Applying to Competitive Residencies

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This guide is intended for medical students at the University of California, San Diego School of Medicine. It is meant to provide some guidance for that arduous task of applying and matching into some of the most competitive specialties in medicine.

Each chapter in this volume has been contributed by a medical student in the Class of 2009 that successfully matched into a highly ranked program in a highly competitive field. The advice they proffer is broad and pertains to everything from the pre-clinical years, board exams, core clinical clerkships, sub-internships, research, and the application process itself. It is our hope that future graduates of the UCSD School of Medicine will have access to this information early in their careers so that they can optimize their marketability and maximize the probability of a happy outcome on Match Day.

The specialties represented within this guide are:

- Radiology, contributed by Akash Kansagra, who matched at the University of California, San Francisco for radiology, preceded by an internship in general surgery at the University of California, San Diego.
- Otolaryngology, contributed by Bonnie Vorasubin, who matched at the University of California, Los Angeles.
- Neurosurgery, contributed by Chester Yarbrough, who matched at Barnes-Jewish Hospital of Washington University in St. Louis, MO.
- Ophthalmology, contributed by Wanda Hu, who matched at the Jules Stein Eye Institute at the University of California, Los Angeles for ophthalmology, preceded by an internship in internal medicine at Kaiser Permanente in Los Angeles, CA.
- Orthopedic Surgery, contributed by Ellen Fitzpatrick, who matched at the combined orthopedic residency program of Harvard Medical School in Boston, MA.
- Dermatology, contributed by Pamela Chayavichitslip, who matched at the University of California, San Diego for dermatology, preceded by an internship in internal medicine at Santa Clara Valley Medical Center in San Jose, CA.
Of course, this list does leave out some specialties that are traditionally considered extremely competitive, such as radiation oncology, plastic surgery, and urology, to name a few. Nevertheless, as you will see, there is substantial overlap in the advice that can be proferred about each specialty; learning how to apply effectively for radiology, for example, will teach you much of what you need to know about applying to radiation oncology.

We have each tried to keep our contributions short and to-the-point, primarily dispensing practical advice that can make your life easier when it comes time to apply for residencies. As such, I suggest reading several chapters in this book, including of course those corresponding to the fields in which you are interested.

I would like to thank Bonnie, Chester, Wanda, Ellen, and Pam, without whom this guide would not have been possible. Even though the Match has passed, and they are under no obligation to do much of anything until the start of internship, each contributed their time and energy to make life easier for those who follow in their footsteps. We are all richer for their efforts, and every last one of them has had an indelible impact on the future of the School of Medicine at UCSD.

Finally, I hope that future generations will pay it forward. Over the next few years, as our advice becomes obsolete, keep this guide updated. If you are ambitious, consider expanding it to include other specialties that we were not able to include in this first iteration. Advising your juniors make that final and most important step from medical school to residency is an exceptionally rewarding and useful way of helping others achieve their dreams.

Akash Kansagra
April 2009
1.1 Preparation

1.1.1 Pre-clinical Curriculum

Do as well as you can in every class. Honors grades cannot hurt, but rest assured that most programs (even the good ones) don’t care all that much about your pre-clinical performance. They care mainly about Step 1 and clinical grades, but the dirty little secret of medical education is that learning your pre-clinical material well makes it much easier to do well on board exams and in your clinical years.

Some of my classmates spent time doing research or shadowing radiologists once they identified an interest in radiology. My sense is that research can help you tremendously, but that shadowing is virtually meaningless. Outside of the fact that it might eventually form the basis for a letter of recommendation based on a long-term experience with a single radiologist, shadowing doesn’t really add anything to your application.

Summary: Learn pre-clinical material as well as you can, not for the sake of grades, but for the sake of board exams and clinical performance. Consider doing research if you have the time, but learning comes first.

1.1.2 Core Clinical Curriculum

Do well in everything, but especially medicine and surgery. These are the first classes of medical school in which your grades are closely scrutinized. Radiologists take great pride in knowing a lot about every field of medicine, and since they interact with all types of clinicians, this attitude really does help them to do their jobs better. For you, that means that there’s no such thing as a clinical rotation that doesn’t matter. While you don’t have to get honors in every clerkship, you should make that your goal. I was occasionally asked on interviews to recite my third and fourth year grades. At one program, I was asked to explain any non-honors grades I received
Preparation

During my clinical years. While that experience was certainly not typical, it speaks to the importance that clinical grades hold in resident selection.

While on clinical rotations, try to interact with radiology whenever possible. It is relatively easy to do this on surgery, medicine, and neurology. Importantly, this does not mean that you should show up in the reading room every day demanding the radiologists’ time. That’s a good way to be annoying and it won’t land you in good stead with the program. Instead, interact with radiology along with the rest of your team, and if you identify an area of particular interest, approach or e-mail an attending about it and ask if they have any projects that you can help with. Often, they will have a series of cases that they want to publish, and you can be the person that gets the credit (and, more than likely, a letter of recommendation) for doing the work. Even if they don’t have projects available, you have just opened a line of communication with an attending radiologist, and that will help you greatly when it comes time to apply.

**Summary:** Clinical honors matter tremendously, so work hard and be a good clinical student. Use clinical rotations to interact with radiology whenever possible, and try to open lines of communication with a staff radiologist.

### 1.1.3 Elective Curriculum

#### 1.1.3.1 Radiology Rotations

Do a radiology rotation early in 4th year. Consider doing case reports or other minor research while on rotation. It is very hard to look good on a radiology rotation, since you can’t really do anything useful as a medical student. In fact, you get very little face time with attendings. Working on a project with an attending is a much more productive way to spend your time, and it will allow you to interact one-on-one with faculty in a meaningful way.

At UCSD, you can take any of a number of rotations in radiology. I took Body CT (RAD 428) and Vascular and Interventional Radiology (RAD 427) and enjoyed my time on both. Some of the other radiology courses are also great, but be aware that some of them are better for learning radiology than for meeting faculty, and as such, are better suited to those planning to apply for other specialties.

#### 1.1.3.2 Away Rotations

Away rotations are not strictly necessary for radiology, because it’s very hard to do anything on a rotation to demonstrate your potential value as a resident. But if you are really set on one program, doing an away rotation is a good way to evaluate that program and, in most cases, virtually guarantee at least an interview. This is not true everywhere, though, as
some programs (such as UCSF) do not offer courtesy interviews to visiting students.

If you are considering another field in addition to radiology (as is often the case), I’d probably spend my time doing an away rotation in that field instead of radiology. I was very strongly considering going into neurosurgery, and did a month-long away rotation at Washington University in St. Louis. On the interview trail, many of my radiology interviewers brought up the fact that I had done a neurosurgery away to ask about my experience (which, by the way, was overwhelmingly positive). I strongly believe that this rotation gave me considerable credibility when I indicated interest in neurointerventional radiology. People in this specialty work very hard (often keeping the same hours as the neurosurgeons) without earning any more than traditional diagnostic radiologists, and it is the lengthiest fellowship (3 years) available in radiology, so not many people follow through with this career path. However, the fact that I was considering neurosurgery and was obviously willing to work hard made people take me more seriously than they otherwise would have, I think.

1.1.3.3 Other Rotations

Although not necessary for radiology, I highly recommend SICU (SURG 427) and emergency medicine (SOMI 420). Both were extremely fun and valuable experiences which will help to prepare you for internship. Furthermore, SICU also allowed me to improve my ability to read plain films and basic cross-sectional imaging. If you are at all interested in interventional radiology, I recommend these rotations even more strongly.

1.1.3.4 Clerkship Schedule

Keep December and January rotation-free, and schedule a rotation from which you can take occasional days off in November, and possibly February as well. The first half of December and all of January are extremely busy with interviews for radiology and internship programs alike. There may be occasional interviews earlier than November and later than January, but these are relatively rare. If they do occur, they are infrequent enough that you should be able to take a day or two off from whatever rotation you are on at the time. I would suggest using your two research months in December and January, using the downtime you have between interviews to work on research.

For whatever reason, West Coast programs tend to interview most heavily in January, whereas East Coast programs tend to interview most heavily during December. Plan your clerkship schedule accordingly. If push comes to shove and you must choose between December and January, I would leave January free. Between Christmas, New Year’s Eve, and the
RSNA meeting at the beginning of December, there are about 10 days in December available for radiology interviews, compared with about 20 in January.

1.1.4 Board Exams

1.1.4.1 Step 1

You must do well on USMLE Step 1. Aim for a score above 240. All program directors in radiology care about Step 1 scores, and many rely on them far too heavily. A good Step 1 score is also important for some of the most sought-after transitional year programs, for which you are competing against future radiologists, ophthalmologists, and dermatologists.

Typical Scores  According to data from the 2007 NRMP Match, the average Step 1 score of all successfully matched radiology applicants (including those who matched at lower-tier programs) was 235, with the 75th percentile falling at 245 that year. Average board scores among residents at top 20 programs (including UCSD) tend to be 250 and above.

Cutoffs  Many radiology programs use strict Step 1 cutoffs to reduce the number of applications though which they must sift. I’ve heard stories of some programs using cutoffs of 250; I don’t completely believe these reports, but if programs really are using this standard, it is ridiculous. There definitely are programs with cutoffs of 240, which is also ridiculous, but that’s just the way it is. You’ll never interview at a program if you don’t pass the Step 1 filters, so definitely aim to score 240 or higher if you want to interview at the best programs.

Low Scores  Of course, there are exceptions, and people with scores in the 220s can match into radiology. However, it is important to realize that a score of 220, while respectable, is below average for a competitive specialty like radiology. My sense is that with score of 220 or greater, you can be a radiologist if you apply appropriately. That means applying to lots of “lower-tier” programs, including community hospitals (even those located outside of California), and definitely your home institution. UCSD Radiology extends courtesy interviews to all UCSD students, and once you get to the interview stage, your application is less likely to be ignored due to a low Step 1 score.

Depending on your circumstances, this still may not be enough to get you a position in a radiology program. In these cases, a year of dedicated research in radiology will probably be to your benefit.
1.1.4.2 Step 2

The truth of the matter is that nobody cares about USMLE Step 2. If you didn’t do as well on Step 1 as you would have liked, you would do well to have an excellent Step 2 CK score to demonstrate improvement. But a stellar Step 2 score doesn’t erase a poor Step 1 showing. You must always keep in mind that all of the automatic cutoffs are based on Step 1 scores.

On the flip side, if you did well on Step 1, do everything in your power to take Step 2 CK as late as possible. If you schedule Step 2 CK late enough (i.e., after mid-August), you won’t have to release your score to programs, as your application will already be sent off by the time you get your score back. The last thing you want is to hurt your application with a poor showing on Step 2 CK after doing well on Step 1. If you end up doing well on Step 2 CK, you can always release your updated USMLE record to programs at no charge.

1.1.5 Research

Do research, especially long-term research, because it matters. Especially if it is in radiology. And especially if it is with someone well-known. And especially if it leads to publications.

Radiology does attract some unusual applicants (like people who switch from surgery at the last minute), so not everyone has done research in the field. But the top programs—the vast majority of which are interested in training academic radiologists—look very favorably on demonstrated research interest. Virtually every interviewer I encountered had reviewed the research portion of my application, and about two-thirds asked me questions related to my research activities.

In the 2007 NRMP Match, approximately 64% of successfully matched graduating U.S. medical students had at least one publication, while 15% had five or more publications. About 88% of successful U.S. applicants had done some sort of research in medical school, whether or not it led to publications. These numbers are certainly higher at more competitive university-based programs, especially when one considers the large cohort of MD/PhDs with multiple publications that applies primarily to academic radiology programs each year. Anecdotally, the students that come from well-known medical schools often have less research on average (they seem to be selected for interviews based on the reputations of their respective schools rather than their research credentials).

Incidentally, this guideline applies to regular diagnostic radiology programs. Many training programs—UCSD, Johns Hopkins, Mallinckrodt Institute of Radiology, Emory, and others—are beginning to offer specialized research tracks which primarily cater to MD/PhD students. These positions are extremely competitive and essentially require a PhD to be
considered. I applied to these programs with a graduate degree in physics and twenty-nine items (including papers, talks, posters, and abstracts) to list for research, and I was still not seriously considered without a PhD. In fact, except at UCSD, I never met a non-PhD applicant to a research track other than myself.

1.1.6 Extracurricular Activities

Spend your time however you see fit. In truth, program directors probably don’t pay any attention to these things. Residency programs are looking for people that will work hard for four to five years, and hopefully, do important things down the road that will enhance the reputation of the residency program. Your stint as treasurer of the Radiology Interest Group during your second year doesn’t really affect any of these things, and so programs generally aren’t too interested in these activities. That doesn’t mean you shouldn’t do extracurriculars if you are genuinely interested, but do so honestly, and not because of the misguided notion that it will look good on your residency application.

1.2 Application

1.2.1 ERAS Components

1.2.1.1 Personal Statement

Don’t stand out. Follow the formula and discuss your interest in radiology, research, medical school activities, and career plans. It is also worth having multiple (slightly) different versions of each personal statement to be sent to programs in different regions of the country. There is tremendous geographical bias in offering interviews, and a lot of programs won’t give you an interview if they think you’re unlikely to come there. This is especially true for the Midwest and South, but also for more competitive programs on the East Coast that traditionally do not interview lots of applicants. For these programs, it is worth mentioning why you are interested in a particular area of the country. If you have ties to the area, make absolutely sure to mention them in your personal statement. Every program outside of California assumes that California medical students don’t want to leave their great state, so you must work hard to convince them that they’re not wasting their time by inviting you for an interview.

1.2.1.2 Letters

The generic advice is to submit three to four letters of recommendation. One should come from a medicine attending, one from a surgery attending, and one from a radiology attending. I would consider adding a second
letter from a radiologist, particularly if you have had substantial research. It really seems to help if your radiology letters are from people that are famous in the world of radiology. There are many such people at UCSD, so ask around to see who in the department has enough pull to help you get great interviews.

Do check with each program’s website to see if they have special requirements. UCSF, for example, does not want more than three letters unless you have done substantial research.

Keep in mind that you might not be submitting the same letters to every program. At the very least, you should consider sending a slightly different group of letters to internship programs than you plan to send to radiology programs. I somewhat aimlessly applied to transitional, preliminary surgery, and preliminary medicine programs, and submitted a slightly different group of letters to each, as follows:

(i) Radiology: 1 radiology, 1 medicine, 1 surgery, and 1 research
(ii) Transitional year: 1 radiology, 1 medicine, 2 surgery
(iii) Preliminary surgery: 1 radiology, 1 medicine, 2 surgery
(iv) Preliminary medicine: 1 radiology, 2 medicine, 1 surgery

Note that I did not send a research letter to any internship program, simply because I decided that these programs were more interested in my clinical skills than my research background. Furthermore, knowing what I know now, I would probably err on the side of submitting more medicine letters and fewer surgery letters to transitional year residencies, since most of these programs are administered by internal medicine departments.

1.2.1.3 MSPE

Most interviewers did not seem to read the Dean’s letter, but it is probably worth making sure that your MSPE accurately reflects your accomplishments. One thing worth mentioning is that the MSPE from UCSD supposedly indicates the distribution of grades in the third year clerkships. This is to your advantage (though, as I mentioned, many interviewers won’t have read your MSPE), as UCSD is much more stingy with honors grades than other schools.

1.2.1.4 Interests

The section of ERAS under which applicants list their extramural interests is considered by many to be “fluff.” On the contrary, it is perhaps the most read section of your entire application, as it provides a lot of fodder for friendly conversation about something other than radiology.

While I do not suggest inventing interests for the sake of your application, I would recommend playing close attention to the interests that you
list. For example, I listed ice hockey and fine cuisine among my interests. Ice hockey played well everywhere; on the East Coast, it gave me a chance to talk about cold things and how nobody in California is exposed to this great sport, while on the West Coast, I was able to talk about how fun it is to introduce people to the sport. It is also an unusual enough interest to make for interesting conversation. Listing fine cuisine was not nearly as successful as I thought it would be; it was received well in big cities (e.g., New York, San Francisco, and Boston), but generated some skepticism at other programs. At a prominent program in Minnesota, for example, an interviewer asked me, “If you really like eating nice food, are you really sure that you will be happy here? Maybe in [nearby city], but we don’t have much variety down here.” It took some doing to change the topic back to ice hockey.

1.2.1.5 Alpha Omega Alpha

Alpha Omega Alpha (AOA) is a medical school honor society that is represented at virtually all medical schools in the United States. To my knowledge, UCSD is one of only two schools at which AOA does not exist. While this is great for your stress level during medical school, it might actually become an issue for residency applications. Many interviewers are accustomed to checking your AOA status as a proxy index of your academic performance, and are often confused when they see that you do not have AOA distinction. ERAS does give you the option to indicate that UCSD does not offer AOA, but be aware that this issue may come up nonetheless.

1.2.1.6 Miscellaneous

It is tempting to list every single thing you’ve ever done on ERAS. After all, you don’t want a program to think that you are less accomplished than you actually are. I did the same thing, and I think it may have hurt my application. Physicians in general have very short attention spans, and if they can’t readily identify the highlights of your application, they are not going to bother digging through clutter to find it. To give you some idea of what I mean, I had some interviews in which the interviewer had not reviewed my file prior to our meeting. In each of these cases, the interviewers looked over my file in less than one minute. These interviewers could have spent that minute reading about my research activities over the last four years, but instead, they were reading and asking me questions about Doctors Ought to Care. For your application, make sure you don’t bury your important accomplishments.
1.2.2 When to Apply

Apply on the very first day that ERAS opens. Many programs get flooded with applications, and many reviewers will just stop giving applications full consideration after they’ve read a few. You want to be at the top of the pile.

1.2.3 Where to Apply

1.2.3.1 Radiology

Regional Considerations There is tremendous geographical bias in radiology. You really must apply everywhere, and it really helps to make every program think that you really want to move to their part of the country.

Program Reputation The generic advice is to follow the rule of thirds. Send one-third of your applications to “reach” programs, one-third to solid mid-tier departments at which you have a good chance of matching, and one-third to lower-tier programs that you think are safe bets. The truth is that, if you are a strong applicant, you will likely face the greatest difficulty getting lower-tier interviews. Nevertheless, you need to apply in such a way to ensure that you match.

For those of you who, like me, plan to stay in academics, the reputation of your training program will matter a lot to your career path. As such, you should definitely aim to interview at as many top programs as possible. Taking this into consideration, I ended up applying to about five safe programs, ten middle-tier programs, and twenty-five or so highly regarded programs. This formula worked well for me, but your mileage may vary.

To determine which programs count as top-tier, middle-tier, and lower-tier, and how best to target your application, I would suggest talking to several faculty in radiology well before ERAS opens. Make sure you don’t rely on the advice of just one faculty member, as their information is sometimes based on years-old wisdom or inaccurate hearsay. You can also search on AuntMinnie to find controversial lists of the top programs; while imperfect, these lists should give you a rough sense of how various programs are regarded.

How Many Applications to Submit The answer to this question obviously depends on the strength of your application, but keep in mind that the process of applying to residencies is unbelievably unpredictable; you need to apply broadly enough to absorb the inevitable randomness that will keep you from some interviews. Depending on your goals and the strength of your application, I would apply to no fewer than 25 programs and no more than 50. Applying to more than 50 can become prohibitively expensive,
though it may be necessary if you have a particularly weak application. Your goal at the end of the day should be to rank between 10 and 15 programs, so if your application is atypical in any way, adjust the number of programs to which you apply accordingly.

1.2.3.2 Internship

Transitional Year  Also known as the fifth year of medical school, this option is the most popular. In a transitional internship, you will spend time with different services, just as you did during your third year of medical school. Many of these programs offer hard-to-beat perks, such as the opportunity to do electives of your choosing, away rotations, and research months, all while taking a minimal amount of call. These programs are surprisingly competitive, as a number of competitive specialties—radiology, ophthalmology, and dermatology, for example—accept transitional internships. Applying to somewhere between five to ten transitional programs should ensure a match somewhere.

It is important to mention that many radiology programs, especially at the fellowship level, seem to be catching onto the fact that many transitional internships are easier than other types of internship. Interventional radiology fellowships, in particular, may look down on transitional year training, but probably not enough to keep you out of any spot that you deserve. Nevertheless, this consideration might be worth keeping in mind as you decide where to complete your intern year.

Medicine Preliminary  Preliminary medicine training is the second most popular internship option. There’s not much to say about these programs except that they tend to be considerably more intense (especially the academic programs) than transitional internships, though you can find “cush” programs if you look around enough (the Kaiser programs in Southern California come to mind). As a general rule, though, you’ll be taking care of sicker patients, spending more nights in the hospital, and scheduling few if any elective rotations. Furthermore, much of what you learn will not directly benefit your later training in radiology. Breadth of knowledge is great for the budding radiologist, but your time may be better spent learning anatomy and pathophysiology than the side effect profiles of the third-generation cephalosporins.

Medicine programs need manpower, and except at the most competitive places, they will fall over themselves trying to get good applicants to come to their program as free labor for a year. I’ve heard anecdotally that three to five applications is sufficient to ensure a match, particularly if you are applying to your home program.
**Surgery Preliminary** Preliminary surgery training is the least popular internship option, due primarily to the rigor. There is almost no such thing as a cush surgery program, although there are programs out there that have mechanisms in place to make your life marginally easier (e.g., night float to reduce call burden). Ironically, a surgery internship is probably the most useful option for later training in radiology, as you will be dealing routinely with anatomy and reviewing imaging on a regular basis. Most of the IR faculty at UCSD will encourage you to do a surgery internship, and some will go so far as to say that they would not have matched into IR without prior surgery training. Beyond just IR, the field of radiology in general seems to be moving toward preliminary surgery training instead of medicine or transitional internships, so you would not be crazy to follow this path even if you don’t anticipate going into interventional radiology. It is also probably worth mentioning that there are some community programs out there that allow interns greater opportunity to go to the operating room than at academic centers, so that may be something to keep in mind when deciding where to apply. You also must be very careful about ranking preliminary surgery programs, as some have a reputation for treating categorical and preliminary residents quite differently.

Preliminary surgery residencies are probably the least sought after positions in the match, and so they tend to be easy to get at all but the most prestigious programs. My understanding is that, if you apply appropriately, three to five programs is sufficient to match, especially if you apply to your home program.

**Other** Some programs may accept alternative internships in family medicine, obstetrics and gynecology, or anything else. The number of radiology residents who exercise this option is negligible.

### 1.3 Interviewing

#### 1.3.1 AuntMinnie

AuntMinnie.com is a website for radiologists. Create an account and read the medical student forums regularly. There is lots of information there, ranging from details of the application process to rumors about programs. Take everything on AuntMinnie with a grain of salt, but in this game, information is key. Particularly helpful during interview season is the perennial thread about interview offers. People tend to post which programs have sent out interviews, and this information is extremely valuable. If nothing else, you can determine when it is time to call a program to ask for an interview (which does work).
1.3.2 Responding to Offers

1.3.2.1 Responding Quickly

Interview dates can fill up quickly. When you receive an offer by e-mail, make every effort to respond quickly. Your upper limit should be somewhere within the 30-45 minute range.

1.3.2.2 Forwarding to Pager/Cell Phone/E-mail

When you register an e-mail address with ERAS, create a new Gmail address strictly for that purpose. You can set up filters on your Gmail account to forward each e-mail to your pager, cell phone, and regular e-mail address. Doing all of these things allowed me to be on top of interview invites as they came in. And yes, your pager and cell phone do have e-mail addresses. You can get carrier-specific instructions on forwarding e-mails to your phone online. The same is true for your pager, but for the vast majority of you that have American Messaging text pagers, you can just send e-mails to 619290XXXX@myairmail.com. Alternatively, you can use an internet-connected device (e.g., a Blackberry) to periodically check your e-mail.

1.3.2.3 Scheduling Interviews

Calendars When scheduling interviews, you need to know which dates are available. I used Google Calendar so that I would have access to my interview and clerkship schedule at all times, even in the hospital.

Timing—Early or Late? There are a lot of theories on whether to interview early or late in the season. Some say that you should interview early, while you’re fresh and before programs have started constructing rank lists. Others say that you should interview late, so that programs remember you even at the end of the season. I don’t know if either of these is true, but I can attest to two facts about the timing of interviews:

- You will make mistakes early in the interview season, since you will not have honed your answers to common questions.
- You will begin looking to cancel interviews toward the end of interview season, because the process is tiring and expensive.

Taking these two facts into account, I would suggest interviewing in the middle of interview season at the programs in which you are most interested. Not too early, not too late. Goldilocks has a lesson for us all.
1.3.3 Attending Interviews

1.3.3.1 Pre-Interview Dinner

Not strictly necessary, and most programs understand that it can be difficult to attend dinners due to tight travel schedules. Some interviewers will ask things like, “How was dinner last night?” You should understand this question to be the same as, “Are you actually interested in our program?” Accordingly, if you don’t attend, make sure you have a good reason, and follow up with some indication of your interest in contacting residents to learn more about the program.

In truth, these pre-interview dinners really are among the best ways to learn about each program. But they get old really quickly. I went to about one-third of these dinners, and on my last interview, I actually skipped the dinner on purpose and ate in my hotel room, just to avoid talking to any more radiologists about how their program is better than all the rest.

1.3.3.2 Questions

You will quickly see that many interviewers will ask you the exact same questions. You will become extremely adept at answering these questions. If you’re so inclined, you can practice answers to common questions before your first few interviews. Eventually, it will become second nature. I didn’t practice, and it probably hurt my chances at the first two or three programs at which I interviewed, after which I got the hang of things. Common questions that one is asked during interviews are:

- “Tell me about yourself.”
- “Tell me about your research.” Be prepared to answer in technical detail, if asked. At a couple programs, I was asked to describe the pulse sequence and gradient fields that I used during my research projects.
- “Why radiology?”
- “What do you do for fun?”
- “Where do you see yourself in 10 years?”
- “Where else have you interviewed?”
- “Why this program?”
- “What questions do you have for me?”

That last question—“What questions do you have for me?”—is by far the most common, and it will become the bane of your existence before you know it. It is extremely helpful to have a few canned questions in case you cannot think of any program-specific questions on the spot. Common, non-specific questions to ask programs include:

- “What changes do you see coming to the program in the next few years?”
Interviewing

1.3.4 Post-Interview

1.3.4.1 Compiling your Thoughts

I tried to write down my detailed thoughts on each program, but it quickly became a huge chore. Ultimately, all of the programs at which I interviewed began to blend together, and I just chose a program based on gut feel and the advice of my mentors. In addition, most programs provide an information packet to which you can refer if you really must have specifics about the frequency of call or the number of CT scanners in the hospital.

1.3.4.2 Thank You Notes

I never sent thank you notes during my medical school interviews, but for residency programs, you should. There is endless debate about whether you should send written notes or e-mails. Some will say that written notes are more personal, but I sent most of my thank you notes by e-mail, and on several occasions, it allowed me to establish an open line of communication with a program director or attending at a program that I liked. It is also easier to send e-mails.

It is probably worth mentioning that you do not have to send thank you letters to everyone with whom you interviewed. Some programs will have you interview with eight or more faculty members. In these situations, send thank you notes to the program director and/or the resident selection chairperson (sometimes these are the same person, sometimes not), as well as any interviewers with whom you had a particularly good conversation.

Finally, do not send the same, generic thank you note to all your interviewers. Most programs add your thank you notes to your application file, making it plainly obvious if you’ve sent the same message to everyone. Personalize your message as much as you can, realizing that this becomes increasingly difficult to do as the interview season drags on.

1.3.4.3 Contact with Programs

Fielding Contact As the deadline for rank order list certification nears, you may start to be contacted by programs. Sometimes they will e-mail
you, and sometimes they will call you. If you ever receive a call from an unfamiliar number after New Year’s, just assume it is a program director and answer appropriately. I received a call from the program director of a very prominent program in Boston just a few hours after my interview, and I thought it was my friend playing a joke. Although I did not say anything particularly embarrassing, you don’t want to be caught surprised.

Contact with Inquiries You may also start getting e-mails from program directors and chief residents asking if you have any questions about their respective programs. Don’t be fooled; though most radiologists are exceptionally nice people, they are not calling you to be nice, but rather, to gauge your level of interest. For my part, I would often say something along the lines of, “I loved your program, and I think it would be an excellent place to train!” Do not commit to anything to which you are not prepared to follow through.

Contact about Ranking It is illegal by NRMP rules for you to ask programs how you are ranked, and vice versa. Nevertheless, it was clear at a number of programs that they wanted to know how I planned to rank them. At at least three separate programs (I cannot remember which ones), I was told something along the lines of, “I think they [the committee] like to know how you’re going to rank them. If you want to come here, have your mentor call me and I’ll let the committee know.” The only reason that programs care about this information is for the sake of vanity; they like to be able to say, for example, that they only had to go down 13 spots to fill a class of 12. Accordingly, you should understand that this is a ridiculous metric of a program’s competitiveness, so don’t pay too much heed.

That being said, the question remains about whether you should actually inform the program that is ranked at the top of your list. I would estimate that about half of my co-applicants did let their top choices know. I did not, at least not until after they let me know of my position on their rank list. If you are very interested in a program, I strongly suggest talking to current residents to see if they informed the program of its position on their rank list. Practically speaking, you can’t really hurt your chances by letting a program know that they’re ranked at the top of your list. Informing the second- and third-ranked programs, though, is a separate matter that can be debated until the end of time. Everyone knows that “you are highly ranked” is synonymous with “you are not my top choice,” and that “you are in my top three” means “you are ranked 3rd.” I do think it is worth contacting these programs to let them know if you’re interest, but don’t make reference to your rank list. Just say that their program really stands out in your mind among the many at which you interviewed, and that you’d be thrilled to have the opportunity to train there. Of course,
you could also just not say anything and hope for the best on Match Day.

Finally, some programs that are particularly interested in you may contact you with information about your position on their rank lists. The general consensus (whether accurate or not) is that these statements of interest come in two forms:

- "Ranked to match": the program takes X residents per year, and you are ranked among the top X. If you rank this program first, you will match there.
- "Highly ranked": the program takes X residents per year, and typically falls to the Yth position on their list to fill their X spots. While you are not in the top X, you are in the top Y, and so you would match at this program in a typical year.

It does matter who in the program contacts you with this information. If it is the program director or chairman, you can probably assume that it carries some weight. If it is a resident, it is essentially meaningless. Of course, none of these statements—irrespective of who is making them—is binding, and stories abound about people who received ranked to match letters from a program but matched elsewhere. Most of these stories are self-serving, though, and I suspect a very large fraction of these anecdotes are exaggerations or misinterpretations of facts. My sense, based on my own experience as well as hearsay from other applicants, is that a call or e-mail from a chairman or program director that actually says the words "ranked to match" is very meaningful.

**Miscellaneous Contact** Sometimes you will hit it off with a particular interviewer. On occasion, these interviewers will go out of their way to talk to you, and later, to speak up on your behalf at ranking meetings. Use these connections to your advantage. If somebody is interested in your application, have the courtesy to respect their interest and actually talk to them. At one top 5 program not in California, one of my interviewers would constantly feed me information about my position on the rank list, who on the committee was supporting my candidacy, and what my chances to match were. Information of this nature is absolutely priceless, and you certainly don’t want to cut off the source of this useful information. If nothing else, try to avoid spurning somebody who is actually pulling for you.

**Second Looks** I didn’t do any second looks, and nobody cared. In fact, some programs explicitly said that they would not help to arrange second looks. I have heard from the rumor mill that second looks might be useful at smaller programs in less desirable locations as an indicator of serious interest, but that evidence is at best anecdotal. Most people recognize
that interviewing for residency is an expensive process, and if for this reason alone, understand that not everyone can afford repeat visits.

1.4 NRMP Match

1.4.1 What to Rank

This is the easy part. Rank as many programs as you can, but do not rank programs at which you do not want to train. I ranked sixteen different radiology programs out of eighteen with which I interviewed. I did not rank the remaining two because I realized that I would rather take a year off and reapply than to train at a program that was not readily suited to developing an academic career. Be judicious with your list; once you match at a given program, you have entered into a legally binding contract that typically cannot be broken.

1.4.2 How many Programs to Rank

There is no “safe” number of programs to rank in order to guarantee a match. Data from the 2007 NRMP Match, however, indicates that successful radiology applicants that year submitted an average of 12 contiguous ranks, more than for any other specialty participating in ERAS (the closest competitors are otolaryngology and orthopedic surgery, for which the average number of contiguous ranks is 11). In fact, 32.1% ranked 15 or more programs. You should aim to rank at least 10 programs on your rank list. Approximately 98.7% of applicants ranking 10 or more programs in 2007 successfully matched into radiology. Anecdotally, the 2009 NRMP Match was much more competitive for radiology. According to programs, there was a 22% increase in the number of applicants received in 2009 compared to previous years. In that year, the number 15 was bandied about as the minimum number of programs that one should rank in order to be reasonably sure to match somewhere. I cannot be sure if this number is truly accurate or if it is just a reflection of the “my life is harder than yours” attitude that is so common in medicine, but I can at least say that some applicants from 2009 reported not matching despite ranking over 15 programs. I would encourage you to look at the NRMP’s most recent Match data to understand the most current trends in radiology applications.

1.4.3 Supplementary Lists

For each radiology program that you rank (your “primary” list), you can construct a rank list of internships (your “supplementary” list). People applying to radiology tend to rank these internships with one of two goals in mind:
(i) Minimize moving: match for internship at or near your medical school, or at or near your residency program.

(ii) Minimize work: find the easiest transitional year internship in the Universe, regardless of location.

I don’t exactly agree with the latter approach, but I can see the merits of minimizing the need to move locations. Nevertheless, choose the program that is right for you, being always mindful of the age old adage that “it’s only a year.”

Also, keep in mind that you are matched to programs on your primary list independent of whether you match on your supplementary list. If you match at your top choice radiology programs, but not to one of the programs on the supplementary list associated with that rank, you will get your radiology spot but have to scramble for a PGY-1 position.

1.4.4 Terminating your Primary List

Your primarily list will consist of radiology programs, and your internship programs will be relegated to your supplementary lists. However, some recommend including a few internship programs at the bottom of your list just in case you don’t match for radiology. Without PGY-1 programs listed at the bottom, you will go unmatched for both radiology and internship (if the algorithm can’t match you to a particular rank, it doesn’t even look at the associated supplementary list).

For radiology, I don’t believe that this is a good idea. For this idea to make sense, it must be the case that you will be in a better position to apply after doing an internship. That is not really the case for radiology. You will be much better off taking that time off to do research and reapply as a more competitive applicant. And that’s even before considering the fact that there is absolutely no way you can get enough time off from internship to apply to a sufficiently large number of radiology programs.
Chapter 2

OTOLARYNGOLOGY  Bonnie Vorasubin

2.1 Preparation

2.1.1 Pre-clinical Curriculum

You may hear that most programs in most specialties don’t care about how you do in your first two years and that you just have to do really well on Step 1 and your clerkships. While this is partially true, the reality is that when it comes to competitive specialties, everyone has great Step 1 scores and honors the pertinent clerkships like surgery and medicine. So it makes sense that programs will use other methods to set applicants apart. While this is usually research, some programs may also use your performance during your pre-clinical courses to this end. Furthermore, because UCSD does not have AOA (Alpha Omega Alpha, an honor society which recognizes top students at each school), honoring as many courses as possible in your first two years will greatly help by serving as a means for programs to see that you would you have been given AOA distinction if it had been offered. In addition, your letter writers will also refer to your pre-clinical grades as they write your letter of recommendation. Most importantly, since doing well in your clerkship grades and Step 1 score are the most important criteria to becoming a competitive applicant, learning your pre-clinical material well will make it easier to do well later.

2.1.2 Core Clinical Curriculum

It’s like junior year of high school again. You have to do well on your clerkships because it shows your potential to perform well as a resident. You should aim to honor all your third year clerkships. But it should be stressed that you have to honor surgery. If you don’t, it’s not the end of the world, but it would greatly help your cause to honor the clerkship that is related to the field to which you are applying. You should also honor medicine. The key to honoring clerkships:
• Show interest in everything.
• Show enthusiasm to work for the team, and constantly offer to help by asking, “Is there anything else I can help you with?” This is especially true for floor work.
• Never never ask to go home.
• Be pleasant no matter how tired you are, or if you fought with your significant other, never bring personal matters to work or vice versa.
• Make time to study for your shelf exams. Your shelf scores will be mentioned in your dean’s letter and determines if you honor that clerkship.

It is also important to get along with your residents and patients because the attendings, who will become your letter writers, will often ask them for feedback on you to guide their letters.

2.1.3 Elective Curriculum

2.1.3.1 ENT Rotations

Most people take the first block of 4th year to study for Step 2. This is fine and you will still have plenty of time to complete pertinent rotations. At UCSD, you have to take the neurotology preceptorship (SURG 435) with Dr. Jeffrey Harris, the chair of the Division of Otolaryngology-Head and Neck Surgery. He needs to get to know you because you will need a letter of recommendation from him. You will spend every day with Dr. Harris at his clinics and cases at Thornton. You will also have some exposure to other neurotologists in his clinic, including Dr. Doherty. Study the ear very well because he does pimp, and you must impress him, because getting Dr. Harris on your side is key. This rotation is required if you are applying to ENT.

There is also an otolaryngology sub-internship (SURG 433) coordinated with Dr. Davidson. This is a real sub-internship and you should treat it as such. It is mainly to show that you are willing and able to work hard and gives you time to meet the other faculty and residents. Don’t neglect the residents. Getting residents on your side is also key since both chiefs are on the resident selection committee. This rotation is not required but very strongly encouraged for those applying to ENT.

2.1.3.2 Away Rotations

The topic of whether or not to do aways is controversial. Some say it helps, and some say it hurts you. Some say that if you look good on paper, don’t do aways because it’s likely that you won’t be as impressive in person as you are on paper. From most peoples experiences however, if you are going to do an away, be ready to work like your life depended on it and it should go well. Try to approach visiting clerkships as a way for you to
see if a program you are really interested in is the right fit for you. Do you get along with the residents, the attendings, and the culture there? If you do your best and keep a positive attitude, visiting clerkships can be an invaluable experience especially for those who are average on paper. There have been many people who claim that they would have never gotten an interview with a certain program if they had not done an away there.

2.1.3.3 Clerkship Schedule

Keep December and January rotation-free, and schedule a rotation from which you can take occasional days off in November. December and January are heavy interview months for ENT programs. There may be occasional interviews in November and February, but these are relatively rare. If they do occur, they occur infrequently enough that you should be able to take a day or two off from whatever rotation you are on at the time. Most people will schedule their ISP months for December and January and use the tremendous downtime between interviews to work on a small research project.

2.1.4 Board Exams

2.1.4.1 Step 1

You must do well on USMLE Step 1. Aim for a score above 240. There is no official cut off but some programs will use either 235 or 240. If you are above 240, you should be safe in terms of initial screening. If you are between 235-240, you will still get a lot of good interviews, but be sure to have other things to put on your application to make you a more competitive applicant such as research, great letters, and honors.

Below 235, you can still match but apply more broadly and to more programs. You will really have to beef up other parts of your application, namely, research. Faculty support will go a long way. ENT is a small community and most faculty in any given school will know faculty at other programs and a phone call can really make or break the match for you. If you need that extra help, dont hesitate to ask.

2.1.4.2 Step 2

The truth of the matter is that nobody cares about USMLE Step 2. If you didn’t do as well on Step 1 as you would have liked, you would do well to have an excellent Step 2 CK score to demonstrate improvement. But a stellar Step 2 score doesn’t erase a poor Step 1 showing. You must always keep in mind that all of the automatic cutoffs are based on Step 1 scores.

On the up side, if you did well on Step 1, do everything in your power to take Step 2 CK as late as possible. If you schedule Step 2 CK late
enough (i.e., after mid-August), you won’t even have to release your score to programs (as your application will already be sent off by the time you get your score back). The last thing you want to do is hurt your application by doing poorly on Step 2 CK after doing well on Step 1. If you end up doing well on Step 2 CK, you can always release your updated USMLE record to programs at no charge.

2.1.5 Research

Do research, bottom line. There is rarely any applicant now who has not done some sort of research project. It really should be in otolaryngology but if you have published or presented in another field, it will definitely help but you should still look for a small project in ENT to participate in. Its easy enough to e-mail faculty and ask to hop onto a short term project most likely clinical, case report, or medical records review. Many faculty are happy to have a med student do all the work to get a project going. This will also help you get to know faculty better and thus set you up for a more personal and effective letter of rec.

You should really aim to have 4 items to list under the research section of your application. Publications and oral presentations and poster presentations at meetings all count. They dont all have to be in ENT. For example, say you were planning on applying to neurosurg for the first two years and you did research in neurosurg and published; that will count towards your 4. This shows an interest in research, which programs love. Most programs require dedicated research time and/or at least one completed project that has either been published/presented by the end of residency to graduate. So they like to see that you already have experience and motivation in that realm. This will also support your claim of intention to enter academics. Keep in mind, at least one project should be in ENT.

2.1.6 Extracurricular Activities

While this definitely does not hurt, the extent to which it helps is variable. The quality of the activities rather than the quantity will be what’s important. Try to participate in activities that show an interest in teaching, such TA-ing anatomy or community outreach and health promotion/education (Doctors Ought to Care, DOC). Programs will like this because it suggests a propensity for you to like teaching and therefore a likelihood that you will go into academics. It will also support your claim if you chose to play that card.
2.2 Application

2.2.1 ERAS Components

2.2.1.1 Personal Statement

Play this one safe. It does not have to be profound and Pulitzer Prize quality, but should definitely not be remembered to be weird, cocky, or eccentric! Dr. Mandel will give a talk on how to approach the personal statement. There are usually three generic types: a life changing event, why you chose ENT, or a hardship. Don’t stand out.

2.2.1.2 Letters

Have 3-4 letters. One from the chair at your school, one from someone outside of ENT, maybe a research mentor, and the rest should be from ENTs either at your home school or at the program you did a visiting sub-internship.

2.2.2 When to Apply

The first day.

2.2.3 Where to Apply

Set up a meeting with Dr. Harris with a list of schools you are interested in applying to. To get a feel for which programs are good, browse otomatch.com and talk to the residents. The junior ones who went through the process not too long ago will remember what programs they liked and why. Dr. Harris will tell you which programs are good to apply to and appropriate for you, the number of programs to apply to, and the number of interviews to aim for.

2.3 Interviewing

2.3.1 Otomatch

Visit www.otomatch.com frequently to read up on the “scoop” about certain programs. People will offer insider tips on what was asked at the interview, if they are nice, and their take on the program. But do remember, the people who post are your competitors and not everyone plays nice. Some will use it as a way to sabotaged you, so take what is said on that forum with a very large grain of salt! For example, if someone really likes a program, they will tell others that the program is terrible hoping it will deter competitors from ranking that program highly or interviewing there.
ENTs are generally nice people but like every family, and every field, there are some bad apples.

2.3.2 Scheduling Interviews

Try not to schedule interviews with programs you are really interested in early. You need to put those near the end of the middle. The earlier interviews are really for practice, to get used to answering questions. The later interviews, you will have already encountered most of the questions you will ever hear and have a thought out answer prepared. But the last interviews of the season, you will likely be tired and worn down and your enthusiasm dwindling which can be hard to hide. This is why you don’t want to schedule your top choice programs too early and not too late. It’s the Goldilocks effect.

2.3.3 The Interview

Read up on the program beforehand. Glance over the faculty and see quickly where the attendings are from, where they trained, and what their specialty is. It may never come up but you definitely don’t want to bad mouth a part of the country that may be where that attending trained! But really you should never say anything bad about any program. You will have to be Ms/Mr Congeniality for the next 2 months. Also you should know definitely know who the chair and program directors are. Try to have some good questions prepared. Its best to have questions pertinent/specific to the program but a few stock generic questions to help fill up time would be:

- “What changes do you see happening in the next 5 years?”
- “What parts of your program do you feel can afford more growth?”
- “How would you describe the resident culture here?”
- “What are the main qualities in an applicant that you feel would make them a good fit here and successful?”
- “Do your residents ever have trouble finding jobs or matching in their fellowship after graduation?”
- “Do your residents ever have trouble passing boards or in service exams?”

The questions you ask the residents will be the most important/informative for YOU:

- “Most important question: are you happy here?”
- “What do you do for fun around here?”
- “What would you change about your training here?”
- “How would you describe the resident-attending interaction?”
- “Do you feel faculty are supportive here?”
No matter who you are talking to, the receptionist, the janitor, they all have veto power! So always be pleasant and appropriately behaved. They will not get you into the program but imagine if they said something bad about you to the chair, that will be the chair’s lasting impression of you. If a school hosts an applicant social, look at how many residents show up. The more the better. It shows that the residents care about who they are going to work with in the future, they have an invested interest in the program and who matches there, and most importantly, that they have time to go to the social!

2.3.4 Post-Interview

2.3.4.1 Compiling your Thoughts

Two approaches, some make spreadsheets about the things important to them when ranking a program and some go by gut feeling.

2.3.4.2 Thank You Notes and Contact with Programs

Some places will tell you not to send thank you notes. But you can always send e-mails or letters with questions and expressing interest in a program. In general its good practice to send thank you cards especially to your top choices and especially to those interviewers who you connected well with, and definitely let your first choice know you are ranking them first.
Chapter 3

NEUROSURGERY  Chester Yarbrough

3.1 Preparation

3.1.1 Pre-clinical Curriculum

Do as well as you can in every class. Honors grades cannot hurt, but rest assured that most programs (even the good ones) don’t care all that much about your pre-clinical performance. Step 1 is extremely important. Neurosurgery programs often use Step 1 as a screening tool for applications. See below for further discussion.

Research is almost required for neurosurgery. The faculty of most teaching programs like to maintain a rigorous intellectual environment. Also, because of the length of training and demanding nature of most programs, the faculty like to see that an applicant has shown some interest in the field by doing research. That being said, the research does not have to be in neurosurgery. Several successful applicants I have known have done research in either peripherally relevant fields or totally unrelated fields.

To get involved in neurosurgery research, talk to the residents. Many of them will have small projects to finish up, or even a case report that needs to be written. If you are interested and think neurosurgery might be for you, try to get to know the faculty during the preclinical years. Doing an elective was helpful for me. I approached Dr. Barba, who was happy to have me in clinic with him weekly or whenever I could make it during the first two years.

Grand Rounds are held on Friday at Hillcrest in the CTF Room C303 at 7:30 am. Attending them is not mandatory by any means, but can help you meet residents and attendings and expand your neurosurgical knowledge.

Summary: Learn preclinical knowledge to be a good student and do well on Step 1. Meet the neurosurgery residents and staff if possible.
3.1.2 Core Clinical Curriculum

Do well in everything, but especially surgery. My advice for every clinical rotation is to discuss goals and evaluations with your chief or senior resident on your team at the beginning. Let them know that you want to do well, and that you would like to know if you are not performing in the manner required to do well.

Honors is not absolutely required, but most people applying to the top programs have honored many, if not all, clinical courses. Honoring your fourth year neurosurgery rotations is pretty much required.

It is extremely helpful to rotate on neurosurgery during your third year surgery rotation. If the curriculum changes and allows for elective time in 3rd year, spend it on neurosurgery. Work hard.

**Summary:** Clinical honors matter. Work hard. Don’t ever complain.

3.1.3 Elective Curriculum

3.1.3.1 Neurosurgery Rotations

Do Neurosurgery early in 4th year, first if possible. If not first, do it second. This opens up your schedule for away rotations, discussed below.

3.1.3.2 Away Rotations

Away rotations are virtually required for neurosurgery. Pick them wisely. Most people do two, one of which should be outside of California. There are four reasons to do away rotations:

(i) Get a strong letter of recommendation.
(ii) Get a better look at a program where you might want to train.
(iii) Prove your willingness to train outside of California.
(iv) Vacation.

No matter what, you must fulfill the first goal at each away rotation. I would also strongly recommend accomplishing goals 2 and 3 with at least one rotation. The fourth goal should not be in your mind when you rotate on neurosurgery. Rotating outside of California is particularly important if you have never lived outside of California. There are only about 15 positions in the state, and they are mostly at highly competitive institutions.

Most away rotations are first come, first served. An exception is the Barrow Institute, which selects only 18-20 per year.

I rotated at Washington University in St. Louis and at Stanford. Each was a good experience, and gave me a better understanding of what I wanted in a program. Pay particular attention to the residents who would be your chief resident when you would be a 2nd year (the current 5th years in a 7 year program). Good places to rotate include:
Choose your rotations wisely. Remember that the top goal of your rotation is to get a strong letter of recommendation.

Summary: Choose your rotations carefully. Start looking in January of 3rd year at the programs in which you are interested. Prior to leaving for your rotations, call both the chairman's and the program director's assistants to schedule meetings during your last week. Ask at least the chairman for a letter, and talk with each of them about your evaluation.

3.1.3.3 Clerkship Schedule

I did my rotations 2nd and 3rd during 4th year. Schedule your rotations any time between July and November. Take January off, as it is extremely busy with interviews. Take a light rotation in December, as you may schedule some interviews then too.

Other non-neurosurgery rotations which are good are Surgical Critical Care (Surgery 427), VA Primary Care (Medicine 465), Anatomy Teaching (Surgery 261). There are others that are good as well, but I don’t know about them.

3.1.4 Board Exams

3.1.4.1 Step 1

You must do well on USMLE Step 1. Aim for a score above 240, though it is not required to score that high. Some programs use Step 1 to screen applicants, but any score above about 220 is generally safe, from what I’ve heard.

3.1.4.2 Step 2

If you do well on Step 1, Step 2 is unimportant and should be scheduled such that your score is not reported by September 1st, when you can certify your application.
3.1.5 Research

Do research, especially long-term research, because it matters. If you have done a PhD, you will get a great reception at most of the top programs. It also gives you things to talk about on interviews. Taking a year off to do research is not required, but can help if you have marginal scores.

If you decide late to do neurosurgery, try to get involved with a case report or two. They are much easier to complete and get accepted than other types of research.

3.1.6 Extracurricular Activities

I don’t think these matter much unless you have done something exceptional. However, feel free to put anything on the application that you think sets you apart (positively).

3.2 Application

3.2.1 ERAS Components

3.2.1.1 Personal Statement

You can only hurt yourself with your personal statement. Discuss why you want to do neurosurgery, what has prepared you for it, any research, or any other activities that set you apart. Be safe and conservative with what you write. Under no circumstances should you exceed 1 page.

3.2.1.2 Letters

Generally, most people have 3-5 letters. You must have a letter from the Chairman at UCSD. Many other faculty at UCSD can write good letters as well, though only ask people who will write a positive letter for you. At each away rotation, you should ask at least the chairman for a letter. If you have done research, consider asking your PI to write a letter. Any non-neurosurgeon’s letter is likely to get read very little.

3.2.1.3 MSPE

I only saw 2 interviewers read my MSPE. I have no idea how many actually cared about it. However, make sure that your MSPE accurately reflects your accomplishments.

3.2.2 When to Apply

The first day. Many programs got up to 200 applications for 1-4 spots. So submit it as early as possible.
3.2.3 Where to Apply

Meet with the chairman and program director at UCSD to discuss your competitiveness and where you should look for residency. Then, apply to as many schools as you feel comfortable applying to. Do not apply somewhere that you would not be willing to live for 7 years. The average applicant applies to about 35 schools. Apply to a good mix of programs that are reaches, "safety," and middle-of-the-road.

After talking with the faculty at UCSD, discuss your list with a resident or two. Some of the faculty members have outdated information on other programs.

My recommendation is to apply to more schools than you think you need to. Then you can cull through the schools and be selective based on who offers you interviews.

3.3 Interviewing

3.3.1 Uncle Harvey and the Senior Society

UncleHarvey.com is a website for people involved in neurosurgery. There is plenty of misinformation on the site, but also some helpful stuff. Read everything with a grain of salt.

The “Senior Society,” or Society of Neurological Surgeons, is comprised of chairmen, program directors, and other senior faculty from around the country. They published an Excel file with the interview dates of most of the programs prior to interviews being offered. This was extremely helpful in scheduling my interviews. The website is www.societyns.org.

3.3.2 Responding to Offers

3.3.2.1 Responding Quickly

Because of the small size of most programs, there will not be many dates for each program. So, strategize when you want to go to which program based on the spreadsheet that the Senior Society puts out. When you get an interview invitation, respond affirmatively as soon as possible. Accept everything, unless you absolutely cannot go to a certain school’s dates. As an example of how quickly interview dates can go, I said yes and gave my date preference to Duke 35 minutes after their interview invitation came. The date was already full, and I wasn’t even first on the waitlist.

Not all schools will be able to accommodate changes to your interview schedule, so try to stick to what you first ask for.
3.3.2.2 Forwarding to Pager/Cell Phone/E-mail

If you have Gmail, set up filters to ensure that you are aware as soon as possible that you have received an interview. Almost all programs use email, though a few also use phone calls and letters. Some forward their emails from ERAS to cell phones or pagers. I did not do that, but it can be helpful.

3.3.3 Scheduling Interviews

3.3.3.1 Calendars

When scheduling interviews, you need to know which dates are available. I used Google Calendar, which was very helpful. Either have a physical or remote calendar available to compile your interview schedule. Also keep track of all travel expenses.

3.3.3.2 Timing—Early or Late?

I do not have strong feelings on this. Some programs hold interviews the same weekend as their Holiday party. If you really like that program, try to go then. It gives you additional exposure to faculty and residents, and allows you to talk in a less formal setting.

Pay attention to how many residents are married, have kids, own houses, etc.

3.3.4 Attending Interviews

3.3.4.1 Pre-Interview dinner

I went to every dinner. They are not required for the most part, and they will not hold it against you if you miss it. However, it allows you to ask questions to the residents without attendings around. Additionally, you can see how the residents interact, and figure out if there are any fishy characters in the program.

Pay particular attention to the residents who will be chief residents when you are a 2nd year resident. Ask if any residents have left recently, and, if so, why.

3.3.5 Post-Interview

3.3.5.1 Compiling your Thoughts

Try to use some sort of system to evaluate different aspects of each program. I would write down my impressions on the plane flight home, so that the information was fresh. I also would take notes during the presentations at the interview day. This was also helpful.
3.3.5.2 Thank You Notes

I recommend hand-writing thank you notes to the chairman, program director, and program coordinator. Any additional notes are nice, but not necessary.

3.3.5.3 Contact with Programs

You may or may not get contacted by programs. In general, pay little heed to what they tell you about how much they liked you. A chairman telling you that they will be ranking you highly is basically hearsay - there is no guarantee that you will be ranked to match.

If you are interested in a program at the interview day, make sure you get an email address or two from the residents. That gives you a way to get questions answered when you compile your rank list.

It is helpful to let your top 1-2 programs know how interested you are. If you are going to do this, follow two rules:

- Do NOT tell more than one program that you are ranking them #1. Some people violate this rule. It is almost always counterproductive, as neurosurgery is a small field.
- Wait until you are finished with interviews before letting your top programs know.

3.4 NRMP Match

3.4.1 What to Rank

Only rank programs that you are willing to go to. The Match is a legally binding process. I did not rank 1 program out of the 12 where I interviewed because I did not want to train there. Be judicious when compiling your list.

3.4.2 Other

After you submit your list, it’s all over. Celebrate.
4.1 Preparation

4.1.1 Pre-clinical Curriculum

You probably have heard that pre-clinical grades don’t really count and in all honesty, they probably matter the least in your application. That being said, honoring several of these classes won’t hurt either and gaining a solid foundation also helps you study for boards.

Because ophthalmology is such a specialized field and there will be minimal exposure during your medical career, it is beneficial for you to get exposed to the clinical and research side of ophthalmology early on. During your afternoons off, you can go shadow various attendings in the OR to get a feel if you like microsurgery and the variety of ophthalmic surgeries available. Other people may shadow an attending for a few days during clinic. After getting some clinical experience, if you have time you can do a small research project with one of the attendings usually during the summer between your MS1 and MS2 year. Because ophthalmology is a fairly academic field and a very small community, it is important to get to know the ophthalmology faculty at your institution well and you can do that usually through research projects by working closely one-on-one with faculty.

4.1.2 Core Clinical Curriculum

It is important to try to get honors in as many clinical courses as you can. Clinical grades probably come third in importance after step 1 scores and letters of recommendation. If you were to choose, to honor medicine and surgery would be the most important as ophthalmology deals with a lot of medicine and has many surgical aspects to it as well. Unfortunately, during third year in the midst of long hours and shelf exams, there is minimal time to keep up with ophthalmology but if you have time (during your days off
or post-call even), you can always go shadow attendings in the OR or meet with your PI to continue your research projects to show that you are still interested in the field. However, your clinical grades take priority. It is probably better to spend more time studying for your medicine shelf if you need to than go watch another ophthalmology case in the OR.

4.1.3 Elective Curriculum

4.1.3.1 Ophthalmology Sub-Internship

Because ophthalmology is an early match (applications are typically turned in early- to mid-August), it is critical that you get the ophthalmology sub-internship at UCSD as the first block. Oftentimes, away rotations require that you do an ophthalmology clerkship beforehand and it is always better to do a rotation at home before you go off doing your aways. During the ophthalmology sub-internship at UCSD, you typically rotate through various clinics and ORs every day so that you can meet with and work with all the different attendings at Shiley and get exposed to the various subspecialties of ophthalmology. Ophthalmology clinics tend to be really busy and you may feel like you are getting in the way. Just try to read about the subspecialty a little ahead of time and ask questions to show your interest. You will also give a short Powerpoint presentation at the end. During this rotation, oftentimes the faculty may have interesting case reports you can write up or do a small research project on the side.

4.1.3.2 Away Rotations

It is often difficult to “shine” clinically in ophthalmology because there is such a steep learning curve to learn how to use all the instruments. Therefore, an away may or may not help you. However, if you really want to go somewhere, it may help to go there to show your enthusiasm and interest in the program. It’s also important to go to away rotations to see if that dream program is really right for you.

4.1.3.3 Clerkship Schedule

Typically you should do your ophthalmology sub-internship at UCSD and your away rotations right off the bat because schools start interviewing mid-October and send out invites around that time as well. So aways should probably be done in July, August, or September. It is not wise to go on an interview if you are doing an away so make sure you schedule your aways before all your interviews! Leave November and December rotation-free. The bulk of your interviews will be from early November to mid-December. The earliest interviews this year were mid-October and the last offered was mid to late December. You can schedule your internship
interviews intermixed with your ophthalmology interviews if time allows, but if not, you can do a few internship interviews in January.

4.1.4 Board Exams

4.1.4.1 Step 1

The USMLE Step 1 score is probably one of the most important factors for ophthalmology residency. They use it as a cutoff in deciding who gets interviews and who doesn’t. Typically, to feel pretty confident, you want a score of at least 240. According to the 2009 Match Statistics, the average board score of those who matched is 235. To match into a top 10 program, you want to score above 250. The average score of those who did not match was 212. So basically, to have a good shot at matching you definitely want to score above 230. For match statistics, check out http://www.sfmatch.org/residency/ophthalmology/about_match/match_report.pdf.

4.1.4.2 Step 2

No one really cares what your Step 2 CK score is. If you didn’t do well on your Step 1, it may help you to get a very good Step 2 CK score early on (take it June so you’ll have the score ready for your application in August). If you did well on your Step 1, there is no reason to take your Step 2 early, so delay it as much as possible until after the interviews. You don’t have to release scores to programs, and no one ever asks you your score either.

4.1.5 Research

As mentioned before, ophthalmology is a highly specialized and academic field, so do research and start it early. Usually it is best to start during the summer between 1st and 2nd year and continue the project or projects throughout your 4th year. You can also present at various conferences, the biggest being ARVO every May in Ft. Lauderdale and hopefully get a publication out of it. However, honestly, it is not critical that you get a publication or if your research is basic science or clinical. It is most important that you work with someone who has worked in the field for a long time and has a strong reputation in ophthalmology and that you get to know him/her well. Since it is hard to shine clinically as a medical student with ophthalmology in comparison to other fields such as medicine or surgery, it is critical to impress the attendings and your PI with initiative with research projects, presentations, etc.
4.1.6 Extracurricular Activities

Residency programs ask about this during interviews, but it’s not really that important that you have some wild and crazy hobby. They just want to make sure you are normal, and if you have something interesting, all the better. If you are interested in certain things during medical school, such as international missions, you should do it while you have time! It doesn’t really help your application in comparison with Step 1, clinical grades, research and letters of recommendation, but it gives you something interesting to talk about during your interview. Also, you can always help out with the Ophthalmology Free Clinic during your 1st or 2nd year at UCSD.

4.2 Application

4.2.1 SF Match

For some reason, ophthalmology is one of the few residency programs still doing the SF Match (neurosurgery and urology recently pulled out). However, this has its pros and cons. It’s worse because you are applying a few months before everyone else and are rushed to put your application together. However, you also find out over 2 months ahead of everyone that you matched and the next 6 months of your 4th year are carefree. You can also pick your internship interviews based on where you match.

The SF Match website can be found at http://www.sfmatch.org with a timeline. Typically, you want to turn in your application in early to mid August.

4.2.1.1 Personal Statement

This is a one page statement, similar to your medical school personal statement telling programs why you want to become an ophthalmologist. Keep it short, concise and to the point. They usually gloss over this once when looking at your application. However, during your interview, they look at it a little more and ask you questions from it.

4.2.1.2 Letters

For the SFMatch application, you can turn in up to 3 letters. Get 2 ophthalmology letters and 1 medicine or surgery letter. You can turn in additional letters from away rotations at a later time, but you will have to mail them in individually to each school. Unlike the ERAS application, you cannot designate which letters go to which schools. The 3 letters you pick will go to all schools you have selected on your common application (CAS).
4.2.2 ERAS

Yes, you have to fill out this application too in addition to your SFMatch application. The earliest you can turn this in is September and latest mid-October. This is for prelim surgery, prelim medicine, and transitional year applications. Typically, you don’t have to interview for that many programs to match well if you are a fairly competitive candidate. Most people interview at 5-8 internship programs usually near their home institution, where they will be doing their residency (you find out mid January) or at some location they always wanted to live in. For your internship letters, if you are applying to transitional years, you can just use your 2 ophthalmology and 1 medicine/surgery letter that you used for your ophthalmology letters but instruct your letter writers to write a little paragraph at the bottom saying that you would make a great candidate for internship. For your medicine prelim applications, you will need to get a letter from the Chair of Medicine. Usually they will set up appointments for everyone who needs this done sometime late in the summer.

4.2.3 Where to Apply

4.2.3.1 Ophthalmology

Number of Applications The average number of applications/applicant this year was 50. Most of the candidates I met on the interview trail applied to 40+ programs due to the competitive nature of this field. You should pick a few “reach” programs as well as a few “back-up” programs.

Academic versus Private Almost all ophthalmology programs are in academic institutions, in fact probably over 96% are in academic institutions, so there really is no option.

Home versus Away Due to the competitive nature of ophthalmology, you cannot just apply to programs in California and confidently expect to match even if you are an extremely stellar candidate! There are only 8 programs in California with less than 40 positions and many people in the country want to come back to California. There are also awesome programs elsewhere in the country as well that will give you excellent training.

Program Reputation The two main ranking lists that ophthalmology uses are Ophthalmology Times and U.S. News. It’s usually the same ten programs ranked in the top 10 year after year with a few changes and shuffling over the years. However, the reputation is not so important as how well the program fits you. Ophthalmology programs vary widely from extremely academic programs (grand rounds every day) to very hands-on programs with very high surgical numbers. Through interviewing you should try to
figure out which type of program fits you best and which program you will thrive in as a resident. You will get a good training no matter what program you match in and you will become a competent ophthalmologist and surgeon. Obviously if you want to go into academics, it is best to match into a highly reputable program (you can ask around what these are). There are often hidden gems that aren’t necessarily ranked in Ophthalmology Times or U.S. News so you should ask residents, attendings, and mentors for their opinions on where you should apply. Also, if you want to go into a certain subspecialty, you will probably want to apply to a program with that subspecialty (please note, for example that not all programs have oculoplastics attendings) and to a program with multiple faculty in that specialty. There is no real point in applying to a program without a plastics program if you want to go into oculoplastics because you won’t have an attending to support you for fellowship applications!

4.2.3.2 Internship

Just apply to a few by UCSD, a few close to home, a few in major cities where you think you want to match. When you interview, you can postpone all your interviews to mid-late January and just cancel all the interviews you don’t want after you find out your match.

4.3 Interviewing

4.3.1 Responding to Offers

Typically offers will come mostly through e-mail starting in September going until mid November. You will also get some offers through the phone so it is important that you are constantly checking your e-mail and voice mails. Most ophthalmology programs offer only 2-3 interview dates per season so if one dates runs up, you’re out of luck if it coincides with another interview you have already scheduled. Therefore, you will want to respond as soon as possible, sometimes within minutes of getting the e-mail! With the advent of the iPhone, many people are getting e-mails sent to their phones so they are responding within minutes. If you can’t have your e-mail forwarded to your phone, check e-mail on your computer as often as possible or have someone check for you and make the calls for you.

4.3.2 Scheduling Interviews

I’m not sure whether it makes a difference early or late, but after your 3rd or 4th interview you will start getting the hang of interview days and get more used to the questions. Usually there are a few questions that will be asked over and over. Usually, it is probably better to interview at the program you want as late as possible to leave a lasting impression.
before rank lists are due early January. Some programs rank right after
the interview day, other programs rank right before rank lists are due in
January.

4.3.3 Attending Interviews

4.3.3.1 Pre-Interview dinner

Almost every interview will have some pre-interview social the night before
or cocktail hour after the interview. You should make every effort to go
to these. This is an opportunity for you to make another impression on
the program as well as find out all the nitty gritty facts you always wanted
to know from residents and you can get a feel if you would fit in with the
other residents at the program.

4.3.4 Post-Interview

4.3.4.1 Compiling your Thoughts

Usually, during ranking you end up going with your gut feeling, but it
always helps to be kind of objective. You can make an Excel sheet with all
the programs you interviewed at, listing pros and cons so that when you
come to rank them in January it’s not all a blur to you. Towards the end of
interview season, many of the programs’ details start to blur together and
you forget which program had what surgical numbers, county hospitals,
etc.

4.3.4.2 Thank You Notes

In regards to thank you notes, this is quite controversial and multiple people
have said that they don’t really matter. Oftentimes, the programs will
rank candidates immediately after the interview day so your letter will
not make a difference. However, it is a nice gesture if you really liked a
program. I would send letters (either e-mail or written Thank you card) to
the program directors/chairmen of the programs you especially liked. Don’t
feel compelled to write thank you cards to every person you interviewed
with (you often interview with 6+ attendings on any given interview day)
or to every program you interview at because they don’t make much of a
difference.

4.4 Ranking

Rank lists are typically turned in by both programs and candidates on
the same day (a week before the match) in early January. You should
rank every program you interviewed at unless you absolutely abhorred that
program for some reason. Typically you want at least 8-9 programs on your rank list to successfully match.

When ranking your program, there are many factors to think about: location, size of program, surgical numbers, reputation, reputation of faculty in the subspecialty you want to go in, didactics, international opportunities, autonomy vs supervision, stability of program, and the list goes on. As you interview, you’ll figure out what is or is not important to you and you will get that “gut” feeling about a few programs that you especially liked.
5.1 Preparation

5.1.1 Pre-clinical Curriculum

While everything in your application is important, preclinical grades are probably not as significant as other parts of your application. Having some honors marks to your name is to your benefit and I would take special effort to honor Anatomy if possible. I never had anyone comment on my pre-clinical work, but I’m sure it was perused for any red flags. While it may not seem like it, studying for classes will help you for Step 1. I found it helpful to use board review books like First Aid while studying for courses. I would transcribe important facts into my First Aid as I went to help supplement the material so that I would have one resource to study from as the Step approached. If you are lucky enough to know early on that you want to do orthopedic surgery, one of the best things you can do for yourself during the first two years is to gain research experience and hopefully a few publications. Orthopedics is very academic (despite the jokes you might hear), and having research experience is incredibly helpful. While research in orthopedics is ideal, any research experience is helpful. Also, they have overhauled the Musculoskeletal elective so that you work with an orthopedist, so take this class if you can.

5.1.2 Core Clinical Curriculum

They say that your performance in 3rd year is the best predictor of how you will do in residency so here is the time to shine. Your surgery and medicine clerkships are the most important. Of course, do everything you can to take the orthopedics elective during surgery. I would recommend rotating through Hillcrest if possible. Dr. Schwartz is an amazing surgeon and teacher, and she will let you do a lot in the OR. I didn’t personally rotate through the VA, but I think you get a better breadth of exposure at
Hillcrest. Ortho isn’t like other specialties where you have specific patients you’re responsible for or present, so the best thing you can do for yourself is be on time, be a team-player, always be looking for ways to help (getting charts, helping with dressing changes, transporting patients in and out of the OR), and know your anatomy! Know the approach and which important structures are at risk. They don’t necessarily expect you to know all the orthopedic stuff, but anything you do is a bonus. And have fun! This was the best rotation of third year. In terms of the other rotations, the best thing you can do for yourself is be interested. If you know ahead of time that you want to do orthopedic surgery and you come into the other rotations with an attitude you will not do well. Even if you’re not interested, suck it up! It’ll be over before you know it and this is stuff you should know anyway in order to be a good doctor (and to do well on Step 2). Also, do your best to read and study during rotations. Even if you’re a star on the floor, they aren’t going to give you honors if you bomb the shelf.

5.1.3 Elective Curriculum

5.1.3.1 Orthopedic Surgery Rotations

I can’t emphasize enough how important these rotations are. I would recommend doing 1 to 2 home electives first (depending on how many you need to secure your letters of recommendation) and then begin your aways. Try to do these rotations early. Your grades in these electives are looked upon very highly, as well as being a key opportunity for you to make a good impression for your letter of recommendations. Just work hard and you will do well. From my perspective, orthopods aren’t about schmoozing and kissing up. You will get much farther by just working hard and being eager to learn. The trauma sub-internship is amazing. Some people say if you did the Hillcrest rotation as a 3rd year you shouldn’t take this one because you already know Drs. Schwartz and Girard, but I would argue that I received the best teaching and experience on this rotation out of all my rotations, home and away. The peds sub-internship is also a great experience. They have fluoroscopy at Rady’s so you’ll have the chance to do some reductions. It’s not as hands on in the OR, but you’ll have the chance to see some great cases and a large variety of pathology. Drs. Wenger and Mubarak are huge names in the ortho peds world. A good recommendation from either of them will open a lot of doors. Some helpful books are Netter’s Orthopaedic Atlas, The Fracture Handbook, or Hoppenfeld’s surgical approaches. www.wheelessonline.com is also a helpful website.
5.1.3.2 Away Rotations

Away rotations are considered the number one predictor of matching in orthopedics. With so many qualified applicants, it’s often necessary to have that personal experience to push you over the top. It only makes sense that people will choose a qualified person that they know over one they don’t. The caveat then becomes you need to do a good job. I would try to do at least 2 away. If you have the stamina and time for more it may be worth it. Try to do your research early so that you can make the most of these rotations by doing them at your top choice places. If you are not necessarily tied to a particular region, you might consider doing an away back East to try to show that you are willing to relocate. Coming from San Diego, especially if you are a native Californian, you will receive a lot of skepticism during interviews as to your willingness to leave California. Also, the websites will give the impression that you have to do the rotation according to the institution’s schedule which is often offset from UCSD. This is not the case. Everyone will be on his/her own schedule, and the institutions will likely accommodate you if you try. Do not waste weeks of vacation during the summer and fall unless you are using them to study for Step 2. Be aware that while doing an away can often secure you an interview, some places are known to be selective regarding who they interview amongst their rotators (e.g., University or Washington, Utah, etc).

5.1.3.3 Clerkship Schedule

The peak interview season for Ortho is December and January, with a few programs interviewing in late November. Depending on how many places you interview, you may not be able to do rotations during these months. If at all possible, I would use vacation or ISP time during these months, or at least something exceptionally flexible. There were 2 week periods both in December and January where I wasn’t in San Diego at all because of back-to-back interviews. In terms of the beginning of the year, it important to do sub-internships early, but you may consider taking some time to study for Step 2. While this test doesn’t nearly carry the same weight as Step 1, because UCSD requires you to take it within 3 months of finishing 3rd year it will be on your application.

5.1.4 Board Exams

5.1.4.1 Step 1

Unfortunately, USMLE Step 1 is incredibly important. Of course, it’s not the end-all-be-all, but this is the number that will get you in the door. Because there are such a massive number of ortho applicants, your Step 1
will be used as a screening tool to thin out the applications. While I don’t know if there’s a magic number, I think 240 or above will get through most screening processes. There are always stories of people with low board scores matching and people with incredibly high scores not, but the best thing you can do for yourself to increase your number of interviews is to do well on this test. I can’t help but emphasize, don’t freak out. This is not to say 240 is average by any means (look at the match distribution for that), but it is a good goal to optimize your interview opportunities.

5.1.4.2 Step 2

Step 2 is less important because most of your counterparts will not have their scores to compare against. However, it will be on your application so it can’t hurt to optimize it. Plus, it can help to compensate for a less than stellar Step 1 because it shows that you can excel at standardized testing (which they sometimes use to extrapolate how you will do on the OITE and boards in the future). Don’t go crazy, but a few weeks of review and USMLE world will serve you well.

5.1.5 Research

Every program will ask you about research at least to some extent. Some will have entire interview rooms dedicated to it. Try to do research, preferably in ortho, and if possible choose manageable projects that will lead to publications. If you have a less than stellar application, you might consider taking a year off to get some serious research done to help stack your application (it’s harder to match as a re-applicant, so it may be worth it to speak with an advisor and take a realistic look at your options).

5.1.6 Extracurricular Activities

These are helpful and demonstrate that you are a well rounded person, but time is so limited in medical school that you should choose your extracurriculars according to your interest rather than a misguided attempt to impress people. I had lots of extracurriculars and was rarely asked about them because interviewers often had not thoroughly read my application. That being said, you can steer interviews as you like and having something unique about yourself is to your benefit.
5.2 Application

5.2.1 ERAS Components

5.2.1.1 Personal Statement

The advice I received was “don’t be weird,” and I think it holds true. This is not the time to show what a wonderful poet you are or show off your haiku skills. Write about why you want to do orthopedics and what got you to this point and your goals for the future. If you have an interesting story, tell it. But do not write about the time when you were 14 and tore your ACL and knew right then you wanted to be an orthopedic surgeon (at least don’t make it the focus). While it can help you if you have a compelling personal statement, the biggest things is to not rule yourself out with it. In the grand scheme it is on the less important side, so write a solid essay, have a few respected friends or family read it, and be done with it. I know for me personal statements are always a trial, but try not to let this be the thing holding up your application. Some people tailored their personal statements to individual programs since you can upload as many as you want.

5.2.1.2 Letters

Have at least 3 letters from orthopedists and 1 letter from a non-surgical attending prepared (check the websites for the program’s specific requirements). This is the part where who you know can come into play. If your letter writer is well-known in the community it will help you at more places. People take recommendations from people they know more seriously than a mysterious name on paper. However, I would still argue that a great letter from an unknown is better than a mediocre letter from a well-known name. The best way to get a good letter is to work hard on the rotation and to ask for the letter at the end of the rotation while your face is still fresh in the attending’s mind. Dr. Garfin writes a chairman letter for each applicant which is a compilation of evaluations he receives from attendings and residents in the program.

5.2.1.3 MSPE

I didn’t get the impression this was often considered or even reviewed. Read it carefully to correct for errors and try to make sure your fourth year ortho evaluations are included.

5.2.2 When to Apply

As soon as possible. This is one of the things you can control so try to give yourself every opportunity. It’s understood that not all the letters will be in
on the first day, but submit your part as early as you can. You should review the websites of each program (or figure out a system to split it up with your fellow applicants). Some programs have special requirements (e.g., UCLA-Harbor and UCSD require your MCAT) or supplemental forms. It’s laborious, but these requirements can change from year to year so you have to do the leg work.

5.2.3 Where to Apply

This is a very difficult question and depends on the strength of your application and your personal agenda. The general consensus is to apply broadly. I think 40+ programs is about average, though most people from my class applied to more. Try to talk to as many advisors as possible to get an idea of where you stand. You can read forums for more feedback about programs and utilize the residents, especially the interns who just went through the process.

5.3 Interviewing

5.3.1 Helpful Websites

www.orthogunner.com has program reviews, but www.orthogate.org has both reviews and forums and is more universally used. But first, take everything on here with a grain of salt and realize that while they may be well intentioned, often posters are the ones with monster applications and do not represent the average applicant. That being said, it’s a great resource for program reviews, keeping up to date with what’s going on and you can even use it to help coordinate travel if you like. There’s also an “ask the attending” function which are answered in a timely fashion by the likes of Dr. Levine (the program director at Columbia).

5.3.2 Responding to Offers

Ortho programs will frequently only offer 2 or 3 interview days that will fill on a first come first serve basis. Get a smart phone and/or forward your e-mails to your pager so you can respond right away. Often dates are conflicting and you will have to choose where you want to interview, which can lead to massive demand for certain dates. There was one interview date last year that filled up within 30 min of the invite being sent.

5.3.3 Stay Organized

Keep a calendar handy at all times and develop your own system. You may find yourself double- or triple-booked for a certain day. Try to let programs know as soon as possible if you have accepted a date and will not be able
to attend so that they may offer it to another applicant. It may also be a good idea to double check if you do not hear back. You are representing yourself and your school so don’t be a no show to an interview.

5.3.4 Attending Interviews

5.3.4.1 Pre-Interview dinner

Try to attend if you can. It shows interest and in some situations it might be your only chance to meet the residents. It’s understood, especially in peak interview season, that you can’t make all of these because interviews are often back-to-back. I will say I never felt as comfortable about a program when I didn’t make the social. As the season drags on these can become more and more a chore but try to go if you can.

5.3.4.2 Do you have Questions?

You will come to hate this phrase. There is no magic question to truly understand a program (at least I didn’t figure it out) and you will find that they all spin the info in their own favor (just like you do with your application). Be prepared with questions and try to have basic knowledge of the program prior to going to the interview. If you can make the generic questions your own and more interesting you’ll fair better. Remember, the interviewer is just as bored with having the same conversation over and over as you are. Typical questions include:

• “What are your strengths and weaknesses?”
• “What sort of practice or fellowships do your graduates pursue?”
• “What sorts of research opportunities are available?”
• “Are there any changes on the horizon for the program?”
• “How is the attending-resident dynamic?”

Make these questions your own and show your interest. Talk to as many residents as possible. They are the best source of information about any program.

5.3.4.3 Interview Antics

While most interviews are pretty generic, there are more random antics in ortho interviews than other specialties. Harbor UCLA may make you sing karaoke or play a board game, and rare places will make you do sawbones, identify bones without looking, or make something out of clay. These are the exception, as most are very low key, “get to know you” interviews and pretty benign. Some things you should be prepared for:
You may be asked to read a radiograph. Just try to do it calmly and systematically. If you don’t know an answer, do not make it up. They are more concerned with how you handle yourself than anything.

• “Tell me a joke.”
• “Tell me about your favorite surgery?” Know this cold and if possible potential follow up questions.
• “What was the last book you read or what’s your favorite book?”
• You will encounter a few ethical questions and healthcare questions.
• Know your research cold. You will be asked about it.

The generic questions were actually the hardest:

• “Why should we choose you over the other applicants?”
• “Describe your weaknesses?”
• “Describe a time you failed?”
• “Why do you want to be an orthopedic surgeon?”
• “What would you do if you couldn’t go into ortho?”
• “What do you like to do in you free time?”
• “Where do you see yourself in 10 years?”

Some random questions I or others received:

• “What was the last lie you told?”
• “Why did you choose to wear that tie or suit?”
• “If you could be a superhero which one would you be? Animal? Candybar?”
• “What’s the most interesting thing you’ve ever done with duct tape?”
• “What is the worst thing you have ever done? What is the worst you have ever felt?”
• “What’s the most embarrassing thing that ever happened to you?”

The interview structure will vary from program to program. The least number of interviews per day I encounter was 2 (panel interview style) and the most 11 (2 interviewers per room). Some places (e.g., UCSF and UCSD) will have themes to each room, i.e., “the ethics room,” “the clinical room,” “the research room,” or “the get-to-know you room.”

5.3.5 Post-Interview

5.3.5.1 Compiling your Thoughts

Some people make notes about each program and any specifics that seemed important. Do it immediately following the interview because you will be amazed how much they will all blend together. In the end, you’re probably going to make you decision off the general sense of the program and the big things, so try not to get too caught up in what the call schedule is for one particular month or other trivialities.
5.3.5.2 Thank You Notes

This is up to you. Some programs will tell you flat out not to send them. If you are going to send thank you notes, write them right away otherwise they will become more generic and less sincere. They can be hand written or via e-mail. Try to make them as personal as possible. With this in mind, for programs that had 10 interviewers I would only send them to the program director and/or chairman, if at all.

5.3.5.3 Post-Interview Contact

Some programs will call you, others will not. While it’s great to hear you’re ranked highly, it is in no way binding and you shouldn’t make any decisions based on it. Some programs are very sensitive about how far they go down the list whereas others could care less. When you’ve decided on your top choice program, you should send them an e-mail and/or ask Dr. Schwartz to make a phone call for you. Some people send emails to their top 3. The key to post-match communication is to be honest. You can only tell one place it’s your first choice. It is illegal for a program to force you to tell them where you are ranking them.
6.1 Preparation

6.1.1 Pre-clinical Curriculum

From my experience and others I have talked to, grades from the basic science courses tend to be of less importance than those from the clinical years. Having said that, it is important to learn the pre-clinical material well as this will help you with scoring high on Step 1, which is one of the most important determining factors in obtaining interviews from residency programs.

There is a pre-clinical dermatology elective which can be taken in your first or second year. This course is numbered MED 280. Currently, it is given in the Winter quarter of each year. Take this course in order to get to know dermatology attendings and residents early. This will give you an opportunity to get started on a research project in dermatology early.

6.1.2 Core Clinical Curriculum

Medicine seems to be the rotation that dermatology faculty pay the most attention to in determining how well an applicant will do in residency. Therefore, it is important to honor the medicine rotation. I recommend against taking this rotation first as most people tend to be less experienced clinically and therefore tend to not do as well in their first rotation. If you do not honor your 3rd year medicine rotation, don’t panic! Try to schedule your medicine sub-internship early in 4th year and do well during this rotation. This may help make up for the lack of an honors grade in third year medicine.

Because dermatology is one of the most competitive specialties, it is also important to honor most, if not all, rotations during your third year. Again, don’t panic if you don’t honor all rotations in your third year. There are ways to possibly make up for this, so read on.
6.1.3 Elective Curriculum

6.1.3.1 Dermatology Rotations

There is only one dermatology rotation that is officially offered in the 4th year curriculum at UCSD. This is MED 428. It is important to take this course early in order to get to know dermatology residents and attendings. Learn your basic dermatology terms well (i.e., macule, papule, plaque, and patch). Dermatology is very big on the correct use of “dermatology language.” Therefore, know these terms by heart.

A grand rounds presentation is recommended for those applying into dermatology. My advice is look for a topic early. Depending on the timing, you may end up doing your presentation early in your rotation. Therefore, it will be to your advantage to start early. This may be your only exposure to the dermatology faculty, including the chair. Take it seriously!

If time permits, do a rotation in pediatric dermatology as well. This rotation may not be officially given, but people have taken it in the past. Talk to the 4th year coordinator to find out how to sign up for this rotation. Pediatric dermatology at UCSD is a big division and doing the general dermatology rotation alone will not allow ample exposure to the pediatric dermatologists. Therefore, if your goal is to get to know all faculty, it is wise to do this rotation in addition to general dermatology.

6.1.3.2 Away Rotations

Away rotations are important because you want to maximize your chance of matching at a dermatology program, especially if your first choice is somewhere other than UCSD. Do an away rotation at your first choice dermatology program and try to do a project or a case report with one of the dermatology faculty members there. This will differentiate you from all the other away rotators.

It is also wise to do another away rotation at a program that is not in the top tier as the top tier programs do not interview all students who rotate with them.

6.1.4 Board Exams

6.1.4.1 Step 1

Do well on your Step 1, period. A score of 240 or above is recommended, although not every applicant with a 240 or above is guaranteed to match. Some schools may have cut-offs for Step 1 scores, but most of them tend to make exceptions for those with outstanding research or letters of recommendation.
6.1.4.2 Step 2

There are mixed opinions about Step 2. Most faculty members I have talked to have said that they put more weight on Step 2 as it is more clinical. However, most applicants with stellar Step 1 scores tend to take Step 2 as late as possible to avoid their Step 2 scores being on the application. Therefore, Step 1 ends up being the only score that can be used to compare applicants. If you did not do well in Step 1, a high Step 2 score will definitely help strengthen your application.

6.1.5 Research

Research is critical! I strongly recommend becoming involved in research early, and find a topic in dermatology. As you may have heard, a trend of taking time off to do research is becoming more popular among dermatology applicants. In fact, UCSD seniors who successfully matched in the past 2 years have all done at least 1 year of research. Taking a year (assuming it is a productive year) will set you apart from other applicants and take attention away from scores and grades. This can be a good way to make up for lower board scores or a lack of honors grades in clinical years.

Whether or not you decide to take time off to do research, aim for at least 4 publications in peer-reviewed journals before application season starts.

6.2 Application Timeline

6.2.1 1st and 2nd Years

- Meet with a dermatology attending/advisor. Dr. Richard Gallo, the division chief, and Dr. Sharon Jacob are very supportive of students and will help you formulate a plan towards a career in dermatology.
- Take the Pathophysiology of the Skin elective.
- Start a research project in the months between 1st and 2nd years.
- Attend dermatology grand rounds.
- Take Step 1 at the end of 2nd year.

6.2.2 3rd Year (Spring)

- Plan your 4th year schedule.
- Set up away rotations.
- Put together a CV.
- Start drafting a personal statement.
- Start asking for letters of recommendation.
6.2.3 4th Year (Summer and Fall)

- Complete rotations in dermatology at UCSD and other schools.
- Complete a sub-internship in medicine. Do this early if you need a honors grade in medicine.
- Finalize your personal statement and CV.
- Have letters of recommendation sent to the Office of Student Affairs.
- Complete the ERAS application online.
- Submit ERAS after September 1.
- Register for the NRMP.

6.3 Interviewing

6.3.1 Scheduling Interviews

**Responding Quickly**  It is important to schedule interviews as soon as you receive offers. Most offers are through e-mail, so having a phone with e-mail functionality comes in handy. The Dermatology Interest group ([www.derminterest.org](http://www.derminterest.org)) compiles interview dates from most schools. Check their website and have their calendar handy in order to avoid conflicting interviews.

**Timing—Early or Late?**  It is generally a good idea to not interview at your top choice school early in the season as interviewing skills come with time.

6.3.2 Preparing for Interviews

Research the schools you will be interviewing at beforehand. Know answers to standard questions cold. These include:

- “Why dermatology?”  Be sincere. Most interviewers have heard typical/generic answers and can tell right away how much passion you have about the field.
- “Why our program?”  Try to answer with some ties to the location or school.
- “Where do you see yourself 10 years from now?”  Again, be sincere here. If you do not plan to stay in academics or do research, do not say you will. It is alright to say that you are unsure and, from personal experiences, interviewers tend to believe you more when you say you are unsure.
- “Describe your research.”  Know your research cold. Some programs will ask you to explain your research in detail to find out how involved you were with the research you listed on your CV.
6.3.3 Post-Interview

6.3.3.1 Thank You Notes

Thank you notes seem to be a big deal these days. I personally only wrote to my top 3 schools. It is better to write personal letters and mention specific things you talked to your interviewers about than to write generic thank you cards and send it to everyone you interviewed with. Remember, interviewers will compare notes and your thank you letters to different interviewers may end up in the same file. So be careful when writing generic notes to all interviewers.

6.3.3.2 Contact about Ranking

Some program will contact you directly to let you know that they are interested to have you. This is in no way a binding contract. Therefore, take this with a grain of salt.

It is, however, a good idea to let a program know if you will be ranking them as your top choice. Better yet, have the dean or an important member of the dermatology faculty contact your top choice. People still debate on the degree of impact this may have on where you are placed on their list, but it definitely does not hurt to do so.

6.4 NRMP Match

6.4.1 Rank Lists and Backup Plans

Because dermatology is extremely competitive (roughly 50-55% of all applicants match), it is important to formulate a backup plan. There are several ways to do this.

6.4.1.1 Ranking Preliminary Programs

At the end of your rank list, list all the preliminary programs you interviewed at. This way, if you do not match in dermatology, you will still be matched with a preliminary program. This will allow you to apply again during internship. However, keep in mind that there will be a gap year between internship and entering dermatology residency if you do match.

6.4.1.2 Ranking Alternate Specialties

Some applicants apply to a completely different specialty as a back-up. Rank these programs on your rank list as well as dermatology programs if you decide to do so.
6.4.1.3 Taking a Year Off

Choose not to enter into any residency program if you do not match in dermatology. If this is the case, do not rank anything below the dermatology programs. If you decide to continue with dermatology, doing a research fellowship can increase your chance of matching subsequently.

6.4.2 Important Dates

- Third Monday of March: All applicants are notified of their match status (matched or unmatched).
- Third Tuesday of March (Scramble Day): Unmatched applicants apply to programs with open spots.
- Third Thursday of March (Match Day): Find out where you matched!

6.5 Additional Information

For more information, download the dermatology guidebook at http://www.dermbridge.com/dermBRIDGE/UCSD_derm_guidebook.pdf.