

Applying for Residency: finding a good match



OSR Session

2006 AAMC Annual Meeting

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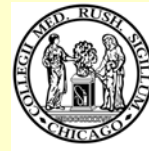
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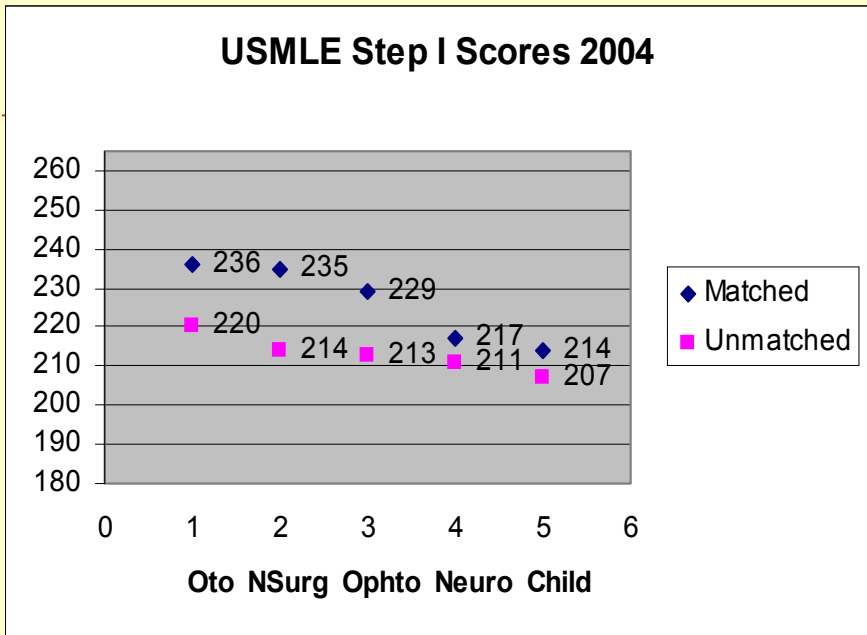
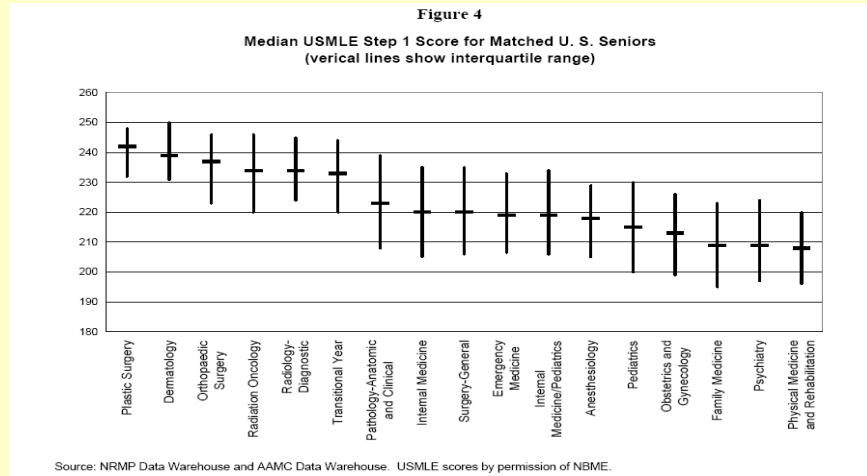
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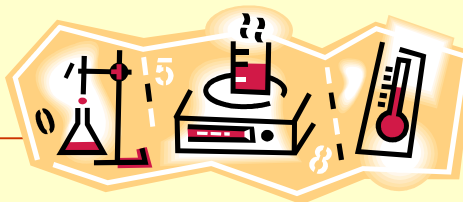
Outline

- ❑ USMLE scores
- ❑ Research
- ❑ Away rotations
- ❑ Specialty electives
- ❑ Residency directors' view of applicants – red flags
- ❑ Interviewing tips
- ❑ Assessing programs

USMLE scores



Research



- ❑ The importance of research experience depends on the field to which you are applying
- ❑ Some general guidelines for each specialty can be found in "The Ultimate Guide to Choosing a Medical Specialty" by Brian Freeman, MD.
- ❑ Make sure your CV reflects your role in research projects and what skills were needed to perform that role.

Specialty	Research	USMLE	LoR	other	Characteristics of Programs
Anesth	Not req.	>210	Only 2 from Anesth		4 yrs total PGY1: med, surg, or trans
Derm	Very imp.	no data	3 from derm	AOA imp.	4 yrs total PGY1: med, surg, peds, trans
Emerg. Med	advantageous	>220	2 from EM	Clinical extracurr.	3 or 4 yrs total There are 3 types: 90 are 3 yr, 14 are 4 yr, 20 are 3 yr plus a prelim med or surg
Family medicine	Not essential	nat'l average is OK	At least 1 from Fam. Pract.	Do community based fam. practice elective Personal statement imp	3 years total
Gen. Surg	important	>215	3 from senior surgeons	AOA important, take Step 2 early, honors in surgery	5 years total. Some have an add'l 1-3 yrs of research
Int. Med	Not essential	no data	1 from Medicine Chair, 2 from Med. Senior faculty	Honors in IM	3 yrs total
Neuro (05)	Helpful, but not required	Av for matched students is 217	Very important. 2 from senior neurologists	Honors in Neuro and sub-I	4 yrs total PGY 1: med or trans. Some programs include the PGY 1 yr.
Neurosurg	Sometimes required	mid-230s	All from neurosurgs, 1 from Chair	Get involved with the department early. AOA helpful but not required. Keep personal statement neutral. Interview is imp. Big names for LoRs.	6 or 7 yrs total.
OB/GYN	Not necessary but helpful	>215	2 from upper level OBs 1 from Chair	Extracurr. activities in women's health are imp.	4 yrs total
Ophth	Helps to do clinical research	230 average for matched students	At least 1 from ophtho. 1 from Chair	AOA imp. Do early electives. Personal statement imp.	4 yrs total PGY 1: med, surg, trans
Ortho	Ortho research helps	230	At least 2 from ortho (1 from chair)	AOA very imp. PS brief, concise, honest.	5 yrs total. Some req research.

Prepared by A. Nuzzarello, MD from "The Ultimate Guide to Choosing a Medical Specialty" by Brian Freeman, MD

Specialty	Research	USMLE	LoR	other	Characteristics of Programs
ENT	Very imp.	At least 220	Very imp. At least 2 from ENTs (well-known)	Honors in surg &/or med imp. AOA not mandatory. PS clearly state your reasons for wanting to go in to ENT.	5 yrs total. Includes 1 yr general surg.
Path	Can be imp.	>220 for highly comp. programs	At least 1 from pathologist. Others from any clinical faculty	Don't mention "lifestyle" in the PS.	3 or 4 yrs total
Peds	Not necessary	No data	1 or 2 from Peds.	Leadership, volunteer stuff with kids. PS is imp. "honest and straightforward" Why you chose the field. Avoid "I love kids"	3 yrs total
PMR	Is an advantage, but not crucial.	Above nat'l average	2 from PMR	Spend preclinical time related to physiatry. Don't mention lifestyle in PS	4 yrs total. PGY 1: med, surg, trans
Plastic Surg	Expected (with publication)	no data	Chair of surgery, plastic div. Chair, 1 other surgeon	Look for "unexpected outstanding achievement"	5-8 yrs total.
Psychiatry	Not imp.	no data	At least 2 psychiatrist	Performance in clerkship is imp. PS very imp.	4 yrs total
Radiology	Definitely helps	220-230 (or higher for more comp programs)	Letter writers can be from any specialty. Well-known names important.	Get involved in dept. AOA imp. 30-50 applications.	5 yrs total PGY 1: med, surg, trans
Rad Onc	Extremely imp.	>220	At least 1 from rad onc	Many PhDs. AOA helpful, but not essential	5 yrs total PGY 1: med, surg, trans
Urology	Extremely valuable	220-230	Imp to have letters from well-known MDs. 1 from Urol chair	AOA helpful, not required. Honors in surgery and Urology elective	5 yrs total (or more) Some require separate PGY 1 year. Some include it.
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Away Electives – 2006 – Rush

- ❑ 121 Students matched
 - ❑ 25 stayed in Rush/Stroger system
 - ❑ 19 did a rotation at institution matched
- ❑ 44 matched where did a rotation 36.3%
- ❑ 77 did not rotate at place matched 63.6%

Specialty Breakdown 44/121 36.3%

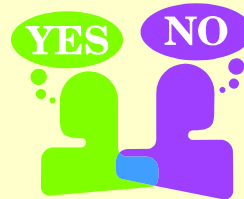
□ Otolaryngology	2/2	100%
□ Emergency Medicine	4/7	57%
□ Ophthalmology	2/4	50%
□ Orthopedic Surgery	2/5	40%
□ Diagnostic Radiology	3/8	37.5%
□ Anesthesiology	2/6	33.3%
□ Internal Medicine	9/34	26.4%
□ Surgery	1/8	12.5%

Specialty Electives- Can they work against you?

- You should be choosing a variety of elective experiences.
- If **all** of your electives are in a field different from the one in which you are applying, you likely be asked about it when interviewing.

How do programs decide who to rank? Is there ever a Tie Break?

- ❑ Each program has their own "formula"
- ❑ Some will tell you what it is....most won't
- ❑ It's called a "match" for a reason
- ❑ Don't try and be the perfect applicant
- ❑ Programs are as surprised as you
- ❑ Control what you can control
- ❑ Trust the process



Orthopedics has spoken.....

TABLE I Ranking of the Twenty-six Resident-Selection Criteria According to the Results of the Questionnaire Completed by Orthopaedic Residency Program Directors

Rank	Score*	Resident-Selection Criteria
1	7.88 ± 1.71 (n = 109)	Rotation at director's institution
2	7.78 ± 1.48 (n = 109)	USMLE Part I score
3	7.77 ± 1.34 (n = 108)	Rank in medical school
4	7.55 ± 1.57 (n = 109)	Formality/politeness at interview
5	7.35 ± 1.39 (n = 109)	Personal appearance of candidate
6	7.11 ± 2.12 (n = 102)	Performance on ethical questions at interview
7	7.01 ± 1.94 (n = 108)	Letter of recommendation by orthopaedic surgeon
8	6.92 ± 1.90 (n = 109)	Candidate is Alpha Omega Alpha member
9	6.47 ± 1.71 (n = 109)	Medical school reputation
10	6.25 ± 2.10 (n = 109)	Dean's letter
11	5.84 ± 2.26 (n = 108)	Personal statement
12	5.74 ± 2.56 (n = 107)	Failed first attempt at matching to an orthopaedic residency program
13	5.67 ± 2.46 (n = 106)	Telephone call placed on candidate's behalf
14	5.66 ± 1.97 (n = 109)	Candidate has published research
15	5.50 ± 2.14 (n = 108)	Candidate participated in a dedicated research experience
16	5.13 ± 1.89 (n = 108)	Letter of recommendation from nonorthopaedic surgeon
17	4.93 ± 2.20 (n = 109)	Candidate is MD/PhD
18	4.83 ± 2.13 (n = 109)	Reputation of undergraduate institution
19	4.61 ± 2.38 (n = 108)	Undergraduate grade-point average
20	4.44 ± 2.16 (n = 107)	Appearance of curriculum vitae
21	4.30 ± 2.15 (n = 109)	Letter of recommendation from a senior resident
22	3.94 ± 2.48 (n = 109)	Candidate has a relative affiliated with director's program
23	3.56 ± 2.12 (n = 108)	Candidate has an undergraduate engineering major
24	3.26 ± 2.41 (n = 108)	Thank-you letter from candidate
25	2.32 ± 2.22 (n = 66)	Performance on manual skills testing during interview
26	1.78 ± 1.76 (n = 64)	Evaluation by psychologist/psychiatrist during interview

*The values are given as the mean and the standard deviation. N = number of respondents.

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Red flags



- ❑ Failure of Step I
- ❑ Failure of a core clerkship
- ❑ Unexplained leave of absence
- ❑ Formal disciplinary action
- ❑ "Extra" requirements, "Extra" time
- ❑ Obtuse personal statements
- ❑ Negative letters of recommendation
- ❑ Falsified/exaggerated entries on CV

Interviewing Tips: Research the Program

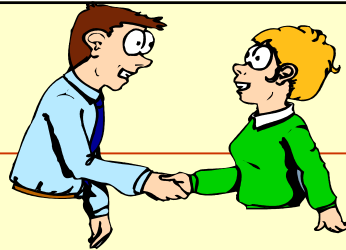


- ❑ ****Know what is unique about the program****
- ❑ Be aware of any recent changes in the program/department
- ❑ Know something about the faculty/research in the department
- ❑ FREIDA, internet, Google the program/hospital
- ❑ Speak with alums
- ❑ Know the geography of the program, i.e. remote clinical sites
- ❑ Research the community

What to bring with you

- ❑ Directions and contact phone numbers
- ❑ Any information you have on the program
- ❑ Multiple copies of your CV
- ❑ Papers/articles published
- ❑ Portfolio, pen, pencil
- ❑ Okay to bring small suitcase if traveling
- ❑ Any updates to MSPE or transcript
- ❑ Interview checklist

The interview



- ❑ Starts with a handshake and good eye contact
- ❑ Don't be afraid to smile
- ❑ Be aware of your body language (eye contact, position in chair)
- ❑ Show enthusiasm for the program, no matter how interested you are
- ❑ Answer question and then pause. Know when to stop.
- ❑ Pay attention to interviewers cues
- ❑ Be wary of programs that do not allow you to interact with residents

Questions you may be asked

- ❑ Tell me about yourself
- ❑ Ethical dilemmas
- ❑ What attracts you to this specialty
- ❑ Describe the most interesting case you've seen
- ❑ Why should we choose you over other candidates
- ❑ Where do you see yourself in 10 years
- ❑ What are the biggest issues facing physicians today
- ❑ What is your greatest weakness



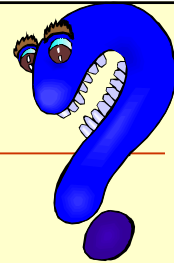
Questions to ask Faculty Interviewers/ Program Directors (PD)

- ❑ Ask INTERESTING and UNIQUE questions!!
- ❑ Are there any programmatic changes anticipated? (PD)
- ❑ What percentage of residency graduates have passed the specialty board exams on the first try? (PD)
- ❑ Do you assist graduates in finding a job? (PD)
- ❑ What do you feel are the strengths of this program?
- ❑ What do your graduates do after residency? (what types of jobs, where they are located)
- ❑ What is the balance of didactics and clinical work?
- ❑ How much contact do the residents have with faculty?
- ❑ Are there opportunities for research (only if you are interested)?
- ❑ Are there non-clinical requirements (research, writing, admin)?
- ❑ Is there elective time?
- ❑ What aspects of the program need improvement?

Questions to ask Residents

- ❑ What is one thing you would change about this program?
- ❑ How much contact do the residents have with faculty?
- ❑ What do residents generally do with elective time?
- ❑ What aspects of the program need improvement?
- ❑ How are you evaluated?
- ❑ Are you receiving adequate feedback?
- ❑ Are there international opportunities?

Questions you shouldn't ask



- ❑ What is the salary?
- ❑ What is the benefit package (should be in the information packet)?
- ❑ How much vacation do I get (generally 2-4 weeks)?
- ❑ When can I start moonlighting?

Be nice to the residency coordinator

- ❑ He/she will often have a vote

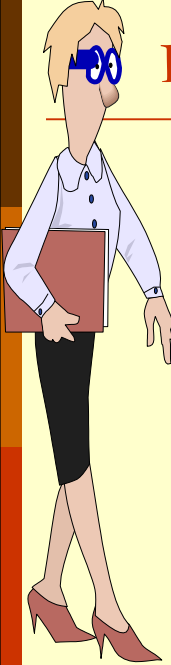


- ❑ He/she may become *your* residency coordinator!

What are they looking for?

- ❑ Confidence
- ❑ Commitment to the specialty-
demonstrate this with knowledge about
the specialty
- ❑ Enthusiasm for their program
- ❑ The "right fit"
- ❑ Ability to talk about yourself and what is
on your CV
- ❑ Good communication skills
- ❑ Motivation






Preparing for the interview day

- ❑ Wear comfortable shoes, conservative clothes, no perfume, neutral make-up, minimal jewelry
- ❑ Be aware of your weaknesses and be prepared to discuss without using excuses
- ❑ Think ahead about what you want to convey (team working ability, passion for the specialty)
- ❑ Write a list of questions you would like answered
- ❑ Only ask questions in which you have genuine interest

Thank you notes

- ❑ Note will serve to reinforce the positive impression you made during your interview
- ❑ Take blank note cards with you to write after the interview
- ❑ Make notes personal (use the names of interviewers) and use key points to remind the interviewer of your time with him/her
- ❑ Use professional stationery
- ❑ Don't send the exact same note to each interviewer



It's a Match Process

- Students have a distribution of credentials
- Programs have a distribution of desirability
 - Academic vs. affiliated vs. community
 - Major city vs. urban vs. rural
 - Coastal vs. midwest vs. south

Programs

- Hard to get everyone to agree on "the best" programs
- Most can agree on "top", "middle" or "lower" tier program

Data Driven Method

- ❑ Know the “averages”
- ❑ Know if you are “above the mean” or “below the mean”
- ❑ Know the programs you are shooting for
- ❑ Adjust your application & interview numbers accordingly
- ❑ ALWAYS have a back-up plan – every good MD does

