



NAVIGATING THE ROAD TO RESIDENCY



From mapping biochemical pathways in year one to finding your way in clerkship, you must navigate the road to residency. The information and resources provided in this document will help you along your journey during your final year of medical school.

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Applying To Residency

Navigating the Road to Residency addresses common questions related to the complicated process of acquiring a desired residency position. This can be an overwhelming and stressful period; the stakes are high, and there is simultaneously too much available information and too little focused and appropriate guidance to assist with making tough decisions. Many students waste their precious time trying to locate information with tools such as Google; whereas, in most instances, there are *specific* key sites and sources for the answers to most questions—whether a web page or a specific person, such as your Career Guidance advisor. Use your time wisely and begin here.

What are the basic steps in the process?

1. Select a specialty—narrow the field
2. Research residency programs
3. Set up and complete audition/elective rotations
4. Apply to selected residency programs using ERAS
5. Interview
6. Register for the match
7. Rank programs and submit rank order lists (ROL)
8. Participate in the match

What is ERAS?

The Electronic Residency Application Service—ERAS—is the conduit through which medical students apply to residency programs. It is a distinct entity from both the National Matching Service (NMS) and the National Resident Matching Program (NRMP), the services that facilitate the appointment of students to osteopathic or allopathic residency positions, respectively.

ERAS has five components

1. **MyERAS** is used by applicants to complete a MyERAS profile, select programs, and assign documents.
2. **DWS** is used by MSUCOM to scan and attach supporting documents that will be transmitted to the ERAS PostOffice.
3. **PDW** is software used by residency programs to receive, sort, review, evaluate, and rank applications.
4. **LoRP** is a portal used by LoR writers and administrators to upload letters directly.
5. **ERAS PostOffice** is the central system used to transmit application materials to selected residency programs.

Overview of the basic ERAS process [\(back to top\)](#)

1. Prior to July 1st, ERAS opens to students (see Appendix for [timeline](#))
2. MSUCOM Career Guidance will email each student a “token”—or AAMC ID—an alpha numeric code
3. Student must:
 - ✓ Log on and create a MyERAS account (set up a username and password) with his/her assigned token
 - ✓ Complete his/her MyERAS profile and online application
 - ✓ Order an electronic MSUCOM transcript
 - ✓ Create and assign supporting documents (i.e., personal statements and CVs)
 - ✓ Add and finalize the names of LoR authors, and generate a *Letter Request Form* for each
 - ✓ Authorize COMLEX/USMLE transcript transmissions
 - ✓ Select residency programs
4. Once your application is complete, MSUCOM Career Guidance will transmit the following supporting documents:
 - ✓ MSUCOM transcript
 - ✓ Photograph
 - ✓ Medical Student Performance Evaluation or MSPE (Dean’s Letter; Released October 1st)
5. The **Applicant Document Tracking System** or ADTS allows you to track documents you have assigned to specific programs, provides status of your requests to entities such as NBOME (COMLEX) and NBME (USMLE), and provides the status of your transcripts, photograph and MSPE. ADTS is accessible in the upper right corner of your MyERAS account.

Assigning letters of recommendation (LoR) authors

You will use your MyERAS account to add, edit or delete, and finalize the names of the individuals you have selected to write your letters of recommendation. *Only after you have added and finalized the LoR slots can a letter writer submit their letter. LoR writers must submit their letters directly using the ERAS Letter of Recommendation Portal (LoRP).*

- Each LoR writer will be assigned a unique identifier by ERAS
- Students must provide each LoR author a *Letter Request Form*, either in person or via regular mail, email, or fax.

Number of Letters

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

Can I change documents even after I have assigned them to programs?

Yes, to a certain degree, but there are risks associated with “over-tweaking” your application. Assuming that you have put a lot of initial thought and effort into writing your personal statements and selecting your letter writers, any last minute change may not be as well thought out as the choices you have already made. Additionally, programs can see your changes and may interpret your behavior as indecisive. Lastly, there are differences in what you can or cannot change depending on whether the document is a personal statement of a letter of recommendation.

- Personal statement Once you have sent a personal statement to a program, you may no longer make changes to that specific document. If you want to make a change, you must un-assign the original, create a new personal statement, and assign the new document. However, keep in mind that a program may already have downloaded and printed a hard copy of your file, and un-assigning a personal statement does not erase it from a program’s records. Do not assume they will not be able to reference your original document in the future.
- Letters of Recommendation Once a LoR is made available in the ERAS PostOffice and you have assigned it to a program you have applied to, it is “locked” and you will not be able to un-assign that specific LoR from those programs.

How do I send and update my COMLEX transcript? [\(back to top\)](#)

ERAS participants can request to have their COMLEX or USMLE scores sent directly from the National Board of Osteopathic Medical Examiners (NBOME) or the National Board of Medical Examiners (NBME), respectively. ERAS allows students the option of either (1) having their COMLEX transcripts automatically updated when Level 2 scores become available, or (2) waiting to review their scores first before submitting a request to ERAS for the NBOME to update their transcript. We strongly recommend the latter as it will afford you an opportunity to make more informed choices and potentially preempt a problem by re-taking a failed exam. Students applying via the San Francisco Match need an original copy of their NBME (or NBOME) score report.

Quick Links

- [ERAS Home](#)
- [ERAS Timeline](#)
- [ERAS Resources for USMG](#)
- [Required ERAS Documents](#)

Contact Information for ERAS Support

General Questions regarding Tokens, Transcripts, and MSPE’s as well as ERAS Support		<i>ERAS Help Desk</i>
Lynn Spragg Email: eras.guidance@hc.msu.edu Lynn.Spragg@hc.msu.edu Phone: (517) 432-5277	Kim M. Peck, MBA ERAS Representative Director, Academic & Career Guidance A130 East Fee Hall Phone: (517) 884-4037 Email: eras.guidance@hc.msu.edu or Kim.Peck@hc.msu.edu	ERAS HELP DESK: (8:00 am to 6:00 pm Mon-Fri EST) Email: myeras@aamc.org Phone: 202-862-6264 Send a message: https://www.aamc.org/services/eras/397214/erascontactform.html Follow ERAS on Twitter @ERASinfo

What is the MSPE (a.k.a. Dean’s Letter)?

The Medical Student Performance Evaluation—MSPE—generated by the Associate Dean of Student Services, provides a comprehensive *evaluation* of a medical student’s performance in multiple areas; it is not a letter of recommendation. The MSPE is an important document as it one of the top factors used by residency program directors to select applicants for an interview. Though you will not be able to review the document, you do have some input on what is included. It is your responsibility to complete two forms that are available through the [Student Portal](#)—the Authorization Form and the Student Extracurricular Activities Form. The MSPE is released to ERAS on October 1st. Requests for changes or additions to information you would like to have included in your MSPE should be sent directly to the Associate Dean of Student Services prior to October 1st.

Components of the MSPE

- COMLEX and USMLE scores
- Percentage scores (88% & up) and/or quintile in basic science & systems biology courses
- Additional course scores, at student’s request
- Professional attributes
- Information from Student Extracurricular Activities Form
- Summary of pre-matriculation information
- LoRs and commendations acquired during preclerkship
- Clerkship program clinical rotations evaluations and comments (required and elective)
- Clinical enrichments

What is an Audition (Elective, Away, Out)

Rotation?

During the 4th year, you have the opportunity to schedule a number of different elective rotations (often called Audition, Away, Out, or Visiting Student rotations). You may choose to do one or more rotations at a hospital away from your base hospital, out of the SCS, or in another state. Reasons for completing one or more so-called “audition” rotations vary and not everyone will choose to do them. Talk with your advisor, a faculty member and/or residents to see if it is necessary or beneficial for the field or programs in which you are interested.

Networking

An audition rotation is an excellent opportunity to network and showcase your skills in a desired program. You will meet and work alongside clinical faculty and residents who, if impressed, may later advocate for you, giving you an advantage during the selection process. This can be especially beneficial for competitive specialties/programs, or if you did not complete your clerkship at the institution and are therefore an unknown quantity. These elective rotations provide program faculty and residents a better opportunity to get to know you and develop an informed opinion of your clinical performance.

Exploring

Elective rotations provide opportunities to: 1) help nail down your specialty selection, 2) familiarize yourself with a program, 3) obtain educational experiences not available at your base hospital, 4) spend time with friends and family in the area, and 5) explore a different geographic locale. ([back to top](#))

Standardized “evaluation” tools are useful when it comes time to sort through your various insights, perceptions, and opinions regarding each of your rotations. Complete this [form](#), or one like it, as soon as possible after each rotation ends, while your experiences are still fresh in your memory. When trying to select programs to apply to, nothing is more frustrating than realizing you’re a little fuzzy on the details! Also available is our [Audition Rotation & Residency Tracking Sheet](#).

On a cautionary note, there is no guarantee that a rotation will **help** your application. An “audition” is only beneficial **if** you make a positive impression, and can be detrimental if you perform poorly or if you tend to be a “difficult” person to work with. Strong or “quirky” personalities take heed and know thyself! It is worth noting that in a very real way, **every day of every rotation is an audition that begins the moment you walk through the door into the hospital or clinic.**

How do I apply for an elective rotation?

Some programs require using the Visiting Student Application System—VSAS—while others do not accept VSAS applications. The MSUCOM Clerkship web page has detailed [application information](#) for both base hospital and non-base hospital rotations.

Quick links

[Base Hospital Rotation Applications](#)

[Non-base Hospital Applications](#)

Programs may require additional application materials, such as:

- ✓ Board exam scores
- ✓ Documentation of immunizations, including blood antibody titers
- ✓ Two-step PPD
- ✓ Additional essays
- ✓ Letters of recommendations
- ✓ Background checks
- ✓ BLS certification
- ✓ Insurance coverage

When should I schedule an audition / elective rotation?

Be aware that MSUCOM and your base hospital might be on a different rotation calendar than the away institution, and this may influence how you schedule your electives. Also, popular rotations fill up quickly and securing a rotation spot is increasingly

competitive. Start planning early. As soon as you select a program in which you would like to secure a rotation, contact the program’s Medical Education (Program) Coordinator for information about the program’s elective rotation application process and when they begin accepting applications. **Do not directly contact a Director of Medical Education (DME) or Program Director (PD)** until/unless you learn they are willing to communicate with students.

What is the cost of an elective rotation?

A VSAS application, if applicable, costs \$35. Some schools require an additional application fee that may be as much as \$200. Remember to factor in additional expenses, such as the cost of travel and living expenses while at the away site, including housing, food, and parking.

What if I can’t secure a spot in a desired rotation?

Contact the Medical Education (Program) Coordinator—the preferred initial contact person—for assistance. **Do not directly contact a Director of Medical Education (DME) or Program Director (PD)** until/unless you learn they are willing to communicate with students. This is your life and your career; don’t be shy about expressing your interest in the program, but always be polite and professional; there’s a fine line between persistence and pushiness.

Consider joining a rotation during your free time (evenings and weekends); do so by completing a [Clinical Enrichment Experience application form](#) to ensure that you are covered for liability. This is a great way to gain exposure even without an official rotation.

Clinical Enrichment Experiences
Explore specialties
Develop new skills
Gain exposure with a program

Do’s and Don’ts for Rotations [\(back to top\)](#)

Do	Don’t
<ul style="list-style-type: none"> ♦ Always put patients first, no matter what you might see others do. ♦ Dress professionally; this goes for attire and other aspects of personal expression, such as phone covers, iPad covers, jewelry, etc. Your appearance should put your patients at ease and promote confidence in your ability to provide quality healthcare. ♦ Network with residents in the program. Ask about their experiences and insights. Offer to help with research projects. It’s a great way for them to get to know you in a work environment. ♦ Meet and talk with as many members of the healthcare team as you can. ♦ Let program directors know you are interested in their program. ♦ Attend journal clubs and social events, once you’ve ascertained that medical students are welcome. ♦ Arrive early and with a good attitude for rounds, meetings, and conferences. ♦ Take the initiative to ask for more to do and learn, but know your place. Use your good judgment, and always ask first, especially when starting a new rotation. ♦ Treat everyone with respect and courtesy, no matter who they are or what they do: physicians, residents, interns, students, scrub techs, nurses, cafeteria workers, etc. ♦ Observe, listen to, and learn from everybody. ♦ Obtain feedback on your performance. Ask your attending or senior resident how you are doing, if you have any areas of needed improvement. ♦ Be aware of and follow all rules. 	<ul style="list-style-type: none"> ♦ Arrive late or leave early. ♦ Be a show off, put down fellow students or ask questions just to showcase how much you know. ♦ Get involved in other peoples personal squabbles, competitions, and grudge matches. ♦ Engage in gossip, talk behind anyone’s back or behave unprofessionally. This can ruin your reputation permanently. ♦ Tell anyone on the rotation that you’re not interested in the specialty, unless they ask, then be honest but tactful.

Letters of Recommendation

Letters of recommendation are submitted *by the authors* directly to ERAS using the Letter of Recommendation Portal (LoRP). Most programs request three to four letters of recommendation—some programs have very specific requirements as to who should write each letter and how many letters to include. Review each program’s website, and if the information is not available online, contact the Medical Education Coordinator.

When should I ask for letters of recommendation (LoRs)?

As soon as you begin your clerkship rotations you should begin thinking about asking for letters. Timing is important. It is best to ask for LoRs while still on a rotation, rather than at some point weeks or months afterward. This is so the author’s impression of you is fresh in their memory, making it more likely you will obtain a personalized letter. Preceptors and other potential letter writers are deluged with requests in May and June. Also, make sure to give them plenty of time to write a thoughtful letter and enable them to easily meet program deadlines without feeling too much pressure.

Because authors must submit their letters directly to ERAS using the LoRP, they must wait until *after* you have set-up your MyERAS account and obtained a *Letter Request Form*: July-August of your fourth year. This means that when you ask for a letter

during a third year rotation, the author might have to save the letter for many months, possibly up to a year. They cannot give you a copy of the completed letter. We recommend that you make a habit of explaining the ERAS policy to your potential letter writers, and remember to follow-up with these individuals when the time comes.

When are LoRs due?

AOA residency programs and July cycle fellowship programs may begin to download completed applications from the ERAS *PostOffice* as early as July. While letters do not necessarily need to be submitted at the same time as the application, most should be submitted by the time the MSPE is released (October 1). Know specific requirements of programs to which you apply.

Who should write a letter of recommendation?

It is ideal to select letter writers who are familiar with your clinical abilities, including interpersonal and patient interaction skills, medical knowledge, work ethic, and ability to work with a team. Personalized letters have more impact than generic letters, and a weak letter can be worse than no letter at all. Obviously, this means that you should go into each rotation assuming you might need a letter from the attending—this is why it is so important to make a good impression. **Avoid asking a resident to write you a LoR**, even if you feel s/he knows you best.

When possible, choose someone who knows (substance) you well instead of someone who doesn't ("name only" LOR). Choosing at least one person who is likely to be recognized by the program is also a good idea.

Asking for a letter of recommendation can feel awkward, but remember that almost everyone you ask has written letters before and understands the process. Nevertheless, be very clear about what you need and when you need it—don't assume they know. Do not hesitate to explicitly ask if they are able to write you a strongly supportive letter of recommendation—most people will answer honestly. ([back to top](#))

- Potential letter writers include:
- Attending physicians from 3rd & 4th year rotations
 - Department chairs
 - Program directors
 - Research mentors
 - Deans
 - Faculty involved in extracurricular activities
 - Faculty from away rotations

Letter writers can potentially represent any specialty, not just the specialty to which you are applying—though you should research each program for specific requirements. *Letters should make reference to your specialty choice.* If you are applying to programs in multiple specialties, consider asking for different versions of the letter.

What documents should I provide to the LoR authors?

When asking for a letter, provide your CV, personal statement, and a recent photograph of yourself to help the author with recall—unless you know the author very well, don't assume they will remember you when they compose the letter. Also, you will need to provide each author with the *Letter Request Form* generated and printed from ERAS—this contains instructions for submitting the letter to the LoRPortal and the author's unique identifier number—and the due date of the letter. When providing a deadline to a LoR author, give a date that is several weeks before the actual deadline and send friendly reminders the week before the letter is due.

- Checklist of items to provide:
- ✓ CV
 - ✓ Personal statement
 - ✓ Recent photograph
 - ✓ Letter Request Form
 - ✓ Due date

How do I obtain a Chairman's Letter if they don't know me?

Nearly all specialties want specific information about a student's ability to perform in the specialty of choice, and this information is conveyed through the departmental chair's letter. It is best to contact the administrative assistant in the department to determine if the Chair will send letters and what the process is for obtaining a letter. [Click for list of department contacts](#)

Choosing a Residency Program

There are numerous factors to consider when exploring potential residency programs, many of which are highly subjective. Do you have a geographic preference? Do you prefer an urban or suburban location? Do you prefer an academic center or a community-based hospital/clinic?

To determine if a program might be a good fit for you, explore the program's website and follow-up with questions. Talk with advisors, medical school faculty, the Associate Dean of Student Services, physician/faculty mentors, and practicing physicians. Residents can also be invaluable sources of information—they may have interviewed with the program you are considering or know someone who has, and they may be willing to share why and how they ranked various programs. The MSUCOM Office of Career Guidance has access to a network of "Resident Mentors"—graduates of MSUCOM; for more information, contact ac.guidance@hc.msu.edu in the Office of Academic and Career Guidance.

Important: When seeking advice, look for someone who has *recent* experience with the residency application process so they will give you up-to-date information and base their opinions on the current environment in graduate medical education.

Am I competitive?

It is important to assess your level of competitiveness for a desired program to ascertain if you are likely to be a viable candidate. Questions to consider are: How many slots are available? How many students are likely to apply? What is the average board score of past applicants? What is the minimum score they are likely to consider? The Careers in Medicine (CiM) website has a comprehensive specialty database that includes information about gauging competitiveness, e.g., mean COMLEX and USMLE scores. In addition, published match data can be helpful by providing a variety of quantitative data about past program applicants. If you are still unsure, your [MSUCOM career advisor](#) can help you determine how competitive you are.

Quick Links

[Careers in Medicine](#)

[AOA Match Data](#)

[NRMP Main Match Results and Data](#)

Researching programs

There are several databases that can be used to find both AOA and ACGME accredited programs:

- ♦ [Statewide Campus System](#)
- ♦ [Careers in Medicine](#)
- ♦ [AOA Opportunities](#)
- ♦ [FREIDA](#)
- ♦ [NRMP FindAResident \(FAR\)](#)
- ♦ [MSUCOM Accreditation Resources](#)

Understanding Residency [\(back to top\)](#)

What Are the Different Types of Training (Tracks) of Residency Programs?*

PGY stands for postgraduate year, so PGY-1 means the first year of postgraduate medical education; PGY-2 means the second year, and so forth. Length of residency depends on the specialty you choose and can range from three to seven years or more.

Categorical–C	Programs that begin in the PGY-1 year and provide a full training required for specialty board certification. Training lasts three to several years.
Primary–M	Categorical training in primary care, internal medicine, and primary care pediatrics that begins in the PGY-1 year and provides the full training required for specialty board certification.
Advanced–A	Training that begins in the PGY-2 year, after a year of prerequisite training, and typically lasts three to four years.
Preliminary–P	Transitional or specialty one-year programs that begin in the PGY-1 year and provide prerequisite training for advanced programs. Residents in one-year transitional programs rotate through different hospital departments every few months.
Physician–R	Training reserved for physicians who have completed an aspect of graduate medical education. Because reserved programs offer PGY-2 positions, they are not available to fourth-year medical students.

**Taken from AAMC Roadmap to Residency: Understanding the Process of Getting into Residency*

How many programs should I apply to?

This depends on a number of parameters, including your qualifications as an applicant, the competitiveness of your chosen specialty and the programs in which you are interested, how many programs invite you to interview, whether the program itself is a good fit, how the program ranks you, and any geographic or other constraints specific to your situation and career aspirations. The more competitive the programs and the more constraints you have, the more programs you should apply to—in simple terms, the more programs you apply to the more likely you will match. At the same time, do not apply to programs that you would not consider attending. For the ACGME match, it is generally good to apply to more programs than you think you will need. CiM suggests the following starting point: Apply to 30-40 programs, Interview at 12-15, and Rank at least 10-12.¹ Sign in → Click on the Prepare for Residency Tab → click on Applying → Scroll down to “how many...”

¹CiM “How many programs to apply to” Friday, 9/21/12, <https://www.aamc.org/cim/residency/application/applying/338490/howmanyprograms.html#>.

Can I apply for programs in more than one specialty?

Yes, you can. Not everyone is able to narrow down their interest to a single specialty by the time they apply. Furthermore, it is a very reasonable strategy to have back-up plans. If you do apply to more than one specialty, plan to customize your personal statement and letters of recommendation to each.

Is it OK to apply to more than one residency program within the same hospital?

It depends. Proceed with caution. Each program director will view this differently. For example, PDs for FM and IM are generally used to being an applicant's plan B. Know the institution. If you can, talk to a trusted person within the hospital who knows the environment and can offer informed advice. Medical Education Coordinators are generally very good sources of information regarding how to navigate their specific programs.

Interviewing for a Residency Position

Interview season extends roughly from mid-August through mid-January of the fourth year, with the bulk of interviews occurring in October and November. Some programs will wait until they have received all application materials, including all letters of recommendation and the Medical Student Performance Evaluation (MSPE, a.k.a. Dean's Letter, released on October 1st). For early matches, try to complete interviews by no later than the end of December. Interviews for the Osteopathic and Main Residency Match can occur in January, if need be. Most Program Directors prefer to have their interviewing done by the end of January to prepare for Rank Order List/Match deadlines.

Helpful topics covered by Careers in Medicine (Navigation: CiM→Land Your Residency→Interviewing)

<https://www.aamc.org/cim/residency/application/interviewing/> [\(back to top\)](#)

- Overview: Interviewing for residency
- Scheduling your interview trail
- Prepping for your interviews
- On the interview trail
- Tips for communication with residency programs
- Polishing your digital image
- Be an interview all-star
- Interviewing for residency: Practice makes perfect
- Kick off your interview right
- Frequently asked interview questions
- The real questions behind three challenging interview questions and how to answer them
- Interviewing residency programs
- How to remain calm in interviews
- Preventing interview burnout
- What (not) to wear

What factors are weighted most by program directors when deciding whom they will invite to interview?

It is useful to remind yourself that each program director (PD) is a unique individual, with his/her own priorities, preferences, and biases; consequently, there is no universal set of criteria used by all programs and PDs to make decisions about whom they will invite to interview. That said, the following six factors² are reported by PDs as important, though each program may weigh them differently: COMLEX Level 1 / USMLE Step 1 scores, LoRs in desired specialty, MSPE, COMLEX Level 2CE / USMLE Step 2 scores, personal statement, and grades in required clerkships and desired specialty clerkships. In addition, a growing trend is for programs to request COMAT scores, so take these specialty exams seriously. Lastly, a factor that may not be discussed openly is word-of-mouth between colleagues. People talk, which is another reason why it is important to always behave professionally and put forth an honest effort to do your best.

What factors are weighted most by program directors when deciding how they will rank an applicant?

The factors that get you an interview are generally not the same as those that influence how you will be ranked. It should come as no surprise that while past performance may get you an interview, it is your performance *during* the interview that will most influence your ranking. Key factors² include: being flagged for an NRMP violation, interpersonal skills exhibited during the interview, interactions with faculty and house staff during the interview, feedback from residents, evidence of professionalism and ethics, and perceived commitment to the specialty. On this last point, the reality of GME is that medical students are expected to have a Plan B, and even a Plan C. Most program directors understand that one can be both committed to a specialty and at the same time realistic about one's chances. The important thing is to be smart and tactful about sharing the information ("read the room/situation/environment")—it's probably not in your best interest to bluntly tell a PD, "Your program is my back-up plan." That being said, if you are asked about having a back-up plan don't lie or be evasive about it. Having a back-up plan demonstrates flexibility and maturity.

What should I expect during my interview?

Anticipate that the interview could take a half a day or more. Though there isn't a universal process, expect to (1) tour the

facility, (2) interview with the program director, two or more faculty members, and one or more residents, (3) possibly attend rounds, and (4) go to lunch with faculty and/or residents. There may also be a dinner reception the day of or the night before. You'll usually receive a schedule, which will enable you to make other arrangements if the schedule doesn't include something that you'd like to see or do (i.e., go on rounds or attend morning meetings/report). The interview experience can be intense and you have to be "on" for long periods of time. Avoid scheduling interviews such that you will be too exhausted to make a good impression or learn as much as you would like about a program.

Everything you say and do is potentially part of your interview; focus your energy on being enthusiastic and respectful. Be friendly, respectful, and polite to everyone—other applicants, current residents, program support staff, and even local restaurant wait staff. Assume you are being observed and that people will talk. Many programs hold a dinner for applicants on the day before (or day of) the interview. This can be one of the most useful parts of the interview as it provides a relatively informal opportunity to learn more about the program. Make sure to actually talk to the residents and not just the other applicants. Residents are often asked to give feedback about students who attend the dinner, so remain professional throughout this part of the interview as well. *Do not drink alcohol* even if others do.

DON'T

- ✓ falsify your background
- ✓ chew or bite your nails, fidget, or use inappropriate humor
- ✓ drink alcohol
- ✓ say you'd prefer a different program
- ✓ show up late
- ✓ use your phone or check your TMs or emails during the day
- ✓ speak negatively about other programs, applicants, or schools
- ✓ be arrogant / cocky / condescending

DO clean up your social network world.

How should I prepare for my interview? [\(back to top\)](#)

The key to a successful interview is preparation, including **researching the program and practicing your interview skills**. Although it is common to feel anxious or nervous, try your best to be genuine and behave as you normally would. Programs are looking for applicants who will be a good match (as are you!), and you do not want to project a façade. Read informational materials about the program and the facility, explore the web site, and talk to contacts and fellow students who may have a connection to the program or the supporting institution. Preparatory research will allow you to be conversant about the program's needs, and how you would address those needs. It will also help you determine if the program is a good fit for you. Know who is interviewing you, become familiar with the major characteristics of the residency program, including its primary mission and direction, and be prepared to discuss how you fit into the system. Avoid asking rudimentary questions that could have easily been answered by reading information in brochures and on the web site—it suggests you didn't care enough to become familiar with even the basic aspects of their program.

Research the program:

- ✓ Read informational materials
- ✓ Explore the website
- ✓ Talk to contacts

Practice your interview skills—poise, body language, pausing before responding to a question, anticipating questions—like most things, interviewing improves with practice. In addition, practice can reduce your anxiety and boost your confidence. Faculty members are often willing to help. Practice interviewing using some of the more frequently asked questions (see [appendix](#)). Have someone (roommate, classmate, friend, spouse) role-play with you and provide constructive feedback on the content of your answers, your poise, and your apparent confidence level. Take this feedback seriously and make adjustments.

Your interviewer will have questions prepared for you. Likewise, come prepared with points *you* would like to communicate about yourself. Again, researching the program beforehand enables you to determine and communicate how your interests relate to the program and its mission. Students who have been through the process suggest that it's helpful to be able to describe your "ideal program" and to use that to highlight key aspects of the program during the interview. Additionally, identify specific qualities in yourself that you want to present and prepare stories to highlight them. Anecdotes from medical school, especially those related to patient care, are particularly relevant and important. Stay current in the trends and hot topics of your chosen specialty by perusing journals and specialty association web sites or newsletters. Interviewers may ask questions about your opinion on major issues faced by the specialty, and it helps to have insight into your future profession. Finally, prepare questions that you would like to ask. Sample questions are available in the [appendix](#).

Know *your* background. Read your residency application, CV, personal statement, and all correspondence. Anything you put in those documents is fair game, so be prepared to talk about it. Be able to discuss why you want this particular residency at this location and why you chose your specialty. Be conversant on major duties and responsibilities during your most recent rotations, your academic work, and any other relevant experiences. Review any research you participated in, and think about the work, clerkship, and educational experiences that may be relevant to the program. Career direction is another frequent area of inquiry in an interview; make sure you've thought about your career goals and where you see yourself in five or ten years. Think about and possibly even list your strengths, values, accomplishments, and abilities. This list will provide the answers for a majority of the questions you may be asked. It may be helpful to plan in advance the five key things you want a program to know about you. What makes you a good candidate? What makes you unique?

Be sure you know what's in your own application!

Expect that the interview will include moments that don't go as planned and that you'll be posed difficult questions. Try to anticipate areas of concern and devise a plan to address them. For example, be prepared to openly discuss a disappointing semester, grade, or COMLEX failure. Your answers to questions about negative experiences should be honest and non-defensive. Lastly, learn from each interview—critique yourself and move forward from any mistakes you may have made.

- Brainstorm potentially difficult questions, prepare responses in advance, and rehearse.
- Concentrate on areas that worry you most, and solicit help in preparing responses.
- Think before responding; there's nothing wrong with a brief pause before you respond.
- Don't give more information than necessary; let them follow-up if they want more.
- If you don't understand a question, ask the interviewer to restate it.
- Never fabricate or overstate information.
- Slow down—people tend to speak quickly when nervous.

What should I wear to my interview?

Don't take a risk with your appearance. You've only one chance to make a first impression, and that impression can be solidified as early as when you first enter the waiting area and meet the residency secretary (by far one of the most important individuals you will meet that day) or in the seconds it takes to greet your interviewer. People are impressionable and easily biased, and it serves you best if your physical appearance creates a positive or neutral impression as opposed to one that calls anything into question. Dress should always be conservative, tasteful, and neat. In this instance, boring and bland is definitely better. You want to present yourself as a successful physician, not an inexperienced medical student. Both men and women should wear a suit, preferably in a dark, classic color such as navy or gray, and a conservative long-sleeved shirt or blouse (white or light colored). Shine those shoes, trim those fingernails, cover the cleavage, tame that hair, and skip the heavy cologne and body piercings. Use common sense, good grooming, and moderation in all things. Interviewers should be impressed by your credentials, and not distracted by your appearance. You may also want a briefcase or portfolio to carry copies of your CV, personal statement, transcripts, correspondence, notes, note pad, pen/pencil, and any other relevant papers.

What should I do after each interview? [\(back to top\)](#)

As soon as you are able, take notes that will provide a sound basis for comparison when the time comes to prepare your [rank order list](#). Document your impressions of the program, such as what you thought about your experiences, the residents, the program leadership, the city, and any other qualities that are important to you. After you have gone on a few interviews, everything and everyone will start looking and sounding alike. You may not remember much detail later, though at the time you're sure you will—it's best to capture a "snapshot" as soon as possible. For this purpose, CiM provides a program evaluation form called the [Residency Program Evaluation Guide](#) (Navigation: CiM→Land Your Residency→Residency Programs→Residency Preference Exercise→Tools).

Send a personalized "thank you" note to the interviewers, program directors, and program coordinators. Handwritten notes are always nice but email is usually fine as well. Emphasize points about the program you found particularly appealing, and restate how your background and/or personal qualities make you a good match. Inform them of your continued interest and enthusiasm for the program.

Maintain contact with the programs in which you are interested. Email any questions you have, but make sure your question isn't already answered on their web site. Maintaining this communication is helpful to you and also lets the program know you are still interested. However, be sure to remain polite and professional in every communication with the program, just as you were on the interview day. Do not come across as pushy or impatient.

What should I do if a PD asks me how I ranked their program?

Prior to the Rank Order List deadline, you and the program(s) to which you have applied may express mutual interest. While voluntary communication of anticipated rankings is permitted, statements implying or requesting a commitment are prohibited. You must not request information regarding how any program intends to rank you or any other applicant. Similarly a program must not request you divulge information regarding how you intend to rank any program.

It is a violation of the Match Participation Agreement for programs to request that applicants reveal their ranking preference and for programs or applicants to participate in any form of coercion related to selection decisions. However, programs commonly contact students to express their interest. Additionally, many students choose to notify programs that they are "at the top of the list" or "competitively ranked" rather than share specifics. Some students do tell their top ranked program of their number one position. Importantly, if you opt to share, be honest! Information spreads between program directors and lying is taken seriously. In order to remain composed, prepare a response in advance so that you are ready if any program contacts you.

What if I haven't heard from a program I'm very interested in?

Though it may not change the outcome, you can contact a program if they haven't offered you an interview. This can also be a way to update your application. Call/email the program coordinator or send a *very brief but polite* email to the program director. Keep in mind that there are many reasons a program may not have offered you an interview—they may not yet be offering interviews, you may not be a competitive applicant, or you may have applied too late.

How should I budget for the cost of interviewing?

The cost of applying to residency can be steep, and is often not part of the budget or loan package students receive for the final year of medical school. GradPLUS and private loans are available for residency application, and there are multiple cost-saving options for thrifty students. When traveling, use public transportation whenever possible, carpool with classmates/other applicants, and stay with friends/family in the area. Additionally, many schools have programs through which alumni host interviewing students. If staying in a hotel is unavoidable, do your own research rather than assuming the "special rate" offered by a program is actually the best deal. Stay in touch with other applicants that you meet and share a room with them for subsequent interviews. It can also be helpful to schedule your interviews early, when there are still many dates available, so that you have the flexibility to group your interviews geographically. Some students find it advantageous to sign up for frequent flyer miles and for "preferred" or "elite" status with a rental car company or an airline.

Should I take advantage of a "Second Look" if it is offered? [\(back to top\)](#)

After you have interviewed for a residency position, you may get offered a chance to come back for a "second look." This is generally a positive sign, and apart from the expense and possible scheduling challenges, there are many [good reasons](#) to take advantage of the opportunity. Though not in any sense a guarantee, it suggests that they initially liked what they saw, and it is as much an opportunity for them to sell their program to you as it is for you to convince them you're the one they want.

Cited source:

²National Resident Matching Program, Data Release and Research Committee: Results of the [2016 NRMP Program Director Survey](#). National Resident Matching Program, Washington, DC. 2016.

Ranking Programs

Once the interview process is complete, the next step involves creating a rank order list (ROL) in which you place desired programs in numerical order of preference. ROLs, submitted by both applicants and program directors, essentially determine the outcome of the Match; therefore, creating your ROL is very important and should be given a great deal of consideration. When ranking, your top priority should be fit—think "Fit First"—is the program right for you?

ROLs are due roughly three weeks prior to the AOA and NRMP Match Days, respectively.

Helpful topics covered by Careers in Medicine (Navigation: CiM→Land Your Residency→The Match→Rank Order List):

<https://www.aamc.org/cim/residency/thematch/rankorderlist/>

- Overview: Rank order lists for the match
- Ranking programs in the match
- Rank and ROL: Creating your rank order list for the match
- Love letters from residency programs: commitment or come-on?

How many programs should I rank?

Rank all and *only* the programs in which you are *genuinely* interested. Do *not* rank programs solely based on your likelihood of matching, and do not, under any circumstances, rank a program you would not consider attending. Matching is a legally binding contractual obligation. The goal of the match process is to match each applicant with his/her top ranked program; therefore, your #1 rank should be your most preferred program (top choice). Be realistic and thorough when preparing your ROL; evaluate all relevant factors (competitiveness of program, location, program size, etc.). Students and institutions may list as many or as few choices as they wish on their ROL; however, listing too few can decrease the probability of matching. Simply put, ranking more programs increases your likelihood of matching. CiM suggests 10-12 programs as a reasonable starting point that can be tailored up or down, depending on individual circumstances, e.g., competitiveness.

Quick Links

National Matching Services: [Prepare Your Rankings of Programs](#)

NRMP: [About Rank Order Lists](#)

The Match

As noted previously, applying to programs (via ERAS) and registering for the match are two separate steps in the overall process of securing a desired residency. To further complicate matters, for the time being, there are two separate main matches—one for osteopathic residencies and one for allopathic residencies—administered by two different agencies: the National Matching Service for AOA accredited programs and the National Resident Matching Program (NRMP) for ACGME accredited programs. In addition, some students will choose to participate in an early match program: Military Match, San Francisco Match, or Urology Match, and Canadian students may participate in the Canadian Match. When the time comes, MSUCOM students will receive notification from the College that it is time to register, typically in November of the 4th year. **You must register individually for each Match based on its published timeline.**

Basic Terminology

OGME = osteopathic graduate medical education; often followed by the year, e.g., OGME-1

PGY = post-graduate year; often followed by the year, e.g., PGY-1

AOA Postdoctoral Program Classifications [\(back to top\)](#)

Option 1: Residency status begins with the first year; OGME-1R

- Anesthesiology, Emergency Medicine, Family Practice, FP/ER, FP/NMM, General Surgery, Internal Medicine, IM/ER, IM/Pediatrics, Neurological Surgery, OB/GYN, Orthopedic Surgery, Urology, ENT, Pediatrics, Neurology, and Psychiatry

Option 2: Residency requires a preliminary internship; OGME-1P

- Apply for OGME-1 and OGME-2 at same time
- Diagnostic Radiology, NMM/OMT, Ophthalmology, Pathology, Radiation Oncology, and PM&R

Option 3: Traditional Rotating Internship; OGME-1T

- Option if residency requires: Dermatology, Public Health and Preventive Medicine, and Proctologic Surgery
- Option if haven't decided on a specialty, or if didn't match in preferred program
- Must re-apply to residency
- **Carefully consider pros/cons before pursuing**

ACGME Postdoctoral Program Classifications

Categorical Programs

- Offer all years of postdoctoral training

Advanced Programs

- Students match at the PGY-2 level
- Applicants must seek a separate transitional or preliminary year for the PGY-1

Transitional/Preliminary Programs

- Equivalent to the AOA traditional internship
- Fulfills requirement of a general year of medicine prior to entry into a residency

ACGME programs with both categorical and advanced programs

- Anesthesiology, Dermatology, PM&R, Neurology, Diagnostic Radiology, and Radiation Oncology

Should I participate in the AOA Match only, ACGME only, or both?

When might you decide to participate in the AOA Match (NMS) only?

- If you desire an Osteopathic friendly environment
- If you want to remain in a location (e.g., Michigan) that supports AOA postdoctoral programs in your specialty
- If you are interested in OMM/FM or NMM/OMM
- If you seek highly competitive residencies or residencies in a Surgical Specialty, Ophthalmology, ENT, or Dermatology (and you have good access during clerkship)

When might you decide to participate in the Main Residency Match (NRMP) only or both match programs?

- When you desire a specialty with a limited numbers of osteopathic programs, e.g., Neurology, Anesthesiology, PM&R, Psychiatry, etc.
- If you are seeking a residency with few (if any) AOA-comparable programs, e.g., Med/Peds, Pathology, Occupational Medicine, etc.

- If you are interested in a location where there are no AOA-approved programs in your desired specialty
- If you are pursuing an ACGME residency in a non-surgical specialty
- If you are a Canadian Citizen

Quick Links

NMS—[AOA Intern/Resident Registration Program](#)
 NRMP—[National Resident Matching Program—The Match](#)
[MSUCOM Accreditation Resources](#)

Early Match Programs

[Military Match](#)
[San Francisco Match](#)
[Urology Match](#)—application is online and due in early January

Additional Resources on Residency Matching

[DO Schedule of Dates](#)
[Main Match Events](#)
[MSUCOM Timeline for Keeping on Track](#)
[AACOM—Matching Self to Program: The Match Process](#)
[Statewide Campus System](#)
[2016 AOA Match Results](#)
[MSUCOM List of Match Results 2015-2017](#)
[NRMP Match Data – 2017](#)

Participating in the Match as a Couple *(back to top)*

The decision to participate in the match as a couple should not be taken lightly or done on a romantic whim; it does complicate matters. The first obvious question to be answered is, how serious is the relationship—is there a high likelihood of it lasting? Do both parties feel the same way (this is not the time to be quietly polite)? It’s also worth discussing what happens after residency—whose career takes precedence? The good news is that if the decision is made to proceed with the couples match, there are several pathways to matching, e.g., same institution, different nearby institutions, or same geographic region. **If applying as a couple, you must both register individually.**

Quick Links

NMS—[AOA Couples Match](#)
 NRMP—[Couples in the Match](#)
 Couples in the Match (10 minutes)—[E-Learning Online Tutorial](#)

What happens if I don’t Match?

Across the county on Match Day, medical students anxiously wait to learn their fate: where they will spend the next three to seven years? As most students celebrate this important milestone, others face disappointment and must recommit to the search. This can be a scary, frustrating, and lonely time.

There are two separate post-match opportunities or “scrambles”—one immediately after the AOA Match and one after the Main Residency Match. The AOA post-match is a relatively informal process; information about available programs is accessed via the AOA ([Welcome to AOA Post Match!](#)) Some AOA programs may choose to wait until after the Main Match to participate in the Post-Match process, i.e., they will not be available in the scramble after the AOA Match. [MSUCOM Scramble Toolkit](#).

In contrast to the AOA post-match process, the post-NRMP match is very structured and formalized—with strict rules—known as the [SOAP](#), which stands for Supplemental Offer & Acceptance Program. [Post-Match Residency Opportunities](#).

If you did not match and are unsure as to how to proceed, please seek help. In addition to your Career Guidance Advisor the following specialists from the Statewide Campus System and Clerkship Program are available to help guide you through the next steps.

Jon Rohrer, DMin, PhD	Associate Dean of SCS	Jon.Rohrer@hc.msu.edu
Tonya VanOrder, MBA	Associate Director of SCS	Tonya.VanOrder@hc.msu.edu

Appendix

Useful Links [\(back to top\)](#)

Accreditation Resources	http://com.msu.edu/Students/Career_Guidance/Accreditation%20Resources.htm
AAMC Careers in Medicine (CiM)	https://www.aamc.org/cim/
Advice from Residents on What to Ask During the Residency Interview	https://www.aamc.org/download/77936/data/residencyquestions.pdf
AAMC Resources for Residents	https://www.aamc.org/students/residents/
AWAY ELECTIVES	
On-line Extramural Electives Compendium	http://services.aamc.org/eec/students/
Visiting Student Application Service (VSAS)	https://www.aamc.org/students/medstudents/vsas/
Rotating Room	http://rotatingroom.com/
Audition Rotation & Residency Tracking Sheet	http://com.msu.edu/Students/Career_Guidance/Year%203.htm
SPECIALTY INFORMATION	
AAMC	www.aamc.org
FREIDA Online	http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page
AOA Specialty Clearinghouse	http://www.osteopathic.org/inside-aoa/Education/students/student-specialty-clearinghouse/Pages/default.aspx
NMS AOA Participating Programs	https://natmatch.com/aoairp/instdirp/aboutproglst.html
THE MATCH	
MSUCOM Osteopathic & Allopathic Matches	http://com.msu.edu/Students/Career_Guidance/Match%20Data/Osteopathic-Allopathic-Match.htm
National Match Service (NMS) / AOA Match Program	http://www.osteopathic.org/inside-aoa/Education/students/match-program/Pages/default.aspx
National Resident Matching Program / Main Residency Match	http://www.nrmp.org/
NRMP Couples Match	http://www.nrmp.org/match-process/couples-in-the-match/
NMS Couples Match	https://natmatch.com/aoairp/applcouple.html
SF Match	https://www.sfmatch.org/
Military Match	http://medicineandthemilitary.com/officer-and-medical-training/residency-and-match-day
Urology Match	http://www.auanet.org/education/urology-and-specialty-matches.cfm
MSUCOM Scramble Toolkit	http://com.msu.edu/Students/Career_Guidance/scramble_toolkit_SS16.pdf
SOAP	http://www.nrmp.org/residency/soap/
NRMP Data and Reports	http://www.nrmp.org/wp-content/uploads/2017/04/Main-Match-Results-and-Data-2017.pdf
NRMP Specialty Matching Service	http://www.nrmp.org/participating-fellowships/specialties-matching-service/
ERAS	
ERAS for Applicants	https://www.aamc.org/students/medstudents/eras/
ERAS Fees and Billing	https://www.aamc.org/services/first/first_factsheets/94396/cost_of_applying_for_medical_residency.html
Specialty List	https://services.aamc.org/eras/erasstats/par/index.cfm
MSUCOM Overview of ERAS	http://www.com.msu.edu/Students/Resources/ERAS.htm

General Timeline [\(back to top\)](#)

July of 3 rd Year	Begin asking for Letters of Recommendation
January-July	Work on CV and Personal Statement
June-August	Apply for elective / audition rotations
Prior to July 1	ERAS Opens
July 1	AOA programs available through ERAS
July 15	Students may begin applying to AOA programs
Late August	ACGME programs available through ERAS
September 15	Students may begin applying to ACGME programs
August-January	Complete Audition Rotations
October-January	Residency Interviews
October 1	MSPE released to ERAS
November	Register for AOA Match
November	Instructions available for submitting rank order lists
January	ROLIC System opens to submit rank order lists
January	AOA Rank Order List Deadline
February	AOA Match Day
February	ACGME Rank Order List Deadline
March	NRMP Residency Match Day

Potential interview questions

We have many good applicants. Why should we choose you?
Why did you choose to apply to this program?
What would you like to know about our program?
What do you feel you could add to our program?
What have you learned about yourself in previous jobs?
How do I know you can show initiative and are willing to work?
What are your interests outside of medicine?
What would you say are your major strengths? Weaknesses?
Why did you choose this specialty?
Tell me about your medical education.
Tell me about your previous clinical experience in (specialty name).
Why are you so sure (specialty) is right for you?
Tell me about your experience with the COMLEX exam(s)? (if candidate has so-so score(s) or failed attempts)
Have you ever worked in an ICU (or other unit common to the specialty)?
How do you get along with nurses?
Have you ever taught medical students?
Do you have any publications?
Are you interested in research activity? Please elaborate.
Have you ever made any presentations before a professional group?
Have you assisted in surgery? What procedures? Tell me how you were involved.
What are your long-term goals?
Tell me about yourself.
Where do you see yourself in 10 years' time?
What are you looking for in a training program?
Do you have any questions about our program?
What books have you read lately? Tell me about (book, article).
Do you plan to practice in (program's area or state)?
Tell me about the latest treatment for XXX (a common disease treated by the specialty). (This is often called "pumping an applicant" and is not as common as it once was.)
How would you describe your decision-making style?
Describe the most difficult decision you have ever had to make. How did you go about it?
Describe the worst or most disappointing clinical experience you've had so far.
What will you do if you don't match in (specialty)?
To what other (programs or specialty areas) have you applied?
What is your visa status?
Describe a difficult time in your life and how you dealt with it.
Do you have any beliefs or convictions that might interfere with your willingness to deal with the kind of clinical situations you are likely to be presented with in residency training? (Usually asked if program director fears religious beliefs may prevent applicant from performing abortions, birth control, etc.)
What do you do to cope with stress?
Have you held any leadership roles? Elaborate.
What factors would lead you to rank a program very highly? What factors would lower your ranking of a program?
What kind of personality traits do you find most difficult to deal with in coworkers?
What challenges do you foresee that will potentially affect this specialty in the next ten years?
What tactics would you use to establish rapport with a patient you have a difficult time relating to?

Questions to ask clinical faculty [\(back to top\)](#)

What types of non-clinical responsibilities/opportunities are there? (Research, projects, writing, administrative)
What are the current research projects? How is funding obtained? Who gets first authorship?
Is there time to conduct research? If you present at a national conference, will the department provide support?
Is there training in administrative and legal aspects of medicine? Hands-on experience dealing with insurance, billing, contracts, hiring?
What are the population demographics? (Indigent, insured, etc.)
Who does specific procedures? How is that delegated?
Is there conference time? Is this time protected?
What is the amount of exposure and experience in other specialties?
What is the underlying philosophy of the program? What is the mission statement for the program?
Are there any required/provided certifications? (ACLS, ATLS, PALS/APLS)
Are there any skills labs?
How are procedures recorded and credentialed?

Questions to ask the Program Director

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

Questions to ask residents [\(back to top\)](#)

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