs using MyERAS.

TIPS ON LETTERS OF REFERENCE

Programs may ask you to submit both personal and professional letters of reference (LoR).

These letters can be very valuable to program directors looking for distinguishing characteristics among the many applications they receive. While CVs and personal statements have many similarities from candidate to candidate, the letters of reference are an opportunity to qualify those distinguishing factors that set you as a candidate apart. The quality of your letters of reference may be the strength of your application.

The following tips on letters of reference were developed by the Department of Family Medicine, with contributions from medical students, at the University of Washington (Leversee, Clayton, and Lew, *Reducing Match Anxiety*, University of Washington, Department of Family Medicine).

Importance

Your letters of reference often become an important reflection of your academic performance and can also serve as a valuable source of information about your noncognitive qualities.

Number of Letters

- Most residency programs request three letters of reference. Sometimes they specify certain departments or rotations from which the letters should originate. You will only be able to submit four LoRs to any given program through ERAS.
- Be sure to follow instructions for each program. For example, some programs will require letters from particular departments; others require letters from attendings rather than residents. Occasionally, a letter from a person not involved in the profession of medicine will be requested.
- Do not send more letters than requested unless you have one that is especially dazzling. Some selection committees suspect “the thicker the application, the thicker the student.” Some programs review only the first letters to arrive up to the number they request, and subsequent letters are ignored.

Timeline

It is easy to procrastinate. Common reasons include:

- “I don’t know anyone well enough to ask for a letter.”
- “I hate asking for recommendation letters. I’ll wait until August.”
- “I did well on surgery, but that was six months ago. They won’t remember me.”
- “Dr. Scholarmann is on sabbatical; I’ll just wait until he gets back.”
- “I’m an average student, so I’ll just get a two-liner from one of my attendings later. A quick phone call will solve that problem when the time comes.”
- “I’ll really impress them on my next rotation and get the best letter yet.”

As a courtesy, make arrangements to obtain letters as soon as possible. You may begin now by requesting letters from previous rotations. There may be a reason to postpone a letter request until you have had a specific rotation if it

is obviously an important one for your particular interest, but there is no harm in requesting letters early on to be safe.

Allow at least a month from the time you request a letter until it must be delivered. Bear in mind that faculty are busy, may travel or be unavailable at the initial time of request, and usually have multiple letters to write.

Requesting a Letter

- In most instances, you will request a letter from a rotation in which you did well that relates to your chosen field or that was requested by a specific program's application requirements.
- When possible, choose someone who knows you well instead of someone who doesn't. Choosing at least one person who is likely to be recognized by the program is also a good idea. Choose someone who can judge your clinical skills and intentions, not just a friend.
- Request a letter from a mentor in your specialty of choice.
- Avoid requesting a letter from a resident or fellow. They may have the best knowledge of your clinical skills, but the attending should write your letter. Help the attending by providing the names of the residents and fellows with whom you worked so he or she can consult them for input if needed.
- Help the person preparing your letter by providing a CV, a personal statement, and a photograph.
- Make a 15-minute appointment with the letter writer to review your CV personally. Help the letter writer with additional personal information, particularly if you can remind him or her of a specific event or situation in which you think you performed well on his or her rotation.

ERAS

MyERAS allows you to request as many letters of reference as you deem necessary; however, MyERAS will allow you to assign a limited number of letters to each program. As an applicant, you will enter the letter of recommendation (LoR) authors you've chosen into MyERAS. The system will then generate a Letter Request Form you can email, mail, or deliver in person to each of the authors you choose. You will also need to select whether to waive your rights to see the completed letter upon submission by the author, though the author may choose to share the letter directly with you for your reference and to show their support.

Letter submission must be completed through the Letter of Recommendation Portal online. LoR authors must register through ERAS on the Letter of Recommendation Portal and use a letter ID you provide on the original Letter Request Form. They may also submit their letters to your school's designated dean's office for submission directly to the ERAS PostOffice.

New letters may be submitted on your behalf at any point during application season.

THE MEDICAL SCHOOL PERFORMANCE EVALUATION

The medical school performance evaluation (MSPE) is also called the dean's letter and is an important part of your application for residency training. Guidelines have been created to assist medical schools with developing an evaluative tool indicative of the applicant's entire medical school career. The process of creating an MSPE in many schools entails a meeting with your dean or his or her designee so it can reflect some personal insight into your performance and career goals.

Medical school performance evaluations are released to residency programs on October 1 each year. Whether you're applying to all of your desired programs via ERAS or via other channels, schools will not release the MSPE until October 1. ERAS is programmed to embargo the MSPE at the ERAS PostOffice until 12:01 a.m. on October 1. The only exception is MSPEs for fellowship applicants. They are available to fellowship programs as soon as they are transmitted from the ERAS Fellowships Documents Office.

Questions to address in preparation for the MSPE:

- When can you begin scheduling appointments to visit with the dean?
- Whom should you contact to schedule an appointment?
- What resources should you have in preparation for your meeting with the dean? Should you have a draft of your CV and personal statement ready? What other information (e.g., transcripts, list of potential residency programs, etc.) should you bring along?
- How do you obtain the MSPE to send to residency programs that are not participating in ERAS?

- How long does it take for the MSPE to be drafted, signed, and sent out?
- Will you have the opportunity to review your MSPE before it is sent out?

Misdemeanor/Felony Questions

The American Board of Medical Specialties requires all participating specialty boards to have guidelines for professionalism as part of specialty certification and recertification. Applicants are required to answer questions concerning felony or misdemeanor convictions.

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SELECTING A PROGRAM
SECTION 4

RESIDENCY SELECTION STEPS

There are three primary stages in the process of selecting a residency program. The objectives of the first stage are identifying the factors that are most important to you in the decision-making process; researching programs; and identifying those programs that you want to learn more about. Your research and the decision-making process should focus on collecting objective information (e.g., community size, region, call schedule, etc.). The websites of individual residencies, online and published residency directories, and suggestions from others will be important sources of information for this phase in the process. Consider attending local, regional, or national meetings and conferences to help gather information.

The second stage of the process begins after you have completed your due diligence in phase one. The objectives of the second phase are to collect subjective information, identify pros and cons for each program that interests you, and prepare a preliminary roster of high priority programs you want to visit for interviews. To get this information, talk to community physicians, alumni from the residency, and colleagues who have completed electives at those programs. Also, plan to attend conferences and residency fairs. The face-to-face interaction at these events is a

good touchstone for reconciling your interests with the pros and cons of a program, without the pressure of an interview or elective. These events are also an efficient way to compare many different programs at one time. An example of a national meeting that lets students visit with many residencies in one location is the AAFP’s National Conference of Family Medicine Residents and Medical Students, held each summer in Kansas City. To learn more about this meeting, visit the National Conference website at www.aafp.org/nc.

The third stage includes interviewing at a carefully selected group of programs and placing each program in a rank order based on pros and cons for each program. After interviewing, you should have a considerable amount of information about each of the programs in which you are interested. Creating the rank order list is your final task. In this final phase, students often find it helpful to use a logical tool such as modified decision table to help quantify the pros and cons for each program. Decision tables give students a systematic way of assessing and comparing each program by the factors that are most important to them. An app is available from the National Resident Matching Program (NRMP) to help you keep track of your interview schedule, take notes, and rate programs based on your own input. Download the Match Program Rating and Interview Scheduling Manager app at www.nrmp.org/the-match-app.

Sample Modified Decision Table

Factors	Weight (W)	Program 1	Rating (R)	W * R	Program 2	Rating (R)	W * R
Facilities	8.5	Comments here	4	34	Comments here	7	76.5
Electronic Health Record	7	Comments here	9	56	Comments here	4	56
Curriculum	8	Comments here	9	72	Comments here	9	72
Faculty	9	Comments here	7	56	Comments here	8	72
Location	10	Comments here	4	40	Comments here	9	90
Community size	2	Comments here	5	10	Comments here	8	16
Total				Total Score: 268			Total Score: 382.5

ADDITIONAL TIPS

Many students consult the *Graduate Medical Education Directory*, or the online version known as FREIDA, a database with more than 9,400 accredited graduate education programs. This will provide information such as the name of the program director, the hospital, the number of hospital admissions, outpatient visits, and available residency positions. Visit www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page for more information. You can also search the Accreditation Council on Graduate Medical Education's graduate medical education directory by state and specialty, and access information on program accreditation status, sponsoring institution, and contact information at www.acgme.org/ads/Public/Programs/Search.

- Don't eliminate a program because you think or assume that you are not a strong enough candidate. You really don't know that until you've gotten through the first stages of the applications process, so don't let anyone discourage you.
- Keep an open mind about the quality of each program. Even though you may have never heard of St. Someone's Hospital, it might have an excellent program. There are too many residency programs in each specialty for anyone to keep a running tab on which is the best program.

Different programs excel for different reasons, and individual residency candidates may value the same program for different reasons. As a result, you won't find "top 10" lists for residency programs. Your objective is to find the training program that best meets your unique goals.

A few specialty societies (e.g., the American Academy of Family Physicians, the American Psychiatric Association) have developed their own residency directories, which are accessible online. These directories include information on

frequency of call, number of graduates from the program, number of residents in each training year, number of faculty, salary and benefits, etc. If you are interested in these specialties, look for these directories online or contact the respective specialty societies (see list of national medical specialty societies beginning on page 20).

Your medical library or the department chair in your medical school may keep files on residency program information. The chair and other faculty members in the department may have firsthand information about some programs and can give you guidance about the amount of variance among different programs in their specialty. You may want to ask them which programs they consider to be the best fit for your interests and why. Ask them why they chose their own training programs.

Finally, many medical schools are willing to provide the names and residency locations of previous graduates. Consider contacting those physicians who are doing their residencies in your chosen field and ask them why they chose their programs and what other programs they considered. Find out what you can about the practice settings and lifestyle of program alumni.

If you are satisfied with the amount of information you have, you are ready to return to a period of self-analysis to determine which programs are most likely to meet your needs and are therefore worth applying to. Although you can apply to as many programs as you want, consider whether it is worth the cost for both you and the programs if you already know you're not interested. Consider applying to a larger number of programs in your desired specialty if you have had academic or test-taking challenges, or if the specialty typically has a high ratio of candidates to open positions (many more candidates than open residency positions).

Consider, based on what you know about yourself, your career goals, and each program, what factors are important or even crucial to your choice of a residency program? Could you definitely include or exclude a program on the basis of a single criterion? What is the relative importance of the following factors for you?

- Academic reputation
- Age and stability of program
- Availability of shared or part-time residency positions
- Community – housing, employment opportunities for spouse/significant other, recreational activities, etc.
- Faculty-to-resident ratio
- Frequency of call
- Geographic location
- International electives
- Number and type of conferences
- Opportunities for further postgraduate training in same hospital
- Other factors important to you
- Patient population – racial, gender-based, and socioeconomic mix
- Physical characteristics of the hospital – age, atmosphere, etc.
- Presence of other training programs in the hospital
- Provisions for maternity/paternity leave
- Structure and flexibility of curriculum
- Type of institution

Whatever your criteria, let your rational assessment of your needs determine which options to pursue. After you have sent your application, initiated the medical school performance evaluation process, and transmitted your transcripts and reference letters, you must wait to be invited for an interview. Use this time to review your list to determine whether there are programs you can eliminate based upon new information or careful reconsideration.

You may have as few as three or as many as two dozen or more programs for which you plan to interview. You may have doubts about your list and at the last minute reinsert a few programs. In any case, accept the margin of doubt and have confidence in your ability to think rationally. After all, you've pared down an endless variety of options into a manageable group of choices.

ERAS

MyERAS provides a list of all programs eligible to participate in ERAS in the 2014-2015 academic year, along with basic contact information. Programs not participating in ERAS are included for informational purposes but cannot be selected. Applicants should contact these programs for their application materials. Some programs may have more than one program track to which applicants may apply. Exercise caution when selecting programs; ERAS fees are based on the number of programs selected. Be sure to contact programs for their requirements, deadlines, and other information before you select them using MyERAS. Use the outside resources mentioned earlier in this section to inform your decision, as a selection based solely upon the information in MyERAS is not sufficient for your career decisions.

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THE INTERVIEW PROCESS
SECTION 5



THE RESIDENCY INTERVIEW

This section provides tips on all aspects of the interviewing process. It summarizes the guidance of students, residents, and program directors on how best to prepare for and succeed in an interview.

Goals of the Interview

The residency interview is a critical stage in the process of residency selection. All the months of paperwork preparation finally rewards you with the chance to find out how the programs on your list actually compare with one another. Unlike the earlier stages in the residency selection process, which are focused on background research, the interview provides the opportunity to visit and observe the program and meet your potential colleagues and mentors.

Three Key Interview Objectives

- 1) Assess how compatible you are with the program and how well the program meets your stated goals.
- 2) Convey your sense of compatibility with the program to the faculty members, residents, and staff who interview you. This goes beyond making a good impression. In a sense, you are “trying the program on,” or demonstrating to the faculty and residents of the program that you would be a welcome addition to their ranks. Indeed, you may want to think of your interview as an exercise in role-playing, with you in the role of a recently matched resident in that program.

Role-playing is not the same as acting. In your eagerness to charm and impress your interviewers, avoid insincerity. Your interviewers want to find out who you really are. It doesn't serve anyone's purpose for you to give a false impression.

- 3) Assess the program's relative strengths and weaknesses so that you will be able to structure a justifiable rank order list.

Be careful not to let your attention to the third goal obscure the need to attend to the first two. Being prepared to address all three goals will increase your chance of having a successful match.

The goals of the interviewers during the interview process are similar to those of the residency candidate. They seek to confirm and expand upon the information that you provided in your application. They are also trying to determine how compatible you would be with the residents and faculty in the program. Just as you are trying to put your best foot forward, the representatives of the residency program want to show their program in the best possible light. However, it is ultimately not in the best interest of the program to paint a misleading picture. Like you, your interviewers are attempting to shape their rank order list of their candidates for the Match.

In short, the residency interview is a delicate and complicated interaction that adds substance to the selection process for the candidates and programs.

The following tips will help you to plan for productive and enjoyable interviews.

BEFORE THE INTERVIEW

Scheduling

- An app is available from the National Resident Matching Program (NRMP) to help you keep track of your interview schedule, take notes, and rate programs based on your own input. Download the Match Program Rating and Interview Scheduling Manager app at www.nrmp.org/the-match-app.

- Most programs participating in the NRMP schedule interviews from September through January. You will hear some differences of opinion as to whether it is better to be one of the first, middle, or last candidates that a program interviews. Because no evidence demonstrates that timing makes a difference in how the program ranks a candidate, and you don't have complete control over the timing of your interview, try not to be anxious about it.
- Some suggest you should schedule the interview for your most highly valued program after you have had some experience with one or two interviews in other programs.
- Call to confirm your appointment about a week before your scheduled interview. This will give you an opportunity to reconfirm the place and time of your meeting, who you are going to meet first, and perhaps some other details such as where you should park, etc.
- Typically, an interview will take one full day, though you may be invited to meet with one or more residents and faculty for dinner the night before. If your travel schedule permits, allow some time to tour the community outside the program and/or spend some informal time with residents or faculty.
- If your spouse or significant other will be accompanying you on your interviews, you may want to schedule additional time to assess other aspects of the program and community important to him or her. In general, spouses and significant others are welcome to participate in the interview process, but you should clarify this with the program ahead of time so that the schedule can be structured to accommodate this. Some programs specifically provide for the participation of spouses and significant others with organized tours of the community, etc.

Research

- Just before the interview, take time again to review the information you've received from the program and any material you may have gathered from other sources. Write down the "facts" that you want to double-check as well as any initial impressions you may have formed based on the written material. Pay special attention to the names and positions of people you are likely to meet.
- Learn about the community before you arrive by visiting websites that provide information about cultural offerings, community problems, the housing market, and job opportunities for your spouse or significant other. This may include local news sites, job postings to consider career opportunities for your spouse or significant other, the local chamber of commerce, and others.
- Remind yourself of the specific questions you had about this program and write them down in a convenient place so that you will be sure to ask them. It's a good idea to have some thoughtful questions prepared to let your interviewers know that you've really given some thought to the qualities of their particular program. Interviewers get tired of answering the same questions, just as you do, so try to think of a few that reflect your own special interest.
- You may have already formulated a list of standard questions that you want to ask every program for comparison, or you may have developed a checklist of program characteristics to fill out in each interview. Appended to this section are two examples of residency interview checklists, one developed by Dr. J. Mack Worthington of the Department of Family Medicine at the University of Tennessee and the other developed by Dr. Joseph Stokes, Jr., who was, at the time, a resident at the Barberton Citizens Hospital Family Practice Residency Program in Barberton, Ohio. Although the

latter checklist was developed specifically for the evaluation of family medicine residencies, its structure and most of its content are applicable for use in other types of residencies.

Attitude

- Keep in mind your goals for the interview in order to establish the right frame of mind. Again, you want to project a positive, confident, and enthusiastic demeanor without being overbearing or insincere.
- If you keep in mind that the interviewers have their own agenda to fulfill, you won't be dismayed or intimidated by the tougher questions that try to find out more about you. In fact, if you've thought about what the interviewers are trying to get out of the interview, you will have already anticipated their questions and have a well-thought-out answer ready.
- Try to be open and honest. It's okay to be nervous, but don't let your nervousness hide your personality.

The Fine Points

The following points go under the heading of "common sense" but perhaps bear reiteration.

- In terms of appearance, the general advice is to be neat and comfortable. Use your own judgment as to whether an expensive suit would add to your confidence level or compete with your personality.
- Be on time; better yet, be early. Allow yourself time for finding a parking space, getting to know your surroundings, catching your breath and arriving in place before the appointed hour.
- Before you leave the house, make sure you have everything you need for the interview, such as your notes, paper and pen, tablet or laptop, and an extra copy of your credentials.

ELEMENTS OF THE INTERVIEW

Structure

- Often, the residency program will have prepared your itinerary, listing the names of the people you're going to meet, and the amount of time — generally 20 to 30 minutes — allotted for each person.
- In addition to the program director, you should talk to other faculty members, residents from different levels of training, and any other individual with whom you would have significant contact as a resident in that program.
- Remember that all members of the faculty and staff may be critiquing you as soon as you start an interview.
- In terms of location, you should see the hospital and clinic facilities during your interview. If there is free time, spend it in places where there are residents to get a better feel for the actual working environment.

Content

- Decide beforehand which questions you want to ask of which type of person (e.g., a question about the details of the call schedule might be reserved for the chief resident). On the other hand, there may be some questions you will want to ask of everyone to determine whether there is any discrepancy, such as a question about the attending and resident interactions.
- Avoid dominating the conversation, but try to be an active participant in the interviewing process so your interviewer will have a sense of your interest in the program and your ability to formulate good questions.
- Be prepared for different interviewing styles and adjust accordingly.

- Some of the questions that you can expect to be asked include:
 - Why did you choose this specialty?
 - Why did you choose to apply to this residency?
 - What are your strong points?
 - What are your weaknesses?
 - What are your overall career goals?
 - How would you describe yourself?
 - What do you like to do in your free time?
 - Describe a particularly satisfying or meaningful experience during your medical training. Why was it meaningful?

Prohibited Questions

According to federal law, you do not have to answer certain questions. It is illegal to make employment decisions on the basis of race, color, sex, age, religion, national origin, or disability. To avoid charges of discrimination based on any of these protected classes, many employers do not ask questions that would elicit this type of information during an employment interview.

Discussion of Parental Leave, Pregnancy, and Child-Rearing Plans

A typical concern during the interview process is questions related to pregnancy and child-rearing plans. The prohibition against discrimination on the basis of sex includes discrimination on the basis of pregnancy and child-rearing plans. You do not have to answer questions related to marital status, number of children, or plans to have children, but you may want to prompt a discussion of the provisions for maternity/paternity leave and/or child care responsibilities in the residency program. Federal regulation provides for 12 weeks of maternity/paternity leave; state regulations may provide for more than 12 weeks of leave (check your state regulations for this information). The law does state, however, that the amount of time allowed for maternity/paternity leave must

be the same as that which is provided for sick or disability leave.

Taking Notes

Usually, you will find that you don't have enough time to ask all the questions you would like to during the interview. It's a good idea to take some notes throughout the day to jog your memory about significant comments, concerns, particularly good points, or particularly bad points. Don't concentrate on your notes so much that you interfere with effective interchange during the interview. Instead, note your impressions right after the interview. Using standard questions from all interviews will help you compare responses across the multiple residency programs you interview.

QUESTIONS TO CONSIDER ASKING AT THE INTERVIEW

Questions for Faculty

- Where are most of your graduates located, and what type of practices are they going into after residency?
- How do you perceive that your program compares to other programs?
- What kind of feedback are you hearing from your graduates?
- Are some rotations done at other hospitals?
- Are any other residency programs in-house?
- How and how often is feedback provided to residents?
- How would you describe the patient demographics?
- What community service programs does your residency participate in?
- What changes do you anticipate in the program during the next three years?

Questions for Residents

- What was the most important factor that made you decide to come to this program?
- What are your plans after graduation?
- What's a typical week, month, year like for a first year, second, and third year?
- What is call like? What kind of backup is provided?
- When leave of absence becomes necessary, what happens?
- How do you deal with the stress of residency?
- If there are other residency programs in-house, how do you view their presence?
- What do you/other residents do outside the hospital for community service and for fun?
- Where do you feel most of your learning is coming from?
- What are the program's areas of strength?
- What are the program's areas where improvements could be made?
- What kind of back up and supervision is provided while on call?

POST-INTERVIEW ETIQUETTE

Most medical students strive to remain professional during and after the residency interview process, but many struggle with deciphering the rules for post-match communication versus the standard etiquette associated with interviews. Knowing the NRMP rules and developing your own standards will help build your skills in professionalism.

The NRMP and the Council of Medical Specialty Societies developed a tip sheet for the residency match, available at www.nrmp.org/match-process/tips-and-reminders/.

DO

- Be aware of your social media "footprint." Adjust your behavior or privacy settings as needed during interview season.
- Develop your own process for interview follow-up and be consistent.
- Be authentic in your communication, whether it is email, handwritten notes, or a phone call. Personalize your message, and build on the conversation you had in the interview.
- Complete all materials in ERAS and the NRMP, and have current contact information available including address, phone, and email.
- Understand that second visits can be made at your discretion and should not have a bearing on the programs' rank list.
- Realize that program directors and residency faculty are required NOT to solicit post-interview communication from applicants.
- Be careful about sharing your rank list with others, including classmates, residents, medical school, and residency faculty. You never know which residency program you will end up matching to.

DON'T

- Misinterpret post-interview follow-up from programs as a commitment from them. Determine your rank list based on your preferences.
- Send multiple generic emails to the same program director or residency faculty. Make follow-up contact personal, and ask direct questions about the program.
- Go back for a second visit unless you are invited. Residency programs are not prepared for uninvited guests.
- Post positive or negative comments on your Facebook or Twitter accounts regarding your interviews.

FOLLOW-UP

Immediately Afterward

- As soon as possible after the interview, write down your impressions and update your checklist.
- When you get home, send a thank you note to recognize their hospitality and to reaffirm your interest in the program.
- In reviewing your notes, you may discover several vital questions that you did not have the opportunity to ask during the interview. It is perfectly acceptable to call back for more information, particularly if one of your interviewers — frequently a resident — has invited you to contact him or her for more information.

Second Looks

Some programs will offer you the opportunity for a “second look.” Take advantage of the invitations if you think a second look would help. In some cases, programs will interpret your interest in a second look as an indication of your enthusiasm for the program. In other cases, a program may discourage second looks and interpret it as an insult if you request one. Try to get some insight into this issue when you talk to the residents in the program.

THE NEXT STEP

After you have completed your interviews, the lion’s share of your work is done. Your only remaining task is to assess the information you have collected and use it to establish your rank order list. You may decide, after completing your scheduled interviews, that you still haven’t found what you wanted and think that you’d better look at some more programs. Don’t be too frustrated if you feel you have to do this. It’s better to put in a little extra legwork now than to have lingering doubts later.

Take time to decide how to rank the programs you visited. You may want to put your notes aside for a while to give yourself some time to air your thoughts. Talk through your reasoning with advisors, friends, and family, but remember that the final decision is yours. The next section will help you understand how the Match works so that you can make sure your decisions are accurately reflected on your rank order list.

SAMPLE CHECKLISTS

Program _____ Date _____

Overall Rating

(Rating 1 to 5)

1=Poor; 2=Fair; 3=Adequate; 4=Good; 5=Excellent

1. Area

- Housing
- Schools
- Recreation
- Climate
- Distance from Family
- Practice Opportunities

2. Facilities

- Modern
- Well Managed
- Efficient
- Good Staff

3. Faculty

- Experienced Clinicians
- Educators
- Humanistic

4. Residents

- Full Complement
- Good Attitude
- Graduates Board Certified

5. Benefits

- Salary
- Health Insurance
- Malpractice
- CME/Professional Development
- Moonlighting

6. Library/Technology

- Accessible
- Full-time Librarian
- Adequate Volumes
- EHR/EMR

7. Curriculum

- Well Planned
- Accredited Program
- Variety of Electives
- Conferences
- International

8. Evaluation/Advancement

- Cognitive
- Psychomotor
- Feedback
- Pyramid

9. Patients

- Adequate Numbers
- All Socioeconomic Levels
- Resident Responsibilities/Call
- Back-up

10. Gut Feeling

All Categories

Comments

(A) Positive

(B) Negative

RESIDENCY PROGRAM EVALUATION GUIDE

Use this checklist to evaluate the residency programs in which you are interested.

Residency Program _____

Rating Scale: 1=Poor; 2=Fair; 3=Adequate; 4=Good; 5=Excellent.

On the basis of your needs, rate this residency program's:

Feature	Rating	Comments
Education		
Program philosophy		
Accreditation		
Overall curriculum		
Rotations/electives		
Rounds (educational vs. work)		
Conferences		
Number and variety of patients		
Hospital library		
Resident evaluations		
Board certification of graduates		
Attending Physicians/Teaching Faculty		
Number of full-time vs. part-time		
Research vs. teaching responsibilities		
Clinical vs. teaching skills		
Availability/approachability		
Preceptors in clinic		
Subspecialties represented		
Instruction in patient counseling/education		
Hospital(s)		
Community or university hospital		
Staff physicians' support of program		
Availability of consultative services		
Other residency programs		
Type(s) of patients		
Hospital staff (nursing, lab, path, etc.)		
Current House Officers		
Number per year		
Medical schools of origin		
Personality		
Dependability		
Honesty		
Cooperativeness/get along together		
Compatibility/can I work with them?		

Feature	Rating	Comments
Work Load		
Average number patients/HO* (rotation, clinic)		
Supervision – senior HO, attending staff		
Call schedule		
Rounds		
Teaching/conference responsibility		
“Scut” work		
Time for conferences		
Clinic responsibilities		
Benefits		
Salary		
Professional dues		
Meals		
Insurance (malpractice, health, etc.)		
Vacation		
Paternity/Maternity/sick leave		
Outside conferences/books		
Moonlighting permitted		
Surrounding Community		
Size and type (urban/suburban/rural)		
Geographic location		
Climate and weather		
Environmental quality		
Socioeconomic/ethnic/religious diversity		
Safety (from crime)		
Cost of living (housing/food/utilities)		
Housing (availability and quality)		
Economy (industry/growth/recession)		
Employment opportunities (for significant other)		
Child care and public school systems		
Culture (music/drama/arts/movies)		
Entertainment – restaurant/area attractions		
Recreation – parks/sport/fitness facilities		
Program’s Strengths:		
Program’s Weaknesses:		

* House Officer

PATIENT-CENTERED MEDICAL HOME (PCMH) QUESTIONS TO ASK RESIDENCY PROGRAMS

The patient-centered medical home (PCMH) is the future of primary care in the United States. Through a personal physician, comprehensive care is coordinated and individualized to improve both the quality of care and access to cost-effective services. The following questions were designed to assist medical students who are interviewing with prospective residency programs to better understand the features of the PCMH and how individual programs have implemented the principles outlined.

Access to Care:

1. How does your program provide patient-centered enhanced access (e.g., evening or weekend hours, open-access [same day] scheduling, e-visits)?
2. How is the team concept practiced? What is the balance of open access to assurance of continuity with an assigned provider? How does the PCMH concept carry over to the nursing home, hospital, and other providers including mental health?

Electronic Health Records

1. What aspects of your medical home are electronic (e.g., medical records, order entry, e-prescriptions)?
2. Does your practice use an electronic health record that allows patients to communicate their medical history from home to the health care team?

Population Management

1. Do you use patient registries to track patients who have chronic diseases and monitor for preventive services that are due?
2. Does your practice use reminder systems to alert patients when they are due for periodic testing (e.g., screening colonoscopy, PAP smear, mammogram) or office visits (e.g., annual examination)?

Team-Based Care

1. Who comprises your medical home team, and how do they work together to deliver comprehensive care to your patients?
2. What services can nonphysician members of the team (nurse practitioners, medical

assistants, social workers, etc.) provide for patients (e.g. diabetic education, asthma education)? How do you train them and ensure competency?

3. How are you preparing residents to be team leaders?

Continuous Quality Improvement

1. How do you monitor and work to improve quality of care provided in your medical home?
2. How do you monitor your ability to meet patients' expectations (e.g. patient satisfaction surveys)?
3. How are residents involved in helping to enhance practice quality and improve system innovations? Is quality assurance/practice improvement activity an integral part of the organized learning experience, and is it integrated with training in EBM activities?

Care Coordination

1. How does your practice ensure care coordination with specialists and other providers?
2. How does your practice ensure seamless transitions between the hospital and outpatient environments?

Innovative Services

1. What procedural services are offered in your medical home (e.g., obstetric ultrasound, treadmill stress testing, x-rays)?
2. How does your medical home provide group visits (e.g., prenatal group visit)? For what types of problems are group visits used and who participates?

THE GLOBAL HEALTH EXPERIENCE: FINDING THE RIGHT RESIDENCY PROGRAM

Questions to ask when you're evaluating a program.

Mission

- What is the goal of the international rotation?
- Describe the field experience (clinical activities, public health initiatives, community activities, patient education, or other activities).

Funding

- What is the cost to the residents?
- What opportunities exist to seek additional funding for international rotations?
- Will I have professional liability insurance while participating?
- Will my employee benefits (health insurance, dental insurance, etc) continue while I am abroad?

Schedule

- How long are the rotations?
- What time of year do residents travel?
- Are certain years (PGY-1, PGY-2, PGY-3) prohibited from participation?

Location

- In what country (or countries) do the residents engage in international activities?
- Do the residents ever design their own global health experience?
- What policies and processes are in place to ensure resident safety during travel?

Contacts

- How many residents have participated in the past two years?
- Who are the faculty involved? What other international experiences have they had?
- Who do I contact to get more information?

Curriculum

- What are the didactics (lectures, reading, discussion, debriefing) of the rotation?
- Does the program accept medical students for trips?
- Does the program accept residents from other programs for trips?

THE MATCH –
WHAT IT IS AND HOW IT WORKS
SECTION 6

WHAT IS THE MATCH?

You can find information about the National Resident Matching Program (NRMP) online at www.nrmp.org. The site contains information about registration and deadlines, and describes, in brief, the process through which the Match is conducted.

The NRMP provides a uniform system by which residency candidates simultaneously “match” to first- and second-year post-graduate training positions accredited by the Accreditation Council for Graduate Medical Education (ACGME).

It is uniform in that all the steps of the process are completed in the same fashion and at the same time by all applicants and participating institutions. All students should enroll in the Match and are bound to abide by the terms of it. However, if a student is offered a position by an institution not in the Match, such as an osteopathic position or an unaccredited position, his or her dean of student affairs can withdraw the student before the Match deadline for changes. Keep in mind that if at least one of the institution’s residency programs participates in the Match, all programs in that institution must offer positions to U.S. allopathic medical school seniors only through the NRMP or another national matching program.

It is a violation of NRMP rules for an applicant or a program to solicit information about how the other will rank them. If that information is solicited from you, you are under no obligation to, nor should you, provide it. It is not a violation for an applicant or a program to volunteer information about how one plans to rank the other. Any verbal indication of ranking is not binding; however, and the rank order list takes precedence. Students are advised not to rely on such verbal remarks when creating their rank order lists.

An applicant who certifies a rank order list enters into a binding commitment to accept the position if a match occurs. Failure to honor that commitment is a violation of the Match Participation Agreement signed during registration and triggers an investigation by the NRMP. If the violation is confirmed, the applicant may be barred from programs in match-participating institutions for one year, and marked as a violator and/or barred from future matches for one to three years or permanently. In addition, the NRMP will notify the applicant’s medical school, the American Board of Medical Specialties, and other interested parties.

The Match is nearly all-inclusive because it lists almost all first-year positions in ACGME-accredited training programs. Candidates for residency positions in some subspecialty programs will participate in other matches. However, these candidates must also participate in the NRMP in order to secure a preliminary position for each of those specialties. Furthermore, programs sponsored by some branches of the Uniformed Services do not participate in the NRMP.

The entire NRMP process is conducted online using the Registration, Ranking, and Results System (R3). Users can access R3 through the NRMP website at www.nrmp.org. Applicants will pay their registration fees online with a credit card, enter their rank order lists, and receive Match results via the Web.

The following section includes a detailed example from the NRMP, which illustrates how the Match works. In reading through this example, you will see how the Match accomplishes, in one day, what once took weeks of negotiation between residency applicants and hospitals when no NRMP existed. It is possible not to get the position you preferred; you may not match at all. Following are some simple guidelines that can help to ensure the best possible match for you.

- **Do not overestimate yourself.** Although you may think you will match at your top choice, you increase your chance of not matching by listing only one program.
- **Do not underestimate yourself.** Even if you do not think you have much chance, but you really want to go somewhere in particular, rank that program first. The program may not get its top 10 choices, and you might be number 11 on its list. It will not negatively influence your chances of matching to less-competitive programs lower on your list. Remember, no one but you will know what rank you matched to.
- **Do not list programs that you do not want.** You may end up at a program that you really did not want. Decide whether it is better to be unmatched than to be matched to a program that you don't want.
- **Remember that the order in which you rank programs is crucial to the Match process.** Upon casual consideration, one or more programs may seem fairly equivalent to you, but if you take the time to consider carefully, you may discover reasons you would rank one program over another. The Match computer is fair, but it is also indifferent to anything other than the rank order list provided. If you rank one program above another, it will put you in the first program if it can, without stopping to consider that, after all, maybe geographic location is more important to you than a higher faculty-to-resident ratio.
- **Don't make your list too short.** On average, unmatched students' lists were shorter than matched students' lists. Students selecting highly competitive specialties are advised to make longer lists.

These are just some of the guidelines that will help you as you begin the process of entering the Match.

More information is posted to the NRMP website at www.nrmp.org in a report titled "Charting Outcomes in the Match." Keep an eye out for notices regarding information from the NRMP.

Not everyone will match to a position, and it is not true that only "bad" programs do not fill. A program may not fill if its rank list is at odds with the applicants who ranked it, or if it is too short. There will likely be several programs with unfilled positions that you would find desirable. In some cases, it may mean accepting a position in another specialty that you were considering as a second choice or were considering as preparation for the next year's Match. Your dean's office is prepared to counsel students who do not match. Applicants who do not match, and programs that do not fill, participate in the Match Week Supplemental Offer and Acceptance Program (SOAP). Detailed information about SOAP is available at www.nrmp.org.

ALL-IN POLICY

Any program that participates in the Match must register and attempt to fill all of its positions through the Match or another national matching plan.

The All-in Policy applies to positions for which the NRMP offers matching services, including PGY-1, PGY-2, and, in rare cases, PGY-3 positions. This policy does not apply to fellowship programs. Find more details on the policy in the NRMP's FAQ section at www.nrmp.org.

Are There Exceptions?

- Rural Scholars Programs: Students graduate medical school in three years and commit during medical school to a primary care specialty at that school.
- Family Medicine Accelerated Programs: Students make an early commitment to family medicine and are channeled into that track.
- Post-SOAP Positions: Preliminary positions created by programs at the conclusion of the SOAP for partially matched applicants who failed to obtain the PGY-1 position required to fulfill their binding PGY-2 Match commitment.
- Off-cycle Appointments: If training would begin prior to February 1 in the year of the Match, the position can be offered outside the Match; if training would begin after February 1, the position must be filled through the Match.

HOW THE MATCHING ALGORITHM WORKS

Since 1998, the NRMP has used an applicant proposing algorithm in all its Matches. The following example illustrates how NRMP may best be used by all participants to prepare rank order lists and how the matching algorithm works.

*Reprinted with permission of the National Resident Matching Program:
National Resident Matching Program
2450 N Street, NW
Washington, DC 20037-1127*

The NRMP matching algorithm uses the preferences expressed in the rank order lists submitted by applicants and programs to place individuals into positions. The process begins with an attempt to place an applicant into the program indicated as most preferred on that applicant's list. If the applicant cannot be matched to this first choice program, an attempt is then made to place the applicant into the second choice program, and so on, until the applicant obtains a tentative match, or all the applicant's choices have been exhausted.

An applicant can be tentatively matched to a program in this process if the program also ranks the applicant on its rank order list, and either:

- the program has an unfilled position. In this case, there is room in the program to make a tentative match between the applicant and program.
- the program does not have an unfilled position, but the applicant is more attractive to the

program than another applicant who is already tentatively matched to the program. In this case, the applicant who is the least preferred current match in the program is removed from the program, to make room for a tentative match with the more preferred applicant.

Matches are "tentative" because an applicant who is matched to a program at one point in the matching process may be removed from the program at some later point, to make room for an applicant more preferred by the program, as described in the second case above. When an applicant is removed from a previously made tentative match, an attempt is made to re-match that applicant, starting from the top of his/her list. This process is carried out for all applicants, until each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted. When all applicants have been considered, the match is complete and all tentative matches become final.

Applicants' Rank Order Lists

Eight applicants are applying to four programs. After considering the relative desirability of each program, the applicants submit the following rank order lists to the NRMP.

Anderson	Brown	Chen	Davis	Eastman	Ford	Garcia	Hassan
1. City	1. City	1. City	1. Mercy	1. City	1. City	1. City	1. State
	2. Mercy	2. Mercy	2. City	2. Mercy	2. General	2. Mercy	2. City
			3.General	3. State	3. Mercy	3. State	3. Mercy
			4. State	4. General	4. State	4. General	4. General

Applicant Anderson makes only a single choice, City, because he believes, based on remarks he heard from the program director, that he would be ranked very highly at City, and he in turn assured the director that he would rank City number one. It is acceptable for programs to express a high level of interest in applicants to recruit them into their program, and for applicants to say that they prefer one program over others. **Such expressions, however, should not be considered as commitments.**

Applicant Brown ranks only the two programs that were on every applicant's list – Mercy and City. He is willing to go elsewhere but has ranked only those two programs because he believes he is very competitive. A member of Alpha Omega Alpha chosen in his junior year, he believes that he is a particularly desirable applicant. **Applicants should consider ranking all programs they are willing to attend to reduce the likelihood of not matching at all.**

Applicant Chen ranks City, which she prefers, and Mercy. Standing first in her class in her junior year, she knows that she is a desirable applicant, and she has been assured by the program director at Mercy that she will be ranked first. She thinks that Mercy will in fact rank her first, and so she reasons that there is no risk of her being left unmatched, even if she does not rank additional programs. **Unmatched applicants have shorter lists on the average than matched applicants. Short lists increase the likelihood of being unmatched.**

Applicant Ford would be very pleased to end up at State, where she had a very good clerkship, and believes they will rank her high on their list. Although she does not think she has much of a chance, she prefers City, General, or Mercy, so she ranks them higher and ranks State fourth. **This applicant is using NRMP to maximum advantage.**

Applicant Hassan is equally sure he will be able to obtain a position at State, but he, too, would prefer the other programs. He ranks State first because he is afraid that State might fill its positions with others if he does not place it first on his list. **Applicants should rank programs in actual order of preference.** Their choices should not be influenced by speculation about whether a program will rank them high, low, or not at all. The position of a program on an applicant's rank order list will not affect that applicant's position on the program's rank order list, and therefore will not affect the program's preference for matching with that applicant as compared with any other applicants to the program. During the matching process, an applicant is placed in his/her most preferred program that ranks the applicant and does not fill all its positions with more-preferred applicants. Therefore, rank number one should be the applicant's most preferred choice.

Applicants Davis, Eastman, and Garcia have interviewed at the same programs. Like the other applicants, they desire a position at City or Mercy and rank these programs either first or second, depending on preference. In addition to those desirable programs, those applicants also list State and General lower on their rank order lists. **They are using NRMP well.**

Programs' Rank Order Lists

Two positions are available at each program. The four programs, having determined their preferences for the eight applicants, also submit rank order lists to the NRMP.

Mercy	City	General	State
1. Chen	1. Garcia	1. Brown	1. Brown
2. Garcia	2. Hassan	2. Eastman	2. Eastman
	3. Eastman	3. Hassan	3. Anderson
	4. Anderson	4. Anderson	4. Chen
	5. Brown	5. Chen	5. Hassan
	6. Chen	6. Davis	6. Ford
	7. Davis	7. Garcia	7. Davis
	8. Ford		8. Garcia

The program director at Mercy Hospital ranks only two applicants, Chen and Garcia, for his two positions, although several more are acceptable. He has insisted that all applicants tell him exactly how they will rank his program and both of those applicants have assured him that they will rank his program very highly. He delights in telling his peers at national meetings that he never has to go far down his rank order list to fill his positions. The advantage of a matching program is that decisions about preferences can be made in private and without pressure. Both applicants and programs may try to influence decisions in their favor, but neither can force the other to make a binding commitment before the Match. **The final preferences of program directors and applicants as reflected on the submitted rank order lists will determine the placement of applicants.**

The program director at State feels that his program is not the most desirable to most of the applicants, but that he has a good chance of matching Ford and Hassan. Instead of ranking those two applicants at the top of his

list, however, he ranks more desired applicants higher. He also ranks all of the acceptable applicants to his program. He is using the NRMP well.

The program directors at City and General have participated in the matching process before. They include all acceptable applicants on their rank order lists with the most preferred ranked high. Those program directors are not concerned about filling their available positions within the first two ranks. They prefer to try to match with the strongest, most desirable candidates. **They are using the NRMP to maximum advantage.**

The process is now complete: each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted. **Current tentative matches are now finalized.**

Note that the applicants Anderson and Brown went unmatched because they listed too few choices. Applicant Hassan could have matched at City had he ranked choices in order of preference.

Here's another example of the Matching Algorithm process at work, in tabular form.

APPLICANT	TRY TO PLACE IN	CURRENT PROGRAM STATUS	ACTION / RESULT (Shaded boxes indicate the final matches when the process is completed.)
ANDERSON	1. City	City has 2 unfilled positions.	Tentatively match Anderson with City.
BROWN	1. City	City has 1 unfilled position.	Tentatively match Brown with City.
CHEN	1. City	City is filled with more preferred applicants.	
	2. Mercy	Mercy has 2 unfilled positions.	Tentatively match Chen with Mercy.
DAVIS	1. Mercy	Mercy did not rank Davis.	
	2. City	City is filled with more preferred applicants.	
	3. General	General has 2 unfilled positions.	Tentatively match Davis with General.
EASTMAN	1. City	Although filled, City prefers Eastman to its least preferred current match (Brown).	Brown is removed from City to make room for Eastman. Tentatively match Eastman with City.
			Since Brown has just been removed from a previous tentative match, an attempt must now be made to re-match Brown.
BROWN	1. City	City is filled with more preferred applicants.	
	2. Mercy	Mercy did not rank Brown.	Brown remains unmatched.
FORD	1. City	City is filled with more preferred applicants.	
	2. General	General did not rank Ford.	
	3. Mercy	Mercy did not rank Ford.	
	4. State	State has 2 unfilled positions.	Tentatively match Ford with State.
GARCIA	1. City	Although filled, City prefers Garcia to its least preferred current match (Anderson).	Anderson is removed from City, to make room for Garcia. Tentatively match Garcia with City.
			Since Anderson has just been removed from a previous tentative match, an attempt must now be made to re-match Anderson.
ANDERSON	1. City	City is filled with more preferred applicants.	Anderson remains unmatched.
HASSAN	1. State	State has 1 unfilled position.	Tentatively match Hassan with State.

Also note that Mercy, which ranked only two applicants, and General, which ranked seven out of eight, had unfilled positions. General could have matched with Ford, who ranked it second, had Ford been on its rank order list.

Summary of Guidelines for the Preparation of Applicant Rank Order Lists

1. Applicants are advised to include on their rank order lists only those programs that represent their true preferences.
2. Programs should be ranked in sequence, according to the applicant's true preferences.
3. Factors to consider in determining the number of programs to rank include the competitiveness of the specialty, the competition for the specific programs being ranked, and the applicant's qualifications. In most instances, the issue is not the actual number of programs on the rank order list, but whether to add one or more additional programs to the list in order to reduce the likelihood of being unmatched.
4. Applicants are advised to rank all of the programs deemed acceptable (i.e., programs where they would be happy to undertake residency training). Conversely, if an applicant finds certain programs unacceptable and is not interested in accepting offers from those programs, the program(s) should not be included on the applicant's rank order list.

Updated 01/15/2014

NOTES

THE SOAP – SUPPLEMENTAL
OFFER AND ACCEPTANCE PROGRAM
SECTION 7

WHAT IS THE SOAP?

The Supplemental Offer and Acceptance Program (SOAP) is an NRMP-run program that takes place during Match week to match any unfilled residency positions with unmatched applicants. SOAP requires the exclusive use of ERAS by both applicants and programs during Match week to express preferences, and make and receive offers for unfilled positions. There are eight rounds of offers in the SOAP from Monday through Thursday of Match week. In 2013, 939 unmatched positions were offered in the SOAP, and 877 had matched by the end of round one of the SOAP. By the end of the first day, only 177 positions remained unmatched, and by the end of the SOAP, only 61 positions remained.

Applicants that participate in the SOAP find out that they are not matched on Monday of Match week. Their match, however, is announced along with applicants who matched in the Main Residency Match on Friday.

Positions fill quickly in the SOAP, and accepted offers create a binding commitment. If you participate in the SOAP, be honest, thorough, and critical in your assessment of programs and their offers before accepting.

Exclusive use of ERAS is required by applicants and programs during the SOAP. Eligible SOAP applicants will be able to access a list of unfilled programs that have positions for which they are eligible through ERAS. Programs will be able to access applications through ERAS and make offers. Contact outside of ERAS between programs and applicants constitutes a Match violation.

For more information on the SOAP, visit nrmp.org/residency/soap.

NOTES

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RESOURCES
SECTION 8

RESOURCES AND REFERENCES

The following is a selection of books, articles and Web references that appear in the preceding text.

Books

- American Medical Association. *Graduate Medical Education Directory 2012-2013*. 2012.
- Freeman BS. *The Ultimate Guide to Choosing a Medical Specialty, Third Edition*. New York: McGraw-Hill Medical; 2012.
Iserson KV. *Iserson's Getting into a Residency: A Guide for Medical Students, Sixth Edition*. Tucson, AZ: Galen Press, Student Ltd.; 2003.
Taylor AD. *How to Choose a Medical Specialty: Fifth Edition*. Minneapolis, MN: Publish Green; 2012.
- Tysinger JW. *Resumes and Personal Statements for Health Professionals, Second Edition*. Tucson, AZ: Galen Press, Ltd.; 1999.

Journals

- *American Family Physician*, American Academy of Family Physicians
- *Journal for Minority Medical Students*, Spectrum Unlimited msJAMA Online, American Medical Association Medical Student Section
- *The New Physician*, American Medical Student Association

Online Residency

Directories

- Accreditation Council of Graduate Medical Education Program Search
www.acgme.org/ads/Public/Programs/Search
- American Academy of Family Physicians. *Directory of Family Medicine Residency Programs*
www.aafp.org/residencies/
- American Medical Student Association Online Residency Directory
<http://residencyandmedicaleducationguide.com/>
- Directory of Family Medicine Residency Programs, hosted by the American Academy of Family Physicians
www.aafp.org/residencies
- Fellowship and Residency Electronic Interactive Database (FREIDA) Online, hosted by the American Medical Association
www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page
- Find a Resident website, hosted by the Association of American Medical Colleges is an online service to assist programs with filling unanticipated vacancies and to help applicants identify residency and fellowship opportunities that are not available via ERAS and the NRMP.
www.aamc.org/findaresident
- Interactive Internal Medicine Residency Database, hosted by the American College of Physicians-Internal Medicine
www.acponline.org/residents_fellows/

Other Websites

- American Medical Association Medical Student Section
www.amaMedStudent.org
- American Osteopathic Association Intern/Resident Registration Program, sponsored by the AOA and administered by National Matching Services, Inc.
natmatch.com/aoairp/
- Association of American Medical Colleges Careers in Medicine
www.aamc.org/cim/
- Electronic Residency Application Service (ERAS)
www.aamc.org/students/eras/
- Family Medicine Interest Groups
www.aafp.org/fmig
- National Residency Matching Program
www.nrmp.org
- San Francisco Match
www.sfmatch.org

The following is a list of other important organizations, which are referred to in the preceding text.

Accreditation Council on Graduate Medical Education

515 North State Street, Suite 2000
Chicago, IL 60654
(312) 755-5000

www.acgme.org

American Academy of Family Physicians

11400 Tomahawk Creek Parkway
Leawood, KS 66211
(800) 274-2237

www.aafp.org

American Medical Association

515 N. State Street
Chicago, IL 60610

www.ama-assn.org

Association of American Medical Colleges/Electronic Residency Application Service

2450 N Street, NW
Washington, DC 20037-1126
(202) 828-0400

www.aamc.org/eras

National Resident Matching Program

2450 N Street, NW
Washington, DC 20037-1127
(202) 828-0566

www.nrmp.org

NOTES

About the American Academy of Family Physicians

Founded in 1947, the AAFP represents 110,600 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Approximately one in four of all office visits are made to family physicians. That is 214 million office visits each year — nearly 74 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multi-media highlighting family medicine, visit www.aafp.org/media. For information about health care, health conditions, and wellness, please visit the AAFP's award-winning consumer website, www.familydoctor.org.

Explore Family Medicine

www.aafp.org/fmig

FMIG
FAMILY MEDICINE INTEREST GROUP

 AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA