Alpha Omega Alpha

Residency & Match Manual

University of Missouri—Columbia
School of Medicine

2012-2013

Sponsored by the Gamma Chapter of
Alpha Omega Alpha
and the
Office of Medical Education

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The local Gamma chapter of AΩA is proud to provide you with an updated residency match manual compiled from numerous previous versions. This manual offers basic information on the following: choosing a specialty, fourth-year away electives, preparation of the CV and personal statement, preparation of the Medical Student Performance Evaluation (MSPE), general match information for the military and National Residency Match Program (NRMP), basic interviewing skills, interview follow-up, and a comprehensive list of references for your review. Additional information is presented on the military matching system, the early match, couples matching, and past MU match lists.

As you proceed throughout your fourth year, we wish you the very best and hope that success will find you. Good luck with your final year of medical school.

Sincerely,

AΩA Student Membership

This manual is newly updated for your class. Please keep the following in mind:

1. **Talk to as many people as you can.** The information provided here will offer an excellent overview of the topic, but the details of the process are very important and they change from year-to-year. The most helpful information some people receive came from conversations with people who had different perspectives, such as residents, program directors, and other M4's. Talking to as many people as possible is especially important if you are doing military, early or couples match.

2. Don't take what you hear from any one person as truth. Try to get several opinions. This also applies to FREIDA. It is a great way to find out what residencies are available and how to contact them, but the detailed information is often inaccurate. Check the program's web site for information on call schedules, number of positions, etc.

3. Use the previous years' match sheets. Contact MU alumni at the programs you are interested in; they can be a great source of information.

OVERVIEW OF THE MATCH WITH TIMELINES

GENERAL MATCH

HOW THE GENERAL MATCH (NRMP) WORKS

The National Resident Matching Program provides a guaranteed, uniform, nearly all-inclusive system by which residency candidates are simultaneously "matched" to postgraduate training positions accredited by the Accreditation Council on Graduate Medical Education (ACGME).

It is guaranteed because it ensures that the applicant is matched to the highest ranked hospital on his or her list that offered the applicant a position. In other words, through the match you cannot end up accepting a position if a position you ranked higher was open to you.

It is uniform in the sense that all steps in 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 NRMP match by the end of November (unless you are in the early match—paying to join the NRMP match is not necessary). The NRMP agreement requires that participating hospitals offer all positions to students in all residency programs through the Match. They cannot withhold one or two positions for an early decision before the Match. In addition, participating hospitals and their program directors are prohibited from eliciting information or a commitment from applicants as to which hospitals they are going to rank or how they are going to order their rank list. Similarly, NRMP applicants are prohibited from accepting positions outside of the match and are cautioned not to share information about their rank lists with program directors.

The Match is nearly all-inclusive because it only lists those positions in hospitals with ACGME accredited training programs which have agreed to participate in the Match. There are programs in certain specialties which have elected not to participate. For example, programs in plastic surgery, ophthalmology, and urology have an early match separate from the General Match. In some cases, however, candidates for early match specialties must also participate in the NRMP in order to secure the prerequisite postgraduate training for some of these specialties. It is recommended that you investigate the specifics of your early or military match before spending the time and money registering for the NRMP match.

By mid-February of the senior year, applicants and programs will have entered their rank order lists via the internet. The results are announced mid-March. The Match algorithm is complex and beyond the scope of this manual, but you should be confident that it works to students' advantage. The book you get when you register for the match contains a good discussion of how it works. The bottom line is this: **Candidates are matched to the program they ranked highest on the rank list that offers them a position**. It is definitely true that you should rank programs in your true order of preference, even if you believe your chances of matching to the top one or two programs on your list is unlikely; this cannot and will not hurt you in any way!

A FEW WORDS ABOUT ERAS

The Electronic Residency Application Service (ERAS) is nothing more than an online application system which allows for efficient residency application. Using this system, you fill out one application which is ultimately sent to all programs for which you apply.

ERAS opens in early July for residency candidates to register and to begin filling out application material (https://www.aamc.org/students/medstudents/eras/). Prior to accessing ERAS for the first time, the OME will provide you with a Token Code. The Token Code serves as an individual identifier, and is

required to register for ERAS. It is used only once (your first time) to register and access MyERAS. After the initial registration, you will access MyERAS using a self-created password.

When registering, you will be asked for your AAMC ID number. This can be found on your USMLE Step 1 or Step 2 registration information. If you do not know your AAMC ID, leave it blank. At the end of the registration process, once you click the "Register" link, the system will process your information and create or assign you an AAMC ID. WRITE THIS NUMBER DOWN—you will use it to access MyERAS, the Applicant Document Tracking System (ADTS), the NRMP website, and your Rank List.

As stated above, ERAS is simply an online application. On it you will put information regarding your educational background, your USMLE scores, medical school and other honors, membership in honorary and professional societies, work experience, volunteer experience, research projects, publications, hobbies and interests, as well as your personal statement. Other information that will be scanned in by the OME are your letters of recommendation, an official transcript (get this sent from Jesse; it will cost ~$10), the Medical Student Performance Evaluation (MSPE or "Dean's Letter"), and your photo (a color wallet-size).

The easiest way to explain the ERAS application is to just get online and do it. The ERAS application guideline, which explains anything and everything you need to know about the application process, can be found at http://www.aamc.org/students/eras/guideline/.

The only tricky part worth discussing here is the release of your USMLE scores. Once you choose an option, you can NOT change it. There is a one-time $70 fee for your USMLE transcript. If you choose the "automatic retransmission" option, anytime a new score comes in (i.e. your Step 2 CK or CS score), it is immediately sent to the programs you have applied to. The downside here is that they may see them before you do. However, you are going to have to release them eventually, so this option isn't all bad. If you choose the "retransmit" option, you have to go into MyERAS and resend your USMLE transcript yourself in order to release any new scores that have come in to the programs you applied to. There is no additional fee to do it this way. This guarantees you see your score first and decide if you want to hold on to it a bit longer. Most students in the past chose the "retransmit" option, and not the "automatic retransmission" option.

Another thing to keep in mind is that the ERAS system is arranged in such a fashion as to penalize an individual financially for applying to a large number of programs. This is set up to discourage students from "shotgunning" all programs in their chosen field. For competitive specialties, this is often the only choice, and it is recommended that you list more programs despite the cost. For less competitive, you should only apply to those programs you are really interested in.

Number of Programs Per Specialty / Accrediting Body (ACGME or AOA)	ERAS Fees
Up to 10	$92
11-20	$9 each
21-30	$15 each
31 or more	$25 each

A FEW WORDS ON THE NRMP

The NRMP, as discussed above, provides an impartial venue for matching applicants' preferences for residency positions with program directors' preferences for applicants. It is NOT an application; it is your Rank List. **Applicants must register with both NRMP and ERAS to participate in the services of each!!!** (And you need both services!) Registering with ERAS does not register you with the NRMP, nor does registering with NRMP register you for ERAS.

Register with the NRMP by going to www.nrmp.org. It opens for registration in September, but you cannot begin working on your rank list until January. There is a $50 registration fee paid electronically at the time of registration (there is an additional $50 late fee if you register after November 30th). You will need your AAMC ID number to register and each time you access the site. This is where you will create and modify your Rank List.

Remember, when you register for the Match you enter into a contractual agreement with the NRMP and all the programs that you include on your rank order lists.

Working on your Rank List can be a bit scary. Again, the easiest way to discuss this is to just get online and work on it. It is easiest to use the program search function (the magnifying glass) to be sure you enter the correct program on your list. Don't be afraid to "certify" it—you can always get back in and change it. Certifying saves it, which is really useful if you've been slaving over your Rank List. And remember, if your list is not certified on the Rank List closure date, it will NOT be released, i.e. it will not be entered in the Match. Get it done a few days early (there is sometimes a rush and the system becomes overloaded and unavailable), and then relax. Once Match Day is here, there will be plenty to do!

Helpful websites (one more time):
ERAS registration: http://www.aamc.org/students/eras/
Access to MyERAS: https://services.aamc.org/eras/myeras2013/
ERAS application guidelines: http://www.aamc.org/students/eras/

The OME's address (where to have your transcript and letters of recommendation sent to):
Office of Medical Education
University of Missouri School of Medicine
MA213 Medical Science Bldg.
Columbia, MO 65212
Attn: Suzanne Neff

2012-2013 MAIN MATCH SCHEDULE
(WITH KEY NRMP AND ERAS DATES)

July 2012	Medical Student Performance Evaluation (MSPE) webpage opens.
July 1, 2012	Schools generate and distribute MyERAS Token Codes (needed to register with ERAS) to applicants.
July 1, 2012	My ERAS opens (applicant web-based system for application to residency program).
August 15, 2012	MSPE electronic drafts due.
September 1, 2012	NRMP website opens for applicant Match registration at 11:00 am CST. Application fee of $50. www.nrmp.org
September 15, 2012	Begin transmitting applications via ERAS to residency programs.
September 15, 2012	Last day to add grades to MSPE
October 1, 2012	National release date for MSPE. NOTE: Early & Military Match letters will not be released before this date.
November 30, 2012	NRMP Applicant registration deadline (late fee of $50.00 after this date).
January 15, 2013	Begin entering Match Rank Order List (ROL) via the NRMP website
February 20, 2013	Deadline for late registration for NRMP. Rank Order List (ROL) due and must be entered and CERTIFIED by 8:00 pm CST.
March 11, 2013	"Did I match" information posted to NRMP.org at 11:00 CST. (NOT WHERE MATCHED)
March 11-15, 2013	"SOAP" – Unmatched applicants can begin process of obtaining a residency match. Tuesday--Applicant/program communication Wednesday—11 am CST Program offers begin Cycle (applications, communications, and offers) continue through Friday, 5 pm CST
March 15, 2013	MATCH DAY!!

GENERAL TIMELINE FOR FOURTH YEAR (GENERAL MATCH)

Note a GENERAL Timeline: Don't panic if you're behind!

March-June	▪ Apply for away rotations. Contact the program coordinator at programs for which you are interested in. They will provide accurate deadlines for application material. ▪ Begin drafting your *CV* (useful for those applying to away rotations and asking for letters of recommendation)
June	▪ Begin gathering information on residency programs. Resources: your adviser; websites, letters to program directors, AMA-FREIDA on-line, OME ▪ Begin drafting your *personal statement* ▪ Contact faculty for letters of recommendation (CV& personal statement are useful for them); attach ERAS letter of recommendation cover sheet with waiver
July	▪ CV and personal statement should be nearly completed ▪ Application registration opens for ERAS; MyERAS opens ($70 for USMLE transcript release). ▪ Begin MSPE/Dean's letter
August	▪ MSPE should be finished and approved by the OME ▪ Fall AOA election. Results should be final before ERAS application date, don't delay submitting ERAS applications for this- you can easily update ERAS profile if you are elected.
September	▪ Programs can begin downloading your application (once you complete it). It is possible to see if programs have downloaded your application via the ERAS web site Automated Document Tracking System (ADTS). ▪ NRMP registration opens ($50) ▪ Request a transcript for ERAS from Jesse Hall ($10)
October	▪ Earliest interviews begin ▪ OK to contact programs you not heard from at the end of this month to inquire about interview invitations ▪ Don't forget to register for Step 2 CK and CS (if you haven't taken them already!) ▪ Dean's letter distributed nationwide Oct. 1st
November	▪ Some Interviews are conducted
December	▪ Primary month for interviews. Students often take off this month for travel
January	▪ More interviews ▪ Rank order list opens
February	▪ Rank order list due
March	▪ Matched and unmatched status is e-mailed out to applicants (also in OME) ▪ Filled and unfilled programs posted and SOAP begins ▪ **MATCH DAY – March 15, 2013**

EARLY MATCH

HOW THE EARLY MATCHES (SAN FRANCISCO AND AUA) WORK

Ophthalmology, Plastic Surgery, and Urology residencies are not obtained through the NRMP match. However, the computerized algorithm used to match students and most other details described under "How the General Match Works" are applicable to early match positions as well. The early matches were historically designed to allow students desiring to enter a competitive field the opportunity to go ahead and attempt to match in a second-choice field through the general, or NRMP, match if they do not receive a position in the earlier match. Early match results are typically released in late January, about two months prior to the general match.

Ophthalmology and Plastic Surgery require an application template that is available for download from www.sfmatch.org; **they do not accept ERAS.** For programs with a separate PGY-1 year, you may still be required to register with the NRMP and ERAS to match to your preliminary year. Urology, the other early match, **does** utilize ERAS. However, instead of the NRMP, the AUA conducts the match itself.

If planning to enter a specialty served by either the San Francisco or AUA match, it is invaluable to speak with either a resident or senior student that is going into your chosen field.

Some helpful hints:

1. Do an away rotation if you can. Even if you don't have any idea where you would like to be this is a very helpful experience. You can get a letter from another physician, explore another part of the country, and see how other programs do things. This is a very important experience and if you like where you go it is a HUGE advantage.

2. Do some research, even if it's just a small project. Every attending has something that needs to be done, and programs these days really want to see something…anything.

3. Ask for your letters of recommendation in June or July to allow the person enough time to finish it before you need to send in your application. This is what you will be waiting on when trying to send your application. Trust me.

4. For those of you using the Centralized Application Service (CAS), after they receive your application it will take up to 3 weeks to process and send your application to the programs that you have applied to. The target date is not a deadline. You are responsible for making sure that your application reaches every program that you apply to by their deadline. **Every program has their own deadline**, so it is necessary to find out the deadline for each program that you are applying to.

5. For those that need to apply separately for a preliminary/intern year, try to either (1) set preliminary interviews up for after the match date so you can cancel the ones you don't need after match, or (2) do any that you can at the same time of your specialty interview (although this is not usually an option). For the rest of you who don't have to mess with this and will be examining prostates for a living…well…have fun with that.

6. Talk to everyone. Attendings, residents, private docs, friends, the cook. Everyone. You'll find that there just isn't a lot of great info available on the internet, etc. about programs that will help you decide what is the right place for you. Don't be afraid to ask questions.

7. Use Kayak.com, Expedia.com, etc. for hotel, car, and flight reservations. Don't use the bid sites for flights because you will get the worst possible flight times imaginable (trust me). Use the sites where you get to see the times. Use the bid sights for cars and hotels.

8. You can sometimes find hotel and car rental discounts by stating you are an AMA or AMSA member.

9. Make sure you have a nice photo of yourself when the deadline comes around to send off your application. The OME contracts with a business to have photos taken for the graduation class composite. This sitting will be paid for by the OME, but you will be responsible for purchasing pictures, if you wish.

TIMELINE FOR EARLY MATCHES (SAN FRANCISCO AND AUA)

Below is a general timeline for the early match specialties. Each individual specialty will have slightly different dates for the match, final submission of rank lists, etc., but all are generally the same. Those from this year will be very similar but be sure to visit the websites listed below for the most current dates. They seem to come out somewhere in the month of May, around the same time when you can start to register. Urology match is slightly different from San Francisco match because they use ERAS.

1. San Francisco Match:
   a. Ophthalmology and Plastic Surgery
   b. Required web site: www.sfmatch.org

2. American Urological Association (AUA) Match:
   a. Urology
   b. Required web site: www.auanet.org

Spring of 3rd year	• Gather information about early match specialty as a career choice.
May of 3rd year	• Send in request for registration for the individual matching program (i.e. SF match)
June – July	• Research programs and decide which ones to apply to. • Gather CAS and/or ERAS materials and prepare to send in your application. • Ask for letters of recommendation
August	• Send in application before target date. Remember that it can take time (up to 3 weeks) to process your application.
October- Early January	• Interviews
October	• Release of MSPEs for all current U.S. Seniors. • Programs begin conducting interviews.
November	• Programs continue conducting interviews.
January	• Send in your rank list before the deadline in early Jan. • Match day mid to late January

MILITARY MATCH

HOW THE MILITARY MATCH WORKS

Disclaimer: The following description is written from an Army HPSP scholarship recipient's perspective. The Air Force and Navy evaluate residency candidates similarly, but vary with respect to positions available and needs (i.e. Navy & AF historically allot more deferments than Army) and specific application requirements.

The Department of Defense and its military medical corps provides multiple training opportunities for all military physicians. Specifically, the Graduate Medical Education (GME) offices of each branch of the military oversee the placement of those Health Professions Scholarship recipients as they proceed toward their residency positions. The military GME match is like no other match process found in this manual. Specifically, it is a match based solely on projected physician need, training location availability, and your personal performance. Historically, the match has been conducted by a panel of program directors in your decided field, from all branch medical corps, meeting over a three to four day period in Washington DC, deciding your fate on an individual basis, but recently has adapted to resemble the computerized algorithm as seen in the NRMP. However, a program directors' meeting does still take place to decide who from the applicant pool will match in a given specialty and to insure the adequate placement of high quality residents to each residency program.

Currently, the First Year Graduate Medical Education (FYGME) application is through ERAS, just like the civilian match, complete with CV, Personal Statement, and Letters of Recommendation (LoR), but the match is much earlier than its civilian counterpart and specific branch requirements may vary year to year. So, it is important to verify current procedures with upperclassmen or military contacts you have made during your away rotations. Interviews will occur while on military away rotations. Therefore, you will need to have your CV and Personal Statement prepared before you rotate. If you decide to interview at other locations, this can be arranged over the phone or in person, based on your preference and budget. Please refer to the timeline that follows for date-specific recommendations with regard to application process and rotations.

Each of the program directors from all medical fields meet in late November or early December in Washington, DC for the annual GME Selection Board. Similar to the civilian match, program directors rank different aspects of the applicants and assign "points" based on specific categories such as grades, USMLE Step scores, research, prior military experience, performance during military away rotations, etc. The resultant objective number is used to rank the applicant pool for a given specialty and determine the cutoff point for matching into the finite number of military positions available. For example, if there are nineteen orthopaedic residency positions available and forty-five applicants, the panel of orthopaedic residency program directors will collectively decide who the top nineteen candidates by ranking them #1 to 45. Candidates #1 to #19 will match into military orthopaedics and candidates #20 to 45 will have to consider their other options.

After the panel of program directors has decided jointly who will match, each program director will submit an individual rank list of the candidates to be used in a computer algorithm similar to the NRMP. Despite perpetual reports of "horse-trading" at the round-table discussion in D.C., this segment of the military match is reportedly identical to the civilian match. However, after the computer produces its match list, the results are viewed by the panel of program directors for any necessary adjustments before being published for applicants to see (vs. published simultaneously for applicants & program directors as in the civilian match). As mentioned previously, the program directors' meeting is also in place to insure the adequate placement of high quality residents to each residency program. Be it for geographic or educational reasons, there is definite disparity in the desirability of available training locations. The military has created this safety net in an attempt to prevent a dichotomy in the strength of applicants from forming between the most and least desirable programs. For example, if there are seven training locations for family medicine in the Army and one is generally acknowledged by all to be the most desirable (e.g. Hawaii) and one is equally recognized as the least desirable (e.g. Siberia), the computer would place *ALL* the strongest applicants at the most desirable location. And, in the event there were only thirty-five applicants for the forty-three positions, the least desirable location would likely not even get a resident. The needs of the Army in either case are considered more important than personal preference of training site and adjustments are made to reallocate talent when/if necessary.

Similar to the civilian match, the competitive nature of the specialty (applicants/position) to which you are applying and your strength as an applicant (e.g. grades, USMLE Step scores, & research experience) will affect the likelihood you will match in your particular specialty of choice *and* the location you wish to train. Additionally, the distribution of wealth concept, availability of specialty training at various military locations, the number of slots at each location, & your performance on away rotations will affect your military match results. Of note, ***the importance of your performance on away rotations cannot be stressed enough***. A stellar personal impression will not move you from #45 to #1 on a given rank list developed at the program directors' meeting, but it may move you from #21 (not matching) to #19 (matching) on the overall list and could easily move you from somewhere in the middle too someplace near the top of an individual program's rank list.

In mid-December, you will be notified via internet of the match results. If you match to a military position, expect contractual signing within a month after being informed of your placement. *IF* given a deferment, continue with the NRMP. If, for whatever reason, you do not match and are not offered deferment, you have several options: complete a transitional year and reapply; complete a transitional year serve your military obligation as a general medical officer (GMO); fill an unfilled residency position in another specialty.

If the need of a given specialty is greater than the number of training spots available within the military medical corps, then deferments for that specialty will be granted. If, however, there is a need that is less than or equal to the number of medical corps training spots, then no deferments will be granted. Typically in the Army match, a limited number of civilian deferments are offered for Dermatology, Emergency Medicine, Neurosurgery, Ob/Gyn, Psychiatry, Rad Onc, Radiology, & Urology. Rest assured that you ***CANNOT*** be placed into a specialty that you do not request and MU students traditionally do *very* well in the military match.

For the most part, things that are competitive in the civilian sector are also competitive in the military, but each branch varies some between one another and also from year to year. Below is the most recent published data on the number of applicants per position available in the Army match.

Some Helpful Hints…

1. Do your away military rotations at your top two choices. Remember, the program directors sit down after Thanksgiving and talk about you. The better impression you can make in person, the better off you'll be. Also, get a letter of recommendation from someone in the program where you want to go.

2. An ounce of enthusiasm is worth a pound of anything else. You're going to be rotating early in your 4th year. Although the residents and faculty will be impressed by any useful knowledge you're able to contribute, they won't expect you to know exactly how to diagnose disease X, manage patient Y, or name obscure anatomical finding Z. They want to see if you're a self-motivated team player that shows up on time prepared to tackle whatever task they give you.

3. You're interviewing the programs as much as they are interviewing you. Look around and see if the types of people you want to be surrounded by every day for the next several years are surrounding you while on your away rotations. If not, you may want to make sure you visit/interview other available training locations.

4. Talk to *EVERYONE* (e.g. residents, attendings, secretaries, custodial staff, etc.), and ***always*** be nice. You'll find that there isn't a lot of great information available about programs that will help you decide which program is the right place for you. So, don't be afraid to ask questions of anyone and everyone, and don't be naïve enough to think the residents & attendings don't ask *EVERYONE* about you

5. Print the CV & personal statement you hand to your interviewers on resume paper at Kinko's and include a photo of yourself in a military uniform. At the very least, it will make a good impression on the interviewer. You can't hand them a CV/personal statement that is too professionally done, but you can make a lasting impression in the wrong direction by handing them one you printed five minutes prior to the interview.

6. Do some research. Even if it's a small project, it will give you bonus points. Every attending has something that needs to be done and programs these days really want to see something…anything. It's never too late to do this.

Below is a general timeline for the Military Match. Each individual branch will have slightly different dates for the match, final submission of rank lists, etc., but all are generally the same. Remember that each branch is different. Start early and ask lots of questions. Talk to other students doing the same thing. Don't be afraid to call and ask for help or clarification. Follow the directions of each carefully. Do ERAS as a backup always. Not everyone in the U.S. will match into a military program no matter what branch you are in regardless of how awesome you are.

TIMELINE FOR THE MILITARY MATCH

January –February (of M3 Year)	• Start setting up 4th year Military rotations; you should probably do 2 of these. Try to have these set up by mid-February/early-March of your third year.
March-May	• Get your CV and personal statement in order. You can't do this too soon, and you can always add to it later. Have your adviser read through it as well.
Interblock (early June)	• Take Step 2CK. This is the best time for anyone to get this done 4th year, and, unlike your civilian counterparts, you have to post a score as part of your application.
June - August	• Consider scheduling a selective in your chosen specialty prior to completing military away rotations. Although not as relevant to students considering surgical subspecialties, the experience may help build your confidence and hone your knowledge/skills to impress while on away rotations. (OME will usually work with you to achieve this, even if the computer scheduling process doesn't go your way) • July-Sept is a good period to do your away military rotations. Perform well and make sure to interview while you are there. • Ask for letters of recommendation EARLY (June) - waiting for these can hold up the application process. •Coordinate interviews at military locations where you do not rotate. You will often interview before you apply. Phone interviews are occasionally appropriate.
September	• All your paperwork and applications should be in by the start of the month. Make sure each program has all your application information.
October	• Interviews (& thank you notes/e-mails) should be completed by the end of the month • Make sure all your paperwork is in the ERAS system and complete. Don't count on them letting you know. Call someone to make sure. • Submit rank list for programs by middle of the month
November	• Consider contacting program director of #1 choice via form letter letting him/her know why you love them so much and that you ranked them #1. • Selection board meets after Thanksgiving.
December	• Match results should come out some time in mid-December. • If deferred, see general/early match timelines as applicable. • Brag to civilian peers about how awesome it is not to wait until March to match

THE COUPLES MATCH

HOW IT WORKS:

Under NRMP guidelines, any applicant is allowed to pair themselves with another. The couples match is intended to allow couples to rank programs together so that they increase their chances of ending up at the same program, or at least in the same city.

The way the couples match works is best explained by example: Take Susie and Chris. Susie wants to do Radiology. Chris wants to do Pediatrics. When they go to make their rank lists, they must evaluate how important it is to stay in the same program/same city/same area versus possibly being split up or going unmatched.

Sample Rank List:

Susie	Chris
1. Missouri	1. Missouri
2. St. Louis U	2. Wash U
3. Wash U	3. St. Louis U
4. Missouri	4. Wash U
5. Missouri	5. St. Louis U
6. St. Louis U	6. Missouri
7. Wash U	7. Missouri
8. Missouri	8. UNMATCHED/scramble
9. St. Louis U	9. UNMATCHED/scramble
10. Wash U	10. UNMATCHED/scramble
11. UNMATCHED	11. Missouri
12. UNMATCHED	12. Wash U
13. UNMATCHED	13. St. Louis U

Notice that choices 1-3 allow them to be in the same city. Choices 4-7 obviously do not, but perhaps allow them to be at the program of their choice. Choices 8-13 are potentially worst-case scenarios, but at least allow 1 of them to match even if the other does not. Choice #14, not listed, would be both scrambling.

NOTICE: Just as the individual match system is supposed to match you with the highest ranked program, the couples match does too—but it matches the PAIR of you. Therefore, if Missouri wants Susie, but not Chris, Susie gets BUMPED to her next choice.

PROS:

- Programs will know that you have a significant other out there in the match system and it is important for you to be matched together.
- YOU have the power to make the decision—you do not have to rank all possible combinations. Susie & Chris, above, did NOT have to rank places in different cities. If your #1 priority is to be in the same city as your partner, do NOT rank other possibilities. If your #1 priority is to match, and you can handle living “x” number of hours apart, rank separate cities together.

- Cities in which there are more than 1 program increase your odds of matching together (3 possibilities for Susie, 3 possibilities for Chris = 9 possible matches)

CONS:

- The biggest con is that if one program wants ONE of you, but not the other, you both get bumped. Occasionally there is some leniency in the system (see "Myths" below)
- Even if you and your partner are absolutely alike on everything, down to the type of toothpaste you use, chances are your program preferences will still not be the same. One person may like California best, the other may like Maine. Only the two of you can reconcile that—and it can get tense!
- When there is only ONE program in a city it means that your chances of matching are all-or-nothing.

MYTHS:

- FALSE: "Couples Matching makes programs discount my application because it is harder for them." It shouldn't. It's not harder, and other than having 1 more box checked on your application, your application doesn't look any different than the rest.
- FALSE: "Couples Matching gives me an advantage if my partner is a rockstar." Sorry. Maybe, occasionally, 1 program may call another on your behalf and it might bump you up a little, but no guarantees. In other words, DON'T count on it!
- TRUE? FALSE?: "Couples Matching will hurt me because my partner is a dunce." If a program wants you, but not your partner, and you rank the programs such that both of you must match together, the program must decide whether they want you so much that they're willing to take on your dunce of a partner or whether they'd rather just let you both go.

FYI: Programs *do* talk to each other. Whether one program has influence over another, however, is not something to be counted on.

TIPS:

1. The people who do the best in the couples match are usually people who are evenly matched. If you are AOA and Class Pres and recently won the Nobel Prize, but your partner is on academic probation, chances are you will run into some difficulties (not to say it can't be done—but it will be harder).
2. Likewise, it is potentially easier to couples match into 2 "less-competitive" specialties, or even 1 "competitive" and 1 "not-so-competitive" specialty. If you want to do Ortho, and your partner wants to do Ophtho, it will be more difficult. But it CAN be done—be smart and apply more places, interview more places, rank more possibilities. Keep all your options open!
3. Your application WILL show that you are couples matching, but it is up to you to remind your program that you are. Make it known in your interview!
4. Don't be afraid to call/email/ask—if you've received an email inviting you to interview, but your partner hasn't, and you don't want to make the trip unless

there is a potential he/she will also be invited, then ask. Keep in mind the answer may be “No,” and always be POLITE!!!

5. Rule #4 also goes for coordinating interview days. Some specialties are very strict about only having 2 or 3 designated days. Others are more flexible. Once you get a feel of how your specialty deals with interview days, don’t be afraid to ask to coordinate trips. It may not be possible, but if it is, it is a lot cheaper, more enjoyable, and your partner may remember things about the city/program/people that you don’t
6. Communicate. Early & Often. Pretty much the rule for any relationship, but particularly important during this stressful time.

CHOOSING A MEDICAL SPECIALTY

CHOOSING A MEDICAL SPECIALTY

So, you've made it through several years of medical school and suddenly being a "doctor" when you grow up isn't good enough anymore. Choosing a medical specialty can be difficult for some, while others immediately know what they want to do. The best way to find out if you belong in a certain specialty is try it out.

A majority of students starting their fourth year have a pretty good idea what they want to do. However, as 3rd year medical students, you won't receive a lot of exposure to some specialties (Ophthalmology, Radiology, Pathology, Emergency Medicine, Radiation Oncology, etc.). If you even have an inkling of an interest in one of these DO A ROTATION EARLY IN YOUR 4th YEAR! That way, you'll know if that specialty is a good fit for you or not. Also, go on an away rotation to see what it is like somewhere else. Try not to panic about being behind everyone else who seems to have their life planned out. As long as you have a good idea about where you are headed by August or September it will all work out.

Below you will find a list of links intended to help you sort out your likes and dislikes, tell you more about each specialty, and hopefully help you make this important decision.

AAMC Careers in Medicine: http://www.aamc.org/students/medstudents/cim/.
Email the Careers in Medicine liaisons, Alison Martin (martinat@health.missouri.edu) or Jen Rachow (rachowj@health.missouri.edu). Three specific tools found on the AAMC Careers in Medicine website are:

- Specialty Indecision Scale -- responses to 35 statements are used to indicate where you are in the process of making a specialty decision and where you may be experiencing difficulties.
- Medical Specialty Preference Inventory -- responses to 150 statements and results will indicate your broad medical interests and the likelihood you'll enter into each of 16 major specialties.
- Physician Values in Practice Scale -- using your responses to 60 statements, the results prioritize six core values: Autonomy, Management, Prestige, Service, Lifestyle, and Scholarly Pursuits.

AMA Choosing a Medical Specialty: http://www.ama-assn.org/ama/pub/education-careers.page
Also has lots of helpful links to other AMA sites and resources.

Fellowships and Residency Electronic Interactive Database (FREIDA):
www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

FREIDA is an online database of about 8200 graduate medical education programs and 200 combined specialty programs. It is searchable by specialty & subspecialty, training institutions, medical schools, aggregate training statistics, and workforce data. It may very useful when deciding on programs to apply to.

CONSIDERING PROGRAMS AND GATHERING INFORMATION

CONSIDERING PROGRAMS AND GATHERING INFORMATION

Deciding on a life-long commitment to a medical specialty can be an arduous task. However, once you have done so, it is time to begin identifying programs where you may want to perform your residency training. Many students fail to adequately prepare themselves for their program search because they apply and interview at only the programs they know they can get into easily, or alternatively, those that are top-ranked. Particularly early in the selection process it is to your benefit to keep an open mind. Don't eliminate programs too hastily. Here are some questions to consider when deciding where to apply:

- Do you want an academic-centered program or a community-based program?
- Do you want a large or small program?
- Do you want a program that has research opportunities?
- What is the patient population served by the hospital?
- Do you want to live in a large city, small community, or somewhere in-between?
- What geographic areas interest you the most?

A variety of resources exist to assist you in learning about the programs in your field. Your adviser and other departmental faculty are usually very useful in learning about different programs and also in learning what considerations are specific to your specialty. The internet is the main resource for learning about individual programs. Be aware that some programs have not updated their website from the last interview year and thus their information may not be very accurate. You can access most of the program websites through FREIDA (Fellowship and Residency Electronic Interactive Database, an online database produced by the AMA).
Google.com can also be useful to track down a program's website. Other resources that are useful for obtaining information include individual specialty websites, and current residents at the programs. Make sure you utilize a variety of information sources for your program selection.

If requested, some programs will provide additional information that is not included on their website. You can contact the program by mail, email, or telephone (the Office of Medical Education has a watts line available for this purpose). Remember to be professional when writing a letter or email (i.e. use a salutation, proper punctuation, etc.). The person most likely to respond is the Program Coordinator—the "secretary" and organizer of student applications and interviews. However, the person most appropriate to write to is the Program Director—the person in charge of the resident selection, program organization, program accreditation, etc. Information obtained from programs will vary widely, ranging from very detailed descriptions of the program, faculty, residents, and facilities, to a one-page pamphlet that is not very helpful. Many will simply point you to their website. Avoid judging programs based on their literature alone. It is often difficult to tell the good programs from the marginal ones based solely on the materials you are sent. Your adviser and departmental faculty are important resources to find out which programs are worthy of your application.

Do not feel obligated to contact programs for more information if you have found what you need through other resources. It does not influence a program's opinion of you. Most students obtain all their research through the internet, not through direct contact with the programs. Of those who do contact programs, email is considered faster, more convenient, and cheaper than USPS mail.

SAMPLE REQUEST TO PROGRAMS ASKING FOR INFORMATION

Medical Student
111 First St.
Columbia, MO 65203
(573) 555-5555
medicalstudent@mizzou.edu

August 1, 2009

Mr. Smith
Residency Program Director or Program Coordinator (pick one or the other)
University Hospital
222 Second St.
Some City, State 11111

Dear Dr. Program Director (or Ms. Program Coordinator):

I am currently a fourth year medical student at the University of Missouri-Columbia, and I intend to pursue a career in pediatrics. I am very interested in training at the University Hospital. Would you please send me information regarding your pediatric residency program? Thank you so much for your assistance.

I look forward to hearing from you!

Sincerely,

Medical Student
University of Missouri-Columbia School of Medicine

PREPARING THE CV

THE CURRICULUM VITAE

The curriculum vitae (CV) is the academic world's equivalent of the resume. It is a detailed and structured synopsis of your education, work history, projects, research experience, publications, honors, and skills. It can be thought of as a snapshot of all you have done and accomplished academically up until this point in time.

Putting together your CV is a great starting point for the entire residency application process. ERAS will automatically make a CV for your application as you enter information (although in a form that is different than the examples you will see below), but most letter of recommendation writers will ask you for a copy of it to use in compiling your letter, so it's best to have your own. Furthermore, the process of putting your CV together will help you organize your thoughts about your past accomplishments and future plans. Having a CV put together prior to the opening of ERAS and other match services makes entering information in ERAS or your SF*Match* application forms much easier when the time comes, as you will have most of the necessary information already compiled in a single place. Because of this, it is a good idea to begin preparing your CV at the end of your third or beginning of your fourth year.

You should strive to make your CV as concise as possible without leaving out any information that can improve your appearance. Do not worry if your CV happens to be longer than 1-2 pages. While resumes are supposed to be this short, CVs are frequently longer. In fact, CVs for older academic physicians can often reach lengths of 20 pages or greater. Unless you have extensive prior work experience in academics your CVs will not be this long. Most medical student CVs are in the range of 2 to 3 pages in length. Topics that are often included are educational history, relevant previous work experience, research experience, publications, academic achievements and honors, membership in professional organizations, extracurricular activities and community service projects, skills, and personal interests.

Having an up-to-date CV on your computer will help you keep on top of additions to your CV throughout your career. You will also be asked for a copy of your CV whenever you apply or are nominated for any honor or position. A copy of this unique CV will allow you to visually portray your accomplishments and educational history in the manner you prefer. It is a good idea to take a copy of this CV to each interview and provide one to each program (though most programs do not ask for a copy).

Once you have written your CV ask someone who knows you well to critique it for you to be certain that you have portrayed yourself in the best possible manner. It may be helpful for a faculty adviser to give it a glance. What's more, know your CV well, for you will be asked to defend it during the majority of your interviews. While a good resume will not guarantee that you get into a residency, a poor resume will certainly eliminate you from consideration.

The following sample CV's are quite varied in design and content, and are meant only as examples. You will want to use a layout and construct that best promotes your accomplishments.

John J. Doe
Address: 111 E. 1st St. Columbia, MO 65201
Phone: (573) 555-5555; Cell: (573) 555-5555
Email: johnjdoe@missouri.edu

Education

University of Missouri–Columbia – School of Medicine, Columbia, Missouri. Doctorate of Medicine, expected May 2012
University of Missouri–Columbia, Columbia, Missouri. Doctorate of Philosophy in Medical Pharmacology and Physiology, August 2010
Rice University – Houston, Texas. Bachelor of Arts, January 2007

USMLE Step 1 – Passed, *XXX*, June 2010
USMLE Step 2 Clinical Knowledge – Passed, *XXX*, June 2011
USMLE Step 2 Clinical Skills – Passed, June 2011

Honors/Awards

Alpha Omega Alpha – 2011-12, member, University of Missouri-Columbia School of Medicine
Dr. E. L. Priest Merit Scholarship, University of Missouri-Columbia School of Medicine, 2011.
Full-Tuition Merit-Based Scholarship, Texas A&M Health Science Center College of Medicine, 2006-2007.
2nd Place Student Poster Presentation – 10th Annual Texas A&M Health Science Center Graduate Student Symposium, April 2006
Grade of 'Honors' awarded in the following clerkships/courses: Anatomic Pathology, Clinical Pathology, Internal Medicine, Head and Neck Surgical Oncology, Obstetrics and Gynecology, Neurology, Forensic Psychiatry, Psychiatry, and Family Medicine
Grade of 'Letters of Commendation' in the following clerkships: Surgery

Research, Publications, and Presentations

Rotated in the lab of Dr. Jane Q. Professor , Ph.D. Professor Department of Microbial and Molecular Pathogenesis. Conducted research investigating the interaction of Shiga toxin and its immunological targets. Summer 2005.

Graduate student in the lab of Dr. John. Q Professor. Margaret Proctor Mulligan Professor of Medical Research, Department of Medical Pharmacology and Physiology at the University of Missouri-Columbia. Conducted graduate level dissertation research in investigating the molecular mechanisms of tumor invasion in three-dimensional collagen matrices. June 2004 – August 2007.

Doe JJ, Pop A, Koh W, Anthis NJ, Saunders WB, and Davis GE. Tumor cell invasion of collagen matrices requires lipid agonist-induced G-protein and membrane-type 1 matrix metalloproteinase dependent signaling. Mol Cancer. 2006 Dec; 5(69)

Doe JJ, Stratman AN, Mayo AH, Fisher SB, Mahan RD, Davis MJ, and Davis GE. Membrane-Type 1 Matrix Metalloproteinase- and Cdc42-Dependent Signaling Regulate

Lysophosphatidic Acid-Induced Single Cell Invasion Tunnel Formation in 3D Collagen Matrices. *J Cell Sci*. Publication Status: In revision, March 2009.

Stratman AN, Saunders WB, Koh W, Sacharidou AS, Mahan RD, **Doe JJ**, Zaweija DC, Davis MJ, and Davis GE. Endothelial Cell Lumen and Vascular Guidance Tunnel Formation Requires MT1-MMP-dependent Proteolysis in 3D Collagen Matrices. *Blood*. Publication Status: In press, March 2009.

Siegel AL, Atchison K, **Doe JJ**, Davis GE, and Cornelison DDW. Movers and shakers – Timelapse analysis of skeletal muscle satellite cell migration reveals novel behaviors and the potential for pathfinding. *Developmental Biology*. Publication Status: Submitted.

Siegel AL, **Doe JJ**, Davis GE, and Cornelison DDW. Movers and Shakers, Time Lapse Analysis of Satellite Cell Migration. Poster presented: FASEB Summer Research Conference: Skeletal Muscle Satellite & Stem Cells. Indian Hills, CA, July 2007.

Burkhalter RJ, **Doe JJ**, and Davis GE. Selection and characterization of highly invasive breast cancer cells in vitro. Poster presented: Christopher S. Bond Life Sciences Center Life Sciences Week; Columbia, MO. April, 2007.

Fisher SB, **Doe JJ**, Faske JB, Anthis NJ, and Davis GE. PDGF-BB and HB-EGF Stimulate Mural Cell Invasion of 3D Collagen Matrices by Regulating MT1-MMP. Poster presented: Christopher S. Bond Life Sciences Center Life Sciences Center Week; Columbia, MO. April, 2007.

Koh W, Sacharidou A, **Doe JJ**, and Davis GE. Coordinated regulation by Cdc42, integrin α2β1, and membrane type-1 metalloproteinase-dependent signaling of capillary tube formation in 3D collagen matrices. Poster presented: Experimental Biology Annual Meeting; Washington, DC. April, 2007.

Doe JJ, Pop A, Koh W, Anthis NJ, Saunders WB, and Davis GE. Lysophosphatidic acid (LPA) and sphingosine-1-phosphate markedly regulate tumor cell migration and invasion of three-dimensional collagen matrices through membrane-type 1 matrix metalloproteinase (MT1-MMP). Poster presented: American Society of Cell Biology 45th Annual Meeting; San Francisco, CA. December, 2005.

Doe JJ, Pop A, Koh W, Anthis NJ, Saunders WB, Bayless KJ, and Davis GE. Lysophosphatidic acid and sphingosine-1-phosphate markedly regulate tumor cell migration and invasion of three-dimensional collagen matrices. Poster presented: 96th Annual Meeting of the American Association for Cancer Research; Anaheim, CA. April, 2005

Doe JJ, Pop A, Koh W, Anthis NJ, Saunders WB, and Davis GE. Lysophosphatidic acid (LPA) and sphingosine-1-phosphate markedly regulate tumor cell migration and invasion of three-dimensional collagen matrices through membrane-type 1 matrix metalloproteinase (MT1-MMP). Poster presented: American Society of Cell Biology 45th Annual Meeting; San Francisco, CA. December, 2005.

Doe JJ, Pop A, Koh W, Anthis NJ, Saunders WB, Bayless KJ, and Davis GE. Lysophosphatidic acid and sphingosine-1-phosphate markedly regulate tumor cell

migration and invasion of three-dimensional collagen matrices. Poster presented: 96th Annual Meeting of the American Association for Cancer Research; Anaheim, CA. April, 2005.

School Leadership Positions/Committees/Interest Groups

President – Pathology Interest Group, 2010-present, University of Missouri-Columbia.
Member – Pathology Interest Group, 2009-present, University of Missouri-Columbia.
Intramural Sports, 2008-present

Employment Experience

Preceptor Department of Cardiology, University of Missouri-Columbia – preceptored with Dr. A. Cardiologist. Took histories, performed physical exams, discussed management, and helped organize management plans, January – May, 2007.

Biochemistry Tutor, Texas A&M Health Science Center – tutor for an M1 in the medical biochemistry course. November 2003 – February 2004.

Volunteer Experience

Hurricane Rita Gulf Coast Evacuation, Texas – volunteered at Texas A&M for the Texas Gulf coast evacuation for Hurricane Rita. Assisted nursing home patients, burn patients, and others from the Galveston and Gulf coast areas with medication reconciliations, patient safety issues, patient transfers, blood glucose measurements and insulin adjustments, and other medically-related tasks. September, 2005.

Student Admissions Ambassador - Admissions Office: Texas A&M College of Medicine. Met and interviewed with M.D./Ph.D. candidates during their campus visit.

Medical Student Barbershop Quartet – organized and was a member of a barbershop quartet. Sang at College of Medicine functions (e.g. the cadaver candlelight vigil and graduation) as well as community engagements (e.g. churches and local community events).

Professional Society Memberships

American Society of Cell Biology – student member, 2005-2007
American College of Obstetrics and Gynecology – student member, 2010-present

Hobbies/Interests

Spending time with my wife and pets, traveling, sports (watching and playing), video games, skiing, singing

John Eugene Doe

111 E. 1st St.
Columbia, MO 65201
Phone: (573) 555-5555
Email: johndoe@missouri.edu

EDUCATION

Doctor of Medicine Graduation Date: May 2012
University of Missouri-Columbia

Bachelor of Science in Biological Sciences Graduation Date: May 2008
University of Missouri-Columbia
Summa Cum Laude

Bachelor of Arts in Interdisciplinary Studies Graduation Date: May 2008
University of Missouri-Columbia
Summa Cum Laude

BOARD CERTIFICATION

United States Medical Licensing Examination Step 1: XXX
United States Medical Licensing Examination Step 2: XXX

SCHOLARLY PUBLICATIONS & PRESENTATIONS

Publications:

- Miller DL, Doe MD, Stack MS. Virology and Molecular Pathogenesis of HPV (Human Papillomavirus)-Associated Oropharyngeal Squamous Cell Carcinoma. *Biochem J.* 2012 Apr 15;443(2):339-53. Review. PubMed PMID: 22452816.
- Doe MD, Zitsch RP 3rd. Is It Really a Thyroid Nodule? Another Cause of a Lower Midline Neck Mass. *Otolaryngol Head Neck Surg*. 2012 Mar 1. [Epub ahead of print] PubMed PMID: 22394552.
- Doe MD, Harr BC, Thomasson JL. 2010 Medical Student Lobby Day: Assessment of Outcomes and Future Directions. *Mo Med*. 2010 Nov-Dec;107(6):416-20. PubMed PMID: 21319692.

Podium Presentations:

- Doe MD, Wheeler AA, Morales M et al. *Laparoscopic Sleeve Gastrectomy: Effective Treatment for Morbid Obesity and its Comorbid Conditions*. 43rd Annual Professional Meeting of Missouri ACS Chapter.

Poster Presentations:

- Doe MD, Everett KD. *Evaluation of Heart Attack Admissions Pre-and Post-Implementation of a Smoke-Free Indoor Air Policy*. 2009 University of Missouri Health Sciences Research Day.
- Doe MD, Cooperstock L. *Creation of a Model Community-Based Smoking Cessation Program.* 2008 Missouri Department of Health and Senior Services: Maternal and Child Health Conference.
- Doe MD, Zderic TW, Hamilton MT. *Discovering How the Body Naturally Fights Heart Disease*. 2007 Undergraduate Research Day at the Capitol.

- Doe MD, Zderic TW, Turk J et al. *Anti-Atherogenic Function of LPL in Human and Porcine Coronary Endothelial Cells.* 2007 Life Sciences Week Research Poster Competition. 2007 Phi Zeta Research Competition.

Ongoing Projects:

- Doe MD, Chang D. *Evaluation of Craniofacial Injuries among Motorcycle Drivers Wearing Open-Face, Partial-Face, and Full-Face Coverage Motorcycle Helmets.*
- Doe MD, Wheeler AA, Ramaswamy A. *Laparoscopic Roux-en-y Gastric Bypass Results in Greater Weight Loss than Laparoscopic Sleeve Gastrectomy but with Greater Numbers of Major Complications.*

PROFESSIONAL EXPERIENCE

- *Board of Directors:* Missouri State Medical Association Political Action Committee. 2011-2012.
- *Regional Alternate Delegate*: Medical Student Section Representative to the American Medical Association House of Delegates. 2010-2011.
- *National Committee on Legislation and Advocacy*: American Medical Association – Medical Student Section. 2009-2010.
- *Vice Chair*: Missouri State Medical Association – Medical Student Section. 2009-2010.
- *Legislative Intern*: Missouri State Legislature, Office of Representative Robert Schaaf, M.D. 2008.
- *Smoking Cessation Counselor*: Columbia/Boone County Health Department (BCHD). 2007-2008.
- *Actor*: University of Missouri, Wellness Resource Center. Summer 2007.
- *Laboratory Researcher*: University of Missouri, Department of Biomedical Sciences. 2006-2007.

HONORS & AWARDS

Medical School:

- Missouri State Medical Association Honors Graduate Award
- Department of Otolaryngology Award for Excellence
- Alpha Omega Alpha
- MU SOM Class 1960 Scholarship
- Elmer C. Peper Memorial Scholarship

Collegiate:

- Conley Scholar
- Phi Beta Kappa
- Mizzou ’39
- Departmental Achievement Award with Highest Distinction
- Mortar Board Society
- Bright Flight Scholarship
- University of Missouri Curators Scholarship

Research:

- 1st Prize in Molecular Structure and Function - 2007 Life Sciences Week Research Poster Competition
- 4th Prize in Interns, 1st Year Residents and Graduate Students Category - 2007 Phi Zeta Research Competition

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VOLUNTEER EXPERIENCE

- *Student Doctor and Research Chair:* MedZou student-operated clinic. 2008-2012.
- *President*: University of Missouri Otolaryngology Head and Neck Surgery Interest Group. 2009-2010.
- *Counselor:* Camp Hickory Hill for diabetic children. Summer 2009.

- *Instructor:* Tar Wars at multiple elementary schools. 2008-2009.
- *Mentor:* Big Brothers Big Sisters. 2007-2008.

ADDITIONAL TRAINING

Emergency Medical Technician – Basic Missouri Licensure Valid Through: 2015

INTERESTS AND HOBBIES

- Baseball, Football, Fishing, Ping-Pong, Golf, Tennis, Camping

John D. Doe
111 E. 1st Ave
Columbia, MO 65203
(573) 555-5555
John.d.doe@mizzou.edu

Education

University of Missouri, Columbia, MO
MD expected in May 2009 — August 2005-Present

University of Missouri, Columbia, MO
Bachelor of Science in Nutrition and Fitness, *Summa Cum Laude* — August 2000- May 2005

Certification

USMLE Step 1: XXX	2007
USMLE Step 2CK: XXX	2008
USMLE Step 2CS: Pass	2008
NSCA Certified Strength & Conditioning Specialist	2005

Honors & Awards

Core Clerkship Honors: *Surgery, Medicine, Family Medicine, Obstetrics & Gynecology, Psychiatry, Neurology, Child Health*	2007, 2008
American College of Physicians Doctor's Dilemma Student National Champion	2007, 2008
University of Missouri College of Human Environmental Sciences Outstanding Senior Award	2005
Treva Carpenter Kintner Outstanding Student Award	2005
University of Missouri - School of Medicine Conley Scholar	2000-2005
Bright Flight Scholarship Recipient	2000-2005
Varsity Letter Winner, Football	2003
1st Team Academic All-Big XII	2003
Verizon Academic All-American, District VII	2003
Alpha Chi Sigma Outstanding Student Award	2002
Eagle Scout	1998

Honorary & Professional Society Memberships

Alpha Omega Alpha	2008-Present
American College of Surgeons, Student Member	2008-Present
American College of Physicians, Student Member	2005-Present
American Medical Student Association	2005-Present
Phi Kappa Phi	2004-Present

Research Experiences

J. Doe, BS, B. Westerly, BA, B. Stout, MHA/MBA, & O. Dabbagh, MD FCCP *Medical Outcomes of Morbidly Obese Patients*. Chest 2008; 134(suppl): eXX

Current Research: *Does the Use of Cell Saver Reduce Blood Transfusion Rate in Pelvic & Acetabular Fracture Surgery Patients?* with G. Della Rocca, MD/PhD, B Crist, MD, & Y. Murtha, MD.

Employment & Community Service

Twin Rivers Regional Medical Center Relay for Life Steering Committee	2008
Big Brothers Big Sisters	2000-2007
Special Olympics Volunteer	2004, 2005
Camp Quality Companion/Staff Member	2005
Supportive Tigers Riding In Pursuit of Ensuring Safety (STRIPES)	2001-2004
Tutor/Mentor for Total Person Program	2002-2004
Central Missouri Food Bank Volunteer	2003, 2004
Habitat for Humanity Volunteer	2004
Research Assistant – University of Missouri Chemistry Department	2002
Unit Clerk/Attendant – University Hospital	2001

Extracurricular Activities

Association of Student Internists	2005-Present
Surgery Interest Group	2005-Present
Military Medical Student Association	2005-Present
Emergency Medicine Interest Group	2005-Present
Medical School Affairs Council Representative	2007, 2008
University of Missouri Intramural Men's Basketball Participant	2006, 2007
Best Group Costume, University of Missouri Medical School Terrortoma	2006, 2007
School of Medicine Student Ambassadors	2005, 2006
University of Missouri Intramural Men's Flag Football Champion	2003, 2006
Child Health Advocacy Program Presenter	2005
University of Missouri Intramural Co-Ed Softball Participant	2005
University of New South Wales Study Abroad	2004

Interests & Hobbies

Physical & Mental Fitness
Athletics, e.g. Kansas City Chiefs Football
Non-Fiction, Self-Help, & Motivational Reading

WRITING THE PERSONAL STATEMENT

WRITING THE PERSONAL STATEMENT

Perhaps no more time and anguish is spent on any other part of the application than on writing the personal statement. The most important issues you should address in your statement are the following:

- Why do you want to go into the field?
- What background and experience do you have that has prepared you for the field?
- What characteristics do you possess that are both unique and valuable to the field?
- What are your career aspirations? Where do you see yourself in the future?

The personal statement for ERAS now has a very large number of available characters. However,, remember that physicians are reading these, so **BE CONCISE**! Jen Doty suggests a word limit of 500 words. Her points to follow are as follows:

•Answer 3 questions-why you chose medicine, why surgery (insert field here), and how you will be an asset to your specialty
•250 to 500 words
•Correct grammar and punctuation
•Memorable for the right reasons
•Strong introduction/conclusion
•1 page, no smaller than 11 font
•Avoid unnecessary duplication

Other useful tidbits:

- Make sure your statement reads smoothly and is clear and genuine.

- Procure a good proofreader! Errors in grammar and punctuation are sure to detract from an otherwise great personal statement. Discussing your personal statement with your adviser or a faculty member within your chosen specialty may be helpful.

- Originality and creativity are less useful in this statement compared to the one that you wrote for medical school. However, *if you have unique experiences that complement your statement – use them.* Make yourself stand out (for the right reasons).

- Avoid advanced literary techniques in your writing. Remember that the people reading it are often very busy. Thus, a readable, organized statement is much more effective than one full of unusual words, complex analogies, and difficult sentence structures.

- Iserson's Getting into a Residency: A guide for medical students by Kenneth Iserson describes a systematic approach to writing a personal statement. If you have no idea what to write, this is a nice starting point. There are also several websites that give tips and examples of personal statements that can be easily searched.

- Interesting/unique personal statements are commonly included and often come up during interviews as interviewers try to get to know you as a person. But remember your audience! Some residency/specialties might be more interested in your participation in extreme motorsports or love for children's toys, whereas others might see that as immature or creepy. Your personal statement should reveal your unique characteristics and personality while remaining appropriate and professional.

- Reread your personal statement before interviewing (interviewers may refer to it).

- As a final note, remember that the personal statement is an opportunity to let programs know why you want to go into a particular specialty as well as get a sense of your personality and

experiences. That being said, it is also an opportunity to sound like a weirdo, so be sure to consider your audience. Some specialties put more emphasis on the personal statement than others but all will read them. Admission committees are going to read hundreds of these and most will sound the same, so the ones that stand out are either exceptionally impressive or odd. So in your efforts to be unique, be sure to avoid including things that might be misconstrued as strange.

It is important to realize that ***you can write more than one personal statement*** and through ERAS can assign each personal statement accordingly (you can also do this with your letters of recommendation). Theoretically, you can write a unique personal statement for each program that you are applying to, although more people do not wish to do this, and for most, this is unnecessary. However, *if you are applying to two specialties (FP and IM) or a program that requires an intern year* (i.e., Dermatology, Anesthesiology) you will probably want to write two separate statements and pick which statement you wish to send to certain programs. Many students who are applying to PGY2 – 4 programs (advanced programs) that require a separate intern year (i.e., Dermatology, Anesthesiology) wonder about whether or not they need to submit two different personal statements, one for the intern year programs and one for the categorical programs, or can they use the same personal statement for both applications. Most people would recommend submitting two slightly different personal statements. This does not mean you have to write two separate statements. Rather, write the most important statement first (for your specialty) and then change a few words to fit the internship program.

Once you have your statement in a finalized form, it is often helpful to obtain honest feedback from family, friends, and advisers before submitting the final draft. Faculty members who interview candidates in your specialty of interest can be particularly helpful in terms of fine-tuning your personal statement to the desired audience. Remember, this document may be weighed heavily in the process of selecting candidates to interview! Some students also find it helpful to set their statement aside for a few days before sending it in. After a few days (or longer) pick it up again and read it quickly, as if you were an interviewer reading it for the first time. Occasionally, this will uncover some flaws that you previously did not notice.

On the following pages are a few examples of personal statements from previous students. As you will see, the content and style varies, but the structure and format generally remains the same.

Personal Statement #1

Hours into my problem-based learning (PBL) curriculum, when I began researching my topic for contribution to our weekly case, I was introduced to Harrison's Principles of Internal Medicine. Initially, both the size of the book and my ignorance of the topics inside intimidated me. However, I soon began to understand that internal medicine is the foundation on which all medicine practices. During my two years of PBL, I excelled because I enjoyed the problem-solving nature of diagnosing and treating patients with new medical complaints, but I also appreciated the art of managing patients with chronic, often multiple, diseases. I especially valued the management of the most complicated and sickest patients. These aspects of medicine are fundamental in internal medicine and pursuing internal medicine will allow me the opportunity to practice these fundamentals, which I enjoy so much.

The activities in which I have participated during medical school have also influenced and reinforced my decision to pursue internal medicine. I joined the Association of Student Internists during my first year of medical school. There, I was exposed to both general internists and specialists, learning the many different career options that internal medicine affords. The summer following my first year, I was involved in a research project, which not only allowed me to experience again the fun I had studying physiology as an undergraduate, but also further enforced my enjoyment of internal medicine's foundations in the basic sciences. At the end of my second year, I traveled to the ACP National Convention and was privy to what internal medicine had to offer from physicians around the country. At the convention, I took great pleasure in learning from the many distinguished physicians and felt that it was the professional environment to which I wanted to contribute.

Although internal medicine seemed to be the field I would pursue, I was committed to giving each of my clerkships a fair effort. As I progressed through my third year, I had many fantastic encounters on the wards and in clinics in areas of medicine I wouldn't have thought interested me. However, as soon as I joined the team on my internal medicine clerkship, I knew it is where my future lies. I was quickly incorporating the fundamentals of PBL into real patients, returning to that in medicine with which I take the most satisfaction. Patients on our service had problems from all organ systems and of varying complexity. I admired the faculty and residents' ability to bear in mind the important considerations in managing these patients' acute problems, while balancing issues associated with their chronic diseases. The physicians with whom I worked reinforced the importance of having a complete grasp of normal human physiology and applying this knowledge to disease and management. Coming from my undergraduate work in biology and physiology, this last point is one of the primary concepts that intrigued me about medicine before I started my medical education.

Internal medicine has every aspect of medicine that I find most fascinating and most rewarding. It combines all we know about how the human body is supposed to function with the management of the problems created by different diseases, either alone or in synchrony. These are not only points of interest for me, but also areas for which I have built a solid foundation for my future training through the diligence I have applied toward my education during the preclinical years and wards. Internal medicine requires a curious mind in search of answers and provides the opportunity for diagnostic medicine, one of the most intellectually rewarding elements of being a physician. My success in PBL, experiences with research, and time spent on the wards and in the ICU have strengthened this curiosity in me and reinforced my desire to be a problem-solver.

Because of the ever-expanding nature of medical knowledge, physicians must be committed to incorporating new evidence-based management into their practice. Furthermore, as our population ages and as diseases that were once fatal become chronic, the pursuit of knowledge and the desire to problem-solve must never remit. It is my belief that internal medicine-trained physicians are at the core of these management practices and the developments that will shape our future practice. Throughout medical school I have cultivated a commitment to lifelong learning by expanding upon the foundation of our PBL curriculum, which involves independently seeking out answers, and applying it to the patients for whom I have cared. I look forward to the challenge that medicine brings every day and believe that internal medicine will provide me the best training to successfully contribute to the delivery of healthcare.

Internal medicine is not only rich in patient variety, but it also allows for the ultimate variety in career options. Because I am married and anticipate starting a family soon, this flexibility is important to me. As I continue to learn during my training and beyond, I will continue grow and mature as both a man and a physician. Because both inpatient and outpatient practice styles are available, not to mention the many different specialties, internal medicine allows change in one's career or practice style if the desire arises. This is invaluable because although one's core values are unlikely to change, it is impossible to predict one's priorities in the years ahead. Initially, I see myself practicing primarily hospital-based medicine, but I relish in the fact that as my career and life outside of medicine progress, the opportunity will be available for me to pursue other aspects of internal medicine. There are many great fields of medicine, but for me, internal medicine provides the best means to accomplishing the goals I have set for

my career and I believe I have much to contribute to both patient care and internal medicine.

Personal Statement #2

From childhood through high school, I was a dedicated baseball pitcher. Although blessed with good arm strength and excellent hand-eye coordination, success during the game was directly related to my commitment to practice. Years of throwing fifty pitches a night, paying close attention to details and heeding instruction from professional pitching coaches led to the fulfillment of one of my goals: competing in national championship tournaments. Building upon the formula for success on the baseball field, I applied the same level of energy and commitment to my studies and interest in medicine. During high school, I volunteered at multiple medical facilities, earned licensure as an Emergency Medical Technician and worked in a hospital. Interested in pursuing a career in medicine, I applied for and was selected as a Conley Scholar, which offered conditional acceptance to medical school as a high school senior.

Medical school provided the opportunity to explore many different specialties. After gaining experience with head and neck disorders, I developed a strong desire to pursue a career in otolaryngology. Initially, otolaryngology attracted my interest because of the balance of clinical and surgical duties as well as the opportunity to treat patients of all ages. Upon further exploration, I found the diverse mix of presenting problems interesting and the prospect of working with intricate anatomy and vital structures exciting. I know otolaryngology is the profession for me because I want to learn as much as I can, whenever I can. On weekends, I volunteered for extra call with otolaryngology residents caring for head and neck trauma patients. In addition, I assisted with an "outreach" head and neck cancer screening and participated in microsurgical suturing and laryngoscopy labs with otolaryngology faculty and residents. As a third and fourth year medical student, I participated in operations spanning all of otolaryngology's specialties and contributed to the care of patients pre- and postoperatively. I began to appreciate the contribution that otolaryngologists make to patients' lives.

The hands-on experience broadened my interest, increased my motivation, and strengthened my desire to pursue a career in otolaryngology. More importantly, working with the faculty and residents illustrated the degree of compassion, dedication, and hard work essential to providing patient-centered care. I learned that doctors are no strangers to disappointment and frustration but also witnessed the sense of accomplishment that comes when a patient is successfully treated.

Having established my desired career path, I am looking for an institution that challenges thinking, fosters new ideas and provides opportunities to improve technical skills. Strong faculty and innovative practices are important considerations. I am particularly interested in a program that provides a broad-based learning experience.

I have worked diligently to develop strong academic and professional skills. The hands-on medical training reinforced my career choice. I am committed to my goal of becoming an otolaryngologist and eager to continue the learning process. My academic standing, clinical training, and strong work ethic reflect my motivation to succeed.

Personal Statement #3

I have been learning facts and skills all my life with the goal of becoming a physician, and to achieve that goal I knew I had to work hard to educate myself. I began medical school and thought that the most important things I would learn about being a physician would come from the classroom and be the physical exam, how to treat a diabetic with insulin, or perhaps how to suture. These are certainly crucial things I need to know, but surprisingly the most important knowledge I have acquired along the way to becoming a caring, competent physician is what I now know about myself and my own strengths; these things do not fit neatly into a list of testable items or a measurable skill set.

One discovery I have made about myself during the course of medical school is that although I enjoy puzzles and problem-solving, I like to solve the puzzle as quickly as possible and move on to the next. I learned while on multiple clinical rotations that I most enjoy the environment of the emergency department, where numerous things are going on at any given time and if progress is not being made in one area, it is likely being made in another with a different patient. The pace inherent to emergency medicine is appealing to me, as is the concept that the successful emergency physician must be a Jack or Jill of all trades since he or she never knows what will roll through the door next. I also relish the challenge of

constantly pushing myself to learn more, and feel that there are few to no specialties demanding broader knowledge.

Specific experiences I had during my third-year clerkships and sub-internship served to solidify my choice. While on surgery I was able to participate in trauma resuscitations, which were my favorite part of that clerkship. My child health clerkship presented the chance to manage pediatric patients with all kinds of illnesses in the emergency department. Internal medicine was made memorable by the patient with a fever that turned out to be toxic shock syndrome. Neurology was exciting when the stroke pager indicated a patient in need of thrombolysis. My sub-internship experience was full of variety and I felt more a part of the team than at any other time in my medical school education.

Another important realization I had is the fulfillment I receive from interacting with patients and their families at a stressful time in their lives, no matter if it is a trauma patient and their family or the mom whose baby has a fever and rash at 2 a.m. I have always been told that I have a calming influence on others, but never really had opportunity to put that skill to a lot of use until I began dealing with others in emotionally trying situations. I find it intensely rewarding, and feel it is a way to pass on the kindness I have received. What my patients do not know about me is that I understand how it feels to be on both ends of the stethoscope; I have been the caregiver, but also the patient and the terrified family member of a critically ill patient. These experiences help me to account for differences in perspective and better care for patients and families in suboptimal situations, a skill which I believe will serve me well.

The final thing I have learned about myself that will enable me to be a better emergency physician is the appreciation I have for a collegial, teamwork-oriented environment. I have always known that I enjoyed working with others, but the sometimes organized chaos of the emergency department forces everyone to depend on each other in a way that is not seen in many specialties. This level of interdependence and the overall environment makes the emergency department the best place for me to continue to develop as a physician and person.

My days in the emergency department have been the ones I have felt most stimulated, energized, and intellectually challenged. I want to continue to enjoy the sense of belongingness I have there and sustain this journey of learning (whether skills and facts or the intangibles) and reflection I have been on while constantly looking to the future and becoming the best physician I can become. I am looking forward to an exciting future in emergency medicine.

Personal Statement #4

Sitting in the sand, looking out across the Pacific, I decided to become a physician. Before me, I felt the pull of the ocean, and accepting an internship at the Maui Ocean Center would lead to a life dedicated to creating a healthier underwater environment. Within me, I felt a stronger force, drawing me home to Missouri, to a life of service in which I would use my compassion and intellect to create healthier lives for others. Through faith, I found that my purpose was to impact others; to provide opportunity, motivation, and care through medicine.

I began medical school open to any specialty for which I was meant. While I have enjoyed many aspects of medicine, in every experience I have felt most drawn to the interaction between a provider and the patient for whom they care. I realized that I become invested when a patient entrusts in me their motivations, decisions, and mistakes, hoping that I may have something to offer in their pursuit of a better life. Their vulnerability is a privilege and a hope, and working towards this hope is the challenge to which I am called. Choosing between specialties was simple: I want to train under family physicians because they, most prominently, embody the unyielding commitment to compassionately work alongside the patient to accomplish their goals.

I have learned family physicians are identified as such not only for their ability to treat a family, but also because they come to know their patients as only family can, allowing them to work towards goals surpassing the management of an illness. I am committed to becoming an excellent doctor, well versed in diagnostics and management, but I believe health is only the cornerstone to opportunity. In my experience, a patient's greatest fear is that their doctor will fail to see from their perspective. I hope to be a clinician capable of such empathy, of practicing in the context of my patient's psychological, socioeconomic, and physical challenges. Training in the culture of humanistic, personal, and comprehensive care that is family medicine will make this possible.

As the medical environment changes, grows, and fragments, patients spend less time with providers who know them. Doctor-patient relationships are becoming transient, and family physicians are becoming more essential. I am excited to learn my limits, how to appropriately utilize specialists, and serve as the one physician who will always take ownership over my patient. I want to prepare a new mother, care for her baby, watch him

grow, help him navigate adolescence, facilitate many healthy years, and ensure his autonomy and comfort at the end of life. Practicing family medicine will allow this, as well as the opportunity to pursue my specific clinical passions, such as academic, adolescent, international and sports medicine, and clinical ethics.

An influential and transforming experience, symbolic of family medicine, came early in my training. Alone in my tent in a remote Tanzanian village, I awoke to children singing in preparation for school. After breakfast, we hiked from home to home assessing the medical needs of each family and offering education. The next day, we organized a clinic. One of my patients was a young girl with cerebral palsy. The local physician refused her antiepileptics because her disorder was considered the result of sin. With medication in hand, I hiked to her home that afternoon. Her mother was grateful, and I returned to spend the evening playing soccer with the children from the village. Even in a distant corner of the world, I had found the elements of the life of a family physician: acceptance into a community and into families, the relationships in which he invests, their trust, and his devotion. This is the purpose to which I am called.

Personal Statement #5

What can be done for patients in whom cure is not a possibility? By virtue of our training, physicians are instilled with the idea that we must always heal a sick patient. We are often uncomfortable in situations where patient cure or even treatment is not possible. Many of us feel that as healthcare providers, we have failed and that there is nothing left that can be done in such situations. Death is not a topic that is easy to discuss, nor is it a possibility that is easy to accept. Physicians are reluctant to be straightforward and succinct with patients who have a poor prognosis. Not only are we unprepared to admit our own disappointment, we also do not want to leave a patient "hopeless" or dampen their positive spirit. With the advances in medical technology and medical care, people with indolent diseases are living longer and the need for palliative care and hospice is growing exponentially. I have discovered that this realm of medicine is where my passion lies. Death is a sacred time for an individual and their family and I believe that one of the greatest contributions I can make is to care for and comfort a patient and their loved ones as the person is living out his or her last moments.

One of the rotations that influenced me the most and helped me define my desires, goals, and hopes for the future was internal medicine. On this rotation, I discovered my gift for communicating with patients and ease at discussing difficult subjects such as their prognoses, the effects their disease processes had on their lives and their families, and deciding between tough options for further care. I remember a particular patient that led me to question my role in medicine. Mr. L. was a 42 year-old patient with idiopathic pulmonary fibrosis. He was frequently in and out of the hospital, with his family at his side. When I met him, he was suffering from an especially bad bout of bronchitis. As the days went by and despite our interventions, his oxygen saturations steadily decreased and it became clear to our team that he was on a downhill decline. We consulted the palliative care team in the hospital and I was able to observe their initial consultation with the patient and his family. Mr. L. decided that comfort and quality of life were more important to him and being the medical student, I was able to spend much time talking to him about his decision.

As doctors, we all want to "help" people and relieve suffering, and it was fascinating to me to discover the concept that relief of suffering was possible even when treatment became futile. As Mr. L. lived out his last days, he graciously opened up to me about his fears of leaving three small children behind, his disappointment about not being able to accomplish some of the goals that he had set for himself, and his curiosity about what awaited him on the "other side." This was an experience that resulted in tremendous self-growth within me. Prior to my experiences with Mr. L., I had always thought the most important role of a physician was to treat the disease. Mr. L. taught me that the role of a physician really goes a dimension beyond that in that our true purpose as physicians is to serve, care for, and comfort persons, whether that involves treatment or not.

What has drawn me to internal medicine and ultimately to the subspecialty of palliative care are the relationships I have been able to form. No matter what rotation I was on, my best days were ones where I felt like I connected with patients and through this connection, was able provide them with unbiased information that would assist them in making the health choices they deemed right for themselves. It is a mental challenge for me to figure out how to effectively communicate with patients from different races, cultures, and age groups, and to make them feel comfortable in my presence. During my ER rotation, the attending physicians were aware of my gift for communication and often sent me to see the patients who had come in for alcohol/drug detoxification, domestic violence, or suicidal ideation. Not only was it a challenge for me to get these patients to open up to me, it was also a goal of mine to make them feel as if they had a voice and that their voice had meaning.

In the future, I see myself practicing both outpatient general internal medicine and inpatient

palliative care. I am reluctant to give up the diagnostic skills that I have developed through internal medicine to practice only palliative care, but I do have a passion for end-of-life care. I find that while it is rewarding to treat patients and achieve cure, it is also rewarding in a different sense to be able to shift the focus of care from treatment-centered to one of comfort. It is my hope that if the time comes that treatment should no longer be pursued, I can leave my patients feeling that the quality of their care will not be sacrificed and that I am still beside them as they make the difficult decisions regarding the next part of life's journey.

Personal Statement #6

As an undergraduate, I was convinced that I was going to be either an emergency physician or an orthopedic surgeon. I had spent many hours in both an emergency room and an operating room volunteering and shadowing physicians. I loved the hands on nature of surgery, and the diversity that emergency medicine offers. In contrast to my peers pursuing careers in primary care, I felt that I did not need "continuity of care" with my patients; I simply wanted to make them better, and send them on their way.

As I completed my first two years of medical school, I was confident that emergency medicine was my future. However, at a national conference in San Francisco the spring of my second year, I talked at length with a resident representing a family medicine program at the conference residency fair. I actually tried to avoid the family medicine table, looking the other direction as I walked past, but when the resident smiled at me and began speaking, I stopped so as not to be rude. I smiled back, and told her that I was not interested in family medicine—I was looking solely at emergency medicine programs. I had not had any exposure to family physicians growing up, and the specialty was not on my radar at the time. The resident was persistent, asking questions about what I was looking for in a career, and described the many ways that a FM career could satisfy my interests. I still was not convinced, but left the conference with more of an open mind toward the specialty.

My first third year clerkship was in family medicine. Almost immediately, I realized that this specialty that I was so certain I did not want to do was actually stimulating and rewarding. I enjoyed the challenges of managing chronic disease, and the longevity of working through an illness as opposed to the quick fix of surgery or emergency medicine. I liked doing minor procedures in the clinic, and both inpatient and outpatient medicine. Despite my initial stance against family medicine, I discovered that I was truly in my element. Surprisingly, my favorite moments were return visits and hospital follow-up visits. The same student who dismissed continuity of care had completely switched views as to its importance in my practice.

As I worked through the other core rotations third year, my favorite moments were spent in clinic, where I could spend more time with patients and take advantage of teaching opportunities. With my previous experience in education, this is an aspect of primary care that I enjoy. I saw women through several weeks of maternity visits while on Ob/Gyn, and looked forward to seeing them with their newborn babies when I switched to Pediatrics. I similarly looked forward to post-op visits with patients while on surgery, to see if their symptoms had resolved since I had seen them a few weeks prior. Many of my preceptors commented on the rapport that I held with patients, reflecting how much I enjoy the interpersonal aspect of medicine. Despite the qualities that I enjoyed in each of my other rotations, none felt as cohesive with my nature as family medicine.

Family medicine is also consistent with my overall career goals. I want to practice in a clinic setting, where I will know my patient population intimately. I also look forward to working with entire families; one aspect of my family medicine experience that I grew to appreciate was how knowing the psychosocial issues of a given family will affect the way you provide care to each member of that family.

Ultimately, my husband and I will likely relocate to Nigeria, where our families are based. Family medicine is a specialty that will ensure I have the skills to help the broad range of patients that I anticipate having in my future practice. I have a desire to start a non-profit organization that will work to provide medical equipment to needed communities in Nigeria. This aspiration developed after I experienced two family deaths, both of which might have been avoided if better medical facilities had been available in their area of Nigeria. My husband and I are already actively involved in a non profit organization he began in 2005 that works to provide mentoring, encouragement, and scholarship funds to gifted children from his rural hometown in Nigeria. We both have a strong interest in bettering Nigerian communities, and a career in family medicine is consistent with our community improvement goals.

I am a wife and new mother, and am looking forward to training and beginning my practice in Houston, where my husband is already working. It is my hope that residency will unite our family geographically. I am passionate and excited about the opportunities that will come with completion of my residency in Houston, such as working with a diverse urban population, and the many medical resources that the area provides. I will bring motivation, a hardworking nature, the readiness to tackle complex

medical problems, and a love for patient interaction and continuity of care. I am looking forward to beginning the first phase of a patient-oriented career.

LETTERS OF RECOMMENDATION

LETTERS OF RECOMMENDATION

Letters of recommendation are a vital aspect of your application and are not to be overlooked. They provide the admissions committee an important glimpse of who you are aside from your CV and board scores. These letters often provide comments about your problem solving abilities, teamwork, clinical skills and attitude, and can go a long way to opening doors for interviews. The typical residency application requires three letters of recommendation. You should not try to go beyond this number as it is neither expected nor wanted, and will probably only hurt your application if you do. A general rule of thumb is that 2 of your 3 letters should come from within your field of interest, with the remaining letter from a faculty or research adviser that knows you well, preferably in a related field. It is a good idea (and expected for some specialties) that one of the two letters from within your field of interest comes from your specialty's department chair. The other should come from a faculty member within the specialty that knows you well and will write a glowing recommendation. A caveat to these guidelines is that you should not ask a faculty member to write your letter or recommendation if you don't think that they will write you a **good** letter of recommendation. A glowing letter from a more junior faculty who knows you well is better than a ho-hum letter from the nationally recognized department chair that can't remember who you are.

It is important to ask early. Remember that faculty members are busy and will undoubtedly have multiple letters to write. Most people advise that you begin asking in June or on the last day of your rotation in that specialty. You should supply your letter writers with a copy of your CV and your personal statement. Some writers may even ask for your transcripts. On your cover letter you should also provide a deadline and instructions detailing who to address and deliver the letter to. If your letter writer is from another facility, it may be helpful to have an addressed and stamped envelope prepared. Some people create a packet of these items ahead of time so you can give it directly to the faculty member when you ask them for a letter of recommendation. A thank you note should also either be included in your packet of information or sent to the letter writer once the letter has been completed. Check with the OME to make sure that your letters have been received by the OME in time for the ERAS opening. An application without your letters will be considered incomplete and that may delay your application and potentially lead to missed interviews.

Similarly to the Personal Statement, you may have more than 3 letters of recommendation submitted to ERAS and then assign the appropriate letters to your various programs. For example, if you are applying to multiple specialties you may have different letters sent to each program, i.e. letters from plastic surgeons sent to plastics programs and from general surgeons sent to general surgery programs. This is also handy in case you want to ask for more letters than you need since some letter writers have been known to miss the deadline.

For regular match applicants, ERAS has a cover letter sheet that is generated when you finalize your letter writers in MyERAS. For applicants using the SF*Match* program or other non-ERAS match program, check the website for instructions regarding cover letters or templates.

Note that waiving your right to see your letters of recommendation prior to submission is NOT MANDATORY (even if you are led to believe such is the case…it is your *right*, after all). However, programs may wonder why you did not choose to waive your right (i.e. is the applicant such a poor candidate that he/she has no confidence in anyone writing him/her a decent letter?). So if you choose to waive your right, which is what most people do anyway, be sure to ask your letter writers if they can provide a *strong* or *good* letter of recommendation. If they cannot, hopefully they will decline your request.

THE INTERVIEW AND THANK YOU LETTERS

THE INTERVIEW

Your residency interview is an important part of the application process that could be as meaningful for getting you into the program of your choice as everything else you have done up to this point. By preparing well for your interview you can only help your chances of matching into the residency of your choice. Remember, just relax and be yourself! Programs want to know that you will fit in with their residents and you want to be in a program where you will feel comfortable for the next few years.

PRACTICE INTERVIEW

Opinions differ on the necessity of a practice interview. If you are particularly nervous about your performance during the interview season, it would be a good idea to give it a trial run before you begin the real thing. Arrange to have a practice interview with your adviser or other faculty member. Some departments also offer opportunities for mock interviews. The practice interview should follow a similar format to what you will actually encounter in a real interview. Prepare for this day the same way that you would plan to get ready when you start visiting programs. After the practice session, make certain that the interviewer is not hesitant to give you constructive criticism.

TIMING

Again, opinions differ on how to time your interviews. Some claim that those who interview earlier in the season are less likely to match at a program than those who interview in the middle or late part of the season. Others claim that interviewing late in the season can convey a lack of interest in the program. There is no confirmed data to support either position. Also, keep in mind that you will be more polished and comfortable with the interview process later in the season. After a few interviews you will be an experienced interviewer and you can focus on evaluating the program and not on making yourself look good. You may want to schedule your top choices after a few "practice runs." However, remember that the interview process is demanding, and it begins to lose its appeal after multiple interviews. Towards the end of the interview season, you may find yourself canceling interviews that initially excited you simply because you are too tired or too broke to travel.

SCHEDULING

Now that ERAS and the SFM are used by nearly every residency program, the scheduling of interviews is more in the hands of the programs than the applicants. After you have submitted your application, you will slowly start receiving email and snail mail communications from programs. Some will offer you interviews. Some will ask for more information. Some will put you in the waiting list. Some will refuse to offer you an interview. Some will wait for your MSPE before they do anything. Regardless, you will spend a majority of your time during the fall months of your 4th year refreshing your email. All programs are on different schedules, so do not get discouraged if you have not heard from your favorite program but have received lots of communication from several others.

As certain specialties become more competitive, programs are in a better position to look for more interested applicants. If you have not heard from a program, and you feel like you should have, do not hesitate to call and ask if all interview requests have been granted. Or, more casually, you can call to "check up" on your application to ensure that all materials have been received. This conveys interest and maybe gets your application a second look in the stack of 1000 sitting on the desk.

When you receive an interview request, there will likely be a list of dates from which you can choose. Most programs only interview on certain days of the week and coordinating your interview schedule can become a complex task. Respond to interview offers relatively quickly, as dates fill up faster than one might imagine. You can always call and request a date change as you adjust your schedule. Do not lose hope if none of the dates work for you as others will cancel as well. Just stay on top of your scheduling…it can become quite complex. If possible, try to schedule interviews in the same geographical region together. Since this is not always feasible, be prepared to travel to the same area of the country more than once.

CANCELLATIONS

Depending on your specialty you may schedule more interviews than necessary. As the interview season progresses, you may decide to cancel an interview. Be courteous and contact the program as soon as you decide to cancel. Remember program directors talk to each other, and you don't want a poor reputation to follow you on an interview.

TRAVEL CONSIDERATIONS

Depending on how you arrange your fourth year schedule, most applicants will take at least one month off for interviews (many will take two). Other students will take less rigorous electives during the busy interview months that will allow them some travel time. For the regular match, these months are usually between November and January. As you schedule your interviews, try to bunch them into geographical regions. This will cut down on travel time and allow you to see more programs in fewer days. If you can handle the energy drain, some applicants have been known to interview at as many as four programs in one week. This is not highly recommended, but it can be done if necessary. The benefit is that you can compare programs that are fresh in your mind, but this can be quite taxing.

As you are scheduling your flights and road trips, keep in mind how long you would like to spend with a program. If you are particularly interested, it is often a good idea to spend some time with a resident or faculty member outside the interview. You might also like to take some extra time and explore the city if you are unfamiliar with an area. Don't bunch too many interviews into a week if it will prevent you from seeing as much of a program and city as you would like. Always remember to give yourself more time than you think you will need. You will be in an unfamiliar city and hospital and it is always better to arrive early than late.

PRE- AND POST-INTERVIEW COMMUNICATION

If you need to contact a program before your interview (for a schedule change, directions to hotel, etc.) you can either use email or telephone. You should always use a phone call if time allows. You will be much more likely to receive a prompt response. Email can easily be ignored. When talking with support staff, be mindful how much weight they have in the department, and in some cases, the decision on the incoming House Staff. At the conclusion of the interview, it would be prudent to thank them for all of their hard work.

Following your interview, it is a good idea to write thank-you notes to all of the programs. This can be very time consuming if you interview at many places. If you really like a program, you should individually write a Thank-You to every person with whom you interviewed. These should be short and to the point. However, they should somehow show that you are interested in their particular program. It is often helpful to write down specific notes the day of the interview to help jog your memory when writing your thank-you notes. Do not write the same letter to each person, as they will all likely go into your file. Some sources say that a type-written thank-you letter is preferable to a hand-written one. However, most people write their notes because they prefer the more personal hand-written form. The important part here is that you make the program aware of the level of your interest. Try to complete these thank-you notes within the week after interviewing while the program is still fresh in your mind and when you are still fresh in your interviewers' minds.

One of the more confusing issues surrounding post-interview communication is the "We really liked you" letter or call from the program director. It is nearly impossible to tell if these mean anything or if they are form letters sent to all interviewees. Programs are not really supposed to call or communicate with you in any way, but they will. Be sure not to put too much emphasis on these communications when finalizing your rank list. Students have been burned in the past because they were just sure that a program was ranking them very highly. When they made their match list, it was too short and they ended up scrambling. Take home point – it is nice to get that kind of communication from a program, but it is certainly not a binding contract of any sort.

Often programs will offer you a second look. This is a particularly good idea if you need to see more of the "nuts and bolts" of a program. If your schedule allows, use this as an opportunity to follow a resident around for the day and make sure to attend rounds to see how the team functions together.

THE INTERVIEW DAY

Every specialty and program will have a different interview day schedule. Interview experiences vary vastly between specialties and between individual programs. The number of applicants who will interview with you will range from greater than ten to zero. You will almost always have an interview with the program director. Other than that, pretty much anything goes. Most of your interviews will be set up round-robin style, where you rotate through several faculty members throughout the day. Interviews can last from ten minutes to an hour. Most of them usually last somewhere between fifteen and forty-five minutes, and the actual number of interviews can vary from one to more than eight. Again, it all depends on specialty and the individual program. Make sure to use the restroom right before your first interview, because you could be interviewing for several hours without a break. Lunch is usually provided at the interviews, but breakfast is not always included. You may want to bring granola bars or other breakfast snacks for the hotel room if you do not perform well on an empty stomach.

During your interviews, be as casual as the mood allows. The programs want to get to know you, and you would like to do the same. Be yourself as much as possible. Remain calm and stay positive. Remember, you are trying to learn as much from the interview as you can. You are trying to evaluate the program just as much as the program is trying to evaluate you! You will actually be asking most of the questions. Here is where you can show the programs that you did your homework. Be sure to ask questions that let programs talk about their strengths and weaknesses. You need to take advantage of the short amount of time you have and learn about their program. It is okay to ask the same question to multiple people if it is something you are truly interested in. It is a good way to find out if you are getting the real story from your interviewers. However, make sure to ask different questions as well as your interviewers will be comparing notes on their talks with you.

POSSIBLE QUESTIONS YOU WILL BE ASKED

The following is a list of questions you might be asked. In most peoples' experiences, there are few, if any, "tough" questions. But be prepared…you never know how an interview will go until you get there. There are many times when interviewers will not ask a single question but rely entirely on you to keep the conversation flowing. Answer each question as well as you can, no matter how benign and pleasant it may seem. It may sound suspicious, but prevent yourself from making the wrong impression by assuming there are no innocent questions! Here is a list of sample questions students have encountered:

- *Tell me about your most interesting case and what you learned.*
- *Why should we choose you over other candidates?*
- *What attracts you to our program?*
- *Why did you choose _____ as a specialty?*
- *What do you do for fun?*
- *What problems do you see our specialty facing in the future?*
- *Where do you see yourself in 5 or 10 years?*
- *What are the most and least enjoyable aspects of this career?*
- *Tell me about yourself.* (Answer it as "What motivates you?")
- *What are 3 strengths/weaknesses that you possess?*
- *Can you think of anything else you would like to add?*
- *What leadership roles have you played during medical school?*
- ***What questions do you have for me? (BY FAR THE MOST COMMON)***
- *Could you explain why… (insert problems with your resume, CV, Dean's letter, transcript, etc.*
- *What do you do in your spare time?*
- *In what situations are you most efficient and effective?*
- *If you could no longer be a physician, what career would you choose?*
- *How do you normally handle conflict?*

QUESTIONS FOR FACULTY AND HOUSESTAFF

You should always have a list of questions you would like to ask. Even if you know the answers, you should have them available. Most of the interviews will be driven by your questions, so be ready to guide the flow of the conversation.

- *Are there any changes occurring with your program?*
- *Any specific strengths or weaknesses in the program?*
- *What is the conference schedule and is this protected time?*
- *Who is doing research and what are they doing?*
- *Are the chairman and program director planning on leaving any time soon?*
- *Where do your graduates go and what do they do?*
- *What is it like to live in this city?*
- *Are the residents happy?*
- *What is the worst / best part of being a resident here?*
- *What is a typical day like as a resident?*
- *Were there any surprises about the program that you realized once you started the residency?*
- *Where do the residents live? Do they rent/buy? What is the cost of living?*
- *What is the call schedule?*
- *Do the residents do much teaching of medical students or lower level residents?*
- *Are the conferences valuable?*
- *Parking? Food? Uniforms? Laundry? Call Rooms? Insurance?*
- *How has the 80 hour work week affected your residency program?*
- *Is there a mentor/adviser system?*
- *How are residents evaluated?*
- *How much didactic time is there? Does it have priority?*
- *What elective opportunities are available?*
- *How is time divided between hospitals?*

ILLEGAL QUESTIONS

Marriage, family plans, disabilities, and sexual orientation are some of the big subjects that comprise most illegal questions. If you get asked a question that makes you uncomfortable, ask yourself "Is it important to my job as a resident?" If the answer is "no," chances are that the question should not have been asked. Remember that this litmus test is not perfect, and most of the time the interviewers ask these questions with meaningless intentions or only in the interest of starting conversation. In the event that you are asked a question that makes you uncomfortable, you have several options. You can simply answer the question in the most favorable manner possible (this is the most polite option, and it will not eliminate you from the pool of candidates). You can also laughingly ask whether the question is relevant. This reply can keep the mood light while at the same time evading the question. More direct refusal is also an option. In the rare event that the question is grossly inappropriate or unprofessional, you may excuse yourself from the interview and file a complaint with the ERAS and NRMP.

Note: There are multiple websites that provide more interview tips and preparatory information. Many medical schools have guides available on the Internet. Kenneth Iserson's Getting Into a Residency: A Guide for Medical Students is one such guide. It is a good idea to review one or more of these sources before starting your interview season.

EVALUATING INDIVIDUAL PROGRAMS

EVALUATING INDIVIDUAL PROGRAMS

One of the most important aspects of a program is the educational environment that is available to you during your stay at the program. You should look to see if the teaching style is consistent with the way you learn best. Look to see if there is an academic excitement in the house officers and individuals with whom you interview. Is everyone dragging around in drudgery, or are they happy to participate in interesting and challenging clinical problems? Look at the overall atmosphere of the residency program. Is it informal, highly competitive, high or low-keyed? Do you perceive any resident intimidation or one- upmanship? Is there a great deal of pressure, time constraint, or impossible tasks? Make sure you know these aspects, as you will be involved in this if you select the program. Observe whether the house officers and faculty relate to each other well. Are the relationships between them formal or informal? Does that relationship seem conducive to learning? Very careful observation at this point of your career can be very useful and keep you out of a program that does not fit your style of learning. You should also try to join rounds, conferences, and morning reports during your visit to see if this interaction is real or put on for your purpose. Try to assess all of the goals and priorities of the program. Are most of the individuals interested in teaching the residents or are they more interested in their research work and disappear into their laboratories? How committed are the house officers and the faculty to patient care and the learning of new clinical approaches?

Look at the types of patients you will be caring for. Is there a real concern, a careful observation and a humane approach to the patients? Have the rights and interests of the patients been considered and has good judgment been used in their clinical care? Would you want to be a patient at this hospital?

Indeed, there are numerous questions one should ask in the evaluation of a program. You should take notes throughout your interview day. After your interview day is over you should immediately write down your impressions. Do not trust anything to memory, since you will forget some of the strong points and remember the weak ones or you will simply start forgetting what happened where and when. If you are going to interview at a large number of programs, it might be a good idea to prepare a checklist in advance so you can interview and evaluate each program in the same fashion. At the end of the process you can use this consistent rating system to help you sort out the various aspects of each program to make your decision. After your interview season is over, do not hesitate to contact programs again to ask additional questions you may have thought of along the way—most programs welcome this, and it is important you get all the information you need to make an informed decision.

Though evaluations of individual programs through the use of quantifiable forms is used by some, one must keep in mind that the best judgment of any one program can simply be your “gut feeling” on that particular residency. You may find that if you attempt to numerically evaluate programs, your final analysis will not match your personal overall feelings in that your highest scored program may have given you a low personal impression during the interview. Thus, if you use these types of evaluation forms, do so with a grain of salt and rank with your overall feelings. For those of you who do wish to evaluate numerically, an evaluation form is provided in the following pages. (Note some aspects of the program are weighted higher than others by this particular person). There are also sample evaluation forms in First Aid for the Match and on many online sources.

PROGRAM EVALUATION FORM

Residency Program:

	Comments	Rating
Education		
Accreditation (1-3)		
Overall Curriculum (1-3)		
Rotations/Electives (1-3)		
Ward Organization (1-3)		
Rounds (1-3)		
Conferences (1-3)		
Number/Variety of Patients (1-3)		
Hospital Library (1-3)		
Resident Evaluations (1-3)		
Resident Board Pass Rate (1-5)		
Attendings/Teaching Faculty		
#full vs. Part-time (1-3)		
Research vs. Teaching (1-3)		
Availability/Approachability (1-3)		
Subspecialties Represented (1-3)		
Hospital(s)		
Feel of the Hospital (1-5)		
Community or University (1-3)		
Staff Support of Program (1-3)		
Availability of Consultants (1-3)		
Ancillary Staff (1-3)		
Computerized Orders (1-5)		
Computerized Pt Record (1-5)		
Current House Officers		
Number Per Year (1-3)		
Medical Schools of Origin (1-3)		
Are We Compatible? (1-5)		
Work Load		
Average # Admits (1-3)		
Supervision (1-3)		
Call Schedule (1-3)		
Night Float		
Scut Work/Resident Helper (1-3)		
Time for Conferences (1-3)		
Clinic Responsibilities (1-3)		
Research Project (1-3)		

Benefits		
Salary (1-3)		
Professional Dues (1-3)		
Meals (1-3)		
Insurance (1-3)		
Vacation (1-5)		
Maternity/Sick Leave (1-3)		
Outside Conferences (1-3)		
Books (1-3)		
Moonlighting (1-3)		
Extras (1-3)		
Surrounding Community		
Size and Type (1-3)		
Geographic Location (1-3)		
Climate and Weather (1-3)		
Cultural Diversity (1-3)		
Safety (1-3)		
Cost of Living (1-3)		
Housing (1-3)		
Employment Opportunities (1-3)		
Child Care (1-3)		
Schools (1-3)		
Entertainment/Recreation (1-3)		
Program Overall		
Reputation (1-5)		
Gut Feeling (1-10)		

OVERALL RATING: _____

PROGRAM STRENGTHS:

PROGRAM WEAKNESSES:

ADDITIONAL COMMENTS:

AWAY ROTATIONS

AWAY ROTATIONS – ELECTIVES

NOTE: It is the policy of the University of Missouri-Columbia School of Medicine that you must complete three one-month clinical selectives. Two of the 3 required selectives must be taken under the supervision of Columbia-based School of Medicine faculty or community faculty appointed through the School of Medicine. One of the required selectives must be a surgical selective, one must be a medical selective, and the third can be either a surgical or medical selective. The third selective may be taken at a site approved by the department, the adviser, and the Office of Medical Education. Once you have fulfilled your selective requirements (1 medical, 1 surgical, 1 medical or surgical) then any course listed as a "selective" can be done as an elective credit and therefore can be done as an away rotation.

ALSO…you must take a minimum of 4 courses under the supervision of Columbia-based School of Medicine faculty. Thus, most students plan to do their selectives and ABS at MU.

Away rotations can be a fun and important part of your fourth-year experience. They are useful in many ways: evaluating how medicine is practiced in various parts of the country or at a larger/smaller center, as an "audition" at a program where you are interested in matching or as just plain fun. Most students perform away rotation at places where they are interested in matching. This gives the program a chance to get to know you and to evaluate your skills. Most programs have a general policy that they will grant an interview to students who have performed a rotation at their institution, and some programs even *favor* students who have rotated with them. Also, during interview season, it is nice to know the doctor with whom you are interviewing, and to have the residents advocating for you. Most students agree that you should try to do an away rotation at a place where you are interested in going for residency. However, if you perform poorly during your rotation, it may hurt your chances. Some students prefer to do a rotation at their home institution first to prepare for their away rotation. This month of extra training in your specialty is a good idea so you can "shine" when you do your away rotation at an institution you are seriously considering.

Rotations also give the student a chance to evaluate the program. Interview days can be highly scripted and it is often difficult to thoroughly evaluate a program based on one day. Away rotations allow you to really become familiar with a program, and with other programs in the area. Many places are regional, meaning they like to take residents from nearby schools. Ask residents from these schools what they thought of their alma mater and why they matched at their program.

You should begin thinking about away rotations in the around mid to late February and early March. With the inception of VSAS the timeline has changed somewhat, but not all programs have joined this online system and thus, every school has its own timeline. Ask your adviser about programs that you are interested in. Alumni, residents, and fourth-year medical students in your specialty can also be helpful. You can look up programs directly using their web sites to view descriptions of the courses online.

A list of all residency programs in any specialty can be found at the following websites:

http://www.acgme.org/adspublic/
https://freida.ama-assn.org/Freida/user/viewProgramSearch.do

The list of participating VSAS schools can be found here:

http://www.aamc.org/students/medstudents/vsas/

In order to find out timelines and courses offered, Google is your friend.

Things to pay attention to are the dates of the rotation, number of away rotations you can do at the institution, cost, required immunizations, etc. Also you should consider academic vs. community, county vs. University, geographic location, city size, friends/family in the area. If you are interested in applying to one part of the country for residency, it may help you to perform an away rotation in that area. Also, a great letter of recommendation from a well-known person in the field can only help your application. This is particularly true if MU does not have a home residency program in your specialty of interest (e.g. Emergency Medicine and Radiation Oncology).

Another good source of information is the program's student coordinator. Again, a Google search can get you this information, but a call to the Dean's office can also assist with getting in touch with the right person. Depending on the school, some applications are due at the beginning of May. It is important to get your application in at the earliest possible date, because most programs are on a first-come, first-served served basis. Most applications can be downloaded from each website, and VSAS streamlines all of this for you. The process takes *TIME*. In particular, letters of recommendation and vaccinations seem to be the rate-limiting steps. Thus, it is wise to get this information together as *early as possible.* The away rotation process can be involved and complicated, so make sure to start early.

Since no two medical school schedules are alike, you may have to be creative with your schedule. Some courses are more lenient than others. They allow you to leave a week early/start a week late and make up your time later. Radiology, Anatomy, and ABS Research are a few examples. It would be a very bad idea to try to do this with your surgical Sub-I, Peds wards, SICU, etc. After receiving official acceptance to an away rotation, don't forget to drop a course if you are currently enrolled in one at MU.

You should then contact the away rotation coordinator from the away school about housing. Some programs have dormitory-style housing available, while others do not. The coordinator may also have contacts for rooms that rent by the month. If they don't have prearranged housing, see if there are any MU alumni at the school, as they can be very helpful in finding alternate housing. Also, residents in the program can also be of help – students have lived with or subletted from residents before. As a last resort, contact the Dean's office to see if any of their students will be gone and willing to sublet their apartments. If you have friends or family in the area, ask if you can stay with them for a month. It is much cheaper than paying rent.

Once you have arranged your rotation and housing, get ready to try and impress them. If you have time, arrange to show up the Friday before the rotation starts to obtain your computer clearance, parking pass, and ID card. Try to meet the team with which you will be working in order to learn what your responsibilities will be. Not only will you get all of this out of the way, you will impress the team with your attitude (and learn your way around the hospital). While you are there, you will be dumbfounded by how inefficient and lost you may become working at a new hospital. As always, if you work hard, you will be OK. Try to learn whom the "important" attendings are – while you are there you should get a recommendation from someone that will carry weight with the admissions committee. In general, the rotation will be similar to what you would experience at MU. Ask fourth-year medical students about their away rotations and how they were a success, and what they would have done differently.

Finally, get out! See the town to learn if you are compatible with the area. If you are married or have a significant other, have them join you for a month or for a weekend visit.

10 Ways to Impress on an Away Rotation:

1. **Introduce yourself.** Be the first to introduce yourself to residents, other students, and most importantly *any* attending you encounter: "Hi, my name is…I'm visiting this month from the University of Missouri."
2. **Be energetic and enthusiastic at all times.**
3. **Be a team player.** Volunteer for any extra activities that are available (talks, call), and be willing to help out a bogged-down fellow student or resident.
4. **Make sure you understand your expectations.**
5. **Push yourself** to take on extra work, whether that means taking one more call or one more patient. It's better to look busy than twiddling your thumbs.
6. **Work hard and don't complain.**
7. **Be nice** to everyone, including ancillary staff and fellow students.
8. **Expect to stay longer** than your shift/hours. Never look like you want to leave as soon as you can.
9. **Read for at least 30 minutes every night** about your patient or something interesting you saw that day.
10. **Have fun!** People can tell when you are miserable.

ADDITIONAL INFORMATION:
Intern year choices and integrated residency

TRANSITIONAL YEAR, PRELIMINARY YEAR AND OTHER ODD THINGS

If you are considering a residency in Anesthesiology, Dermatology, Neurology, Ophthalmology, Physical and Rehabilitation Medicine, Radiation Oncology or Radiology, you need to know about the various ways to schedule your first year of residency (intern year). Programs that train in these specialties may or may not employ you your first year. They may or may not require you to do a specific transitional or preliminary year at their institution. Most of these programs require an intern year (which they often refer to as a clinical base year); the way in which you fulfill that requirement will depend on your specific goals, the program to which you eventually match and how competitive of an applicant you are. Transitional year programs are occasionally used by persons that do not yet know what specialty they want to do, though this may not be wise (Iserson's Getting Into a Residency). If you do a transitional year, and then decide to do surgery, you usually must repeat your intern year. For this reason, some recommend doing a preliminary year if you are undecided. If you end up liking what you did in your preliminary year, you can continue and not lose a year. If you decide to do something else, you would have lost the year anyway. Preliminary year programs are generally thought of as less competitive than transitional year programs.

Transitional Year: An intern year in which you rotate through various departments. For example, you may do 3 months as a surgical intern, 2 months on Pediatric wards, 1 month on NICU, 1 month in the ER, 1 month in OB, 2 months on Medicine wards, 1 month in the MICU, and 1 month of an elective. This schedule varies widely depending on the institution. You may or may not have a continuity clinic in your chosen specialty during this year. You may have as many as five months of elective time. Residents going into ER and Radiology often select transitional year programs as this offers exposure to a more varied patient population.

Preliminary Year: An intern year in which you act as an intern in one specialty, usually Medicine, Surgery, Family Medicine, or Pediatrics. Your schedule is essentially the same as an intern in whatever specialty you chose. This option is often preferable if you wish to pursue adult neurology and you think your efforts might be misplaced on pediatrics. Conversely, if you hated surgery and 3 months on a surgical service is not ideal for you, you could choose one of the other 3 options. Other people may choose to do a surgical intern year if they are reapplying for a surgical specialty, or want that "exposure." You may get an elective month to spend in your chosen specialty. You may also get a ½ day per week of continuity clinic during this year.

Categorical Position: All this means is that you are the employed in your chosen specialty department for your intern year, but they will likely loan you out to other departments in a schedule much like a transitional year. The advantages are that you are part of a department that takes interest in you, and you are most likely to spend the time in your chosen specialty. You "match" as a categorical intern – that is, you if you are applying for a general surgery residency and your match would be the categorical intern.

Advanced Position: This is a residency spot that requires that you have completed an intern year previously. Some programs only offer advanced positions. Some programs may offer half of their positions as advanced positions and half of their positions as categorical positions.

A brief example may help. A candidate wants to go into anesthesiology. He/she would like to go to the University of Missouri. The University of Missouri has at least three ways he/she can do his/her first year of residency.

1) He/she can be a Categorical Resident and they would setup a preliminary year of his/her choosing.
2) He/she could do a transitional year either at MU or at some other institution and then do his/her anesthesiology residency.
3) He/she could do a preliminary year either at MU or at some other institution and then do his/her anesthesiology residency.

Let's say someone is interested in pediatric anesthesiology, so he/she may want to do a pediatrics preliminary year. He/she would have to interview for anesthesiology slots as well as interview for pediatric preliminary year slots. When he/she makes his/her match list, each anesthesiology spot ranked will have a supplemental list of preliminary year spots. This allows the candidate to try to get a preliminary spot in the same city as the residency, if, for example, he/she did not want to move twice. Thus when match day comes, the candidate will match into two programs (hopefully), a preliminary slot in pediatrics and an advanced slot in anesthesiology.

There are many similarities in the ways in which you could set up your intern year. Many of the differences are purely on paper (e.g. the difference in the above example between matching separately into a pediatric preliminary year and an anesthesiology program, both at MU vs. matching into an anesthesiology categorical position at MU and requesting a pediatric preliminary year). The main point is that by investigating your options, you will be able to tailor your intern year to provide a learning experience that fits your future career goals.

INTEGRATED RESIDENCY

Several clinical departments offer integrated residency positions. These positions, open to 4th year medical students at the University of Missouri, are essentially an early admittance program for residency. Applicants apply to individual departments in May of their M3 year. If selected, the student enters into an agreement to stay at MU for residency in that particular department and the program agrees to accept the applicant and provide a $22,000 scholarship. This counts towards your financial aid. That is, you can take out less in loans knowing that you are going to receive this amount in your 4th year. Thus, if you are sure you want to do a certain specialty, and you are certain that you want to stay in Columbia at MU, integrated residency is for you. If you have doubts about your specialty or about where you want to go, it is likely best to apply through the regular ERAS/NRMP system.

The programs that have offered integrated spots in the past include: anesthesiology, internal medicine, pediatrics, medicine/pediatrics, neurology, family medicine, and pathology. Some of these programs have special requirements for the 4th year such as continuity clinics or required rotations. Some others have no specific requirements for the M4 year.

Multiple myths surround the integrated residency program. You do not get a salary *and* your tuition paid. Your residency remains the same length; the M4 year does not count towards your residency program. You still get the same number of months off as a regular M4. The $22,000 is *not* given on top of your regular loans, but is deducted from the total amount that you qualify for. (If you are "approved" for $45,000 in financial aid, you will receive $23,000 of loan aid + your $22,000 of scholarship aid). Some programs *will* give you more responsibility on the wards if you are an integrated resident. You still have to apply for the Match through the NRMP. You may still have to write a personal statement for the integrated residency application process. The Office of Medical Education does still require that you complete a MSPE as some fellowship programs request the MSPE, but the deadline is more flexible.

To apply, you should contact the residency coordinator and/or clerkship coordinator for the department in which you are interested. Generally applications are due in May and decisions are announced June 1, but the dates are set by each individual program and may vary. Programs will generally take as many MU graduates as possible, though they are reluctant to fill their entire allotment with MU graduates. It is not unheard of for a program to take three integrated residents.

In summary, the integrated residency program is an agreement between a department at MU and an M4 to provide the student with a residency position. It is ideal for a student that knows that they want to stay at MU for residency and knows exactly what specialty they want to do.

PAST MU MATCH LISTS

Lists of recent match results by specialty can be found at the following link:

http://medicine.missouri.edu/students/match-lists.html