
A ROADMAP TO PSYCHIATRIC RESIDENCY





Welcome to the wonderful medical field of psychiatry. The authors of this document and the many practicing psychiatrists around the world are thrilled that you plan to join our exciting and ever-changing field. The information provided in this document has been compiled by members in the following organizations: ADMSEP (Association of Directors of Medical Student Education in Psychiatry), AADPRT (American Association of Directors of Psychiatric Residency Training), AAP (Association for Academic Psychiatry), PsychSIGN (Psychiatry Student Interest Group Network), and the American Psychiatric Association (APA). This document is meant to provide a global overview of the residency application process. For questions specific to your application or a specific residency program, we encourage you to speak to your Dean's office, consult your faculty advisor, or review individual residency program websites.

Note to Readers: *This document (A Roadmap to Psychiatric Residency) is a collection of information developed by the organizations named herein, which is intended to be useful to medical students interested in applying for a psychiatric residency program. It does not represent the official policy or views of the named organizations. The information contained in this document is intended to be general advice and is provided as-is and not guaranteed to be correct, complete or current. For any specific situation or question about how the information might apply to a particular situation, individuals are encouraged to consult with their Dean's office, advisors, or other knowledgeable persons such as members of the psychiatry department.*

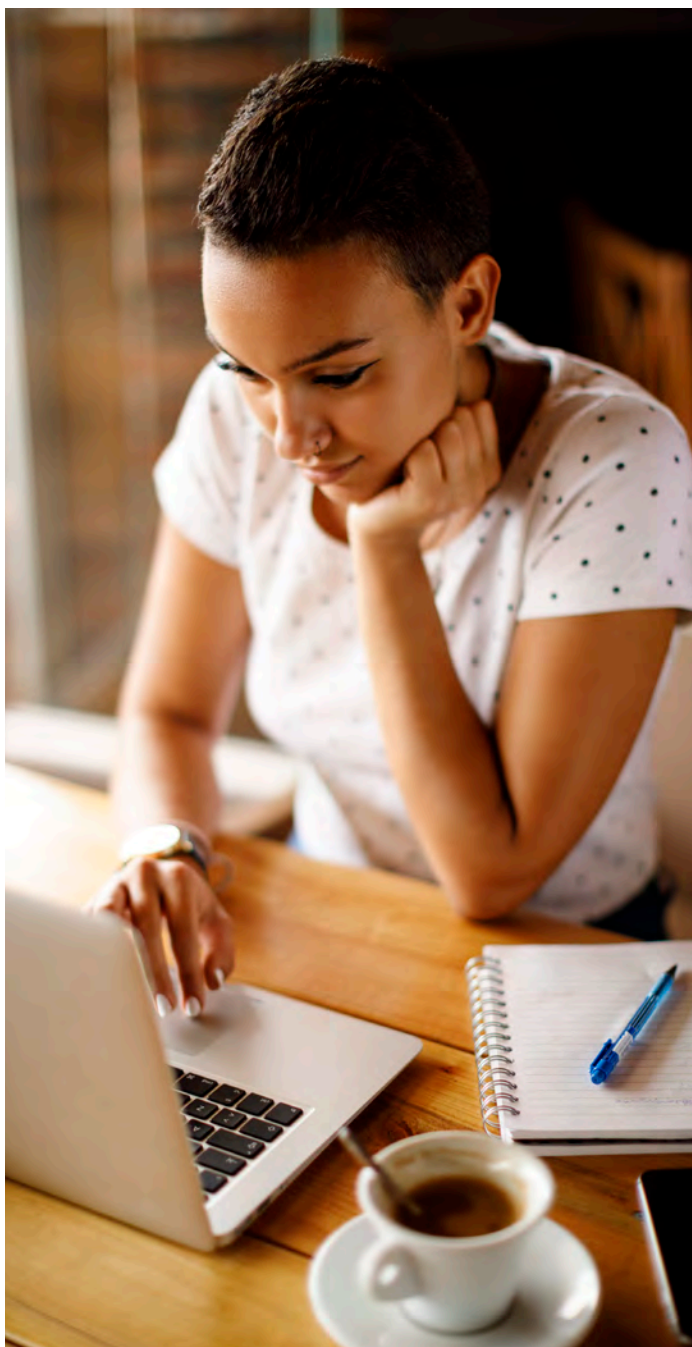


What Should I Do During Medical School to Prepare For a Career in Psychiatry?

Psychiatry programs are generally holistic in their review of applicants. As such, participation in the following are highly valued - longitudinal and meaningful service, leadership, and scholarly experiences that may demonstrate unique individual attributes and a strong commitment to psychiatry. Service activities could include service to the community (e.g., student-run free clinic, community health fair, homeless shelter, volunteering on inpatient psychiatry unit or pediatrics service) or service to the medical school (e.g., committees, student council, and peer support and wellness activities). Roles involving teaching and mentoring other students (e.g., peer tutor, course teaching assistant), or running student interest groups demonstrates desirable professionalism and leadership skills. While most programs do not require research, any form of scholarship particularly related to psychiatry, can strengthen an application. If access is limited to more traditional research experiences, scholarly projects in the areas of patient safety and quality improvement, education/curricular design, and clinical case reports or reviews should be considered. Presentations at professional meetings or publications are especially impressive. Regional or national work with organizations such as the American Psychiatric Association (APA), Student National Medical Association (SNMA), American

Medical Student Association (AMSA), and PsychSIGN may strengthen an application as well as provide opportunities for networking, leadership, mentorship and scholarship. Many of the psychiatric subspecialty organizations, such as child psychiatry or consultation-liaison psychiatry, have free or discounted membership rates for medical students and offer helpful resources and exposure to areas of psychiatry not seen as often in medical school clerkships. Most psychiatry programs are looking to recruit applicants with a diversity of life experiences, passions and skill sets, including those not directly related to psychiatry. These could include accomplishments in the arts, athletics, writing, advocacy, human rights, health policy, anti-racism/bias or global health work and commitment to increasing access to care for particular communities (LGBTQ+, specific racial, ethnic or religious groups, homeless population). Finally, do not fret if you are one of the many who discover their love of the psychiatric profession later in medical school, such as after completing the clerkship. You may write in your personal statement about changing career course and what experiences helped you come to this decision. Consider joining PsychSIGN and/or the APA, and be sure to meet with your specific psychiatry advisor for additional strategies to show your commitment to the field.

THE ROAD TO RESIDENCY begins with choosing your specialty. Often this occurs during your clerkship rotations. Below is a suggested timeline for your third and fourth year of medical school.



Feb-April (of your Clerkship year)	<ul style="list-style-type: none">Plan the MS4 year, including rotations and board examsFind a psychiatry faculty advisorResearch Residencies
May-June	<ul style="list-style-type: none">Talk to the attendings you have worked with to obtain letters of recommendation <i>(Earlier is OK, especially if you had a great experience early in your clerkship year)</i>Meet with faculty advisor
July-September	<ul style="list-style-type: none">Register with your dean's office for information on NRMP/ERASHave your faculty advisor review your personal statementSubmit application into ERASYour application is made available to Residency programs (September 15)
October-January	<ul style="list-style-type: none">Your MSPE is made available to Residency Programs (October 1)In-person interviews (primarily Oct-Dec)
February	<ul style="list-style-type: none">Make final decisions and submit list to ERAS / NRMP
March	<ul style="list-style-type: none">MATCH/SOAP

5

A Roadmap to
Psychiatric Residency

Planning for 4th Year

Every school will have specific requirements for 4th year. A good place to start is to understand what these requirements are, how many required/elective courses you need to graduate, and generally when these courses are offered.

Generally, two specific types of courses are reserved for 4th year students - electives and sub-internship (sub-Is). Electives in psychiatry give you the opportunity to explore various topics and subspecialties, such as Child and Adolescent Psychiatry or Consult-Liaison Psychiatry. Ask your faculty advisor or your school's Psychiatry Residency Program Director how many electives they recommend you take in psychiatry (a general ballpark would be two to three). If you have the opportunity, it can be beneficial to take these electives early, even as early as 3rd year if that is available, to both gauge your interest in psychiatry and demonstrate your interest in the field. Electives are also an opportunity to demonstrate your potential as a student and resident and to request Letters of Recommendation (LOR) from psychiatrists.

Sub-Is are generally completed after your core Psychiatry clerkship. Not all schools offer Sub-Is in psychiatry. However, if your school does, this is another opportunity to explore your interest in psychiatry while also developing more advanced clinical skills. Like electives, Sub-Is are a great opportunity to meet faculty mentors and request LOR.

Sub-Is and other electives can also be completed at an institution other than your home institution, also known as "Away Rotations." At this time Away Rotations are not

required, nor necessarily encouraged, to apply for Psychiatry Residency. Away rotations do allow you the opportunity to see how medicine is practiced elsewhere and to gain experience with a specific program. An Away Rotation is also an opportunity to demonstrate your interest in a specific institution if you have a "dream program" where you hope to receive an interview invitation (although an Away Rotation in no way guarantees that you will receive an interview). Many Away Rotations need to be applied for using a third-party service such as VSAS (Visiting student Application Service) or VSLO, (Visiting Student Learning Opportunities) that may require an application, letters of reference, or other requirements. Make sure to research or contact any program you would be interested in to learn their specific requirements well in advance. Many people begin this process with approximately two to four months left in 3rd year. If you think that you would like to do an Away Rotation, make sure to appropriately budget for travel and rent expenses during this time (some programs may offer discounted housing, and you can also look into options such as Airbnb or RotatingRooms).

A final important note: Only grades that are submitted prior to the release of the MSPE (October 1st) will be seen by programs. If you are taking psychiatry electives or sub-Is and want programs to see your performance, plan to schedule these with enough time in advance to have your grade submitted by October 1st at the latest. (Note that some medical schools will only include third year clerkship grades in the MSPE; if this is the case for your school, you should be able to request an updated transcript once your fourth year psychiatry grades are in).

6 | A Roadmap to Psychiatric Residency



How to Choose The Right Program

The preferences of each residency applicant will be different, and everyone will prioritize different aspects of a program when making their rank list. Program information is available on the FREIDA website (<https://www.ama-assn.org/life-career/freida>), through the AAMC's Careers in Medicine specialty pages (www.aamc.org/cim), and by going directly to program websites. Many students rely on Doximity (<https://residency.doximity.com/>) to help them determine the relative competitiveness of residency programs, but this can be problematic. Doximity's rankings are based primarily on US News & World Report rankings, which tend to prioritize research funding and hospital measures over quality of teaching. The question of which programs might be right for you is a very individual question, and one that is based on your ultimate career goals and what you are looking for in a program.

Unfortunately, none of the resources above provide information that would direct you to specific programs for which you would be competitive. This is something that has been very frustrating to applicants over the years, and the AAMC is currently working on a potential solution. In the meantime, discuss your options with your faculty advisor, who can guide you in terms of programs' competitiveness. Ideally, you will apply to programs that would be considered "reach" programs (slightly above your competitiveness level), "middle of the road" programs (at

your competitiveness level), and "safety" programs (you are likely very qualified for these programs).

We recommend beginning by considering what is important to you in a program. Afterwards, schedule a meeting with your faculty or specialty advisor to ask which programs he/she recommends based on your career goals and competitiveness. In addition, consider getting opinions from recent graduates or residents who have recently gone through the process to find out where they applied and what they liked/disliked about each program – you just might decide to consider a program that you would have otherwise overlooked.

Here are some common things to consider when evaluating a program:

- Location, including whether you can see yourself happily living in that area, cost of living, local job or school opportunities for your significant other, and considerations for potentially raising children in the area, if applicable
- Size of the program/number of residents per class
- Resident morale, including whether residents at the program get along and if there are residents who have left the program, and if so, why. When you are interviewing, residents are also a good place to gauge



the culture of the program, perceptions of faculty and department interests, attitudes of people in the program and opportunities not apparent on the website

- The culture of the resident group, including what the residents do for fun and what their academic interests seem to be
- Career post-residency; what do residents in a program do post-graduation, including jobs they pursue and fellowships they match into
- Work-life integration in the program, frequency of call, moonlighting opportunities
- Rotations offered in a program: the settings, hours, and variety of experiences offered, including off-site rotations, and whether the duty hour policies are meaningfully enforced and observed
- Academics, teaching and research opportunities; didactics, electives, tracks, how research is built into the program, opportunities to present at conferences, opportunities to receive mentorship, and opportunities to take on teaching responsibilities yourself
- Credentialing and reputation, including any accreditation issues or any major upcoming changes to the program

- Chair and other faculty interests, including faculty areas of expertise
- Diversity and inclusion in the department
- The Hospital system; its size, number of residencies and services, and support staff
- Diversity in training and cases, including diversity of patients, training sites, specialty clinics, ECT and TMS training, etc.
- Other considerations, including parking availability, food allowance, childcare availability, gym access, etc.

That said, it is generally helpful to:

- Make a spreadsheet with your main priorities and a running rank list/score sheet based on your priority list. Make a row for each program and a column for each program feature (e.g., location, academics, faculty/residents, etc.); put the features in order of importance.
- Take notes when you interview at a program. Jot down your thoughts immediately so that you do not forget later on the trail.
- Weigh your priorities honestly. Advisors and family may help, but ultimately your list is just that, your list.



How Many Programs to Apply to?

Deciding on the number of applications to submit is a difficult decision with a number of factors involved including geographic location. Students have to consider not only the strength of their application, the types of programs (large versus small, academic versus community, research versus clinically focused, etc.), but also the significant costs involved in the Electronic Residency Application Service (ERAS) and the interviews themselves. The number of students applying to psychiatry overall and the applications per student have dramatically increased over the last five years. This has made the application process more complicated both for students and residency training directors.

To better understand the National Residency Matching Program (NRMP) match for psychiatry, let's take a look at the numbers. Since 2014, the number of US and Canadian students applying to psychiatry through ERAS has increased from 1161 to 2082, an almost 80% increase, even though the total number of US and Canadian students in the match increased by only 15%.¹ Similarly, the number of applications per US and Canadian student applying to psychiatry since 2014 has doubled from 26 to 52. Since ERAS application fees increase as you submit more than 20, and then 30 applications, 52 applications will cost almost \$1000! But is 52 applications the right number anyway? For most students, it's probably significantly more than they need.

While the number of applications for an individual student is still a complicated calculation based on the student's unique circumstances and aspirations, data-driven reports can be useful to consider. One of the most commonly used is the NRMP's biennial report "Charting Outcomes in the Match," which documents how applicant qualifications affect match success. These reports are available for US allopathic and osteopathic seniors as well as international medical graduates and include data comparing matched and unmatched applicants on a number of variables. The variables include, among others, USMLE Step scores and AOA status, the number of "contiguous ranks" (the number of programs ranked in psychiatry before a program in another specialty is ranked), research projects, abstracts/presentations/publications, and volunteer experiences. Applicants may be comforted to know that even applicants with relatively low Step scores are more likely to match than not. A probability of matching graph allows students to better understand how their Step 1 score and rank list length affects their chance of matching. For the 2018 report,² the probability of matching reaches about 80% with five contiguous ranks and over 90% with nine contiguous ranks. While not directly correlated with the number of applications, this report can help provide a goal for the number of programs to interview and rank.



Another potentially useful biennial report from the NRMP is the “Applicant Survey.” The most recent one available is from 2017³ and includes surveys of “US seniors” (U.S. allopathic medical school seniors) and “independent applicants” (everyone else). In that survey, US seniors who matched into psychiatry and those who didn’t applied to a median of 29 and 40 programs, respectively. After applying to a median of 29 programs, those who matched were offered a median of 14 interviews, attended 11 and ranked 10.

A recent addition to the above reports that can be helpful for students applying to psychiatry in the match is the AAMC’s “Apply Smart” report.⁴ This analysis includes students who applied to ERAS in 2011-16 (concluding with the 2017 NRMP match) and used a regression analysis to find a “point of diminishing returns” where the benefits of additional applications is less than adding applications up to that point. For students applying to psychiatry with a Step 1 score >224, the point of diminishing returns was at 13 applications. Even for students with a Step 1 score <205, the point of diminishing returns occurred at only 19 applications. Since each applicant is unique, these numbers should not be used as a strict limit. However, this data does give some information about where the relative benefits of additional applications start declining for most applicants. Although these reports can be quite helpful, the association between the number of applications or interviews and eventual match success rate is influenced by a number of factors that are not included. Did the students apply to only top-notch programs? Did they include lesser-known or newer programs? Did they only apply to programs in big cities on the coasts? Did they do visiting electives at programs they were interested in? Did they include in their application why they might be applying to programs that are far away from their medical school? As the number of applications per ACGME (Accreditation Council of Graduate Medical Education)-accredited residency program has increased from 161 to almost 450 in just the last five years, residency Program Directors are increasingly looking in applications for factors that might predict which students would truly want to rank their program and thus factors like location are becoming more important in selecting

students for interviews. In order to best consider an individual situation, applicants are encouraged to discuss their unique circumstances with their local advisors, Dean’s office, and if available, home residency Program Director. Lastly, what about the all-important interview skills component? Even top scoring students from excellent medical schools who interview poorly are at risk for not matching no matter how many applications they submit. In the end, the number of applications a student submits is only one of the many factors that will determine whether their match is successful.

References

1. **American Association of Medical Colleges Electronic Residency Application Service (ERAS) Residency data.** <https://www.aamc.org/download/358760/data/residency.xlsx>. Accessed November 10, 2018
2. **National Resident Matching Program, Charting Outcomes in the Match: U.S. Allopathic Seniors, 2018.** National Resident Matching Program, Washington, DC. 2018. Accessed November 10, 2018
3. **National Resident Matching Program, Data Release and Research Committee: Results of the 2017 NRMP Applicant Survey by Preferred Specialty and Applicant Type.** National Resident Matching Program, Washington, DC. 2017. Accessed November 10, 2018
4. **American Association of Medical Colleges.** <https://www.aamc.org/cim/481328/applysmartpsych.html>. Accessed November 10, 2018

10 | A Roadmap to Psychiatric Residency



Letters of Recommendation

Letters of recommendation (LOR) are an important opportunity to communicate your personal attributes, strengths, and abilities to programs. LOR usually include the extent to which the writer knows the applicant, specialty to which you are applying, and particular clinical strengths of the applicant in areas such as medical knowledge, interactions with other disciplines such as nursing, and competence performing the psychiatric interview. LOR also frequently highlight personal attributes such as humor or empathy and give an overall level of endorsement. Most Psychiatry programs will require three or four LOR. ERAS allows you to upload a maximum of four LOR to a single program. You can customize which letters are uploaded to which program.

Typically students ask attending physicians from third and fourth year rotations to write letters. Attending physicians who have worked closely with you and who have witnessed your strongest clinical performance typically write the best letters. While you may imagine that a chairperson, training director, or senior faculty member may carry extra “weight,” psychiatry Program Directors generally agree that it is more important that a letter writer know you well than be in an administrative leadership position. Individual programs may have specific requirements about the number of letters written by psychiatrists, but most programs look for at least two from psychiatrists.

Students often ask if all four letters need to be from clinical attendings. Generally, it is fine for one of your letters to be written by a research advisor or someone whom you worked with more longitudinally in the first or second year of medical school, and then hopefully beyond. You should never ask family members and should not ask resident physicians to write your letters.

You should aim to have at least two letters uploaded when ERAS opens, and all four by the time Dean’s Letters are released. If you have a particularly important rotation the fall of your MS4 year, such as a Psychiatry sub-internship or elective, you may consider replacing an earlier letter at the conclusion of that rotation. Usually students waive their right to see the contents of the letter. If you choose not to waive this right, Program Directors may view this as a “red flag.”

Ask your chosen faculty to write letters potentially mid-rotation, at the conclusion of the rotation, or soon after completion. This allows them to draft the letter, even if they cannot yet upload it to ERAS, while your performance is still fresh on their minds. Ideally you should schedule a meeting and ask in person, or ask during your time on that service. Explain what you learned or enjoyed on your rotation and why you are asking this particular writer, before asking if they would be willing to write a strong letter of recommendation for a residency in psychiatry.



Then follow up with an email thanking them for agreeing to write a LOR. Include your CV, specialty choice, and personal statement with your email. If a faculty member shows any hesitation about writing a letter, you may want to rethink the request. If a faculty member volunteers a letter without being asked, you should accept. Faculty are frequently busy and may need at least 4-6 weeks to complete a letter. This means that you should aim to ask your letter writers by August 1st. Monitor when your letters are uploaded and

if, after a few weeks, the letter is not uploaded, send a friendly reminder ("Thank you again for agreeing to write a letter for my application to psychiatry residency. I have attached my CV and personal statement. I am aiming to have all of my letters uploaded by September 15th and would greatly appreciate if the letter could be uploaded by this date."). After the letter is uploaded, be sure to send a thank you note.



Personal Statements

The least structured component of the ERAS application is the personal statement. This is an opportunity for you to inject your personal experiences and thoughts into what is otherwise a very structured application. Most students choose to focus on an experience or series of experiences that ignited or solidified their interest in psychiatry. While there may be many reasons why you are passionate about psychiatry, statements usually are more cohesive and read better if you pick one theme or experience and focus on developing it, rather than jump from one topic to another. Remember that your application will allow you to provide details of your extracurricular activities, awards, and other achievements in other forms, so unless these details are relevant to your career choice, do not restate them in your personal statement. A typical personal statement is approximately one-page in length, single-spaced, in 10-12 point font.

Some people use this space as a means of explaining complicating elements of their application, such as a failed rotation or having to take time off. If you choose to do

this, make sure you weave it into a greater theme of your professional development and your growth as a future physician and psychiatrist. Often, application “red flags” are sensitive issues, so discuss with your advisor how best to approach this.

Remember that the personal statement is still part of what is effectively a job application. Your statement should be well-organized, grammatically correct, and, while “personal” is right there in the title, should not include things you might be uncomfortable talking to a faculty member about. Make sure that someone who is familiar with expectations for a personal statement reads it, provides suggestions and guidance, and helps you edit it. Ask your advisor or another psychiatry department member who is involved in interviewing prospective residents and reviewing applications. If you are going to include a potentially controversial or sensitive subject in your personal statement, such as personal experience with mental illness or substance use, discuss this with your advisor.

13 | A Roadmap to Psychiatric Residency



Nuts and Bolts of The Interview Day

Scheduling

Interviews usually run from mid-October through the end of January. Most schools allow students to take one month off for interviews. Keep in mind that you will want to have additional time to prepare for interviews by reviewing each program's website, doing a mock interview with an advisor, etc. If possible, scheduling all of your interviews in one area of the country in one trip can save travel time and money. However, more than three interviews in a week often limits your ability to properly prepare, consistently perform with energy and sincerity, and recall programs accurately. Since many programs fill their interview slots quickly, applicants should schedule interviews promptly after receiving an invitation (ideally within a few hours, definitely within 24-48 hours).

Travel tips

Money is often a concern for applicants. Consider driving to as many interviews as possible to save money. If you must fly, many travel websites that enable you to find the best fares. Additional cost-saving considerations include discounts at local hotels offered by the residency program, home sharing programs like Airbnb, complimentary hotel breakfasts, choosing discounted airport parking, and hotel shuttles to/from the airport and to/from the hospital. Another option is to ask the program if any residents are willing to host applicants. Some programs are receptive and some are not, but it does not hurt to ask the program coordinator.

Preparation for Interview Day

Fortunately, most residency interviews are more relaxed than medical school interviews. Most schools interview within a one day time-frame, and some will schedule a dinner with residents the night before. A typical interview day involves an overview of the program, one or more tours, lunch, and anywhere from two to nine individual interviews. While a minority of programs utilizes structured behavioral interviewing, most interviewers will be interested in if you are a "good fit" for their program and if what they see on paper matches who they are meeting in-person. Some will ask about clinical cases or situations that you found challenging. You can prepare for this by thinking of two interesting or challenging patients from medical school. Consider what you learned from the patient and how the patient influenced your decision to go into psychiatry. Also be prepared to talk about why you chose the field of psychiatry. A mock or practice interview with an attending or resident at your home school is always a great way to prepare.

Most interviewers will ask applicants what questions the applicant has about the program, so it helps to have a list of questions prepared ahead of time. Questions are an opportunity for you to learn about the program, but they also demonstrate your individual interests and even your interview day preparation (review the website). Be aware that the quality and quantity of "lifestyle" questions (e.g. benefits, vacation time, etc.) risks portraying more focus



on benefits than education/training. This information is also available on the website, HR materials, or documents the program provides to you.

Finally, remember that the entire day, including any dinners, is a part of the interview. Program administrators and residents frequently give feedback about seemingly casual interactions. Be sure to be your “best self” in all interactions.

Suggested areas to ask interviewers about:

1. What the program looks for in an applicant/resident
2. Strengths/weaknesses of the program
3. Emphasis on psychotherapy training, including didactics, supervision and clinical experience in different types of psychotherapy
4. Training sites such as subspecialty clinics (e.g., mood disorders, anxiety disorders, eating disorders, med/psych clinics)
5. Resident evaluation process
6. Diversity of patient population
7. Number and variety of training sites and distance from department “home”
8. Availability and quality of other patient-care related areas (e.g., average length of stay, patient diversity, availability of social supports in the community)
9. Foreseeable changes in the department or program (e.g., if the Chairperson or Program Director is leaving it could signal a period of transition for the program)
10. Research opportunities for residents
11. Perception of relationships between psychiatry and other departments at the institution
12. Faculty involvement in activities such as journal club
13. Expectations on internal medicine and neurology rotations
14. ECT and neuromodulation experience/education
15. Training in Telepsychiatry and Collaborative/Integrated Care
16. Perceived teamwork and relationships between residents
17. Resident career paths after graduation, including fellowships

Questions for Residents

1. Why did you choose this program?
2. If you had it to do over again, would you choose the same program? What are the strengths/weaknesses of the program?
3. Do you feel like you have the appropriate level of supervision?
4. Has anyone left the program and are you privy to why?
5. Are you happy here? Do you know of anyone who is very unhappy here? Why?
6. How is call? Is there a nightfloat system?
7. How is PGY-1 morale? PGY-4 morale?
8. How well do residents get along? Do you get along with faculty?
9. Do you feel that the Psychiatry department is well-respected among other departments?
10. How much teaching do you get? Conferences?
11. Do educational activities reliably occur as scheduled?
12. Are you frequently paged out of didactics and other educational activities?
13. How diverse is your patient population?
14. How much psychotherapy exposure and supervision do you get?
15. How does the department seek and utilize resident feedback?
16. What books do you use?
17. Do you have time/opportunities for research and other academic pursuits?
18. How is parking/transportation?
19. What's the cost of living? Where do most residents live?
20. Do you have time/opportunities for moonlighting?



- 21.** How are the facilities? Library? Call rooms? Resident lounge? Computer system? Cafeteria? Exercise facilities?
- 22.** How many residents start families during residency? How accepted is this?
- 23.** Food allowance? Laundry? Lab coats?
- 24.** What are the job opportunities for my spouse/significant other?
- 25.** What do residents do for fun? Do you feel you have adequate free time?
- 26.** Is there low fee psychotherapy available for residents?



Post-Interview Communication

Consider writing thank you notes to any program which you plan to rank. You may consider sending thank you notes to the individual people you interviewed with, the Program Director and the program coordinators and assistants who helped to schedule your interview. However, make sure to know the guidelines for interview and post-interview communication prior to reaching out.

All programs matching through the NRMP process are expected to respect an applicant's right to privacy and confidentiality, accept responsibility for the actions of recruitment team members, refrain from asking illegal or coercive questions, not require second visits or visiting rotations, and discourage post-interview communication.



What Happens If You Do Not Match?

On the third Monday of March, you will learn whether you matched. Students who do not match have the opportunity to participate in the Supplemental Offer and Acceptance Program (SOAP) to apply to any unfilled programs. Please refer to the NRMP website for complete and up-to-date information on SOAP (www.nrmp.org/match-week-soap-applicants/). You should plan to work closely with your medical school Student Affairs Office, faculty advisor, or Career Counseling Office to navigate the SOAP process. Ideally, you will apply to and accept an offer with an unfilled psychiatry residency program during SOAP. However, there have historically been more preliminary medicine, preliminary surgery, and transitional year positions available in SOAP than categorical positions, so you may find yourself being offered a one year preliminary or transitional year, with or without an offer for a residency position for the following year.

If you are unable to secure a preliminary or transitional year position, then you should immediately – before graduation – begin working with your medical school career advising office and faculty advisor on how to strengthen your

application for reapplying in the next application cycle. You should note that there are typically several psychiatry residency programs that offer PGY-2 positions outside of the match and you may be fortunate enough to secure a PGY-2 psychiatry position that will begin immediately following your preliminary or transitional year. If you are not able to secure a residency position during SOAP, then you have a few options to consider. If there are any positions that remain unfilled after SOAP, you can apply directly to those programs. Additionally, you should ask your school to notify you if they become aware of any newly approved residency programs that are looking to fill their new class before July 1. If these efforts are not successful, begin considering how you would like to spend the next year. Examples include: research (particularly within a psychiatry department that has a residency program), pursue a graduate degree (such as an MPH), or delay your graduation (some medical schools, but not all, will allow an unmatched senior to delay graduation by one year - you should discuss the pros and cons of this with your Student Affairs Office and/or advisor.)

17 | A Roadmap to Psychiatric Residency



Special Topics

Faculty Advisors

The faculty advisor, also called a specialty advisor, plays an important role in supporting and guiding you in planning your 4th year schedule and applying to residency. Ideally this will be someone with whom you feel comfortable discussing your goals for the future, your strengths and weaknesses, and any concerns you have about matching successfully. Most students will choose a clinical faculty member with whom they rotated during the third-year clerkships, or a clinical faculty member who taught in the first- and second-year curriculum. You should request a meeting with a potential faculty advisor as soon as you identify an interest in psychiatry since your advisor can help assess your fit and competitiveness for the field as well as identify any steps you can take to make yourself a more competitive applicant. In addition, the advisor can provide guidance as you make decisions about what rotations and electives to pursue in your 4th year and can discuss whether you should consider applying for any away rotations.

We strongly recommend meeting with the advisor early in the summer of your fourth year to discuss how many applications to submit, which programs may be a good fit for you, which are “reach” programs, and which are “safety” programs. After submitting your application, plan to keep in touch with your advisor to update him/her on your interview offers. Prior to canceling any interview offers,

we recommend talking with your advisor to make sure your “balance” of program interviews remains appropriate (e.g., the right mix of reach, middle of the road, and safety programs). Similarly, if you find that you are concerned about not having enough interviews, reach out to your advisor to discuss what steps you should take next; this could include reaching out to programs individually, applying to more programs, or implementing a parallel plan (such as applying to another specialty, or to a preliminary or transition year). Finally, as you finalize your rank order list, know it can be very helpful to have someone look over your rank order list in light of your career goals to make sure that you have not overlooked an important consideration. If you are not comfortable asking your advisor, you should consider asking your Student Affairs office to review your list with you.

Special advice for at-risk students (e.g., leave of absence, repeating a year, course/USMLE failure)

If you have overcome a challenge in your medical education, such as repeating a year, taking a leave of absence, or failing a USMLE exam, then there are certain considerations to keep in mind when applying for residency. The most important thing is to ensure that this challenge is clearly and directly addressed somewhere in your application (e.g., in your personal statement, in your Medical Student Performance Evaluation, and/or in your ERAS application, depending on the issue). There is no need to reveal personal or sensitive



information (e.g., you should not feel obligated to discuss a medical diagnosis, learning disability, or mental health concern). However, you should acknowledge the challenge and ideally discuss how you grew from the experience or what you learned in overcoming the challenge. For example, if you were required to repeat a year, you may talk about how you sought help and changed your approach to studying or test-taking, and how you grew professionally from the experience of repeating the year (e.g., now you more readily realize the limits of your own knowledge or skills and quickly seek the advice of those who can guide you).

In addition, you should carefully review the list of programs to which you plan to apply with your advisor. Ideally, you will apply to more “safety” programs to increase your chances of matching successfully. If you plan to also apply to some programs that your advisor believes are “reach” programs for you, then consider increasing your total number of applications. Be sure to practice discussion of academic difficulties with your advisor prior to interview day.

Finally, as the interview season begins and progresses, stay in regular contact with your specialty advisor regarding your interview invites. It may be particularly helpful for your advisor to reach out to programs on your behalf, especially if your unique situation may make it more likely for your application to not be fully reviewed initially by residency programs.

Considerations for Osteopathic Medical Students

Osteopathic medical students have distinctive medical training which can generate unique considerations for the DO candidate when applying to residency programs. The osteopathic medical profession is rapidly growing throughout the United States. Following medical school, osteopathic physicians complete internship and residency. Post medical school graduate training was traditionally completed in an AOA, ACGME or dually accredited residency programs. As of 2017, a total of 20,482 osteopaths were participating in either an AOA or ACGME program (99% placement rate).¹ As opportunities for osteopathic medical students are changing and expanding, it is imperative that the osteopathic student have familiarity with the AOA, ACGME and the match process.

The ACGME and AOA are quickly moving toward a unified

accreditation system with a deadline set for June 30, 2020. The landscape of residency accreditation is transitioning as we moved from separate AOA and ACGME accreditation systems to a single accrediting body. The DO residency candidate has the opportunity to apply to both AOA and ACGME accredited programs. Starting in 2015, osteopathic residency programs began transitioning to the ACGME accreditation standards. As of November 2018, 72% of AOA programs have applied for or received initial ACGME accreditation. The majority of 2015 AOA positions (77%) have become ACGME accredited.² In the future unified system, the ACGME will be the only accrediting body for all post-graduate medical training. Osteopathic medical students must consider the accreditation status of the programs to which they apply in order to ensure the program will have continued accreditation after June 2020.

Historically, there have been two separate residency matches, the osteopathic National Matching Service (NMS, held in February) and the National Residency Matching Program (NRMP, held in March). While, osteopathic medical students continue to be eligible for both matches; the number of DOs participating in the NMS match in psychiatry has decreased, while the number of DO medical students in the NRMP has increased dramatically over the last few years. This variation is likely the result of the transition to the single accreditation system. Many formerly dually-accredited programs are opting to participate in the NRMP match only. A record high number of osteopathic medical students (4,617) participated in the NRMP match in 2018. The PGY-1 match rate for osteopaths in the 2018 NRMP match was 81.7% (3,771). Two hundred fifty-one osteopathic students/graduates matched into PGY-1 psychiatry residency through the NRMP in 2018.³ When researching programs, the student must determine in which match their desired program(s) is participating. If the DO candidate chooses to participate in the NRMP match only, they should research residency programs to determine which programs have a history of matching with DOs.

The DO medical student is eligible to sit for the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) as well as the United States Medical Licensing Examination (USMLE). The ACGME has made provisions to recognize osteopathic medical training and board certification as proper qualifications. Although the



examinations are viewed as equivalent by the licensing boards, some Program Directors give preference to the osteopathic medical student that takes and passes both the COMLEX and USMLE. It is important to explore the specific program preferences when applying through the match.

Osteopathic medical students often investigate fellowship opportunities when applying to residencies. Medical students are often drawn to residencies that provide specific fellowship opportunities. Currently, a resident must complete an ACGME accredited residency in order to match into an ACGME fellowship. Starting on July 1, 2019, the ACGME Common Program Requirements will recognize AOA residency training as an appropriate prerequisite for ACGME fellowship. The American Osteopathic Board of Neurology and Psychiatry (AOBNP) will continue to offer specialty board certification in 29 specialties and 77 subspecialties, including Psychiatry, Child/Adolescent Psychiatry, Geriatric Psychiatry, Addiction Medicine, Hospice/Palliative Care and Sleep medicine.² The Common Program Requirements will also be updated to recognize the osteopathic specialty boards as an equivalent credential/board certification examination in July 2019. The osteopathic psychiatry resident will therefore be eligible for the American Board of Psychiatry and Neurology (ABPN) and the American Osteopathic Board of Neurology and Psychiatry (AOBNP) board certifications.

References

1. AOA: About Us-OMP Report, 2018. <https://osteopathic.org/about/aoa-statistics/>
2. Adrienne White-Faines, MPH, FACHE, AOA Postgraduate Update. November 2018. 1-3.
3. Results and Data 2018 Main Residency Match. The Match. National Residency Matching Program.

International Medical Graduates (IMGs)

International medical graduates (IMGs) play a pivotal role in the U.S. health care system and make up a substantial proportion of the psychiatry workforce. IMGs often bring adaptability, sound clinical judgment, and maturity to the residency program they join. However, in recent years, applying and matching to residency programs has become somewhat more challenging. With the ACGME's

rejuvenated focus on diversity and inclusion, IMGs will continue to be an essential fabric of our health care system caring for a diverse patient population, especially in Psychiatry. It is clear, however, that given the growing interest in Psychiatry among U.S. Medical Graduates (USMGs), IMGs applying for a residency in Psychiatry should look into strengthening their application based on some of the following suggestions.

U.S. clinical experience in Psychiatry is valued as it familiarizes IMGs with the U.S. health system. It is advisable to gain such experience from an observership or externship, if available. Other ways that applicants often gain similar experience is by participating in clinical research opportunities.

Personal statements are used to succinctly but honestly describe one's journey of immigrating since graduating medical school, along with a sincere description of why you would choose psychiatry over other disciplines. A unique and genuinely-stated personal description stands out over any manufactured samples that you may find online. Gaps in training must be explained clearly. Length and quality of prior training experiences should also be described. In addition, programs often evaluate the quality of medical school and post-graduate training experiences. Maturity, adaptability and life experiences serve as assets to any program. If research is your strong interest, then research background should be highlighted along with any advanced degrees and publications.

USMLE scores are strongly considered by the majority of programs. Some programs put weight on passing Step 3 prior to starting residency for this group. Transcripts from non-U.S. medical schools are different from transcripts from U.S. medical schools. Make sure there is a clear explanation of the grade system. For example, state that 'first class' grading in your school may indicate that you are among the top 5% students there, since it will translate to a 60% score on your transcript, which may confuse the reader of your application.

Strong letters of recommendation from psychiatrists further reinforce the genuine interest of the applicant. Some programs may require a specific number of letters from a Psychiatrist. Specific requirements may be listed on



a program's website. Given the competitive nature of the residency application process, IMGs often apply to more programs than USMGs. Since this becomes expensive, it is wise to review program details and location online, understand if the program will be a good fit for you, and then strategically invest your resources. Be sure to determine what visa a particular program may offer. Many programs offer J1 through ECFMG, which requires a 3-year J1 waiver position post-residency. Other programs may offer an H1b, which requires completion of USMLE Step 3.

While the application process may appear daunting, it is important to keep in perspective that everyone (including USMGs) goes through the same process of matching for residency, and that there is certainly light at the end of this tunnel. Take one step at a time, maintain an unwavering focus on your target, and strategically manage your resources.



Conclusion

We hope this document provides you with helpful information on your road to becoming a psychiatrist. The best is yet to come.

The following persons have contributed to A Roadmap to Psychiatric Residency:

- 1. Carrie Ernst, M.D.**
Icahn School of Medicine at Mount Sinai
- 2. Ellen Guzman, M.D.**
Lewis Katz School of Medicine, Temple University
- 3. Alyse Ley, D.O.**
Michigan State University College of Osteopathic Medicine, College of Human Medicine
- 4. Anna Kerlek, M.D.**
The Ohio State University College of Medicine
- 5. Jessica Kovach, M.D.**
Lewis Katz School of Medicine, Temple University
- 6. Francis Lu, M.D.**
University of California, Davis School of Medicine
- 7. Vishal Madaan, M.D.**
University of Virginia School of Medicine
- 8. John Spollen, M.D.**
University of Arkansas for Medical Sciences College of Medicine
- 9. Evan Taniguchi, M.D.**
PGY3 Psychiatry Resident John A. Burns School of Medicine, University of Hawaii
- 10. Lia Thomas, M.D.**
UT Southwestern Medical Center School of Medicine, Chair of Roadmap to Psychiatric Residency Project
- 11. Christina Warner**
4th year medical student, University of Minnesota Medical School
- 12. Marcy Verduin, M.D.**
University of Central Florida College of Medicine