



2017-2018

STROLLING THROUGH THE
MATCH



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

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

GENERAL RESIDENCY APPLICATION TIMELINE AND CHECKLIST

April (Junior Year) – March (Senior Year)

Suggested Timeline <i>(check with your dean's office for specific recommendations)</i>	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<input type="checkbox"/> Review specialty and residency materials												
<input type="checkbox"/> Finalize senior electives												
<input type="checkbox"/> Arrange MSPE interview (depending on your school's schedule)												
<input type="checkbox"/> Contact residencies for program information, requirements, and deadlines												
<input type="checkbox"/> Request application materials from programs not participating in ERAS												
<input type="checkbox"/> Contact your designated dean's office for key ERAS and NRMP timelines												
<input type="checkbox"/> Contact your designated dean's office to receive your ERAS token and applicant instructions												
<input type="checkbox"/> Register with MyERAS (opens July 1 for all applicants)												
<input type="checkbox"/> Complete profile on MyERAS application												
<input type="checkbox"/> Request and assign USMLE transcripts and letters of recommendation and personal statement(s) using Documents feature of MyERAS												
<input type="checkbox"/> Register with NRMP (opens September 15)												
<input type="checkbox"/> Submit request for dean's letter/MSPE, letters of reference to be sent to programs not participating in ERAS												
<input type="checkbox"/> Uniform release date for dean's letter/MSPE – October 1							X					
<input type="checkbox"/> Apply to programs (opens September 15)												
<input type="checkbox"/> Schedule program interviews (Timelines vary for programs that do not participate in the NRMP.)												
<input type="checkbox"/> Interview at programs												
<input type="checkbox"/> Send follow-up correspondence												
<input type="checkbox"/> Submit rank order list												
<input type="checkbox"/> SOAP process opens – Monday of Match Week												X
<input type="checkbox"/> MATCH DAY for Main Residency Match – third Friday in March (Dates vary for fellowship matches.)												X

ERAS® = Electronic Residency Application Service
 MSPE = Medical student performance evaluation
 NRMP® = National Resident Matching Program®

SOAP® = Supplemental Offer and Acceptance Program®
 USMLE® = United States Medical Licensing Examination®

The American Academy of Family Physicians (AAFP) is very pleased to provide you with this copy of *Strolling Through the Match*, a guidebook to residency selection. This guidebook is available online at www.aafp.org/strolling. To order free print copies and find other free AAFP resources for medical students, go to www.aafp.org/studentcatalog (shipping and handling charges apply). You can also access useful information for medical students and residents at www.aafp.org/med-ed, or by calling (800) 274-2237.

Acknowledgments

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

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

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

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INTRODUCTION

We developed *Strolling Through the Match* to help you make decisions about your medical career and learn more about the process of pursuing postgraduate training. This guidebook emphasizes a practical approach and encourages you to gather and summarize specialty information, establish timelines, and organize checklists and reference materials.

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

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

ERAS

Most U.S. residency programs use ERAS to accept applications. Therefore, this guide focuses on the process of applying using ERAS. It is your responsibility to ensure that the program to which you're applying uses ERAS, and, if not, to learn the application process preferred by the program.

THE ELECTRONIC RESIDENCY APPLICATION SERVICE

The Electronic Residency Application Service (ERAS[®]) was introduced by the Association of American Medical Colleges (AAMC) in 1995 to automate the residency application process. The service uses the Internet to transmit residency and fellowship applications, letters of recommendation (LoRs), deans' letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors. ERAS itself is not a matching service, and applicants who use ERAS must do so in conjunction with one or more matching services, such as the National Resident Matching Program[®] (NRMP[®]) Main Residency Match.

The ERAS has three* distinct application season cycles during which applicants can apply to residency or fellowship programs**:	
Residency cycle for ACGME-accredited programs (September start)	The allopathic medical residency match (applications to residency programs accredited by the Accreditation Council for Graduate Medical Education [ACGME]) opens for applicants on September 15. However, applicants can register for MyERAS and begin working on their applications in June. The NRMP Main Residency Match occurs on the third Friday of the following March, and residents begin training July 1.
Residency and fellowship cycle for AOA-accredited programs (July start)	<p>Osteopathic residency and fellowship programs—those accredited by the American Osteopathic Association (AOA)—receive applications through the AOA Intern/Resident Registration Program, administered by National Matching Services, Inc.</p> <ul style="list-style-type: none"> • Applicants can register for MyERAS and begin working on their applications in June. • The application cycle opens in July, interviews are conducted July through January, and rank order lists are due in January. • The osteopathic match is in February, and applicants begin training on July 1. • Osteopathic fellowship programs participating in this cycle usually have their matches in December of the same year they begin receiving applications. Fellows begin training July 1 of the following year. <p>The AOA Intern/Resident Registration Program will cease to exist in the coming years. Accreditation of osteopathic residency and fellowship programs will completely transition to the ACGME by June 2020, and these programs will likely transition to the NRMP Main Residency Match. If you are an osteopathic medical student, it is important to determine whether the programs in which you're interested are listing positions in the AOA Intern/Resident Registration Program, the NRMP Main Residency Match, or both during these transition years.</p>
December start cycle	<p>Subspecialty fellowship programs set their own schedules and typically fall within the July-start or December-start application cycles, meaning that ERAS opens for applications in either July or December.</p> <p>For specialties that have subspecialty fellowships, formalized matches occur mostly in May-June or September-December, though some fall outside of that timeline. Fellows applying to programs in these specialties typically begin training the following July, which may be about a year after their match.</p>

*Other match programs that may or may not use ERAS include the military match, SF Match, and the American Urological Association (AUA) Urology Residency Match Program.

**Individual residency programs may begin orientation earlier than the start date listed.

How Does ERAS Work?

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

Applicants access ERAS through MyERAS and use it to select programs to which they want to apply, submit applications, and assign documents that will be provided by their medical school.

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

After an applicant has completed the application in MyERAS, DWS allows medical school staff to submit the corresponding supporting documents (e.g., transcripts, LoRs) for the applicant.

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

ERAS allows applicants to decide how many personal statements and letters of recommendation to use in the application process. As an applicant, you assign these supporting documents to individual programs. Although you are able to designate that all programs receive the same documents, you can strengthen your application by customizing certain documents for each program, or even for each specialty, especially letters of interest and letters of reference.

Specialties Participating in the 2017-2018 Residency Cycle (September start)

- Anesthesiology
- Child Neurology
- Dermatology
- Diagnostic Radiology/Nuclear Medicine
- Emergency Medicine (EM)
- EM/Family Medicine
- Family Medicine
- Family Medicine/Internal Medicine (IM)
- Family Medicine/Preventive Medicine
- Family Medicine/Psychiatry
- Internal Medicine (including IM/Anesthesiology, IM/Dermatology, IM/EM, IM/Medical Genetics, IM/Neurology, IM/Pediatrics, IM/Preventive Medicine, IM/Psychiatry)
- Neurodevelopmental Disabilities (Neurology)
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics and Gynecology
- Orthopedic Surgery
- Otolaryngology
- Pathology – Anatomic and Clinical
- Pediatrics (Peds) (including Peds/Anesthesiology, Peds/Dermatology, Peds/EM, Peds/Medical Genetics, Peds/Physical Medicine and Rehabilitation, Peds/Psychiatry/Child and Adolescent Psychiatry)
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Plastic Surgery – Integrated
- Preventive Medicine
- Psychiatry (including Psychiatry/Neurology)
- Radiation Oncology
- Radiology – Diagnostic
- Radiology – Interventional (Integrated)
- Surgery – General
- Thoracic Surgery – Integrated
- Transitional Year
- Urology
- Vascular Surgery – Integrated

Specialties Participating in the 2017-2018 Osteopathic Residency Cycle (July start)

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine (EM)
- Family Medicine
- Family Medicine/EM
- General Surgery
- Integrated Family Medicine/Neuromuscular Medicine (NMM)
- Integrated Internal Medicine (IM)/NMM
- IM
- IM/EM
- IM/Pediatrics
- Neurological Surgery
- Neurology
- Neuromuscular Medicine and Osteopathic Manipulative Treatment
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology and Facial Plastic Surgery
- Pediatrics
- Physical Medicine and Rehabilitation
- Proctology
- Psychiatry
- Public Health and Preventive Medicine
- Traditional
- Urological Surgery

Steps in the ERAS Process for Residency Applicants

STEP 1

Most residency programs participate in ERAS for application submissions. You can visit program websites to learn about their requirements and application mechanism (ERAS or outside), and whether they have any additional requirements or requests that fall outside of the designated application system.

Although MyERAS displays programs that have indicated they will receive applications through ERAS, some programs change their processes after the ERAS software has been released. It is important to find out the application process for each program in which you're interested by contacting the program directly.

STEP 2

Applicants should get an ERAS token and begin completing applications as early as possible in the Match season.

Medical students and graduates from the United States should contact the dean's office at their school of graduation to determine when ERAS tokens will be available, and to find out the office's procedures for providing resources, and uploading and processing documents. Each designated dean's office establishes its own procedures.

International medical graduates (IMGs) should visit the Educational Commission for Foreign Medical Graduates (ECFMG®) website (www.ecfm.org/eras/index.html) or contact the ECFMG at eras-support@ecfm.org to learn procedures for contacting their designated dean's office and obtaining an ERAS token.

Canadian applicants to U.S. residency programs must register for ERAS through the Canadian Resident Matching Service (CaRMS) to get an ERAS token. CaRMS serves as the designated dean's office for Canadian applicants. Go to the CaRMS website at www.carms.ca.

STEP 3

Go to the ERAS website (www.aamc.org/eras) to register and complete your application and designation list. ERAS provides online help, the *ERAS Residency Applicant Checklist*, and the *MyERAS Residency User Guide* to guide you through the completion of the MyERAS application and the entire process.

STEP 4

Finalize application materials in MyERAS in preparation for them to be sent to the programs you've chosen. Do this as early as possible once the application cycle opens, ideally by mid-September for the Main Residency Match.

- Complete and submit MyERAS application and personal statement(s)
- Authorize United States Medical Licensing Examination® (USMLE®) and/or COMLEX-USA® transcripts
- Upload a photo through MyERAS
- Assign transcripts, LoRs, and photo
- Add and confirm LoR authors and provide them the personalized letter request form generated by MyERAS. Ask all LoR authors to upload (or designate someone to upload) LoRs using the ERAS Letter of Recommendation Portal (LoRP). If they need help, they can contact the ERAS HelpDesk at eraslorportal@aamc.org or (202) 862-6249.
- Customize materials sent to individual programs, including personal statements and LoRs. The application may not be customized for each program.
- Ensure that all sections of the application have been completed and that your designated list of programs is final
- Pay fees and apply to programs

STEP 5

Use MyERAS's "Programs Applied To" page to confirm that supporting documents have been uploaded to ERAS and, later, that documents have been downloaded by programs. Check your email and the MyERAS Message Center frequently for requests for additional information and invitations. You may also update your personal information in MyERAS at any time.

Applying for a Fellowship

Eligibility for fellowship positions generally requires completion of a residency program.

Steps in the ERAS Process for Fellowship Applicants

STEP 1

Contact each fellowship program directly to find out its specific requirements and application mechanism (ERAS or other). If a program participates in ERAS, determine the application cycle in which it is participating (July cycle or December cycle).

STEP 2

Contact the ERAS Fellowships Documents Office (EFDO) at <https://www.erasfellowshipdocuments.org/> to get an electronic token, instructions for accessing MyERAS, and information for completing the fellowship application process using ERAS.

STEP 3

Go to the ERAS website (<https://students-residents.aamc.org/training-residency-fellowship/applying-fellowships-eras/>) to register and complete your application and designation list. Use online help and the Tools for Fellowship Applicants to guide you through the process of completing your MyERAS application.

STEP 4

Use EFDO Online Services to submit your MSPE and medical school transcript. You may upload your photograph directly. Letters of recommendation may be submitted by LoR authors or designees through the ERAS LoR Portal. Contact your medical school to determine its policy on releasing medical school transcripts and MSPEs. If your school will not release these directly to you, it may submit directly to the EFDO using its Medical Institution Document Upload Service (MIDUS).

STEP 5

Use MyERAS's "Programs Applied To" page to confirm that supporting documents have been uploaded to ERAS and, later, that documents have been downloaded by programs. Check your email and the MyERAS Message Center frequently for requests for additional information and invitations.

Fellowship Specialties Using ERAS

- Adolescent Medicine (Pediatrics [Peds])
- Allergy and Immunology
- Cardiovascular Disease (Internal Medicine [IM])
- Child Abuse Pediatrics (Peds)
- Child and Adolescent Psychiatry
- Colon and Rectal Surgery
- Critical Care Medicine (IM)
- Developmental-Behavioral Pediatrics (Peds)
- Endocrinology, Diabetes, and Metabolism (IM)
- Gastroenterology (IM)
- Geriatric Medicine (Family Medicine or IM)
- Headache Medicine
- Hematology (IM)
- Hematology and Oncology (IM)
- Hospice and Palliative Medicine
- Infectious Disease (IM)
- Medical Genetics
- Neonatal/Perinatal Medicine (Peds)
- Nephrology (IM)
- Oncology (IM)
- Pediatric Critical Care Medicine (Peds)
- Pediatric Emergency Medicine (Peds or Emergency Medicine [EM])
- Pediatric Endocrinology (Peds)
- Pediatric Gastroenterology (Peds)
- Pediatric Infectious Disease (Peds)
- Pediatric Nephrology (Peds)
- Pediatric Pulmonology (Peds)
- Pediatric Rehabilitation Medicine (Physical Medicine and Rehabilitation [PM&R])
- Pediatric Rheumatology (Peds)
- Pulmonary Disease (IM)
- Pulmonary Disease and Critical Care Medicine (IM)
- Rheumatology (IM)
- Sleep Medicine
- Sports Medicine (EM, Family Medicine, Peds, or PM&R)

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

Additional Information for Residency and Fellowship Applicants

MyERAS contains a list of programs you can select to receive your application materials electronically. Because ERAS is not the definitive source for program participation information, you should verify the application process and deadlines for programs in which you're interested before you apply.

An online directory of all ACGME-accredited programs is available at <https://apps.acgme.org/ads/Public/Programs/Search>.

An online directory of all AOA-accredited programs is available at opportunities.osteopathic.org/. The American Medical Association (AMA) Residency & Fellowship Database™ (formerly FREIDA Online®) allows search by specialty, state, institution, or keywords. It is available at www.ama-assn.org/life-career/search-ama-residency-fellowship-database. In addition, some specialty-specific directories exist, such as the American Academy of Family Physicians (AAFP) Family Medicine Residency Directory, which is searchable by location, program size, community setting, program type, benefits, and more. This directory is available at www.aafp.org/residencies. The AAFP also offers a Family Medicine Fellowship Directory (available at www.aafp.org/fellowships) that is searchable by fellowship type, location, community setting, and program duration.

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

International medical graduates should contact the ECFMG early for instructions about applying to residency programs using ERAS. The ECFMG requires full compliance with its process and will function as the designated dean's office for IMGs in ERAS. Visit www.ecfm.org/eras for details. Section 2 of *Strolling Through the Match* also has information for IMGs.

Canadian applicants to U.S. residency programs should contact the CaRMS, which serves as the designated dean's office for Canadian applicants. Go to www.carms.ca.

Applicants interested in applying to fellowship programs should go to the EFDO at <https://www.erasfellowshipdocuments.org/> for information.

The Dean's Office Workstation

The Dean's Office Workstation is the software used by the designated dean's office (and the EFDO for fellowship applicants) which creates tokens that applicants use to access MyERAS, and upload MSPEs and medical school transcripts.

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

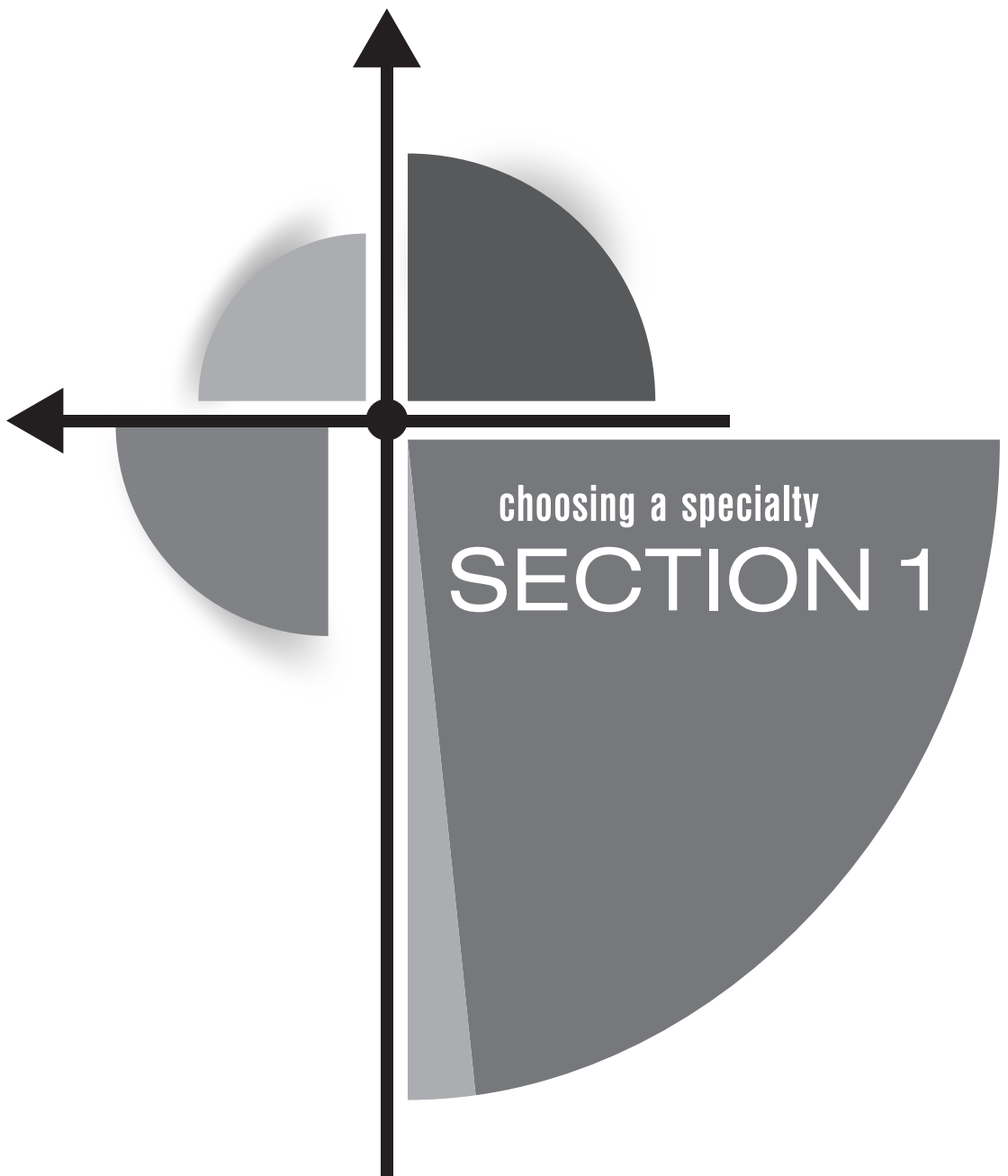
The Program Director's Workstation

The Program Director's Workstation is designed to allow program administrators to efficiently download, sort, review, evaluate, and rank residency applications. Program directors use a variety of ERAS features to review and evaluate the applications. When you apply, it is important to use the same name in both your ERAS application and your NRMP application so programs can easily find your application information.

Where Can I Find Additional Help?

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

NOTES



FACTORS TO CONSIDER WHEN CHOOSING A SPECIALTY

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

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

You can also view this guide, along with other specialty choice resources, on the American Academy of Family Physicians (AAFP) website at www.aafp.org/strolling.

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

Making the decision begins with answering questions that determine your personal and professional needs.

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

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

As you begin to form some ideas of the career you would like to have, you'll have new questions about specific specialties and their respective training programs. Take time to write down what you already know about each of the specialties in which you're interested. Is the information you have accurate and complete? What else do you need to know?

For each specialty in which you are interested, consider what you do and do not know about the following:

Practice Characteristics

- Type and degree of patient contact
- Type and variety of patients, including ages, gender, conditions
- Skills required
- Disease entities and patient problems encountered
- Variety of practice options available within that specialty
- Research being done in that specialty
- Type of lifestyle afforded

Residency Training Programs

- Length of training
- Goals of training: What does residency training prepare you to do?
- Availability of residency positions (e.g., number of slots available, level of competition for those slots)
- Differences among training programs within the same specialty (e.g., geographic or institutional differences)
- Potential for further training following a residency (i.e., requirements for subspecialty training or fellowship training)

Overall Outlook

- Availability of practice opportunities (e.g., amount of competition for patients or practice sites, demand for physicians in the specialty)
- Current trends or recent changes in practice patterns for that specialty (e.g., the effects of cost of professional liability insurance, changes in Medicare reimbursement policies, health care reform legislation)

- Foreseeable additions to the repertoire of that specialty (e.g., new models of practice, new technologies, new drugs, new techniques)

If you need help answering some of these questions, you already have a great deal of information at your fingertips. If your school has a faculty advising system or a career advising office, use it. Don't hesitate to approach faculty and other physicians with whom you have established some rapport.

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

National meetings, such as the AAFP-sponsored National Conference of Family Medicine Residents and Medical Students, are also valuable sources of information about specialty choice. Visit www.aafp.org/nc for more information about the AAFP's conference, and check with other medical or specialty societies for additional opportunities. Attend meetings hosted by student organizations and interest groups at your school. You also can address career issues with organizations represented at your school, which may include the following:

- American Medical Association (AMA)-Medical Student Section
- American Medical Student Association (AMSA)
- Asian Pacific American Medical Student Association (APAMSA)

- Association of American Medical Colleges (AAMC)
- Family Medicine Interest Group (FMIG)
- Latino Medical Student Association (LMSA)
- Organization of Student Representatives (OSR)
- Student National Medical Association (SNMA)

Using elective time to explore specialty options can be extremely helpful, particularly if you want more exposure to certain specialties, or want exposure to clinical settings beyond what your medical school offers. You can choose an elective within your own institution, or an outside elective or clerkship. Outside electives are also an opportunity to visit a residency program in which you're interested, and to give that program time to get to know you. Many call this an "acting internship" or "sub-internship." You can arrange a clerkship either with private physicians in the community or at another teaching institution. The clerkship can be purely clinical or include a component of research, community outreach, or leadership.

Ask your medical school advisor or student affairs office for information about locally available clerkship opportunities. Contact your local medical society, national medical specialty societies, an area health education center (AHEC), or other teaching institutions (medical school departments or residency programs) for information about elective rotations.

Go to the AAFP student website at www.aafp.org/clerkships for a directory of clerkships and electives in family medicine and related clinical areas, including rural medicine, sports medicine, global medicine, hospice and palliative care, and population and public health.

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

The references and list of organizations that follow may be useful. Several publications regularly feature articles on career selection, trends in specialties, and changes in the types and number of residency positions. It may be helpful to search scholarly journals for articles on residency selection and specialty considerations for the specialties and/or practice settings in which you're interested.

Keep in mind that the sources you consult may present biased information, so information from a single source shouldn't determine your choice. Try to get information from as many different sources as possible, including student colleagues, senior medical students, residents, faculty advisors, department chairs, physicians in private practice, relatives, friends, and medical organizations. Resolve questions and concerns by looking for common themes, then outlining pros and cons. Only you know what's right for you.

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

SUGGESTED REFERENCES

Websites

American Medical Association (AMA)
Residency & Fellowship Database™
(formerly Freida Online®)

www.ama-assn.org/life-career/search-ama-residency-fellowship-database

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

Choosing a Medical Specialty, hosted by the American Medical Association
www.ama-assn.org/life-career/choosing-medical-specialty-ama-guide-medical-students

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

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

NRMP Main Residency Match Data
www.NRMP.org/match-data/main-residency-match-data/

- Includes reports on Match outcomes and surveys from program directors that examine the factors they use to select applicants

Books

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

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

Iserson KV. *Iserson's Getting Into a Residency: A Guide for Medical Students, Eighth Edition*. Tucson, Ariz.: Galen Press, Ltd.; 2013.

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

Taylor AD. *How to Choose a Medical Specialty: Fifth Edition*. Minneapolis, Minn.: Publish Green; 2012. (Sixth edition is available as an e-book.)

- This is a popular resource on the process of choosing a specialty. It includes overviews

of key specialties, data regarding projected supply and demand, and the economic outlook for different specialties, as well as information on residency training.

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

- This book provides an in-depth look at major specialties and subspecialties. It is designed to simplify medical students' use of resources in choosing a specialty. It includes match data and career information statistics in individual specialties. Its content is available to AMA members online at the AMA's website (www.ama-assn.org/life-career/choosing-medical-specialty-ama-guide-medical-students). You can also access much of the information through the AMA's Residency & Fellowship Database (formerly FREIDA Online) at www.ama-assn.org/life-career/search-ama-residency-fellowship-database.

HOW TO OBTAIN SPECIALTY INFORMATION WITHIN YOUR MEDICAL SCHOOL

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

DEPARTMENT INFORMATION FORM FOR RESIDENCY AND SPECIALTY INFORMATION

Department _____

Faculty Contact _____

Title _____

Email _____

1. Does your specialty match early?

2. Do programs in your specialty use ERAS?

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

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

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

6. What is most stable about your specialty? What is most likely to change during my career?

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

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

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

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

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

12. What are you looking for in the interview?

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

TYPES OF RESIDENCY TRAINING PROGRAMS

The following is a partial list of the types of accredited residency training available, with an indication of the usual course toward completion of training in each specialty. There may be exceptions in prerequisites or in years of training for individual residency programs within a given specialty.

SPECIALTY	DURATION OF TRAINING
Allergy and Immunology	Five years (Requires completion of three-year internal medicine or pediatric residency, plus two years in an allergy and immunology program)
Anesthesiology	Four years (Includes a transitional/preliminary year, plus a three-year anesthesiology residency; or matching directly into a four-year anesthesiology program)
Cardiovascular Disease	Six years (Requires completion of a three-year internal medicine residency, plus three years in a cardiovascular disease program)
Colon and Rectal Surgery	Six years (Requires completion of a five-year general surgery residency, plus one year in a colon and rectal surgery program)
Critical Care Medicine	Five years (Requires completion of an internal medicine or family medicine residency, plus two years in a critical care medicine program)
Cytopathology	Three-plus years (Requires two years prior graduate medical education in a pathology program, plus one year in a cytopathology program)
Dermatology	Four years (Includes a transitional/preliminary year in an Accreditation Council for Graduate Medical Education [ACGME]-accredited program, plus a three-year dermatology residency; or matching directly into a four-year dermatology program)
Diagnostic Radiology	Five years (Requires completion of a transitional/preliminary year or one year in an accredited training program, plus four years in a diagnostic radiology program)
Emergency Medicine	Three to four years (Includes a transitional/preliminary year, plus a three-year emergency medicine residency; or matching directly into a four-year emergency medicine program. A small number of three-year programs with no prerequisites exist.)
Endocrinology, Diabetes, and Metabolism	Five years (Requires completion of a three-year internal medicine residency and two years in an endocrinology, diabetes, and metabolism program)
Family Medicine	Three to four years (A small number of four-year family medicine programs exist.)
Gastroenterology	Six years (Requires completion of a three-year internal medicine residency, plus three years in a gastroenterology program)
General Surgery	Five years
Geriatric Medicine	Four to five years (Requires completion of a three-year family medicine or internal medicine residency, plus one to two years in a geriatric medicine program)
Hematology	Four to five years (Requires completion of a three-year internal medicine residency, plus one to two years in a hematology program)

SPECIALTY	DURATION OF TRAINING
Hospice and Palliative	Four-plus years (Requires completion of an ACGME-accredited program in anesthesiology, child neurology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, radiology, or surgery, plus one year in a hospice and palliative medicine program; accredited by the ACGME Review Committee for Family Medicine)
Infectious Disease	Five years (Requires completion of a three-year internal medicine residency, plus two years of fellowship training)
Internal Medicine	Three years
Interventional Cardiology	Four years (Requires completion of a three-year internal medicine residency, plus one year in an interventional cardiology program)
Medical Genetics and Genomics	Three to four years (Requires completion of one year of ACGME accredited graduate training in a primary specialty, plus two years in a medical genetics program; or matching directly into a four-year combined medical genetics program, such as pediatrics/genetics or internal medicine/genetics)
Neurological Surgery	Seven years (Typically includes a seventh year of training in a fellowship program)
Neurology	Four to five years (Requires completion of a transitional/preliminary year in an accredited program, plus a three- to four-year neurology program; or matching directly into a four-year neurology residency)
Nuclear Medicine	Four years (Requires completion of a transitional/preliminary year in an accredited program, plus three years in a nuclear medicine residency)
Obstetrics-Gynecology	Four years
Oncology	Five years (Requires completion of a three-year internal medicine residency, plus two years in an oncology program)
Ophthalmology	Four years (Includes a transitional/preliminary year in an accredited program, plus three years in an ophthalmology residency)
Orthopedic Surgery	Five years (Includes one year of general surgery and four years of orthopedic education)
Otolaryngology	Five years (Requires one year of general surgery training, plus four years devoted to head and neck surgery training)
Pain Medicine	Four-plus years (Requires completion of an anesthesiology, physical medicine and rehabilitation, psychiatry, or neurology residency program, plus one year in a pain medicine program)
Pathology	Three-plus years (Most residency programs are four years, but the majority of pathologists subspecialize through fellowship training.)
Pediatrics	Three years
Physical Medicine and Rehabilitation	Four years (Requires completion of a transitional/preliminary year in an accredited program, plus a three-year physical medicine and rehabilitation program; or matching directly into a four-year physical medicine and rehabilitation residency)

SPECIALTY**DURATION OF TRAINING****Plastic Surgery**

Six-plus years (Requires six years in an integrated plastic surgery residency program; or three years in an independent plastic surgery program following completion of three years of clinical education in a general surgery program or completion of a neurological surgery, orthopedic surgery, otolaryngology, or urology residency [separate requirements for individuals holding the DMD/MD or DDS/MD degree])

Preventive Medicine

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

Psychiatry

Four years (Requires completion of a transitional/preliminary year or PGY-1 year in an accredited internal medicine, family medicine, or pediatrics program, plus a three-year psychiatry program; or matching directly into a four-year psychiatry residency)

Pulmonary Medicine

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

Radiation Oncology

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

Rheumatology

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

Sleep Medicine

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

Thoracic Surgery

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

Urology

Five years (Includes at least one year spent as a general surgery intern and four years of clinical urology, with one of those years spent as a chief resident)

Vascular Surgery

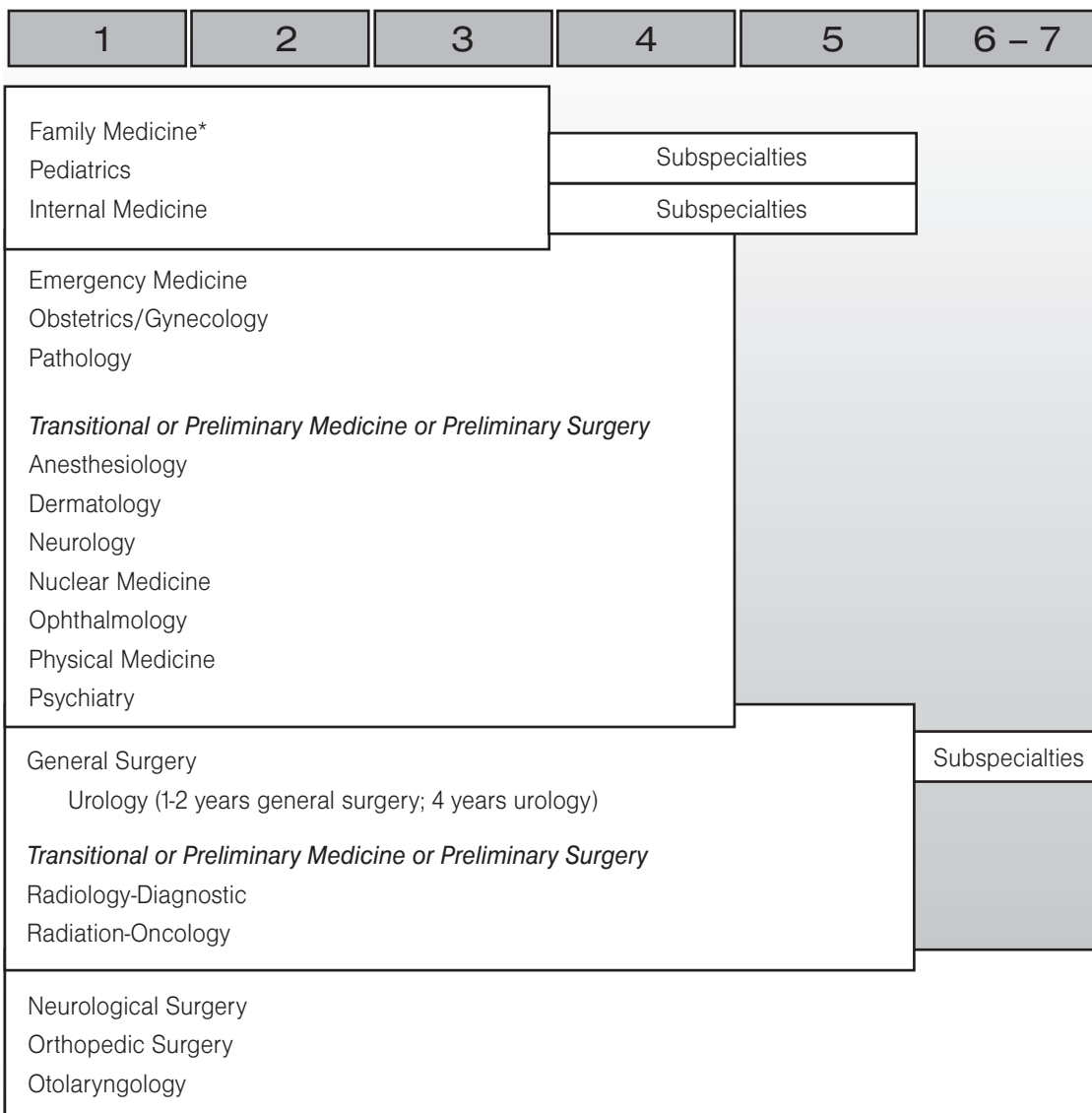
Five to seven years (Includes five years in an integrated vascular surgery program that incorporates core surgical education; or completion of a five-year general surgery residency, plus two years in a vascular surgery program)

A transitional or preliminary year is required for some medical specialties. One way to accomplish this is to enter a transitional-year program, which is designed to provide a program of multiple clinical disciplines to facilitate the choice of and/or preparation for a specialty. You can also spend a preliminary year in a designated position (if you have already matched into a residency to follow that clinical year) or in a non-designated position (if you have not already matched into a residency).

This information is derived from *Choosing a Medical Specialty: The AMA's Resource Guide for Medical Students, Fifth Edition*, AMA, 2016. Additional information is available in the AMA Residency & Fellowship Database (formerly FREIDA Online).

OVERVIEW OF POSITIONS IN RESIDENCIES

The various types of residencies are diagrammed below. This information is adapted from *Choosing a Medical Specialty: The AMA's Resource Guide for Medical Students, Fifth Edition*, AMA, 2016. The length of each bar represents the years of training required for certification by the specialty boards. These are unofficial assignments derived from published materials and are offered only for information. Consult the current AMA Residency & Fellowship Database (formerly FREIDA Online) or the ACGME for official requirements. More than 10,000 residency and fellowship graduate medical education programs, and more than 100 combined specialty programs are included in the AMA Residency & Fellowship Database.



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

OTHER TYPES OF TRAINING PROGRAMS

The training programs listed on the preceding pages are called residencies; they are recognized as separate specialties and lead to primary board certification in those specialties. Some require both residency and fellowship training.

Programs that combine elements of two different specialty training programs do not constitute a separate specialty but are designed to lead to board certification in both specialties. Combined internal medicine–pediatrics programs constitute the largest group of these combined programs. Other types of postgraduate training programs, called fellowships, usually last one to two years and may lead to subspecialty certification or specialty certification with added qualifications. *Choosing a Medical Specialty: The AMA's Resource Guide for Medical Students* includes some information about available fellowships within each residency program. More specific and comprehensive information is available by contacting medical specialty societies or individual training programs, or referencing the ACGME's Program Requirements for specific specialties.

Currently, there are four types of dual-degree residency programs for family medicine that require extended training (typically five years total):

- Family Medicine—Emergency Medicine
- Family Medicine—Internal Medicine
- Family Medicine—Preventive Medicine
- Family Medicine—Psychiatry

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

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

NATIONAL MEDICAL SPECIALTY SOCIETIES

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

Aerospace Medical Association
<https://www.asma.org>

American Academy of Allergy, Asthma and Immunology
www.aaaai.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Academy of Dermatology
www.aad.org

American Academy of Facial Plastic and Reconstructive Surgery
www.aafprs.org

American Academy of Family Physicians
www.aafp.org
AAFP student site: **www.aafp.org/med-ed**

American Academy of Neurology
www.aan.com

American Academy of Ophthalmology
www.aao.org

American Academy of Orthopaedic Surgeons
www.aaos.org

American Academy of Otolaryngology–Head and Neck Surgery
www.entnet.org

American Academy of Pediatrics
www.aap.org

*American Academy of Physical
Medicine and Rehabilitation*
www.aapmr.org

*American Association of
Neurological Surgeons*
www.aans.org

American College of Cardiology
www.acc.org

American College of Chest Physicians
www.chestnet.org

AND

American Thoracic Society
www.thoracic.org

American College of Emergency Physicians
www.acep.org

American College of Gastroenterology
www.gi.org

AND

American Gastroenterological Association
www.gastro.org

American College of Legal Medicine
www.aclm.org

*American College of Occupational
and Environmental Medicine*
www.acoem.org

American College of Physicians
www.acponline.org

American College of Preventive Medicine
www.acpm.org

American College of Radiology
www.acr.org

American College of Surgeons
www.facs.org

*American Congress of Obstetricians
and Gynecologists*
www.acog.org

American Geriatrics Society
www.americangeriatrics.org

American Psychiatric Association
www.psych.org

American Society of Anesthesiologists
www.asahq.org

American Society for Clinical Pathology
www.ascp.org

AND

College of American Pathologists
www.cap.org

*American Society of Colon and
Rectal Surgeons*
www.fascrs.org

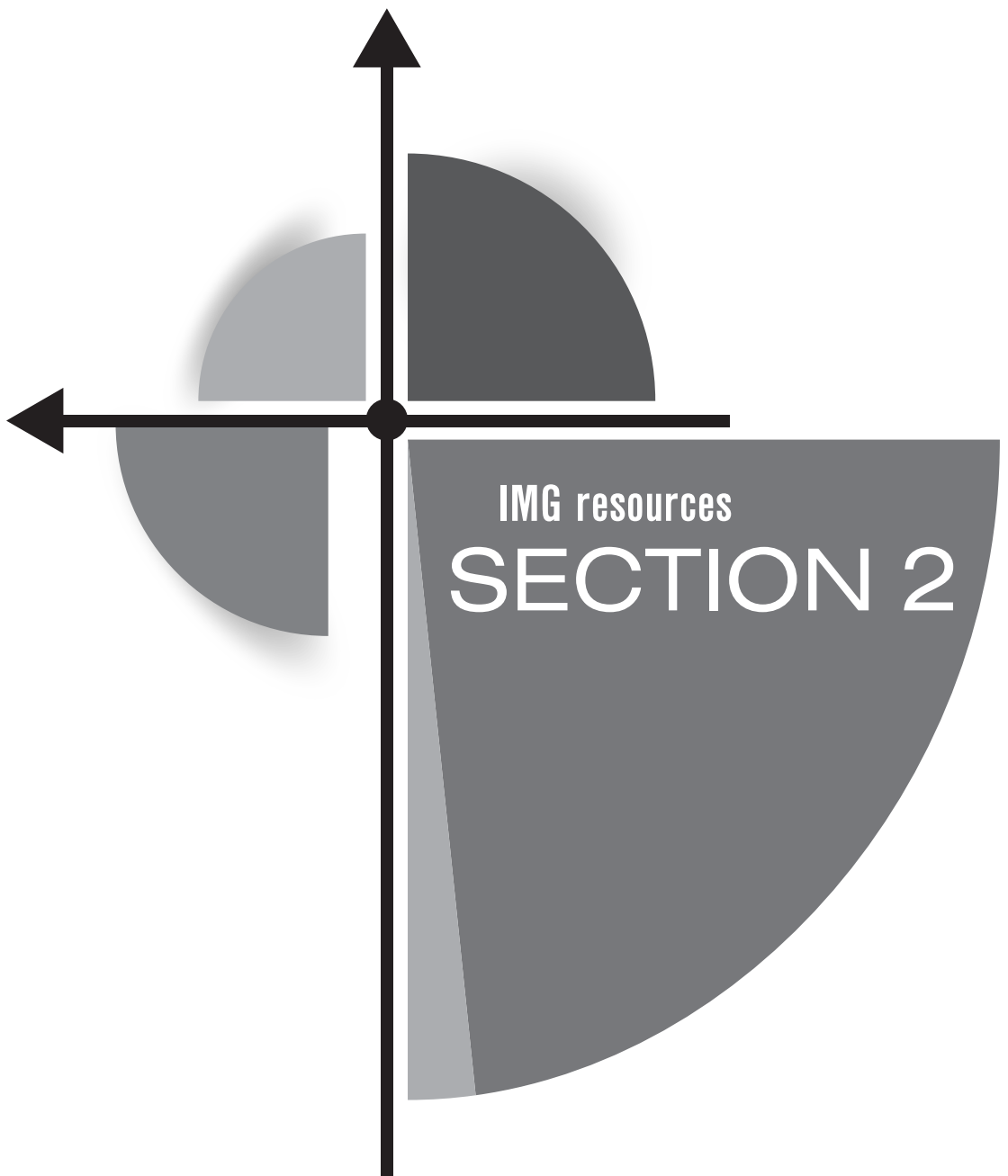
American Society of Plastic Surgeons
www.plasticsurgery.org

American Urological Association
www.auanet.org

*Society of Nuclear Medicine and
Molecular Imaging*
www.snm.org

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WHO IS AN INTERNATIONAL MEDICAL GRADUATE?

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

The definition of an international medical graduate (IMG) is a physician who received a basic medical degree from a medical school located outside the United States and Canada that is not accredited by a U.S. accrediting body, the Liaison Committee on Medical Education (LCME), or the American Osteopathic Association (AOA). The location/accreditation of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG. This means that U.S. citizens who graduate from medical schools outside the United States and Canada are considered IMGs. Non-U.S. citizens who graduate from medical schools in the United States and Canada are not considered IMGs.

What is the Educational Commission for Foreign Medical Graduates?

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

Requirements for ECFMG Certification

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

1. APPLICATION FOR ECFMG CERTIFICATION

- Submit an application for ECFMG certification before applying to the ECFMG for examination.
- Consult the World Directory of Medical Schools at www.wdoms.org to confirm that students and graduates from your medical school are eligible.

2. EXAMINATION REQUIREMENTS

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

- Medical Science Examination
 - Pass Step 1 of the USMLE
 - Pass Step 2: Clinical Knowledge of the USMLE
- Clinical Skills Examination
 - Pass Step 2: Clinical Skills of the USMLE

It is important to take Step 2: Clinical Skills before December 31 of the year **prior** to the Match in which you're participating to ensure your results will be available in time to participate. IMGs should schedule this examination no later than March of the year in which they need to take it. For example, IMGs hoping to match in March 2018 should register and schedule their Step 2: Clinical Skills examination in March 2017 and take it before December 31, 2017.

3. MEDICAL EDUCATION CREDENTIAL REQUIREMENTS

- Physician's medical school and graduation year is listed in the World Directory of Medical Schools
- Credit awarded for at least four credit years of medical school
- Documentation for completion of all credits and receipt of a final medical diploma
- Final medical school transcripts

THE CERTIFICATION PROCESS

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

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

The Federation of State Medical Boards publishes state-specific requirements for initial medical licensure, including minimum postgraduate training required, number of attempts at licensing examination allowed, and time limits for completion of licensing examination sequence needed for license eligibility. This information is available at www.fsmb.org/licensure/usmle-step-3/state_specific. It is crucial to verify eligibility within each U.S. state and to each program before applying. Applicants can waste time and money applying in states that limit training permits and licensure to fewer international

medical schools than the full World Directory of Medical Schools list.

Applying to U.S. Graduate Medical Education Programs

The American Medical Association (AMA) Residency & Fellowship Database™ (formerly FREIDA Online®), which is available at www.ama-assn.org/life-career/search-ama-residency-fellowship-database, is an online directory of more than 10,000 graduate medical education programs. The ACGME also offers a residency directory at <https://apps.acgme.org/ads/Public/Programs/Search>. The American Academy of Family Physicians (AAFP) offers an online family medicine residency directory that has search functionality beyond that offered by the AMA Residency & Fellowship Database or the ACGME's directory. This directory is available at www.aafp.org/residencies.

For each medical specialty, there is specific information on individual programs and any general or special requirements for application. Application deadlines may vary among the programs, and you should contact programs directly about their deadlines.

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

The National Resident Matching Program® (NRMP®) is the mechanism for connecting programs and applicants. The NRMP also coordinates the Match for U.S., Canadian, and international medical students and graduates. If you wish to participate, you must register with the NRMP (www.nrmp.org) and submit the needed materials. See Section 6 for more detailed information about how the Match process works. ERAS tokens for IMGs become available beginning in June and the rest of the process follows the residency application timeline (September start).

Residency Program Requirements

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

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

Obtaining a Visa

To participate in U.S. graduate medical education programs, IMGs who are not citizens or lawful permanent residents must obtain the appropriate visa. The two most common visas are the H-1B (Temporary Worker) or the J-1 (Exchange Visitor). Some institutions will sponsor the visa for residents in the residency program. The ECFMG is also authorized by the U.S. Department of State to sponsor foreign national physicians for the J-1 visa. Questions about obtaining a visa should be directed to your residency program staff, the U.S. embassy or consulate in your country of residence, or the U.S. Citizenship and Immigration Services.

Obtaining Interviews

Environmental factors can make it challenging for IMGs to obtain residency interviews in the United States. The number of graduates from U.S. allopathic and osteopathic medical schools has grown considerably, resulting in increasing competition for a relatively fixed number of residency positions in the United States. For example, an average-sized family medicine residency with seven positions per class has more than 1,000 applicants, including 100 U.S. allopathic medical school seniors, 60 osteopathic medical school seniors, and

more than 1,000 IMGs. Because of this, many residency programs have tightened eligibility requirements, often by limiting the number of years since graduation for international applicants (for example, limiting consideration to those who are within three to five years of graduation). Before you expend effort and financial resources on applying, it is important to understand the eligibility requirements for each residency program in which you are interested.

To better understand your individual chances of matching to a U.S. residency program, review NRMP data on the characteristics of IMG applicants who matched to their preferred specialty. This information is posted to the NRMP website at www.nrmp.org in a report titled *Charting Outcomes in the Match for International Medical Graduates*.

Resources

- Association of American Medical Colleges (AAMC) ERAS Timeline for IMG Residency <https://students-residents.aamc.org/attending-medical-school/article/eras-2017-timeline-img-residency/>
- *ECFMG Information Booklet* www.ecfm.org/2017ib/
- *The ECFMG Reference Guide for Medical Education Credentials* www.ecfm.org/certification/reference-guide.html
- *The ECFMG Reporter* (free newsletter) www.ecfm.org/reporter
- World Directory of Medical Schools www.wdoms.org/

Visa Information

- U.S. Citizenship and Immigration Services www.uscis.gov
- U.S. Department of Homeland Security www.dhs.gov

Graduate Medical Education Resources

- AAFP Family Medicine Residency Directory
www.aafp.org/residencies
- AAMC ERAS Website
www.aamc.org/eras
- AMA Residency & Fellowship Database
(Formerly FREIDA Online)
www.ama-assn.org/life-career/search-ama-residency-fellowship-database
- Educational Commission for Foreign
Medical Graduates
www.ecfm.org
- National Resident Matching Program
www.nrmp.org

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

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

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

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

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

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

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

Pre-planning

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

Applying

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

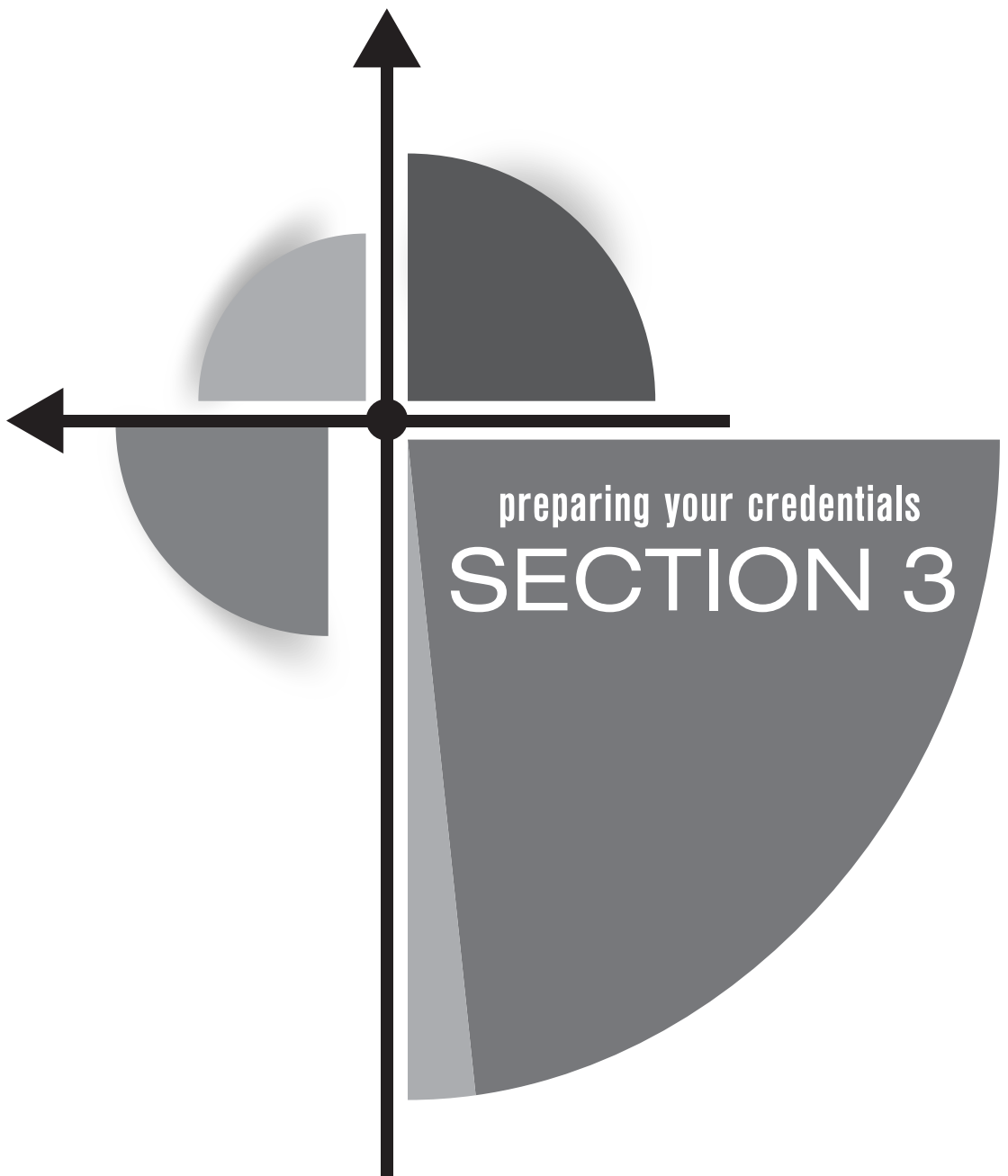
capacity to be a “mainstream” applicant to residency programs.

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

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

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THE CURRICULUM VITAE

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

You may not have prepared a formal curriculum vitae (which is Latin for "course of life"), but since you have prepared applications for employment, college, and medical school, you probably are already familiar with a CV's function and the type of information needed. One of the primary functions of a CV is to provide a succinct chronicle of your experience and training. In a sense, a CV is a multipurpose, personal application form for employment, educational opportunities, honors and awards, presentations, research, and membership or participation in an organization.

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

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

two or three good reasons to choose you over someone else. Let your CV help you put your best foot forward.

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

The Electronic Residency Application Service (ERAS®) will create a CV for you based on the information you complete in the application about your experience and history. However, it is recommended that you build and maintain a CV throughout your training. You will use your CV throughout your educational and professional career, and creating your own CV will give you more flexibility in what information you include and how it's structured. For additional information on developing your CV, visit www.aafp.org/careers/hunting/cv.html.

TIPS TO HELP YOU GET STARTED

General Tips

- Don't wait until late in your medical school years to seek leadership, research, scholarship, and other opportunities that can be listed on your CV. Start building your CV as early as possible by seeking out opportunities to publish work or participate in extracurricular or volunteer efforts.
- A chronological CV should be arranged in reverse chronological order, starting with where you are currently. You may choose to arrange each section of the CV chronologically.
- Remember that an application form is limited to the few things that a particular institution wants to know about everybody. A CV lets you give information that is unique to you.

Add all your key accomplishments and activities in the initial draft. In subsequent drafts or different versions, you can remove information that may not be pertinent.

- Resist the temptation to add explanatory sentences or language; it will distract the reader from the basic information being presented. The language of a CV is abbreviated and succinct. When applying for residency training, you will have the opportunity to express yourself in a personal or biographical statement. In the future, when applying for a job or some other type of position, you will want to include an appropriate cover letter with your CV to explain your particular qualifications and strengths for the position.
- Don't despair if your CV doesn't resemble those of other students who are applying to the same residency program. Each CV is different. Even if everyone used the same format suggested in this section, your CV will not resemble others because it doesn't have the same content. No residency program director is looking for a specific CV style. However, you will receive points for neatness and readability.
- Be honest. If you haven't accomplished anything in a particular category, leave it out. Don't create accomplishments to fill in the spaces. Be honest and specific about your level of participation in a project or activity (e.g., say you coordinated membership recruitment for a student organization at your school, but don't say you were president unless you were).

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

Personal Data

For consistency, give your name exactly as it appears in your medical school records.

Make sure you can be reached at the address, phone number, and email address that you list. Use a professional email address that you check often. For example, if your current personal email address is coolmedstudent@hotmail.com, you might want to create a more professional address, such as janedoe1@gmail.com. Include hospital paging phone numbers, if appropriate. Indicate whether there are certain dates when you should be reached at other locations.

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

Remember that federal law prohibits employers from discriminating on the basis of age, race, color, sex, religion, national origin, disability, marital status, sexual orientation, gender identity, genetic information, or political affiliation. Therefore, you do not have to provide this information. Discrimination on the basis of sex includes discrimination on the basis of child-rearing plans (e.g., number of children, plans to have children).

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

Education

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

Later, you will add separate categories for “Postgraduate Training” (includes residencies and fellowships), “Practice Experience,” “Academic Appointments,” and “Certification and Licensure.”

Honors and Awards

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

Professional Society Memberships

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

Employment Experience

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

Extracurricular Activities

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

Publications/Presentations

List any papers you published or presented by title, place, and date of publication or presentation. Works accepted for publication but not yet published can be listed as “(forthcoming).” If this list is very lengthy, you may want to append it separately or note “Provided Upon Request.”

References

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

ERAS

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

MyERAS will capture:

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

SAMPLE CURRICULUM VITAE

JESSICA ROSS

ADDRESS

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

EDUCATION

University of Pennsylvania Perelman School of Medicine, MD, expected May 2017
University of Pennsylvania, MS in Biology, June 2012
Oberlin College, BS in Biology, June 2008

HONORS AND AWARDS

Family Medicine Interest Group Leadership Award, 2014
Outstanding Senior Biology Award, Oberlin College, 2008
Dean's Award, Oberlin College, 2008

PROFESSIONAL SOCIETY MEMBERSHIPS

American Academy of Family Physicians, 2012 to present
Pennsylvania Academy of Family Physicians, 2012 to present
American Medical Association, 2012 to present
Pennsylvania Medical Society, 2012 to present

EMPLOYMENT EXPERIENCE

Venipuncture Team, Hospital of the University of Pennsylvania, 2011-2012
Teaching Assistant, University of Pennsylvania, Biology Department, 2011-2012

EXTRACURRICULAR ACTIVITIES

Family Medicine Interest Group, 2012 to present
Youth Volunteer – Big Sisters
Outside Interests – Piano, Poetry, Reading, Running, Walking, Cycling, Travel
Special Qualifications – Private pilot license (2007), Fluent in French

PUBLICATIONS

Ross J, Phillips R, Bazemore A. Does graduate medical education also follow green?
Arch Intern Med. 2013;170(4):389-396.
"10 Tips for Effective Leadership," *AAFP News Now*, Fall 2013.
"Make Time to Get Involved in Your Community," *The Community Service Connection*,
Spring 2011.

HOW TO WRITE A PERSONAL STATEMENT

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

When you are applying to a residency program, the personal statement is your opportunity to tell the reader—a residency program director, faculty member, or current resident—who you are and what is unique about you as a potential residency candidate. A great personal statement is written in the author's voice and makes the reader excited to meet the author.

Most importantly, you should emphasize the reasons for your interest in that specialty and in that particular program. What can distinguish a good letter of interest from a great one is demonstrated awareness and excitement about what is going on in that specialty. For example, in family medicine, a student who shows awareness of or experience with population health management, super-utilizers, care coordination, the Family Medicine for America's Health initiative, or other elements related to the specialty's impact and role in health care at a national level demonstrates real interest and potential as a residency candidate.

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

The personal statement is also an appropriate place to address anything that may be ambiguous on your CV. In particular, you should address any non-traditional path you've taken

through medical school, such as time off or an altered curricular journey. It is better to address these than to leave a program wondering.

If you've had any academic or personal challenges, you may choose to address those in your personal statement. If you choose to address challenges, it is advisable to focus on what you've learned from those experiences and how they brought you to where you are now. Make sure to address these issues in a positive way, focusing on your path forward.

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

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

The importance of good writing cannot be overemphasized. The quality of your writing in your personal statement is at least as important as the content. Unfortunately, not only are good writing skills allowed to deteriorate during medical school, but, in some sense, they also are deliberately undermined in the interest of learning to write concise histories and physicals. For the moment, forget everything you know about writing histories and physicals. Be sure to do the following when preparing your personal statement:

- Avoid abbreviations.
- Avoid repetitive sentence structure.
- Avoid using jargon. If there is a shorter, simpler, less pretentious way of putting it, do so.
- Don't assume your reader knows the acronyms and abbreviations you use. As a courtesy, spell everything out.
- Use a dictionary and spell check.

- Use a thesaurus. Variety in the written language can add interest, but don't get carried away.
- Write in complete sentences.

Get help if you think you need it. For a crash course in good writing try *The Elements of Style, Fourth Edition*, Strunk and White, Pearson, 1999. If you have friends or relatives with writing or editing skills, enlist their help. Student organizations at your school may host personal statement clinics, or your school may offer review services. Many local and national student, medical, and specialty societies may offer personal statement reviews or workshops.

It is very important for your personal statement to be an original composition. Get help if you need it, but make sure your personal statement is your original work. Remember, in the early part of the residency selection process, your writing style is the only factor your reviewers can use to learn about you personally.

ERAS

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

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

TIPS ON LETTERS OF REFERENCE

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

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

The following tips on LoRs include those developed by the Department of Family Medicine at the University of Washington with contributions from medical students (*Reducing Match Anxiety*, Leversee, Clayton, and Lew, University of Washington, Department of Family Medicine, 1981).

Importance

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

Number of Letters

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

Timeline

It's easy to procrastinate. Common reasons include the following:

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

As a courtesy, make arrangements to obtain letters as soon as possible. You can begin now by requesting letters from previous rotations. There may be a reason to postpone a letter request until you have had a specific rotation if it is obviously an important one for your particular interests, but there is no harm in requesting letters early to be safe.

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

Requesting a Letter

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

ERAS

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

Letter submission must be completed through the Letter of Recommendation Portal online. LoR authors must register through ERAS on the Letter of Recommendation Portal and use a letter ID you provide on the original letter request form.

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

desired programs via ERAS or via other channels, schools will not release the MSPE until October 1. ERAS is programmed to embargo the MSPE at the ERAS PostOffice until 12:01 a.m. on October 1. The only exception is MSPEs for fellowship applicants. They are available to fellowship programs as soon as they are transmitted from the ERAS Fellowships Documents Office.

In many schools, the process of creating an MSPE entails a meeting with your dean or his or her designee so the evaluation can reflect some personal insight into your performance and career goals. Questions to address in preparation for the MSPE include the following:

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

THE MEDICAL STUDENT PERFORMANCE EVALUATION

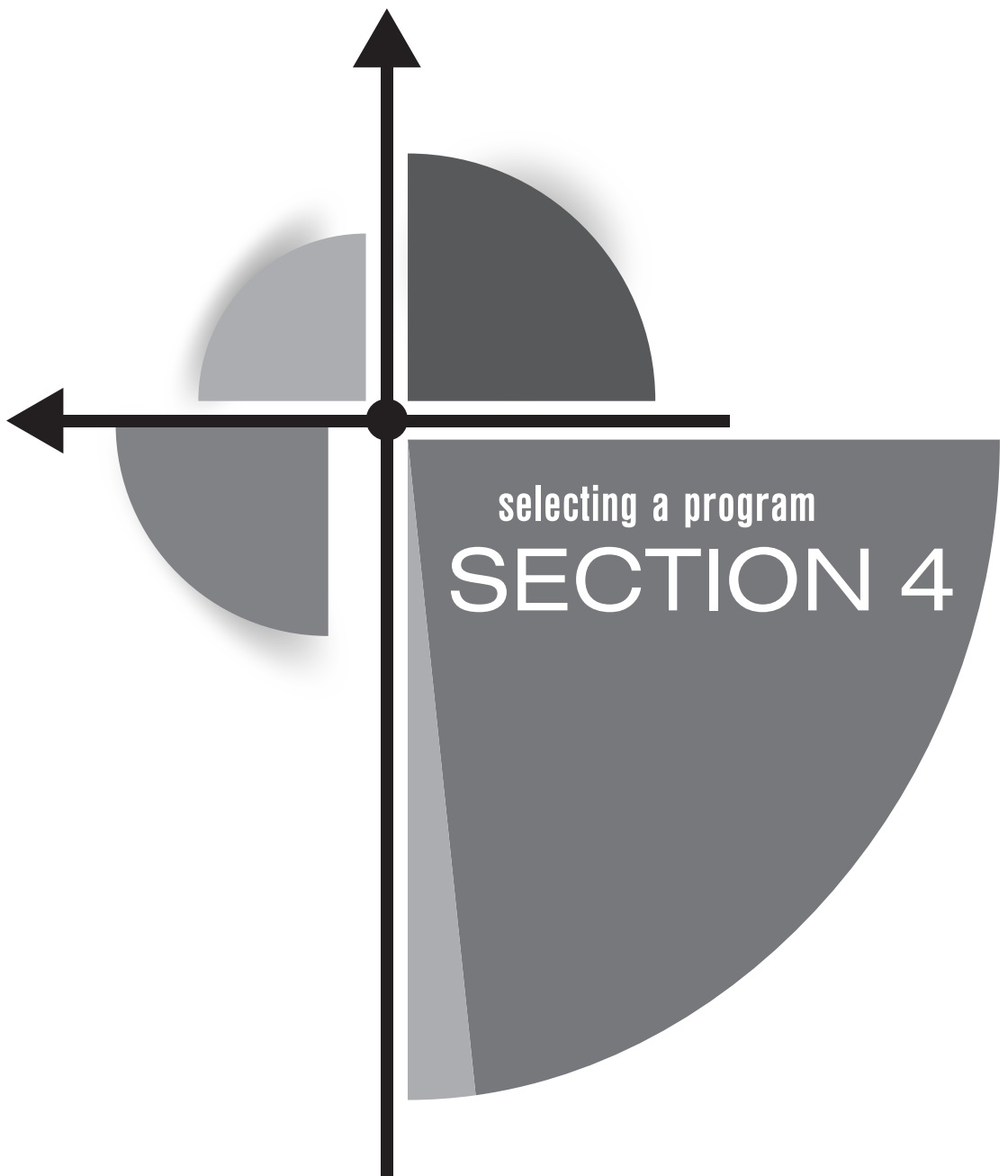
The medical student performance evaluation (also called the dean's letter) is an important part of your application for residency training. Guidelines have been created to help medical schools evaluate the applicant's entire medical school career.

Medical student performance evaluations are released to residency programs on October 1 each year. Whether you're applying to your

Misdemeanor/Felony Questions

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

NOTES



RESIDENCY SELECTION STEPS

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

The second stage of the process begins after you have completed your due diligence in stage one. The objectives of the second stage are to collect subjective information; identify pros and cons for each program that interests you; and prepare a preliminary roster of high-priority programs you want to visit for interviews. To get this information, talk to community physicians, alumni from the residencies, students at the institutions, and peers who have completed electives at those programs. Also, plan to attend conferences and residency fairs. The face-to-face interaction at these events is a good touchstone for reconciling your interests with the pros and cons of a program, without

the pressure of an interview or elective. These events are also an efficient way to compare many different programs at one time. An example of a national meeting that lets students visit with many residencies in one location is the American Academy of Family Physicians' (AAFP's) National Conference of Family Medicine Residents and Medical Students, held each summer in Kansas City, MO. More than 350 family medicine residency programs typically exhibit at this conference. To learn more about this meeting, visit the National Conference website at www.aafp.org/nc.

The third stage includes interviewing at a carefully selected group of programs and placing each program in a rank order based on pros and cons for each program. After interviewing, you should have a considerable amount of information about each of the programs in which you are interested. Creating the rank order list is your final task.

In this final stage, students often find it helpful to use a logical tool (e.g., a modified decision table) to help quantify the pros and cons for each program. Decision tables give students a systematic way of assessing and comparing programs by the factors that are most important to them. An app is available from the National Resident Matching Program® (NRMP®) to help you keep track of your interview schedule, take notes, and rate programs based on your own input. Download the Match Program Rating and Interview Scheduling Manager (PRISM®) app at www.nrmp.org/the-match-app.

Sample Modified Decision Table

Factors	Weight (W)	Program 1	Rating (R)	Score (W * R)	Program 2	Rating (R)	Score (W * R)
Facilities	8.5	Comments here	4	34	Comments here	7	59.5
Electronic health record	7	Comments here	9	63	Comments here	4	28
Curriculum	8	Comments here	9	72	Comments here	9	72
Faculty	9	Comments here	7	63	Comments here	8	72
Location	10	Comments here	4	40	Comments here	9	90
Community size	2	Comments here	5	10	Comments here	8	16
Total		Total Score: 282			Total Score: 337.5		

ADDITIONAL TIPS

Many students consult the American Medical Association (AMA) Residency & Fellowship Database™, a database with more than 10,000 accredited graduate medical education programs. This will provide information such as the name of the program director; the hospital; and the number of hospital admissions, outpatient visits, and available residency positions. Visit www.ama-assn.org/life-career/search-ama-residency-fellowship-database for more information. You can also search the Accreditation Council for Graduate Medical Education's (ACGME's) graduate medical education directory by state and specialty, and access information on program accreditation status, sponsoring institution, and contact information at <https://apps.acgme.org/ads/Public/Programs/Search>.

Don't eliminate a program because you think or assume that you are not a strong enough candidate. You really don't know that until you've gone through the first stages of the application process, so don't let anyone discourage you.

Keep an open mind about the quality of each program. Even though you may never have heard of St. Someone's Hospital, it might have an excellent program. There are too many residency programs in each specialty for anyone to keep a running tab on which is the best program, and "best" is a relative term that means something different to everyone.

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

A few specialty societies (e.g., the AAFP, the American Psychiatric Association [APA]) have developed their own residency directories, which are accessible online. These directories include information on frequency of call, number

of graduates from the program, number of residents in each training year, number of faculty, salary and benefits, etc. If you are interested in these specialties, look for their directories online or contact the respective specialty societies (see the list of national medical specialty societies beginning on page 21).

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

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

If you have access to students who have rotated through a program or who attend the institution with which a program is affiliated, ask them about it. Because they have no incentive for recruiting or discouraging you, they can give an objective perspective.

If you are satisfied with the amount of information you have, you are ready to return to a period of self-analysis to determine which programs are most likely to meet your needs and are therefore worth applying to. Consider applying to a larger number of programs in your desired specialty if you have had academic or test-taking challenges, or if the specialty typically has a high ratio of candidates to open positions (i.e., many more candidates than open residency positions).

However, don't be too influenced by information about the increasingly competitive nature of the Match process and apply to an excessive number of programs. Although you can apply to as many programs as you want, consider whether it is worth the cost for both you and the programs if you already know you're not interested. If you know you won't attend a program under any circumstances, don't apply to it.

Based on what you know about yourself, your career goals, and each program, consider what factors are the most important, or even crucial, to your choice of a residency program. Could you definitely include or exclude a program on the basis of a single criterion? Make a list of any factors about a residency program and the educational experience it offers that are important to you. For example, consider the relative importance of the following factors for you:

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

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

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

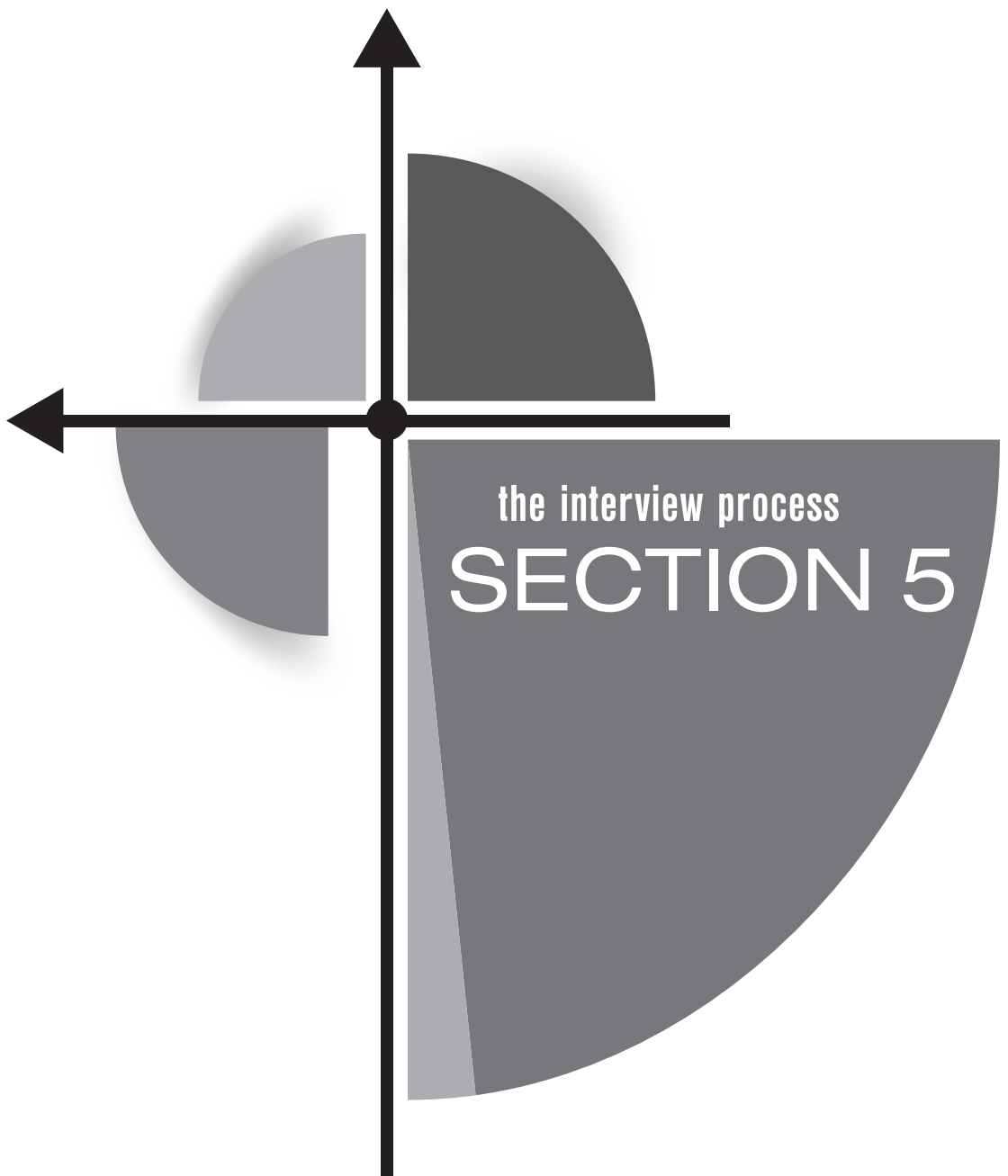
When interview offers start coming in, make sure to respond quickly, but don't fill up your entire schedule before you've had a chance to hear from all of the programs in which you are most interested. Many applicants schedule too many interviews; end up running out of time, money, or interest; and drop interviews late in the season.

ERAS

MyERAS provides a list of all programs eligible to participate in the Electronic Residency Application Service (ERAS®) in the 2017-2018 academic year, along with basic contact information. Programs not participating in ERAS are included for informational purposes but cannot be selected. Applicants should contact these programs to get their application materials. Some programs may have more than one program track to which applicants may apply. Exercise caution when selecting programs; ERAS fees are based on the number of programs selected. Be sure to contact programs for their requirements, deadlines, and other information before you select them using MyERAS. Use the outside resources mentioned earlier in this section to inform your decision; a selection based solely upon the information in MyERAS is not sufficient for your career decisions.

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THE RESIDENCY INTERVIEW

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

Goals of the Interview

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

Three Key Interview Objectives

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

Role-playing is not the same as acting. In your eagerness to charm and impress your interviewers, avoid insincerity. Your interviewers want to find out who you really are. It doesn't serve anyone's purpose for you to give a false impression.
- 3) Assess the program's relative strengths and weaknesses so that you will be able to structure a justifiable rank order list.

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

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

In short, the residency interview is a delicate and complicated interaction that adds substance to the selection process for the candidates and programs. The following tips will help you to plan for productive and enjoyable interviews.

BEFORE THE INTERVIEW

Scheduling

- An app is available from the National Resident Matching Program® (NRMP®) to help you keep track of your interview schedule, take notes, and rate programs based on your own input. Download the Match Program Rating and Interview Scheduling Manager (PRISM®) app at www.nrmp.org/the-match-app.
- The Electronic Residency Application Service (ERAS®) has developed an interview scheduling tool that allows programs to send interview invitations to applicants in the ERAS system and gives applicants the ability to schedule, waitlist, cancel, and decline interviews in MyERAS. However, programs that participate in ERAS don't have to use the

ERAS Interview Scheduler, so be sure you find out the preferred interview scheduling method for the programs in which you're interested.

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

Research

- Just before the interview, take time again to review the information you've received from the program and any material you may have gathered from other sources. Write down the "facts" that you want to double-check, as well as any initial impressions you may have formed based on the written material. Pay special attention to the names and positions of people you are likely to meet.
- Learn about the community before you arrive by visiting websites that provide information about cultural offerings, community problems, the housing market, and job opportunities for your spouse or significant other. Resources may include local news sites, job postings for your spouse or significant other, and the local chamber of commerce.
- Write down the specific questions you have about this program in a convenient place so that you will be sure to ask them. It's a good idea to have some thoughtful questions prepared to let your interviewers know that you've really given some thought to the qualities of their particular program. Interviewers get tired of answering the same questions, just as you do, so try to think of a few that reflect your own special interests. Also, be aware of what the program has published on its website so that you don't ask the interviewers to repeat that information.
- You may have already formulated a list of standard questions that you want to ask every program for comparison, or you may have developed a checklist of program characteristics to fill out in each interview. Appended to this section are two examples of residency interview checklists, one developed by J. Mack Worthington, MD, of the Department of Family Medicine at the University of Tennessee, Knoxville, and the other developed by Joseph Stokes, Jr., MD, who was, at the time, a resident at the Barberton Citizens Hospital Family Practice Residency Program in Barberton, OH.

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

- Find out the names of your interviewers and put them into a literature search. You can impress interviewers—faculty, resident, or other—with knowledge of their areas of research. Plus, you may find out you have some common interests!
- Be prepared to “interview yourself” if your interviewer doesn’t ask you great questions. Practice your personal narrative, but don’t over-rehearse. Be familiar with what you’re going to say, but don’t practice so much that you don’t answer questions genuinely. You want to avoid sounding scripted.
- In addition, be prepared for the possibility of behavioral interviewing, during which you might be presented with a case or situation and asked to respond as you would if the case/situation were really occurring.

Attitude

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

The Fine Points

The following points go under the heading of “common sense” but bear repeating.

- Be kind, courteous, and professional with everyone you meet, including the office staff, faculty, residents, and anyone associated with your visit. All of these people may have input on resident selection and could be your future colleagues.
- In terms of appearance, the general advice is to be neat and comfortable. Use your own judgment as to whether an expensive outfit would add to your confidence level or compete with your personality.
- Be on time; better yet, be early. Allow yourself plenty of time to get through traffic, find a parking space, get to know your surroundings, catch your breath, and arrive in place before the appointed time.
- Before you leave your house or hotel room, make sure you have everything you need for the interview (e.g., your notes, paper and pen, tablet or laptop, an extra copy of your credentials).

ELEMENTS OF THE INTERVIEW

Structure

- Often, the residency program will have prepared your itinerary, listing the names of the people you’re going to meet and the amount of time—generally 20 to 30 minutes—alotted for each person.
- In addition to the program director, you should talk to other faculty members, residents from different levels of training, and any other individual with whom you would have significant contact as a resident in that program.
- Remember that all members of the faculty and staff may be critiquing you as soon as you start an interview.

- You should see the hospital and clinic facilities during your interview. If there is free time, spend it in places where there are residents to get a better feel for the actual working environment.

Content

- Decide beforehand which questions you want to ask which type of person (e.g., a question about the details of the call schedule might be reserved for the chief resident). On the other hand, there may be some questions you will want to ask everyone to determine whether there is any discrepancy, such as a question about the attending and resident interactions.
- Avoid dominating the conversation, but try to be an active participant in the interviewing process so your interviewer will have a sense of your interest in the program and your ability to formulate good questions.
- Be prepared for different interviewing styles and adjust accordingly.
- Some of the questions that you can expect to be asked include:
 - Why did you choose this specialty?
 - Why did you choose to apply to this residency?
 - What are your strong points?
 - What are your weaknesses?
 - What are your overall career goals?
 - How would you describe yourself?
 - What do you like to do in your free time?
 - Describe a particularly satisfying or meaningful experience during your medical training. Why was it meaningful?

Be prepared to answer questions with specific examples and behaviors instead of general statements. For example, rather than answering a question by saying, “I’m a team player,” you should say, “Here’s an example of how I have been able to work with others to accomplish a collective goal.”

Prohibited Questions

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

Programs are also prohibited from asking applicants to reveal the names, specialties, geographic locations, or other identifying information of programs to which they have applied or may apply.

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

A typical concern during the interview process is questions related to pregnancy and child-rearing plans. The prohibition against discrimination on the basis of sex includes discrimination on the basis of pregnancy and child-rearing plans. You do not have to answer questions related to marital status, number of children, or plans to have children, but you may want to prompt a discussion of the provisions for maternity/paternity leave and/or child care responsibilities in the residency program.

Federal regulations provide for 12 weeks of maternity/paternity leave. State regulations may provide for more than 12 weeks of leave (for this information, check the regulations in the state of each program to which you apply). Federal law does state, however, that the amount of time allowed for maternity/paternity leave must be the same as that which is provided for sick or disability leave.

Taking Notes

Usually, you will find that you don’t have enough time to ask all the questions you would like to during the interview. Using standard questions

in all interviews will help you compare responses across the multiple residency programs you visit. However, don't concentrate on your notes so much that you interfere with effective interchange during the interview. Instead, note your impressions right after the interview. It's also a good idea to take some notes throughout the day to jog your memory about significant comments, concerns, particularly good points, or particularly bad points.

QUESTIONS TO CONSIDER ASKING AT THE INTERVIEW

Questions for Faculty

- Where are most of your graduates located, and what types of practice are they going into after residency?
- What is your perception of how your program compares to other programs?
- What kind of feedback are you hearing from your graduates?
- Are some rotations done at other hospitals?
- Are any other residency programs in-house?
- How and how often is feedback provided to residents?
- How would you describe the patient demographics?
- In what community service programs does your residency participate?
- What changes do you anticipate in the program during the next three years?
- Can you give me an example of how you have done [XYZ]?

Questions for Residents

- What was the most important factor that made you decide to come to this program?
- What are your plans after graduation?
- What's a typical week/month/year like for PGY-1, PGY-2, and PGY-3?

- What is call like? What kind of backup and supervision is provided?
- When leave of absence becomes necessary, what happens?
- How do you deal with the stress of residency?
- If there are other residency programs in-house, how do you view their presence?
- What do you/other residents do outside the hospital for community service and for fun?
- Where do you feel most of your learning is coming from?
- What are the program's areas of strength?
- In what areas of the program could improvements be made?

POST-INTERVIEW ETIQUETTE

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

The NRMP and the Council of Medical Specialty Societies (CMSS) developed a tip sheet for the Match, available at www.nrmp.org/applicant-match-tips/.

DO

- Be aware of your social media "footprint." Adjust your behavior or privacy settings as needed during interview season.
- Develop your own process for interview follow-up and be consistent.
- Be authentic in your communication, whether it is email, handwritten notes, or phone calls. Personalize your message, and build on the conversation you had in the interview.

- Complete all materials in ERAS and the NRMP, and have current contact information available, including address, phone number(s), and email.
- Understand that, if you are invited by the program, second visits can be made at your discretion and should not have a bearing on the program's rank order list.
- Realize that program directors and residency faculty are required NOT to solicit post-interview communication from applicants.
- Be careful about sharing your rank order list with others, including classmates, residents, your medical school, and residency faculty. You never know to which residency program you will end up matching.

DON'T

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

FOLLOW-UP

Immediately Afterward

- As soon as possible after the interview, write down your impressions and update your checklist.
- When you get home, send a thank you note to the program and/or to individuals with whom you interviewed to recognize their hospitality and to reaffirm your interest in the program.

- In reviewing your notes, you may discover several vital questions that you did not have the opportunity to ask during the interview. It is perfectly acceptable to call back for more information, particularly if one of your interviewers—frequently a resident—has invited you to contact him or her for more information.

Second Looks

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

THE NEXT STEP

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

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

SAMPLE CHECKLIST

Residency Program _____ Date _____

Overall Rating

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

1. Area

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

2. Facilities

- ___ Modern
- ___ Well Managed
- ___ Efficient
- ___ Good Staff

3. Faculty

- ___ Experienced Clinicians
- ___ Educators
- ___ Humanistic

4. Residents

- ___ Full Complement
- ___ Good Attitude
- ___ Board-Certified Graduates

5. Benefits

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

6. Library/Technology

- ___ Accessible
- ___ Full-time Librarian
- ___ Adequate Volumes
- ___ EHR

7. Curriculum

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

8. Evaluation/Advancement

- ___ Cognitive
- ___ Psychomotor
- ___ Feedback
- ___ Pyramid

9. Patients

- ___ Adequate Numbers
- ___ All Socioeconomic Levels
- ___ Resident Responsibilities/Call
- ___ Backup

10. Gut Feeling

All Categories

Comments

(A) Positive

(B) Negative

RESIDENCY PROGRAM EVALUATION GUIDE

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

Residency Program _____

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

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

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

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

* House Officer

Provided by: Summa Barberton Hospital (formerly Barberton Citizens Hospital) Family Practice Residency Program, 155 Fifth Street, N.E., Barberton, Ohio 44203

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

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

Access to Care

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

Electronic Health Records

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

Population Management

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

Team-Based Care

- Who is on your medical home team, and how does the team work together to deliver comprehensive care to your patients?
- What services can non-physician members of the team (e.g., nurse practitioners, medical assistants, social workers) provide for patients (e.g., diabetic education, asthma education)? How do you train them and ensure competency?
- How are you preparing residents to be team leaders?

Continuous Quality Improvement

- How do you monitor and work to improve the quality of care provided in your medical home?
- How do you monitor your ability to meet patients' expectations (e.g., patient satisfaction surveys)?
- How are residents involved in helping to enhance practice quality and improve system

innovations?

- Is quality assurance/practice improvement activity an integral part of the organized learning experience, and is it integrated with training in evidence-based medicine (EBM) activities?

Care Coordination

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

Innovative Services

- What procedural services are offered in your medical home (e.g., ultrasound for maternity care and point-of-care diagnostic and therapeutic purposes, treadmill stress testing, x-rays)?
- How does your medical home provide group visits (e.g., prenatal group visit)? For what types of conditions are group visits used and who participates?

THE GLOBAL HEALTH EXPERIENCE: FINDING THE RIGHT RESIDENCY PROGRAM

Questions to ask when you're evaluating a program's international rotations

Mission

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

Funding

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

Schedule

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

Location

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

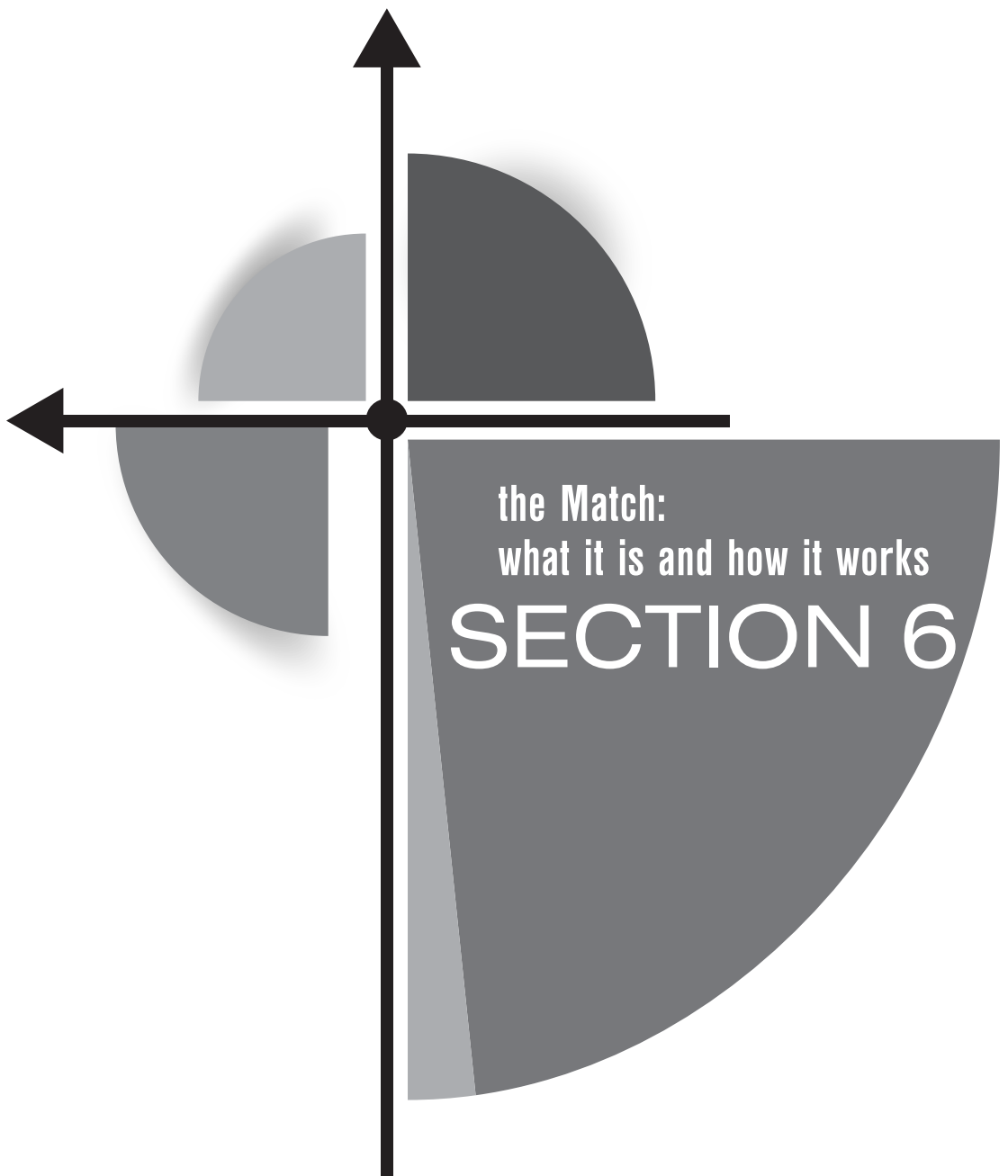
Contacts

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

Curriculum

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

NOTES



WHAT IS THE MATCH?

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

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

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

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

An applicant who certifies a rank order list enters into a binding commitment to accept the position if a match occurs. Failure to

honor that commitment is a violation of the Match Participation Agreement signed during registration and triggers an investigation by the NRMP. If the violation is confirmed, the applicant may be barred from programs in Match-participating institutions for one year, and marked as a violator and/or barred from future Matches for one to three years or permanently. In addition, the NRMP will notify the applicant’s medical school, the American Board of Medical Specialties (ABMS), and other interested parties.

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

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

This section includes a detailed example from the NRMP that illustrates how the Match works. As you read through this example, you will see how the Match accomplishes—in one day—what once took weeks of negotiation between residency applicants and hospitals when no NRMP existed. It is possible that you will not get your preferred position; you may not match at all. However, the following are some simple guidelines that can give you the best chance of getting a match that’s right for you.

- **Don’t overestimate yourself.** Although you may think you will match at your top choice, you increase your chance of not matching by listing only one program.

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

These are just some of the guidelines that will help you as you begin the process of entering the Match. More information is available on the NRMP website at www.nrmp.org in a report titled *Charting Outcomes in the Match*. In addition, keep an eye out for notices from the NRMP.

Not everyone will match to a position, and it is not true that only "bad" programs do not fill. A program may not fill if its rank order list is at odds with the applicants who ranked it, or if the list is too short. There will likely be several programs with unfilled positions that you would find desirable. In some cases, you may have the opportunity to accept a position in another specialty that you were considering as a second choice or were considering as preparation for the next year's Match.

Your dean's office is prepared to counsel students who do not match. Applicants who do not match and programs that do not fill participate in the Match Week Supplemental Offer and Acceptance Program[®] (SOAP[®]). Information about the SOAP is available in Section 7 and at www.nrmp.org/residency/soap.

ALL IN POLICY

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

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

Exceptions

- Rural Scholars Programs: Students graduate medical school in three years and commit during medical school to a primary care program at that school.
- Family Medicine Accelerated Programs: Students make an early commitment to family medicine and are channeled into that track.
- Innovative Training Programs: Students [are] recruited into undergraduate medical education programs that integrate with residency training.
- Military appointees to civilian programs: Positions reserved for applicants with a military obligation based on pre-existing arrangements between civilian programs and military branch graduate medical education (GME) offices
- Post-SOAP positions: Positions created by programs at the conclusion of the SOAP for partially matched applicants who need either a PGY-1 or PGY-2 position to achieve a full course of training
- Off-cycle appointments: Positions becoming available after the Match opens in September and for which training will begin prior to February 1 in the year of the Match. If training will begin after January 31, the position must be filled through the Match.

HOW THE MATCHING ALGORITHM WORKS

Since 1998, the NRMP has used an applicant-proposing algorithm in all its Matches. The NRMP matching algorithm uses the preferences expressed in the rank order lists (ROLs) submitted by applicants and programs to place individuals into positions. The following example illustrates how the NRMP may best be used by all participants to prepare ROLs and how the matching algorithm works.

*Reprinted with permission of:
National Resident Matching Program
2121 K Street, NW, Suite 1000
Washington, DC 20037-1127*

The process begins with an attempt to match an applicant to the program most preferred on that applicant's rank order list. If the applicant cannot be matched to that first choice program, an attempt is made to place the applicant into the second choice program, and so on, until the applicant obtains a **tentative** match or all the applicant's choices on the ROL have been exhausted.

A **tentative** match means a program on the applicant's ROL also ranked that applicant and either:

- The program has an unfilled position, in which case there is room in the program to make a tentative match between the applicant and program, or
- The program does not have an unfilled position, but the applicant is more preferred by the program than another applicant who already is tentatively matched to the program. In that case, the applicant who is less preferred by the program is removed to make room for a tentative match with the more preferred applicant.

Matches are "**tentative**" because an applicant who is matched to a program may be removed from that program to make room for an applicant more preferred by the program. When an applicant is removed from a tentative match, an attempt is made to re-match that applicant, starting from the top of the applicant's ROL. This process is carried out for all applicants until each applicant has either been tentatively matched to the most preferred choice possible or all choices submitted by the applicant have been exhausted.

When the Match is complete, all tentative matches become final.

Applicants' Rank Order Lists

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

Anderson	Chen	Ford	Davis	Eastman
1. City	1. City	1. City	1. Mercy	1. City
	2. Mercy	2. General	2. City	2. Mercy
		3. Mercy	3. General	3. General

Applicant Anderson makes only a single choice, City, because he believes that he will be ranked highly at City and has assured the program director that he would rank City number one.

Applicant Chen ranks City, which she prefers, and Mercy. She believes Mercy will rank her first, and so she reasons that there is no risk of her being left unmatched, even if she does not rank additional programs.

Applicant Ford would be pleased to end up at Mercy, where he had a good clerkship, and believes they will rank him high on their list. Although he does not think he has much of a chance, he prefers City and General and so ranks them higher than Mercy.

Applicants Davis and **Eastman** have interviewed at the same programs. Like the other applicants, they desire a position at City or Mercy and rank those programs either first or second, depending on preference. In addition to those desirable programs, those applicants also list General lower on their ROLs.

Programs' Rank Order Lists

Two positions are available at each program. The programs submit the following ROLs to the NRMP.

Mercy	City	General
1. Chen	1. Eastman	1. Eastman
2. Ford	2. Anderson	2. Anderson
	3. Chen	3. Ford
	4. Davis	4. Davis
	5. Ford	

The program director at Mercy Hospital ranks only two applicants, Chen and Ford, for his two positions, although several more are acceptable. He has insisted that all applicants tell him exactly how they will rank his program, and both of those applicants have assured him that they will rank his program highly.

The program director at General thinks her program is not the most desirable to many of the applicants but believes she has a good chance of matching Ford and Davis. Instead of ranking those two applicants at the top of her list, however, she ranks more desired applicants higher.

The program director at City includes all acceptable applicants on his ROL, with the most preferred ranked highest. He prefers to try to match with the strongest, most desirable candidates.

APPLICANT	RANK	PROGRAM STATUS	MATCH
ANDERSON	1. City	City has 2 unfilled positions.	Tentatively match Anderson with City
CHEN	1. City	City has 1 unfilled position.	Tentatively match Chen with City
FORD	1. City	City has no unfilled positions and tentatively has matched with more preferred applicants.	
	2. General	General has 2 unfilled positions	Tentatively match Ford with General
DAVIS	1. Mercy	Mercy did not rank Davis.	
	2. City	City has no unfilled positions and tentatively has matched with more preferred applicants.	
	3. General	General has 1 unfilled position.	Tentatively match Davis with General
EASTMAN	1. City	City already has 2 tentative matches but most prefers Eastman.	Chen is removed from City to make room for Eastman; tentatively match Eastman with City.
CHEN	2. Mercy	Mercy has 2 unfilled positions.	Tentatively match Chen with Mercy; Mercy has 1 unfilled position.

The process is now complete: each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been considered. Tentative matches are now final.

Results

- City matched to applicants Anderson and Eastman.
- Mercy ranked only two applicants and was left with one unfilled position.
- General, which ranked four out of five applicants, filled all its positions.

Mercy	City	General
1. Chen	1. Eastman	1. Eastman
2. Ford	2. Anderson	2. Anderson
	3. Chen (displaced for Eastman)	3. Ford
	4. Davis	4. Davis
	5. Ford	

Considerations

- Ford, Davis, and Eastman used the Match to their advantage by ranking all acceptable programs to maximize their chances for a match. They, in addition to Chen, were smart to rank programs in order of preference and not based on where they believed they might match.
- Anderson took a real risk by ranking only one program. Unmatched applicants have shorter lists on the average than matched applicants. Short lists increase the likelihood of being unmatched.
- The program director at Mercy violated the rules of the Match by insisting applicants inform him how they intend to rank the program, and his program ultimately went unfilled. Ranking decisions should be made in private and without pressure. Both applicants and program directors may try to influence decisions in their favor, but neither can force the other to make a binding commitment before a Match.

NOTES



WHAT IS THE SOAP?

The Supplemental Offer and Acceptance Program® (SOAP®) is a National Resident Matching Program® (NRMP®)-run program that takes place during Match Week to match any unfilled residency positions with unmatched applicants. The SOAP requires the exclusive use of the Electronic Residency Application Service (ERAS®) by both applicants and programs during Match Week to express preferences and make/receive offers for unfilled positions. There are eight rounds of offers in the SOAP from Monday through Thursday of Match Week. In 2016, 1,178 positions were unmatched at the beginning of Match Week, and 1,097 of these positions were offered in the SOAP. By the conclusion of the SOAP, 1,022 of those positions were filled, leaving 156 positions unfilled in the Match overall. The percentage of positions that remained unfilled in 2016 (13.2%) was slightly lower than in the previous year, in which 177 unfilled positions remained after the SOAP out of the 1,306 positions that were unfilled after the main Match (13.6%).

More than 40% of SOAP participants are non-U.S. citizen international medical graduates (IMGs), and more than 25% of participants are U.S. citizen IMGs. U.S. seniors make up 15% of SOAP participants. More than half of the positions offered in the SOAP are only for PGY-1 (preliminary or transitional year), and more than 60% of positions offered in the SOAP fill with U.S. seniors.

Applicants who participate in the SOAP find out that they are not matched on Monday of Match Week. Matches that are made in the SOAP are announced on Friday, along with those of applicants who matched in the Main Residency Match.

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

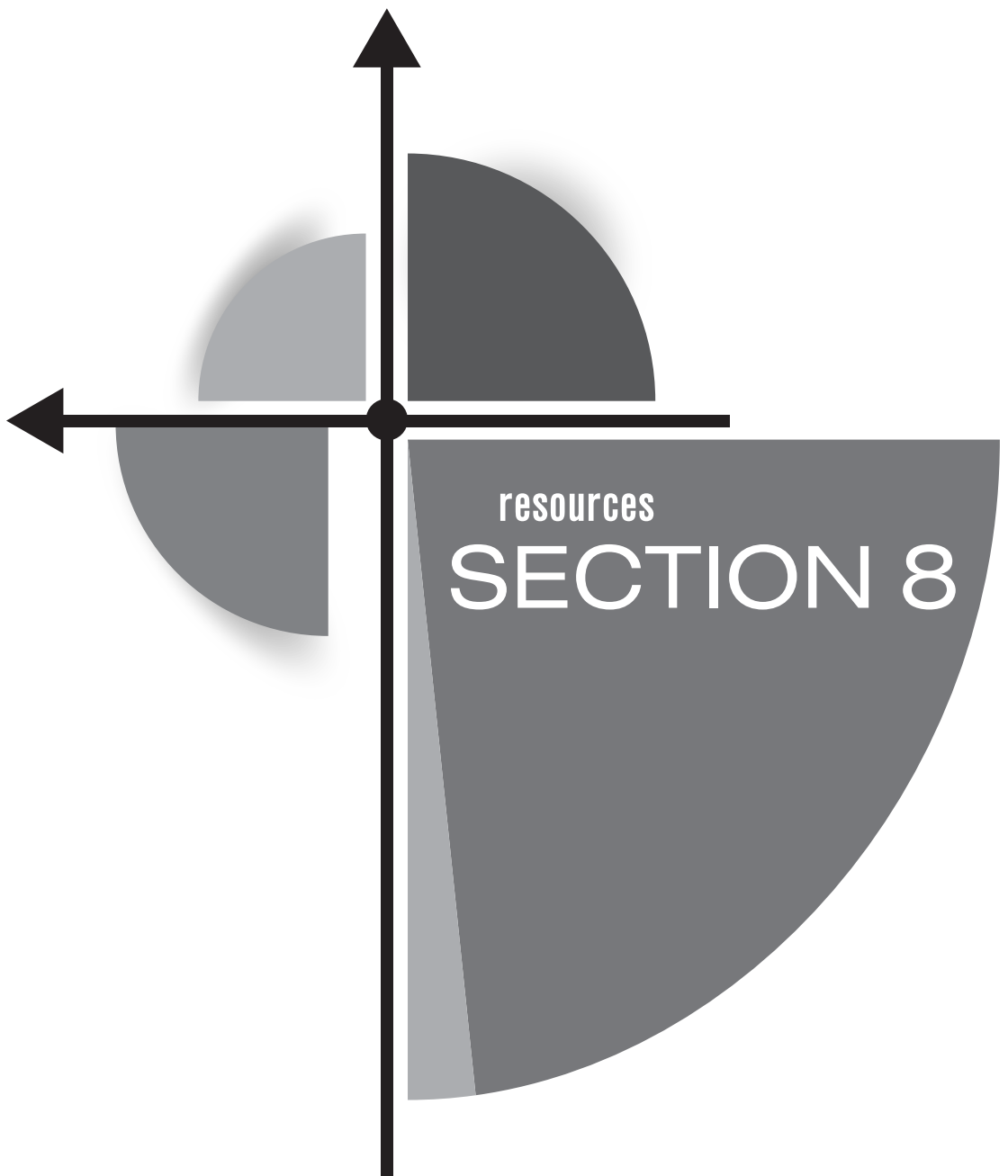
Each year, a number of applicants register through ERAS for the Match with the intention of only using the SOAP process rather than going through the entire process to interview at programs and submit a rank order list. The NRMP recommends against this practice, recognizing it as an ineffective strategy; statistically, the chances of matching to a program are very low for those who only participate in the SOAP.

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

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

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RESOURCES AND REFERENCES

The following is a selection of online resources, journals, and books.

Online Residency Directories

- AAFP Family Medicine Residency Directory, hosted by the American Academy of Family Physicians
www.aafp.org/residencies
- Accreditation Council for Graduate Medical Education Program Search
<https://apps.acgme.org/ads/Public/Programs/Search>
- American Medical Association (AMA) Residency & Fellowship Database™ (formerly FREIDA Online®)
www.ama-assn.org/life-career/search-ama-residency-fellowship-database
- American Medical Student Association Residency and Medical Education Guide
residencyandmedicaleducationguide.com/
- FindaResident website, hosted by the Association of American Medical Colleges, an online service to assist programs with filling unanticipated vacancies and to help applicants identify residency and fellowship opportunities that are not available via ERAS and the NRMP
www.aamc.org/findaresident
- Interactive internal medicine residency database, hosted by the American College of Physicians
www.acponline.org/membership/medical-students/residency/find-a-residency
- Visiting Student Application Service (VSAS)
<https://services.aamc.org/20/vsas/>

Other Websites

- American Medical Association Medical Student Section
www.amaMedStudent.org
- American Osteopathic Association (AOA) Intern/Resident Registration Program, sponsored by the AOA and administered by National Matching Services, Inc.
<https://natmatch.com/aoairp/>
- Association of American Medical Colleges (AAMC) Careers in Medicine®
www.aamc.org/cim
Includes a self-assessment tool for considering specialty choice
- AAMC Financial Information, Resources, Services, and Tools (FIRST)
www.aamc.org/services/fao-first/445960/first-audience.html
Financial resources for medical students, including information on the cost of applying for medical residency
- AAMC Report on Residents
www.aamc.org/data/448474/residentsreport.html
Includes information on characteristics of applicants and residents, and post-residency professional activities
- Electronic Residency Application Service (ERAS®)
www.aamc.org/eras
- Family Medicine Interest Groups (FMIGs)
www.aafp.org/fmig
- National Resident Matching Program® (NRMP®)
www.nrmp.org
- NRMP Main Residency Match Data
www.nrmp.org/match-data/main-residency-match-data/
Includes reports on Match outcomes and surveys from program directors that examine the factors they use to select applicants
- SF Match
www.sfmatch.org

Journals

- *American Family Physician*, American Academy of Family Physicians
www.aafp.org/afp
- *Journal for Minority Medical Students*, Spectrum Unlimited
www.spectrumpublishers.com/magazine.php?id=2
- *The New Physician*, American Medical Student Association
www.amsa.org/publications/the-new-physician/

Organizations

- *Accreditation Council for Graduate Medical Education*
www.acgme.org
- *American Academy of Family Physicians*
www.aafp.org
- *American Medical Association*
www.ama-assn.org
- *Association of American Medical Colleges/ Electronic Residency Application Service (ERAS®)*
www.aamc.org/eras
- *National Resident Matching Program® (NRMP®)*
www.nrmp.org

Books

- Freeman BS. *The Ultimate Guide to Choosing a Medical Specialty, Third Edition*. New York: McGraw-Hill Medical; 2012.
- Iserson KV. *Iserson's Getting Into a Residency: A Guide for Medical Students, Eighth Edition*. Tucson, Ariz.: Galen Press, Ltd.; 2013.
- Taylor AD. *How to Choose a Medical Specialty: Fifth Edition*. Minneapolis, Minn.: Publish Green; 2012. (Sixth edition is available as an e-book.)

NOTES

About the American Academy of Family Physicians

Founded in 1947, the AAFP represents 124,900 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Family physicians conduct approximately one in five office visits—that's 192 million visits annually or 48% more than the next most visited medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

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

EXPLORE
Family Medicine
aafp.org/med-ed

