STROLLING *through the* MATCH

The future is *yours* to discover.

EXPLORE YOUR OPTIONS TO FIND YOUR MATCH.

2012 - 2013

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

GENERAL RESIDENCY APPLICATION TIME LINE AND CHECKLIST

April (Junior Year) – March (Senior Year)

Suggested Timeline *(check with your dean's office for specific recommendations)*	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
☐ Review specialty and residency materials												
☐ Finalize senior electives												
☐ Arrange MSPE interview (depending on your school's schedule)												
☐ Write to residencies for program information, requirements and deadlines.												
☐ Request application materials from programs not participating in ERAS												
☐ Contact your designated dean's office for key ERAS and NRMP timelines.												
☐ Contact your designated dean's office to receive your ERAS token and applicant instructions												
☐ Register with MyERAS (MyERAS opens July 1 for all applicants												
☐ Prepare Common Application Form using the My Application feature of MyERAS												
☐ Request and assign USMLE transcripts and Letters of Recommendation (LOR) and Personal Statement(s) using My Documents feature of MyERAS.												
☐ Register with NRMP (opens August 15)												
☐ Request dean's MSPE/letter, transcript, letters of references are sent to programs not participating in ERAS												
☐ October 1 – Uniform release date for dean's letter/MSPE							X					
☐ September 1 – Residency applicants my begin applying to programs												
☐ Schedule program interview												
☐ Interview at programs												
☐ Follow-up correspondence												
☐ Go to www.NRMP.org to enter your Rank Order List – deadline for submission.												
☐ SOAP process opens — Wednesday of Match Week												X
☐ MATCH DAY (third Friday in March) for Main Match. Dates vary for fellowship matches.												X

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 **http://fmignet.aafp.org/** 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 American Academy of Family Physicians (AAFP) also recognizes the following individuals and organizations for their contributions:

ERAS — Electronic Residency Application Service

Franklin E. Williams, M.Ed.

National Resident Matching Program (NRMP)

Shadyside Hospital Family Practice Residency Program

Thornton E. Bryan, M.D.

Gretchen Dickson, M.D.

Robert McDonald, M.D.

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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 ERAS® the Electronic Residency Application Service, 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 — Electronic Residency Application Service — 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.

INTRODUCTION TO ERAS

What is ERAS?

ERAS — the Electronic Residency Application Service — 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, dean's letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors.

The Electronic Residency Application Service has three distinct application season cycles during which applicants can apply to residency or fellowship programs:

Residency Cycle	The main residency match opens for applicants on August 15, 2012. Residency specialties begin receiving applications on September 1. The NRMP Main Match occurs on the third Friday in March and residents begin training July 1, 2013.
July Start Cycle	Osteopathic internships and fellowship programs begin receiving applications on July 15, 2012. The osteopathic match is in February 2013; applicants begin training on July 1, 2013. Fellowship specialties participating in this cycle usually have their match in December of the same year they begin receiving applications; fellows begin training July 1 the following year.
December Start Cycle	Sub-specialty 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.

Important if you're applying for residency positions in the 2012 – 2013 residency cycle. Specialties participating in this cycle are:

- Adolescent Medicine
- Anesthesiology
- Army & Navy Residency Programs
- Combined Med-Peds
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- **Emergency Medicine/ Family Medicine**
- **Family Medicine**
- Internal Medicine (including IM/Derm, IM/ER, IM/Peds, IM/Med Rehab, IM/Psych, IM/Preventive & IM/Genetics)
- **Internal Medicine/Family Medicine**
- Neurological Surgery
- Neurology/Child Neurology
- Nuclear Medicine
- Obstetrics and Gynecology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics (including Peds/ Derm, Peds/ER, Peds/Med Rehab, Peds/Psych, Peds/ Genetics)
- Physical & Rehabilitative Medicine
- Plastic Surgery and Plastic Surgery Integrated
- Preventive Medicine (Public Health, General, Occupational and Aerospace)
- Psychiatry
- **Preventive Medicine/ Family Medicine**
- **Psychiatry/Family Medicine**
- Radiation Oncology
- Sleep Medicine
- Surgery
- Transitional Year
- Urology
- Vascular Surgery

New fellowship sub-specialties for the 2012 – 2013 season were:

- Pediatric Endocrinology
- Pediatric Infectious Disease

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

How Does ERAS Work?

Four components comprise ERAS: the applicant's Web application (MyERAS), the Dean's Office Workstation (DWS), the Program Director's Workstation (PDWS), and the ERAS PostOffice. Applicants must go to the ERAS Web site to complete an application and program designation list and to transmit them to the electronic ERAS PostOffice for processing. The designated dean's office attaches the applicant's transcripts, Medical School Performance Evaluation (MSPE)/dean's letter, and letters of recommendation using the DWS, then transmits the documents to the ERAS PostOffice for the programs designated by the applicant. The program directors download application materials using the PDWS from the ERAS PostOffice.

What are the advantages of using ERAS?

ERAS saves time. 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.

Also, ERAS is very user friendly. It is very intuitive, and the easy-to-follow instruction manual guides you through the application completion with relative ease.

ERAS offers a great deal of 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.

Who can use ERAS?

- Adolescent Medicine
- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- **Family Medicine**
- Internal Medicine (including preliminary programs)
- Neurology
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Orthopaedic Surgery
- Osteopathic Internships *(26 specialties)*
- Otolaryngology
- Pathology (including preliminary programs)
- Pediatrics
- Pediatrics/Psychiatry/Child Psychiatry
- Physical & Rehabilitative Medicine
- Plastic Surgery
- Preventive Medicine
- Psychiatry
- Combined Med-Peds
- Radiation Oncology
- Sleep Medicine
- Surgery
- Transitional Year
- Army and Navy residency programs
- Combined Psychiatry/Neurology
- Vascular Surgery – Integrated

Fellowship specialties using ERAS are:

- Allergy/Immunology
- Cardiovascular Disease
- Colon and Rectal Surgery
- Endocrinology
- Female Pelvic Medicine and Reconstructive Surgery
- Gastroenterology
- Gynecologic Oncology
- Hematology
- Hematology/Oncology
- Infectious Diseases
- Interventional Cardiology
- Maternal – Fetal Medicine
- Medical Genetics
- Nephrology
- Neonatal/Perinatal Medicine
- Oncology
- Pediatric Cardiology
- Pediatric Critical Care Medicine
- Pediatric Emergency Medicine (ER & Peds)
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology/Oncology
- Pediatric Infectious Disease
- Pediatric Nephrology
- Pediatric Pulmonology
- Pediatric Rheumatology
- Pediatric Surgery
- Pulmonary Medicine
- Pulmonary/Critical Care
- Rheumatology
- Thoracic Surgery
- Vascular Surgery

(Note that some programs may not participate and may require applicants to complete a paper application. 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 of program participation, you should contact the programs in which you're interested before you apply.

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 (IMGs) should contact the Educational Commission for Foreign Medical Graduates (ECFMG) early for instructions about applying to residency programs using ERAS. If you have questions, see **www.ecfmg.org/eras** for details. Section 2 of Strolling 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.

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 paper). 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 process after the ERAS software has been released, so directly contact the program before applying.

Step 2

U.S. medical students and graduates should contact the dean's office at their schools of graduation to determine when ERAS packets will be available. IMGs and Canadian applicants should contact their designated deans' offices to get procedures for obtaining an ERAS packet. Applicants should get an ERAS packet 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 on-line help will guide you through the completion of the ERAS application.

Step 4

Take 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

The Applicant Documents Tracking System (ADTS) uses e-mail to acknowledge documents that are downloaded by programs. Check your e-mail frequently for requests for additional information and invitations.

What are the 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, their program requirements and the mechanism (ERAS or paper) 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 to guide you through the process of completing your ERAS application.

Step 4

Send a recent photograph to the EFDO

- Contact your medical school of graduation and have them send your MSPE/Dean's Letter (if available) and transcript directly to the EFDO.
- Direct all letter of recommendation writers to send letters directly to the EFDO.

Step 5

The Applicant Documents Tracking System (ADTS) uses e-mail to acknowledge documents that are downloaded by programs. Check your e-mail frequently for requests for additional information and or interview invitations.

How does the Dean's Office Workstation (DWS) work?

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

The EFDO and schools 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.

How does the Program Director's Workstation (PDWS) work?

The PDWS is organized into electronic file folders by applicant identification number. It 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].

Where can I find help if I need it?

Your dean's office is always the first step in resolving and troubleshooting problems. Another option is MyERAS, which has an on-line help feature, ASK F1, to help you while you're using the software. It also has an instruction manual that provides a breadth of information. The ERAS website at **http://www.aamc.org/eras** has a frequently asked questions (FAQ) section. Applicants also can e-mail **myeras@aamc.org** with questions not answered by the ERAS FAQ. The response time is typically one business day.

Section 1

CHOOSING A SPECIALTY

HOW TO CHOOSE A SPECIALTY

This section provides information about various specialties, factors to consider in choosing a specialty and

- a bibliography of books, web sites 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 **http://fmignet.aafp.org/**

Choosing a specialty may be one of the most difficult decisions you will ever 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 you 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 non-clinical 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, 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. But be completely honest with yourself so you will be confident of your choices. You may find it particularly difficult to be frank with yourself about your own abilities. 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 touchstone during this phase of the specialty choice 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?

With Regard to the Practice Characteristics of a Particular Specialty, What Do You Know About…

- the type and degree of patient contact?
- the type of patient treated?
- the type of skills required?
- the type of disease entities and patient problems encountered?
- the variety of practice options available within that specialty?
- the type of research being done in that specialty?
- the type of lifestyle afforded?

With Regard to the Residency Training Programs for a Given Specialty, What Would You Like to Know About …

- the length of training?
- the goals of training? (What does residency training prepare you to do?)
- the availability of residency positions? (How many slots are available? What is the level of competition for those slots?)
- the differences between training programs within the same specialty? (Are there geographic differences? Are there institutional differences?)
- the potential for further training following a residency? (What are the requirements for subspecialty training or fellowship training?)

With Regard to the Overall Outlook for a Particular Specialty, What Would You Like to Know About …

- the availability of practice opportunities? (How much competition is there for patients or practice sites?)
- any current trends or recent changes in practice patterns for that specialty? (How has it been affected by the cost of professional liability insurance? By changes in Medicare reimbursement policies or health care reform legislation?)
- any foreseeable additions to the repertoire of that specialty? (New technologies, new drugs or new techniques?)

You already have a great deal of information at your fingertips if you need help answering some of these questions. 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.

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 (i.e., 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 and American Academy of Pediatrics give medical students the opportunity to join as members, for free.

National meetings, such as the AAFP-sponsored National Conference of Family Medicine Residents and Medical Students, are also valuable sources for information about specialty choice, visit **www.aafp.org/nc** for more information. 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 (AMA-MSS), American Medical Student Association (AMSA), Family Medicine Interest Groups (FMIG), the Organization of Student Representatives, Association of American Medical Colleges (OSRAAMC), the Student National Medical Association (SNMA), the Latin American Medical Student Association (LMSA) or the Asian Pacific American Medical Student Association (APAMSA).

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 you can choose an outside elective or clerkship. You can arrange a

clerkships either with private physicians in the community or at another teaching institution. The clerkship can be purely clinical or have a component of research or community outreach. Ask your medical school advisor or student affairs office for information about locally-available clerkship opportunities. Or contact your local medical specialty society, national medical specialty societies, Area Health Education Center or other teaching institutions (medical school departments or residency programs) for information about clerkships. Go to the AAFP student web site at **http://www.aafp.org/clerkships** for a directory of clerkships and electives in family medicine and related clinical areas.

We strongly advise that you begin planning 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 (GMED), American Medical Association, 2011 – 2012 Edition.

Often referred to as the "Green Book." The official list of all residency training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) for all specialties. Includes the accreditation requirements for each type of training program and some statistical information on numbers of residents and residency positions for each specialty. Available in most medical school libraries and also available for purchase online from the AMA online at **https://catalog.ama-assn.org/Catalog**.

Check to see if your Dean's office or Admissions Office has a subscription to the online version.

How to Choose a Medical Specialty, Anita D. Taylor, Philadelphia: W.B. Saunders Co., 4th Edition, 2003.

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.

Iserson's Getting into a Residency: A Guide for Medical Student, Kenneth V. Iserson Galen Press, Student Ltd, 6th Edition.

A step-by-step guide through 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.

The Ultimate Guide to Choosing a Medical Specialty, Brian S. Freeman, M.D., McGraw-Hill Publication, 2004.

Written by residents for students, this resource profiles the major medical specialties and gives insight on the specialty decision making process.

Web Sites

Careers in Medicine (CiM) hosted by the Association of American Medical Colleges.
http://www.aamc.org/students/cim/start.htm

Fellowship and Residency Electronic Interactive Database (FREIDA Online) hosted by the American Medical Association
http://www.ama-assn.org/ama/pub/category/2997.html

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

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

Virtual FMIG hosted by the American Academy of Family Physicians
http://fmignet.aafp.org/

Which Medical Specialty For You (online brochure PDF) hosted by the American Board of Medical Specialties (ABMS).
http://www.abms.org/Downloads/Which%20Med%20Spec.pdf

Journal Articles

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

Rabinowitz HK, Paynter, NP. **The rural vs urban practice decision.** MsJAMA Online 2002, 287: 112.

Schafer S, Shore W, Hearst N. **Is medical school the right place to choose a specialty.** MsJAMA Online 2001, 285: 2782-2783.

Green, Marianne MD; Jones, Paul MD, John T. Jr., PhD. **Selection Criteria for Residency: Results of a National Program Directors Survey.** Academic Medicine. March 2009, 84:362-367.

How to Obtain Specialty Information Within Your Medical School

The divisions and departments within your own medical school are primary and accessible sources of information about various specialties and residency programs. The Division/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. You might want to compile all the information from departments and divisions 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.

Division/Department Information Form for Residency and Specialty Information

Division/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.

Specialty	Duration of Training
Allergy and Immunology	2 years (Requires completion of three-year internal medicine or pediatric residency.)
Anesthesiology	4 years (includes PGY1 – transitional/preliminary year)
Colon and Rectal Surgery	1 or 2 years (Following completion of a general surgery residency.)
Critical Care Medicine	1 or 2 years (Following completion of an anesthesiology or internal medicine residency.)
Dermatology	4 years (Programs may be four years, or three years following one year in medical or surgical training program.)
Dermatopathology	1 – 2 years (Requires completion of a dermatology or pathology residency.)
Emergency Medicine	3 – 4 years
Family Medicine	3 – 4 years
General Surgery	5 – 6 years
Internal Medicine	3 years
Infectious Disease	2 years (Requires completion of an internal medicine residency.)
Neurological Surgery	5 years (Requires completion of one year general surgery training.)
Neurology	4 years (Programs may be four years, or three years following one year in internal medicine, or another type of training program.)

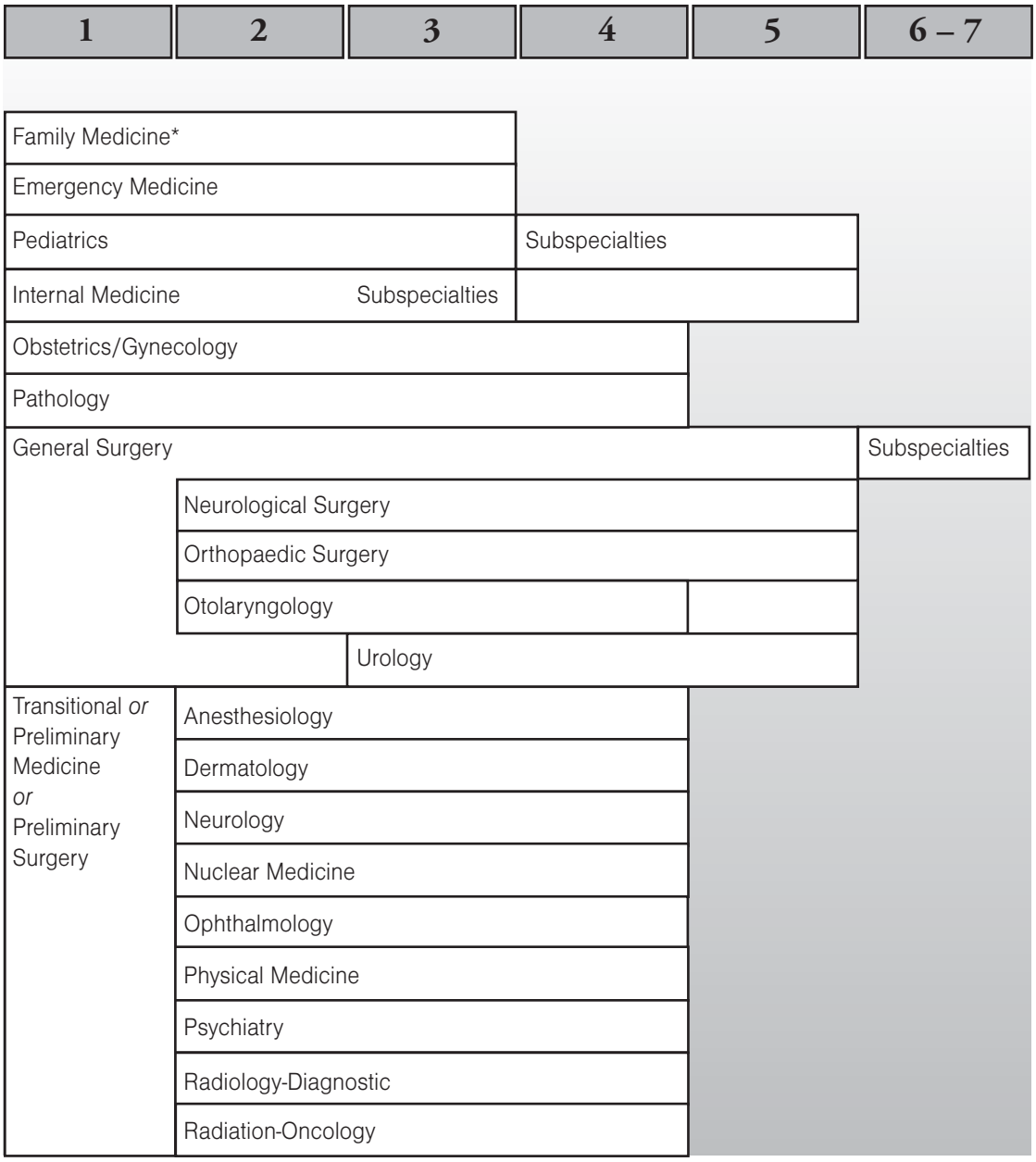
Specialty	Duration of Training
Nuclear Medicine	3 years (Requires completion of two years "preparatory" training that provides broad experience in clinical medicine.)
Obstetrics-Gynecology	4 years (Programs may be four years, or three years following one year in another type of training program.)
Ophthalmology	4 years (Programs may be four years, or three years following one year in another type of training program.)
Orthopaedic Surgery	5 years (Program may be four years when preceded by general medical specialty residency. Five years includes one year of non-orthopaedic and four years of orthopaedic education.)
Otolaryngology	5 years (Three years progressive training and one additional year in another type of training program. Requires at least one year of general surgery.)
Pathology	4 years (Most programs are four years which includes training in both anatomic and clinical pathology. Some may be three years for either anatomical or clinical alone.)
Pediatrics	3 years
Physical and Rehabilitative Medicine	4 years (Programs may be four years, or three years following one year in another type of training program.)
Plastic Surgery	6 – 7 years (Requires a minimum of three years training in a general surgery residency or completion of otolaryngology or orthopaedics residency.)

Specialty	Duration of Training
Preventive Medicine	Variable years (Requires completion of (1) clinical phase — i.e., at least one year of training in family practice, internal medicine, pediatrics, obstetrics, or transitional year program, (2) academic phase—Master's of Public Health, (3) practicum phase—one year of supervised application of skills within a field of special study. Types of preventive medicine residencies are (1) public health and general preventive medicine, (2) occupational medicine, (3) aerospace medicine.
Psychiatry	4 years (Program may be four years, or three years following one year of another type of training program.)
Child/Adolescent Psychiatry	5 years (Requires two years general psychiatry and two years child/adolescent psychiatry following one year of another type of training program.)
Pulmonary Medicine	2 years (Following completion of an internal medicine residency.)
Diagnostic Radiology	4 years plus PGY1 – transitional/preliminary year
Radiation Oncology	4 years plus PGY1 – transitional/preliminary year
Rheumatology	2 years (Following completion of an internal medicine residency.)
Thoracic Surgery	2 to 3 years (Following completion of a general surgery residency.)
Transitional Year	1 year
Urology	5 years (Requires two years of general surgery followed by three years of clinical urology training.)
Vascular Surgery	1 or 2 years (Following completion of a general surgery residency.)

This information is derived in part from the Graduate Medical Education Directory (GMED) published by the American Medical Association. The directory contains the accreditation guidelines for residency training. Additional information also is available in the GMED Companion — An Insider's Guide to Selecting a Residency Program published by the AMA. Check your medical library for copies of these directories 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") for the official requirements.



* Post graduate 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 **http://www.aafp.org/fellowships/**

Other Types of Training Programs

With the exception of Transitional Year 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 Graduate Medical Education Directory. Other types of post-graduate training programs, called fellowships (usually one to two years), may lead to sub-specialty certification or specialty certification with added qualifications. 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

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, Virginia 22314-3579
(703) 739-2240
www.asma.org

American Academy of Allergy, Asthma and Immunology
555 E. Wells Street, Ste. 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, N.W.
Washington, D.C. 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 Blvd.
Elk Grove Village, IL 60007-1098
(847) 434-4000
www.aap.org

American Academy of Physical Medicine and Rehabilitation
One IBM Plaza, Ste. 2500
330 N. Wabash
Chicago, IL 60611-7617
(312) 464-9700
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
9111 Old Georgetown Road
Bethesda, MD 20814-1699
(301) 897-5400 or (800) 253-4636
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
61 Broadway
New York, NY 10006-2755
(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
P.O. Box 3099
Alexandria, VA 22302
301-263-9000
www.acg.gi.org
AND
American Gastroenterological Association
4930 Del Ray Avenue
Bethesda, MD 20814
(301) 654-2055
www.gastro.org

American College of Legal Medicine
1111 N. Plaza Drive Suite 550
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
545 Mainstream Drive, Ste. 110
Nashville, TN 37228
(615) 324-2360
www.acnp.snm.org

American College of Obstetricians and Gynecologists
409 12th Street., S.W.
Washington, D.C. 20090-6920
(202) 638-5577
www.acog.org

American College of Occupational and Environmental Medicine
25 Northwest Point Blvd, Ste. 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
1307 New York Avenue, N.W. Suite 200
Washington, D.C. 20005
(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
350 Fifth Avenue, Suite 801
New York, NY 10118
(212) 308-1414
www.americangeriatrics.org

American Psychiatric Association
1000 Wilson Blvd, 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 Blvd.
Linthicum, MD 21090
(410) 689-3700 or toll free (866) 746-4282
www.auanet.org

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Section 2

IMG RESOURCES

IMG RESOURCES

Medical schools outside of the U.S. and Canada vary in educational standards, curriculum, and evaluation methods. The information below 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 their 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.

ECFMG

What is the ECFMG?

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

Requirements for ECFMG Certification: IMGs 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 (FAIMER) https://imed.faimer.org/, and release of legal claims.
2. **Examination Requirements:** IMGs must pass Step 1 and Step 2 of the USMLE (United States Medical Licensing Exam) that are the same exams taken by U.S. and Canadian grads. Time limits may apply. Detailed information on USMLE is available at www.usmle.org
   - Medical Science Exam
     - Pass Step 1 of the USMLE
     - Pass Step 2 CK (clinical knowledge) of the USMLE
   - Clinical Skills Exam
     - Pass Step 2 CS (clinical skills) of the USMLE
3. **Medical Education Credential Requirements**
   - Physician's medical school and graduation year is listed in IMED (International Medical Education Directory)
   - 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 both begin the certification process. Since one of the requirements of certification is the verification of your medical school diploma, you cannot complete the process until you are graduated.

You can apply for the required exams as soon as you meet the exam eligibility requirements. All of the required exams are offered continually throughout the year.

Applying to Graduate Medical Education Programs

FREIDA is the online directory of graduate medical education programs sponsored by the American Medical Association. The AAFP also offers a family medicine residency directory which can be accessed online. 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.

ERAS is the application service: Most programs require applicants to submit their applications using the Electronic Residency Application Service (ERAS). The ECFMG coordinates the ERAS application process for IMGs. www.ecfmg.org/eras

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

Residency Program Requirements

Many residencies list their program's requirements for applicants on their websites, such as medical school graduation year, type of visas accepted, or number of attempts on USMLE exams. Investigate residency requirements to direct the submission of your applications appropriately.

The Scramble, or the SOAP?

The Scramble is the period of time after the Match when applicants who did not match attempts to find and try to obtain one of the remaining unfilled residency positions. 2012 will mark the last year for this process to take place.

The NRMP offered the SOAP (Supplemental Offer and Acceptance Program) as a replacement for the managed "Scramble" program. The SOAP is scheduled to launch Match Week 2012. Some residency programs will participate in the Match and the SOAP, but others may still fill all of their positions outside of the Match.

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.

View Section 7, The SOAP, in this book to find more information about this new process.

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 US Department of State to sponsor foreign national physicians for the J-1 VISA. Questions on obtaining a VISA should be directed to your residency program staff the US embassy or consulate in your country of residence or the U.S. Citizenship and Immigration Services.

Resources

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

ECFMG *Information Booklet*

Reference Guide for Medical Education Credentials

International Medical Education Directory (IMED)

The ECFMG *Reporter* – free newsletter

VISA Information

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

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

Graduate Medical Education Resources

AAMC ERAS Website
www.aamc.org/students/eras

National Resident Matching Program (NRMP)
www.nrmp.org

Graduate Medical Education Directory
www.ama-assn.org

AAFP Directory of Family Medicine Residency Programs
www. aafp.org/residencies

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Section 3

PREPARATION

PREPARATION

Preparing Your Credentials

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

How to Prepare Your Curriculum Vitae

Though you may not have prepared a formal CV ("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 multi-purpose, personal application form for employment, educational opportunities, honors and awards, membership or participation in an organization.

Learning to prepare a good CV now will help you throughout your professional life. It is a living, not a static, 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 word curriculum vitae, or CV, more frequently than résumé. Because of the nature of the medical profession, where the years for preparation are highly structured and generally comparable from institution to institution, a chronological format for the medical CV is often preferred.

Many reference books offer advice on different formats for preparing CVs and résumés. Some of these are listed on page 32.

HERE ARE SOME TIPS TO HELP YOU GET STARTED:

General Tips

- A chronological CV should be arranged in reverse chronological order. It should be apparent immediately 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. Everybody's 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. You can be specific about your level of participation in a project or activity, but don't be misleading (i.e., you can say you coordinated membership recruitment for your AMSA chapter, but don't say you were "president" unless you were).

If you still need more information, contact your dean's office. They may be able to share samples and provide additional guidance.

Personal Data

Give your full name. Make sure you can be reached at the address, telephone number and e-mail address that you list. Use a professional e-mail address that you check often. For example, if you current personal e-mail address is /hotmedstudent@hotmail.com, you might want to create a more professional address like Janedoe1@gmail.com. You should check each frequently. Include hospital paging phone numbers, if appropriate. Indicate if there are certain dates where you can 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 or 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 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 (i.e., med tech, nurse's aide, research assistant, etc.) or that show breadth in your work experience (i.e., 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, you'll want to include things like 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 both personal and professional references. These names may be included in the CV, appended as part of a cover letter or application form, or noted "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 a useful exercise 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.

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, M.D., expected May 2010
University of Pennsylvania, M.S. in Biology, June 2003
Oberlin College, B.S. in Biology, June 2002

HONORS AND AWARDS

Family Medicine Interest Group Leadership Award, 2007
Outstanding Senior Biology Award, Oberlin College, 2001
Dean's Award, Oberlin College, 2001

PROFESSIONAL SOCIETY MEMBERSHIPS

American Academy of Family Physicians, 2006 to present
Pennsylvania Academy of Family Physicians, 2006 to present
American Medical Association, 2006 to present
Pennsylvania Medical Society, 2007 to present

EMPLOYMENT EXPERIENCE

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

EXTRACURRICULAR ACTIVITIES

Family Medicine Interest Group, 2006 to present
Youth Volunteer – Big Sisters
Outside Interests – Piano, poetry, reading, running, walking, cycling, travel
Special Qualifications – Private pilot license, 2001. Fluent in French

PUBLICATIONS

Ross, Jessica, Robert Phillips, Andrew Bazemore. Does Graduate Medical Education Also Follow Green. *Arch Internal Medicine.* 2010;170(4):389-396.
"Make Time to Get Involved in Your Community", The Community Service Connection, Spring 2002.
"10 Tips for Effective Leadership," *AAFP News Now,* Fall 2009.

SUGGESTED BOOKS ON CVS AND RÉSUMÉS

- *175 High Impact Résumés,* Richard Beatty, John Wiley and Sons, 3rd Edition, 2002.
- *Résumés,* Taunee Besson, Perri Capell, John Wiley and Sons, 3rd Edition, 1999.
- *Résumés and Personal Statements for Health Professionals,* James Tysinger, Galen Press, Ltd. 2nd Edition, 2001.
- *Résumés for Better Jobs,* Lawrence Brennan, Stanley Strand, Edward C. Gruber, IDG Books
- *The Perfect Résumé,* Tom Jackson, Ellen Jackson, Main Street Books, 1996.
- *The Résumé Makeover,* Jeffrey Allen, John Wiley and Sons, 2001.

You can find many more titles at your local library or bookstore. Some libraries offer online videos dedicated to CV and résumé writing that you can check out. And most cities probably have at least one résumé writing service available.

HOW TO WRITE A PERSONAL STATEMENT

A part of every application process is the preparation of a personal or autobiographical statement. Generally speaking, the application forms for residency positions will request a personal statement. In other instances in which you are preparing your credentials for a job or another type of position, you will want to include the substance of a personal statement in the form of a cover letter to your CV.

If you will not participate in ERAS and will complete a paper application, the personal statement serves to complement and supplement your CV with a description of your qualifications and strengths in narrative form. Like a CV, it is written for a specific purpose or position. You want to convey to your reader how and why you are qualified for the position to which you are applying. In the case of a residency position, you want to emphasize the reason 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.

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:

- Write in complete sentences.
- Avoid abbreviations — don't assume your reader knows the acronyms you use. As a courtesy, spell it out.
- Avoid repetitive sentence structure.
- Avoid using jargon. If there is a shorter, simpler, less pretentious way of putting it, do so.
- 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.

- 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 a friends or relatives with writing or editing skills, enlist their help. In any case, give yourself enough time to prepare a well-written statement. Remember, in the early part of the residency selection process, your writing style is the only factor your reviewers can use to "know" 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.

ERAS includes a simple text editor for typing your personal statements; however, you may complete your personal statement using word processing software that lets you make changes more easily and take advantage of the available editing features, such as spell check. After you've completed the final text, save your document as a text file. Then use the "cut and paste" feature to add your information to the personal statement section of your ERAS application. Before you assign the personal statement to a program, print a copy for review to ensure there are no hidden page breaks or special characters embedded from the word processor. Your personal statement(s) must be assigned individually to each program. The MyERAS Web site has a link that 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. Most people don't have any problem identifying personal references. Letters of reference from particular department heads or faculty present the greater problem.

These letters can be very valuable to program directors looking for some distinguishing characteristics among the many applications they receive. After reading this manual, everyone will know how to write a good CV and personal statement. The quality of your letters of reference may be the strength of your application.

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

A. Importance

Your letters of reference often become an important reflection of your academic performance and can also serve as an important source of information about your non-cognitive qualities.

B. Number of Letters

1. 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.

2. Be sure to follow directions from the program brochure. 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.

3. 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.

C. Timeline

1. Starting

   a. 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."

   b. As a courtesy, make arrangements for obtaining letters as soon as possible. You may begin now by requesting letters from previous rotations. Sometimes there is a real advantage in postponing a letter request until you have had a specific rotation if it is obviously an important one for your particular interest.

   c. Allow at least a month from the time you request a letter until it must be delivered. Bear in mind that faculty are often out of town and that faculty members usually have multiple letters to write.

A. Requesting a Letter

1. 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 the program brochure.

2. When possible, choose someone who knows you well over 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.

3. Letter from a mentor in specialty of choice.

4. Avoid requesting a letter from a resident or fellow. They may have the best command 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 the attending can consult them for input if needed.

5. Help the person preparing your letter by providing a curriculum vitae, a personal statement and a photograph.

6. Make an 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®

ERAS allows you to request as many letters of reference as you deem necessary; however, MyERAS will allow you to assign a maximum of four letters to each program. For example, you may request letters of reference from twenty (20) different individuals. However, you may assign only a maximum of four of the twenty letters to each program. Writers must submit the letters directly to your designated dean's office. Talk to your designated dean's office to determine their preferred format. MyERAS can print an instruction memorandum customized for each writer. The memorandum explains how to prepare the letter of reference for ERAS and where the letter should be sent. Follow up with letter writers to ensure that the letter arrives in a timely manner and check with your designated dean's office to ensure that the letters have arrived in advance of your first application deadline. Consider having a back-up letter in the event that one does not reach the dean's office before your established deadline.

WHAT ABOUT THE MEDICAL SCHOOL PERFORMANCE (MSPE)?

Sometimes, the MSPE is also referenced by students and others as the dean's letter. The MSPE 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 a MSPE in many schools entails a meeting with your dean or his/her designee so it can reflect some personal insight into your performance and career goals.

As with the dean's letter, November 1 is the standard release date for the MSPE. Whether you're applying to all of your programs via ERAS or via other channels, schools will not release the MSPE until November 1. ERAS is programmed to embargo the MSPE at the ERAS PostOffice until 12:01 a.m. on November 1. The only exception is MSPEs for fellowship applicants. They are available to fellowship programs as soon as they are transmitted from the EFDO.

Other questions you will want to address in preparation for the MSPE are:

- 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, such as 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

Applicants are now required to answer questions concerning whether or not you have been convicted of a felony or misdemeanor.

Notes

Section 4

SELECTING A PROGRAM

RESIDENCY SELECTION STEPS

There are three steps to the process of selecting a residency program. The objectives of the first step are identifying the factors that are most important to you in the decision-making process, beginning researching programs and identifying those that you want to learn more about. Your research and the decision-making process should focus on collecting objective information, such as community size, region, call schedule, etc. The Web sites of individual residencies, online and published residency directories, and suggestions from others will be important sources of information for this phase in process. Don't be afraid to attend local, regional or national meetings to help you.

The second step 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 classmates 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, without the pressure of an interview or elective, for reconciling your interests with the pros and cons of a program. 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, Missouri. To learn more about this meeting visit the National Conference Web site at **http://www.aafp.org/nc**

The third step 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.

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 8,600 accredited graduate education programs. These resources will provide information such as the name of the program director, the hospital, the number of hospital admissions, outpatient visits and available residency positions.
http://www.ama-assn.org/ama/pub/category/2997.html

- 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 ten" lists for residency programs. Your objective is to find the training program that best meets your unique goals.

A few specialty societies (American Academy of Family Physicians and American Psychiatry Association for example) have developed their own residency directories, which are accessible on the Web. 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 in your medical library or contact the respective specialty societies (see list of National Medical Specialty Societies beginning on page 22).

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" 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.

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. Again, there is no penalty for making an initial application to as many programs as you want, but consider whether it is worth the cost for both you and the programs if you already know you're not interested.

Based on what you know about yourself, your career goals, and about 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?

- Geographic location
- Type of institution
- Age and stability of program
- Academic reputation
- Frequency of call
- Faculty to resident ratio
- Number and type of conferences
- International electives
- Structure and flexibility of curriculum

- Provisions for maternity/paternity leave
- Availability of shared or part-time residency positions
- Physical characteristics of the hospital — age, atmosphere, etc.
- Presence of other training programs in hospital
- Patient population-racial, gender-based and socioeconomic mix
- Community — housing, employment opportunities for spouse/significant other, recreational activities, etc.
- Opportunities for further postgraduate training in same hospital.

Other important factors may not be on this list. Whatever your criteria, let your rational assessment of your needs determine which options to pursue. After you have sent your application, initiated the MSPE process, and transmitted your transcripts and reference letters, you must now wait to see if you are invited to interview. Assuming that you are invited to interview or that you plan to visit most of the programs on your list, you should once again review your list to determine if there are programs you can eliminate based either upon new information or careful reconsideration.

You may have as few as three or as many as two dozen or more programs where 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 2011/2012 along with basic contact information. Programs not participating in ERAS 2011/2012 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. A selection based upon the information in MyERAS is not sufficient for your career decisions.

Notes

Notes

Section 5

THE INTERVIEW PROCESS

INTERVIEWING TIPS

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.

The key objectives for your interview can be summarized with three goals:

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 those 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. The residency candidate who prepares, in advance, to address all three goals will increase the chance of having a successful match.

   The goals of the programs 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, which adds substance to the selection process for both the candidates and programs.

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

Scheduling

- 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. Since 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.
- There is general agreement, however, that 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.
- Generally speaking, 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/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.
- You can actually learn a fair amount about the surrounding community before you arrive by checking resources, such as your local library, in your current location. Newspapers from that community can tell you about job opportunities for your spouse/significant other, cultural offerings, the housing market, community problems, etc. Local telephone directories may give you a better idea of available support services. Check your local bookstore, travel agency, and auto club for guidebooks on the area. Community Web sites also provide a wealth of information.
- 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 ahead of time 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

These are the things that 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, PDA 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 want to have a chance to talk to other faculty members, residents from different levels of training, as well as 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 want to have a chance to see both 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 ahead of time which questions you want to ask of which type of person (i.e., 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 purposefully want to ask of everyone to see if 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 do you consider are your weaknesses?
- What are your overall career goals?
- How would you describe yourself?
- What do you 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 frequent area of 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 during the interview. It's a good idea to take some notes in your notebook or PDA 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 from 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?

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?

FOLLOW-UP

Immediately Afterwards

- 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." Feel free to take advantage of the invitations if you feel it would help you. 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		
No. and variety of patients		
Hospital library		
Resident evaluations		
Board certification of graduates		
Attending Physicians/Teaching Faculty		
No. of full-time vs. part-time		
Research vs. teaching responsibilities		
Clinical vs. teaching skills		
Availability/approachability		
Preceptors in clinic		
Subspecialties represented		
Instruction in pt. 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 # pts./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*
Provided by: Barberton Citizen's Hospital, Family Practice Residency Program, 155 Fifth Street, N.E., Barberton, Ohio 44203

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 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, eprescriptions)?
2. Does your practice use a Personal Health Record that allows patients to communicate their medical history from home to the healthcare team?

Population Management

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

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 non-physician 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 a leader of a team?

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 patient's expectations (e.g. patient satisfaction surveys)?
3. How are residents involved in helping to enhance practice quality and improve systems innovations? Is QA/PI 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 environment?

Innovative Services

1. What procedural services are offered in your medical home (e.g. obstetrical 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?

FINDING THE RIGHT RESIDENCY PROGRAM FOR GLOBAL HEALTH EXPERIENCE

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 resident 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 resident have participated in the past 2 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?

Notes

Section 6

THE MATCH – WHAT IT IS AND HOW IT WORKS

WHAT IS THE MATCH?

You can find information about the National Resident Matching Program (NRMP) on the Web at **http://www.nrmp.org**. It contains information about registration, deadlines, etc. This site describes, in brief, the basic process through which the Match is conducted.

The NRMP provides a uniform system by which residency candidates simultaneously "match" to first- and second-year postgraduate training positions accredited by the ACGME.

It is uniform in that all the steps of the process are done 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 either 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 Ophthalmology, Urology, and some Plastic Surgery 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 Match process is conducted via the Web using the Registration, Ranking, and Results System (R3). Users can access R3 through the NRMP Web site at **www.nrmp.org** Applicants will pay their registration fee online with a credit card, enter their rank order list, 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, but there 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 of a chance

and if you really want to go somewhere in particular, go ahead and rank it first. The program may not get its top ten choices, and you might be number eleven 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 an 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 are likely to 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 for the purpose of preparing you 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**.

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.**

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.

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.

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 #2, 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 01/15/2012

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Section 7

THE SOAP – SUPPLEMENTAL OFFER & ACCEPTANCE PROGRAM

TO SCRAMBLE OR TO SOAP?

The SCRAMBLE is the process used when unmatched residency applicants vie for unfilled residency positions after the Match. The NRMP offered the SOAP (Supplemental Offer and Acceptance Program) as a replacement for the managed "Scramble" program. The SOAP is scheduled to launch Match Week 2012. Some residency programs will participate in the Match and the SOAP, but others may still fill all of their positions outside of the Match.

SOAP stands for the Supplemental Offer and Acceptance Program and will go into effect during Match Week 2012. The SOAP will overhaul the Match week calendar, so all applicants, both unmatched and matched, will be effected by the changes.

Detailed information on the SOAP process can be found on the NRMP website: www.nrmp.org

Why a new process?

The NRMP cites a couple of issues as reasons to change the process. First, there has been heightened competition for positions, both in the main residency match, and in the Scramble. Over the past decade, the number of unfilled PGY-1 residency positions has declined from 2,228 in 2001 to 1,060 in 2010. Last year, nearly 13,000 applicants participated in the Scramble.

Second, there has been a perceived lack of transparency, oversight, and organization in the Scramble process. Until now, no one organization has had stewardship for the Scramble process. The NRMP hopes to provide organization and accountability to the new format.

What are the new changes?

1. The NRMP will take stewardship of the process
2. Unmatched applicant and unfilled residency program information will be released simultaneously
3. All participating applicants will be required to use ERAS
4. The NRMP's web based system, R3, will now allow unfilled programs to submit preference lists for their empty spots
5. The SOAP will be covered by the Match Participation Agreement
6. Medical Schools and the ECFMG will be required to re-certify the status of their students. Ineligible students will not have access to the Dynamic List of Unfilled Programs.

The following principles will apply to ERAS users participating in SOAP during Match Week:

- The ERAS system will be synchronized to begin with the onset of the NRMP SOAP.
- Only applicants who are certified by the NRMP to participate in SOAP will be able to apply to NRMP unfilled programs using ERAS.
- Applicants who used ERAS during the regular season but did not participate in the NRMP may use ERAS during the SOAP period; however, they will have access only to programs that are not listed on the NRMP List of Unfilled Programs.
- Applicants applying via ERAS will have a limited number of applications they may transmit free of charge during the SOAP period.
- Before and after the SOAP period, the normal ERAS fees will apply.
- Programs may begin downloading applications as soon as the SOAP session opens.
- Non-NRMP participating programs that do not have unfilled positions will be encouraged to update their status in ERAS to indicate that they are "no longer accepting (NLA) applications".

Eligible NRMP applicants:

- Must be able to enter GME on July 1 in the year of the Match
- Will be able to apply only to unfilled Match-participating programs during Match Week

- ✓ Access to the List of Unfilled Programs will be restricted by match status (preliminary or advanced)
- ✓ Must use ERAS and will be able to select only unfilled Match-participating programs
- ✓ Cannot use phone, fax, email, or other methods
- ✓ Cannot have another individual/entity contact programs on applicant's behalf
- ✓ Will be able to accept positions only through SOAP during Match Week

- Can apply to non-Match-participating programs after Match Week

Ineligible NRMP applicants:

- Cannot participate in SOAP
  - ✓ Cannot apply to Match-participating programs using ERAS, phone, fax, email, or other methods
  - ✓ Cannot have another individual/entity contact Match-participating programs on applicant's behalf
- Can apply to non-Match-participating programs during Match Week
  - ✓ Can use ERAS to select non-Match-participating programs
  - ✓ Can use phone, fax, email, or other methods
- Can apply to Match-participating programs after Match Week

Unfilled Programs:

- Must accept applications only through ERAS during Match Week
  - ✓ Cannot use phone, fax, email, or personal contacts
- Must fill positions using SOAP during Match Week
  - ✓ Cannot offer positions to ineligible applicants during Match Week
  - ✓ Cannot make offers outside SOAP during Match Week
  - ✓ Are not required to fill positions during Match Week
- Can add applicants to bottom of preference list

If an applicant rejects an offer or allows an offer to expire, no further offers will be made to that applicant by the same program. Once an applicant accepts an offer, the applicant will not be able to send additional applications via ERAS.

WHAT DOES THE MATCH WEEK TIMELINE LOOK LIKE NOW?

DAY	CURRENT SCHEDULE	PROPOSED SCHEDULE
Monday before Match Week		NRMP sends recertification request to Deans
Wednesday before Match Week		**Noon** • ECFMG data exchange completed • Dean's recertification deadline
Friday before Match Week		**Noon** • NRMP notifies all applicants, regardless of match status, whether they are eligible for the SOAP
Match Week: MONDAY	**11:30 a.m.** • Schools – receive unmatched Seniors Report • Schools – List of Unfilled Programs **Noon** • List of Unfilled Applications Unmatched applicants begin sending applications to unfilled programs	**11:30 a.m.** • Schools – receive unmatched Seniors Report **Noon** • Applicants – Did I Match? • Programs – Did I Fill? • List of Unfilled Positions Posted • Regional Match Statistics • ERAS Opens in SOAP Mode **After Noon** • SOAP Applicants start sending applications through ERAS • Program initiated telephone interviews with SOAP applicants begins (no offers allowed)
Match Week: TUESDAY	**6:00 a.m.** • Schools – Match Notification Letters • Schools – Electronic Match Results • Schools – Match Results (Web) • Schools – Applicant Choice by Specialty • Advanced Data Tables **2:00 p.m.** • Programs – Roster of Matched Applicants	**All Day** • Program initiated telephone interviews continue. • Programs begin entering pref lists in R3 system.

DAY	CURRENT SCHEDULE	PROPOSED SCHEDULE
Match Week: WEDNESDAY	MATCH DAY! **Noon** • School Ceremonies **1:00 p.m.** • Applicants – Where did I Match?	**11:30 a.m.** • Program pref list deadline **Noon** • Electronic SOAP offers begin in the R3 system • SOAP offers are made every 3 hours **3:00 – 5:00 p.m.** • Last valid SOAP offers of the day **After Noon** • Program initiated telephone interviews continue • Programs can continue adding applicants to bottom of pref lists
Match Week: THURSDAY		**MATCH DAY!** **9:00 a.m.** • First SOAP offers of the day are made **Noon** • Second SOAP offers **3:00 – 5:00 p.m.** • Last valid SOAP offers of the day
Match Week FRIDAY		**MATCH DAY!** **9:00 a.m.** • First SOAP offers of the day are made **Noon** • Second SOAP offers • School Ceremonies **1:00 p.m.** • Applicants: Where di I Match? **3:00 – 5:00 p.m.** • Last valid SOAP offers of the day **5:00 p.m.** • ERAS SOAP mode ends
Monday after Match Week	**Noon** • Match Outcomes for all Programs • Match Results by Ranked Applicant	**Noon** • Match Outcomes for all Programs • Match Results by Ranked Applicant

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Section 8
RESOURCES

RESOURCES AND REFERENCES

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

Books of Interest

- *Directory of Family Medicine Residency Programs,* American Academy of Family Physicians, annual publication. Also available on the Web at **http://www.aafp.org/residencies/**
- *Graduate Medical Education Directory (GMED),* American Medical Association.
- *How To Choose A Medical Specialty,* Anita D. Taylor, Philadelphia: W.B. Saunders Co., 4th Edition, 2003.
- *Iserson's Getting Into A Residency: A Guide for Medical Students,* Kenneth V. Iserson, Galen Press, Ltd., 7th Edition, 2003.
- *Resumes and Personal Statements for Health Professionals,* Galen Press, Ltd., 2nd Edition, 2001.
- *The Ultimate Guide to Choosing a Medical Specialty,* Brian S. Freeman, M.D., McGraw-Hill Publication, 2004.

Journals Of Interest

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

Online Residency Directories of Interest

- AMSA's Online Residency Directory hosted by the American Medical Student Association at **http://www.amsa.org/resource/resdir/reshome.cfm**
- Directory of Family Medicine Residency Programs hosted by the American Academy of Family Physicians at **http://www.aafp.org/residencies/**
- Fellowship and Residency Electronic Interactive Database (FREIDA Online hosted by the American Medical Association at **http://www.ama-assn.org/ama/pub/category/2997.html**
- Find a Resident Web site hosted by the Association of American Medical College is an on-line service to assist programs with filling unanticipated avancies and to help applicants identify residency and fellowship opportunities that are not available via ERAS and the NRMP. Print your web browser to **www.aamc.org/findaresident**
- Interactive Internal Medicine Residency Database hosted by ACP-ASIM at **www/acponline.org/residency**

Other Web Sites of Interest

- AAMC Careers in Medicine at **http://www.aamc.org/students/cim/**
- Electronic Residency Application Service (ERAS) at **http://www.aamc.org/students/eras/**
- National Residency Matching Program (NRMP) at **http://www.nrmp.org**
- San Francisco Match site at **http://www.sfmatch.org**
- Virtual FMIG — **http://fmignet.aafp.org/residency.xml**
- AMA Medical Student Section — **http://amaMedStudent.org**

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

American Academy of Family Physicians
11400 Tomahawk Creek Parkway
Leawood, KS 66211
(800) 274-2237
Web: http://www.aafp.org

American Medical Association
515 N. State Street
Chicago, IL 60610
Web: http://www.ama-assn.org

Association of American Medical Colleges/ Electronic Residency Application Service
2450 N Street, NW
Washington, DC 20037-1126
(202) 828-0400
Web: http://www.aamc.org/eras

National Resident Matching Program
2450 N Street, NW
Washington, DC 20037-1127
(202) 828-0566
Web: http://www.nrmp.org

Strolling Through the Match Evaluation Form on the reverse, Please tear off and send to the AAFP. Address on the back.

Strolling Through the Match Evaluation Form

All users of *Strolling Through the Match,* student, faculty or otherwise, are invited to give us their feedback regarding the usefulness of this material.

1. Please indicate the overall usefulness of each of the major sections of this guide:

	Not Useful		Somewhat Useful		Very Useful
A. Choosing a Specialty	1	2	3	4	5
B. The Time Line	1	2	3	4	5
C. Preparation	1	2	3	4	5
D. Selecting a Program	1	2	3	4	5
E. The Interview Process	1	2	3	4	5
F. The Match	1	2	3	4	5

2. Were there any portions which you found particularly valuable? (Please indicate section by the letters A – F as specified above.)

3. Were there any portions which you thought were weak and need improvement?

4. How have you used these materials? (Check all that apply)

_____ as a student

_____ as a faculty advisor

_____ as a lecturer (please specify group or meeting:)

_____ other (please specify)

5. Are there any other resources or references you would suggest adding to the guide? Please list.

6. Any other comments?

Thank you for taking the time to give us feedback. Please return this form to:
Division of Medical Education, Resident and Student Activities Department, American Academy of Family Physicians, 11400 Tomahawk Creek Parkway, Leawood, Kansas 66211

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About the American Academy of Family Physicians

Founded in 1947, the AAFP represents 100,300 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 228 million office visits each year — nearly 84 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 aafp.org/media. For information about health care, health conditions, and wellness, please visit the AAFP's award-winning consumer website, familydoctor.org.

Explore Family Medicine through Virtual FMIG

www.fmignet.aafp.org

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

VIRTUAL FMIG
FAMILY MEDICINE INTEREST GROUP