1. **RESEARCHING RESIDENCY PROGRAMS**

Evaluating and choosing a residency program can be difficult. Here are some factors to consider when going through your decision making process:

**Program Characteristics to consider:**

- **Location.** As residents in training, you are making decisions on a program that will impact not only you but your family. What is there to do in this city/town? Will the program be in a location where your significant other will have job opportunities in his/her chosen profession? Will they like it? Do you want your children to grow up in this location? What is the cost of living? Do you have family or friends who live nearby?

- **Program Climate.** Will I like the “feel” of the program? Would I fit in? Evaluate the residents’ interactions with faculty, the training support they receive, and the camaraderie of the program. Do the residents look happy? Happy residents are often an indicator of a good, balanced program worthy of consideration.

- **Support.** You are looking for programs that support your education and future. Look for evidence that a program appreciates its residents. Note the quality of the fellowships attained and completed, turnover rate in the program, availability of mentors, and departmental response to resident criticisms.

- **Career goals.** The program you choose will play a large part in helping you achieve your career goals. If you pursue a career in academic medicine, selecting academic programs for residency increases your competitiveness. In assessing your goals, start evaluating where you want to end up practicing and the type of environment.

- **Progression of responsibilities.** What tasks are the interns and senior residents allowed to do? Evaluate programs based on your learning style and amount of supervision, patient types, and patient volume you prefer.

- **Stability.** During the interview ask about financial and educational stability of the program and institution as well as future changes. Inquire as to strengths and weaknesses of the department and hospital. Is there a permanent department chair? Are there departmental administrative changes soon to occur or expected? How long have current program director and department chair been in their positions?

2. **DEVELOPING A CV (Click for guidelines from MSUCOM)**

3. **WRITING A PERSONAL STATEMENT (click for guidelines from MSUCOM)**

4. **LETTERS OF RECOMMENDATION**

**Q:** When should I start asking for letters of recommendation?

**A:** You should give the faculty who are writing your letters of recommendation 4-6 weeks to prepare your letters. Asking faculty in late June/early July for letters will give them plenty of time to complete your letters.

**Q:** How many letters of recommendation should I ask for?

**A:** In addition to your Dean’s letter (required), three letters of recommendation are required and no more than four are allowed (you can request more but you will pay extra.) Depending on the specialty you are applying for, one of the three may have to be from the Department Chair.

**Q:** What information do letter writers need in order to write a letter for residency?

- Draft of your CV
- Draft of your personal statement
- ERAS Cover Letter or SF Match Cover Letter
- AAMC identification number. This will be given to you when your ERAS token is distributed on July 1

**Q:** Who do I get letters from?

**A:** Letters should generally come from faculty who know you well, have worked with you in a clinical setting and are in the specialty you wish to pursue. You want letters from faculty who know you best and can describe your clinical abilities and personal attributes, such as being a team player or good problem solving skills. You should get at least one letter, and probably two from a person in your chosen specialty. You may also
need to get a letter from the department chair and/or clerkship director. Make sure you set up a face-to-face meeting so you can make a good impression and supply the necessary information they may need. Generally, you should not solicit letters from residents, preclinical faculty and non-physicians. You should discuss your letter writing selections with your advisor or student affairs dean so they can help you decide who may be best to ask in your particular field or situation. Many students ask faculty who were mentors, small group instructors, or instructors.

Q. How do I get a Chairman's Letter if he doesn't know me?
A. Nearly all specialties want specific information about a student’s ability to perform in the specialty of choice, and this information is conveyed through the departmental chairman’s letter. It is best to contact the secretary in the department to determine (1) if the Chairman sends a letter, and (2) what process has been established for completing this process. Internal Medicine requires a Chairman’s Letter.

Q. When should all my letters be in?
A. Generally faculty deliver their letters within 4-6 weeks of being asked by students. We recommend that you begin asking your letter writers in June/July.

Q. What do I do if my letter hasn’t been received, I can’t get in touch with my letter writer, and it is well after the 4-6 week period?
A. If it has been 6 weeks since a student requested a letter, it is appropriate for students to send a reminder to their letter writers.

5. TRANSCRIPTS

Q. How do I send my COMLEX transcript and how do I update it when my Step II score is available?
A. ERAS participants will be able to electronically request that their scores be sent directly from the National Board of Osteopathic Medical Examiners (NBOME) or the National Board of Medical Examiners (NBME) for USMLE scores. The ERAS program allows students the option of having their COMLEX transcripts automatically updated when the Step 2 scores become available, or waiting to review their scores first before submitting a request to ERAS for the NBOME to update their transcript. We strongly recommend the latter option. Students applying via the San Francisco Match need an original copy of their NBME (or NBOME) score report.

Q. Why do I need to work on a CV since I will be creating one in ERAS?
A. You need to give a CV to your letter writers and it is helpful at this stage in your career to have an up-to-date professional CV to bring to interviews and for other purposes.

6. ELECTRONIC RESIDENCY APPLICATION SERVICE (ERAS)

Q. Can I change my personal statement and letters of reference even after I have assigned them to programs?
A. Yes, letters of reference and personal statements can be unassigned and new ones provided. However, do not do this lightly. First, there is no guarantee that programs have not already downloaded your documents and have a hard copy already. Second, there are dangers associated with “over-tweaking” your application. You have put a lot of thought into writing a personal statement and in selecting your letter writers. A last minute change may not be as well thought out as the choices you have already made. Finally, programs may see your changes as indecisive behavior.

7. MATCHING

Q. When do I apply for Match programs?
A. You must register individually for each matching program. There are two main matching programs:
- National Matching Service (NMS) sets up both AOA and NRMP matches
- AOA Match (AOA) Osteopathic Residency Match
- National Resident Matching Program (NRMP) – Allopathic Main Residency Match
- Couples Match – applying as a couple (must register separately)
- List of Postdoctoral Websites – compiled by SCS

Three EARLY match programs

- San Francisco Match a variety of specialties/subspecialties – www.sfmatch.org
- Urology Match – American Urological Association application is an online and due early January

MSUCOM Match Results 2007-2012
8. RESIDENCY INTERVIEWING SEASON

CONGRATULATIONS! It’s time to start residency interviewing season. You may start receiving calls for interviews as early as October, although some programs will wait until all of your application materials and letters of recommendation are received, including the Medical Student Performance Evaluation (MSPE, formerly called the Dean's Letter), which is released on October 1. Residency interviews usually take place October through January of your fourth year and you should try to interview in October, November and December for early matches and November, December and January for those in the AOA Residency Match. Most Program Directors prefer to have their interviewing done by the end of January to prepare for Match deadlines.

What to expect? Expect the interview to take at least a half a day or more in many cases. There is no one format, but in general you can expect to get a tour, interview with the program director, two or three faculty members, and one or two residents, possibly attend rounds and go to lunch with faculty and/or residents. There may also be a reception the night before. You'll usually get a schedule from the program so you can see what you're in for and also make arrangements if they don't include a particular aspect that you'd like to see (i.e. going on rounds or attending morning meetings/report.) The interview trail can be pretty grueling and you have to be "on" for lengthy amounts of time. Make sure that you're not scheduling interviews such that you'll be too exhausted to make a good impression or learn as much as you would like about a program.

How do I prepare? The key to successful interviews is preparation. You should research the program as much as possible - read over materials, visit web sites, and talk to any of your contacts and fellow students who may have a connection to the program or supporting institution. Doing research will allow you to be conversant about the program, its needs, and how you would address those needs. Know who is interviewing you, the major characteristics of the residency program, and its primary mission and direction. Be prepared to show how you fit into this system but remember, you are also evaluating if the program is a good fit for you. Avoid asking rudimentary questions that you could find answers to in their written information or web site - it shows you didn't care enough to read even the basics about their program.

You should also stay current in the trends and hot topics of your chosen specialty by perusing journals and specialty association web sites or newsletters. Interviewers may ask questions about your opinion on major issues facing the specialty, and it helps to have some insight into your future profession.

Know your background. Read over your residency application, CV, personal statement, and any correspondence several times. Anything you put in those documents is fair game, so be prepared to talk about it. Be able to discuss why you want this particular residency at this location and why you chose your specialty. Be conversant on major duties and responsibilities at your most recent clerkships, academic work, and other relevant experiences. Review any research you participated in, and think about the work, clerkship, and educational experiences that may be relevant to this residency. Career direction is another frequent area of inquiry in an interview, so make sure you have thought about what your career goals are and where you see yourself in five or ten years.

Think about and possibly even make a list of your strengths, values, accomplishments and abilities. This list will provide the answers for a majority of the questions you may be asked. It may be helpful to plan in advance the five key things you want a program to know about you. What makes you a good candidate? What makes you unique?

How do I handle difficult questions? Try to anticipate areas of concern and devise plans to overcome them. Don't be surprised if something doesn't go as planned or if you're posed a difficult question. For example, be prepared to openly discuss a disappointing semester, grade, or having to re-take the COMLEX. Your answers to questions about those experiences should be open and non-defensive.

TIPS FOR HANDLING DIFFICULT QUESTIONS:

- Brainstorm possible questions you may be asked.
- Concentrate on areas that worry you most, and solicit help in preparing responses.
- Think before responding; there's nothing wrong with pausing briefly first.
- Be brief and respond in a factual way. Don't give more information than necessary.
- Ask the interviewer to restate the question if you don't understand it. Try to determine what information the interviewer seeks.
- Never fabricate or overstate information.
- Anticipate difficult questions, prepare responses in advance, and rehearse.

What to wear? Taking a risk is probably not the right thing to do with your appearance because you only have one chance to make a first impression. That first impression can be on your entrance into the waiting area when you meet the residency secretary (by far one of the
most important individuals you will meet that day) or as you enter the room to meet your interviewer. People are impressionable and it is in your favor to have your appearance create a positive impression as opposed to one that calls anything into question. Dress should always be conservative, tasteful, neat and comfortable. You want the appearance of a successful, mature physician, not a medical student. Men and women should wear a suit, preferably in dark, classic colors (commonly navy or gray) and conservative long-sleeved shirt or blouse (white or light colored). Shine those shoes, trim those fingernails, cover the cleavage, tame that hair and skip the heavy cologne and body piercings. Use common sense, good grooming and moderation in all things. Interviewers should be impressed by your credentials, and not distracted by your appearance. You may also want a briefcase or portfolio to carry copies of your CV, personal statement, transcripts, correspondence, notes, note pad and any other relevant papers.

Practice. Practice interviewing with some of the more frequently asked questions. Have someone (roommate, classmate, friend, spouse) practice with you and provide feedback. Interviewing is a skill and practicing can help you get better at it and alleviate some of the nervousness you will experience. Check out the MSUCOM Career Development and student group events to see if they offer workshops or mock interview sessions to help you prepare. Take advantage of any services being offered.

Once you feel comfortable and confident with your answers, ask your advisor or trusted faculty to conduct a practice interview. Have them evaluate the content of your answers, poise and confidence level. Ask if they would likely select you if they were on the interview team. Take this feedback seriously, make any adjustments, and go forward.

After the Interview. As soon as you can, write down all your impressions of the program. After you have gone on a few interviews, everything and everyone will start looking and sounding alike, so it's best to capture this information as soon as possible. You may not remember much later. Write down thoughts and observations for each interview so you have a good basis for comparison when the time comes to prepare your rank order list.

Send a personalized thank you letter or note to the program director. Handwritten notes are always nice but email is usually fine as well. Emphasize the points about the residency and site that were particularly appealing, and restate how your background and/or personal qualities make you a good match for the program. You should tell them of your continued interest and enthusiasm for the program.

**POSSIBLE QUESTIONS**

- We have many good applicants. Why should we choose you?
- Why did you choose to apply to this program?
- What would you like to know about our program?
- What do you feel you could add to our program?
- What have you learned about yourself in previous jobs?
- How do I know you can show initiative and are willing to work?
- What are your interests outside of medicine?
- What would you say are your major strengths? Weaknesses?
- Why did you choose this specialty?
- Tell me about your medical education.
- Tell me about your previous clinical experience in (specialty name).
- Why are you so sure (specialty) is right for you?
- Tell me about your experience with the COMLEX exam(s)? (if candidate has so-so score(s) or failed attempts)
- Have you ever worked in an ICU (or other unit common to the specialty)?
- How do you get along with nurses?
- Have you ever taught medical students?
- Do you have any publications?
- Are you interested in research activity? Please elaborate.
- Have you ever made any presentations before a professional group?
- Have you assisted in surgery? On what procedures? Tell me how you were involved.
- What are your long term goals?
- Tell me about yourself.
- Where do you see yourself in 10 years' time?
- What are you looking for in a training program?
- Do you have any questions about our program?
- What books have you read lately? Tell me about (book, article).
- Do you plan to practice in (program's area or state)?
- Tell me about the latest treatment for XXX (a common disease treated by the specialty). (This is often called "pumping an applicant" and is not as common as it once was.)
- How would you describe your decision-making style?
- Describe the most difficult decision you have ever had to make. How did you go about it?
- Describe the worst or most disappointing clinical experience you've had so far.
- What will you do if you don't match in (specialty)?
- To what other (programs or specialty areas) have you applied?
- What is your visa status?
- Describe a difficult time in your life and how you dealt with it.
Getting into Residency

- Do you have any beliefs or convictions that might interfere with your willingness to deal with the kind of clinical situations you are likely to be presented with in residency training? (Usually asked if program director fears religious beliefs may prevent applicant from performing abortions, birth control, etc.)
- What do you do to cope with stress?
- Have you taken any CME courses? If not, why not? (asked to measure applicant's initiative in seeking exposure to US-style of health care delivery)
- Have you held any leadership roles? Elaborate.
- What factors would lead you to rank a program very highly?
- What factors would lead you to lower your ranking of a program?
- What kind of personality traits do you find most difficult to deal with in coworkers?
- What challenges do you foresee that will potentially affect this specialty in the next ten years?
- What kind of patient do you find it most difficult to relate to? What tactics would you use to establish optimal rapport with such a patient?

Questions to Ask the Faculty
- What types of non-clinical responsibilities are there? (Research, projects, writing, administrative)
- What research projects are the faculty and residents currently working on? How is funding obtained? Who gets first authorship?
- Is there time to do research? If you need to present at a national conference, will the department pay for your way there?
- Is there training in administrative and legal aspects? Is there hands-on experience dealing with insurance, billing, contracts, hiring?
- What are the population demographics? (Indigent, insured, etc)
- Who does specific procedures? How is that delegated?
- Is there conference time? Is it protected time?
- What is the amount of exposure and experience in other specialties?
- What is the underlying philosophy of the program? What is the mission statement for the program?
- Are there any required/provided certifications? (ACLS, ATLS, PALS/APLS)
- Are there any skills labs?
- How are procedures recorded and credentialed?

Questions to Ask the Program Director
- Where are your graduates? Geographic areas? Academic vs. community?
- How have your graduates done on the board exam? Did all pass on the first time? How did they do on oral exams?
- How have residents done on in-service exams?
- Any new faculty coming on? Any leaving?
- Type of resident evaluations? How often? How is feedback supplied to residents?
- What changes if any do you anticipate in the program’s curriculum? Why?
- Have any residents left the program? Did they enter the same field elsewhere? Why did they leave?
- Do you help graduates find jobs? How do you accomplish this – counseling sessions, faculty contacts? Will faculty review job offers with residents?
- What are the weaknesses of this program and how are they being improved?
- What are the strengths of this program?
- I am very interested in your program, what else can I do as an applicant?
- What can I expect from you as a resident in your program?
- What do you expect from me as a resident in your program?
- What are your future plans and how long do you intend to stay here?
- How are faculty chosen? What are their strengths, weaknesses, interests?
- What is your accreditation status?
- Has the program been on probation? If so, why?
- How often are you reviewed by the RRC and when is the next review?
- Do you support resident involvement in national associations?
- How many national conferences do residents get to attend and when?
- Does the program pay dues to specialty academic societies (e.g. AMA)?
- What processes are in place to deal with issues for residents?
- What is their policy on maternity/paternity leave?
- How are the residents treated by the ancillary staff?

Questions to Ask the Residents
- What contact will I have with faculty and how often?
- How is the faculty coverage?
- How involved are faculty on their cases?
- How often do you want faculty input but find it’s unavailable?
- Who teaches – senior resident, attending, both? Is there teaching opportunities for senior residents?
- How much didactic time is there? How much time is spent in lectures, seminars, journal clubs?
- What has higher priority: Attending conference or clinical duties?
- What types of clinical experiences I can expect?
- Are there struggles between services for procedures?
- Is it difficult to obtain consults from other services?
What is a typical patient census?
Have graduates felt comfortable performing all necessary procedures by the time they graduate?
What type of procedural experience is there?
Will I have time to read?
What type of support staff is available? Who starts IV, blood draws, clerical work, takes patient tox-***? How often do you wheel patients to X-***?
What is the call schedule? Is it home or hospital call?
What is the patient population like? (Indigent, insured, HIV, penetrating/blunt trauma?)
Do the residents go out as a group? Are the events for all residents or just those in the program?
How often do social events occur? Any activities of special interest to residents?
Are majority of residents married w/kids or single?
Where do people live? Is parking a problem?
What if there is a problem, will the program stand up for the resident?
How are shifts done? What is their length? Advance from days to evenings to nights? Night float?
Are there any away electives? Where?
Is there research time? How much and what is required?
What are the weaknesses of the program and how are they being improved?
What is the one thing you would improve at this program if you could?
Are you happy here?

**WHAT NOT TO ASK ABOUT** These specific questions may be addressed once an offer has been made, but for interview purposes it’s best to not inquire about these issues.

- Salary
- Benefits
- Vacation

**THINGS NOT TO DO:**

- Be discouraged
- Criticize other programs
- Falsify background
- Use inappropriate humor
- Drink
- Chew or bite nails

**PARTICIPATING IN THE AOA INTERN/RESIDENT REGISTRATION PROGRAM (OSTEOPATHIC)**

The AOA Intern/Resident Registration Program is a matching program that places students into osteopathic graduate medical education positions in the United States for the first postdoctoral year of training (OGME-1). Students will identify on their Rank Order Lists, in numerical order of preference, the programs where they would like to be matched. Students and institutions may list as many or as few choices as they wish on their Rank Order Lists. However, listing too few choices may decrease the probability of a match taking place or a position being filled. Couples: Two students who are participating in the Match at the same time and who wish to obtain positions in the same location may participate in the Match as a "Couple." For more detailed information about the Match, check out the following online resources.

**AOA Match Process (Osteopathic) Online Resources:**

- Preparing your Rankings
- Statewide Campus System Resources for Postdoctoral Training
- AOA Match Process
- [http://www.osteopathic.org/inside-aoa/Education/students/Pages/default.aspx](http://www.osteopathic.org/inside-aoa/Education/students/Pages/default.aspx)

**MAIN RESIDENCY MATCH (ALLOPATHIC) AND RESOURCES**

The National Resident Matching Program (NRMP) operates the Main Residency Match. Each year, approximately 16,000 U.S. M.D. medical school seniors and 15,000 graduates of osteopathic, Canadian, and international medical schools compete for approximately 24,000 residency positions. The NRMP is not an application service or a job placement service. Applicants must apply directly to residency programs in addition to registering for the Match. Applicants must register with both NRMP and ERAS to participate in the services of each.

**National Residency Match Process - Allopathic**
- AAMC Resources for Residents
- AAMC Careers in Medicine