



MSUCOM CLERKSHIP STUDENT GUIDE TO RESIDENCY PLANNING



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4 - Year Career Planning Curriculum

4-Year Career Planning Curriculum

When	Meeting	Topics
Pre-Clerkship		
Year 1 & Year 2	Career Planning 101: Individual Career Planning Meeting One-on-one Advising	Review CV (extracurricular activities, research, leadership, student organizations, etc.), specialty(ies) of interest, MSPE, competitiveness, match data, ERAS introduction, and residency research tools.
Clerkship		
Year 3	Summer (July) Career Planning 201: Clerkship Overview In-person Group Presentation	Overview of initial ERAS access, scheduling COMLEX Level 2CE/PE, obtaining letters of recommendation, match timeline, resources & advisor availability, preparing for COMAT exams Military Students will have their own orientation prior to clerkship starting and post-training. This will focus on the above topics as well as the specific military timeline.
	Fall (Oct-Nov) Career Planning 301: Shaping your career In-person group presentation	Overview of audition rotation strategies, competitiveness tools, Careers in Medicine, application strategies, parallel plans, professionalism, personal statement resources, clinical enrichment experiences, researching residency programs, ERAS, noteworthy characteristics, using auditions/interviews to inform your specialty choice, preparing for COMLEX Level 2CE
	On-going December - May Career Planning 401: Clerkship Career Planning Meeting One-on-one Advising (In-person, Zoom or Phone)	Develop an individual residency application strategy with an advisor by performing a holistic overview of competitiveness as an applicant
	Spring (May - June) Career Planning 501: ERAS In-person group presentation	Detailed description of utilizing ERAS, application strategy, interviewing, utilizing Big Interview, and Interview tracking
Year 4	Winter (December/January) Career Planning 601: Post-Interview Wrap-up Communications	Overview of ranking, SOAP, and preparing for residency
	Residency Contracts (mid-late February)	Want to know how to decipher your residency contract? Before you sign, join our webinar to find out the ins and outs of what contracts should and shouldn't include.

Timeline for Career Planning & Advising

Timeline for Career Planning & Advising

YEAR	STEPS	TIMELINE FOR SUCCESS
Year 1	Understanding Yourself	<ul style="list-style-type: none"> ➤ Prioritize coursework. Reach out to faculty and tutors if struggling with content. ➤ Attend Just in Time semester orientations. ➤ Seek out an advisor and/or mentor. ➤ Join MSUCOM specialty interest groups. ➤ Learn about base hospitals through the base hospital expo events. Reach out to base hospital liaisons and go on Base Hospital Tours the clerkship office will release tour information as it becomes available. <ul style="list-style-type: none"> ○ If appropriate, request special consideration for base hospital assignment. ➤ Participate in observerships to learn more about specialties of interest. ➤ Begin building your CV using the MSUCOM CV Template in Word format ➤ Set up Careers in Medicine (CiM) account. CiM Provides scientifically based self-assessment tools, many customized for the medical profession: MSPI-R (interests); PVIPS (values); PSI (skills); SIS (where to start) ➤ Complete your required Pre-Clerkship Career Planning Meeting (Starting in Semester 3)
Year 2	Exploring Options	<ul style="list-style-type: none"> • Continue focus on coursework. Reach out to faculty if struggling with content. • Integrate board prep materials with coursework. Find recommended resources for board prep in our COMLEX/USMLE Guide. • Explore specialties of interest through the Careers in Medicine (CiM), or by taking course electives, participating in observerships, attending specialty interest group events, and participating in group activities designed to help with specialty and career choices. • Participate in extracurricular activities and research ensuring that they do not interfere with coursework. • Complete your required Pre-Clerkship Career Planning Meeting (Starting in Semester 3): Compare Careers in Medicine (CiM) self-assessment results to information gathered about specialties and discuss questions or concerns with an advisor. Bring your CV at this time for review. • Wondering what to consider when selecting your base hospital? Schedule an appointment with your career advisor or watch the Base Hospital Selection video and talk to base hospital liaisons. • Attend required meetings about clerkship and base hospital selection. • Continue to update your CV to include relevant information from Year 2. • Take COMLEX Level 1 (prior to Clerkship). Consider if you should take USMLE Step 1 or not.
Year 3	Choosing a Specialty	<ul style="list-style-type: none"> • Begin clinical rotations and request letters of recommendation • Review our Career Planning Curriculum to see when you will be meeting with your advising team • Research desirable qualifications and competitiveness for specialties (use CiM competitiveness tab under each specialty and NRMP Program Directors Survey). • Update CV to include relevant information from Year 3. Provide CV to authors of letters of recommendation • Complete the Specialty Indecision Scale Assessment in Careers in Medicine if you are having a difficult time narrowing down your specialty choices. If you are unsure of your competitiveness, schedule an appointment with a career advisor. • Determine the best timeframe in which to take COMLEX Level 2 CE & PE (and USMLE Step 2 CK & CS, if you elect) and select your test dates. Dates fill quickly. For help selecting a test date, view the Scheduling COMLEX Level 2CE and PE video. • Participate in Clinical Enrichment Experiences outside of rotations. These experiences can be used to get more exposure to a specialty in a variety of practice settings, give you the chance to check out a program and/or get “face-time” at a program. • Draft Personal Statement for review by a Career Advisor, mentor, friend, or faculty. Start early! • Research residency positions and programs: <ul style="list-style-type: none"> ○ FREIDA ○ Careers in Medicine ○ Individual Program Websites • Having difficulty narrowing your options or unsure of your competitiveness? Meet with your Career Advisor and review the match data and competitiveness information we’ve shared. • Submit a PDF copy of your ERAS application to the Office of Academic and Career Advising for review. • Attend required one-on-one Career Planning 401 meeting and Regional Clerkship Meetings • Submit 3 noteworthy characteristics for your Medical School Performance Evaluation

YEAR	STEPS	TIMELINE FOR SUCCESS
Year 3 (continued)	Getting into Residency	<ul style="list-style-type: none"> • Schedule “audition” rotations at your top-choice programs for July/August-January of 4th year. • Ask your attending about his or her expectations of you and regularly ask for feedback (don’t wait for them to offer). Let program director know of your interest in the program. Send a thank you after the rotation. Don’t be shy and reserved. Be memorable, in a good way. Find a trusted senior resident or physician to mentor you. • NRMP Prism App - allows Main Residency Match applicants to track and organize training programs during the residency interview process and develop ratings that can be used to generate rank order list for submission in The Match • Take COMLEX level 2 CE & PE so your scores are released by September 15th. Most programs require that you take and pass before they’ll rank you. If you didn’t do well on COMLEX Level I, a good score on COMLEX Level 2CE is even more important. • Be aware of applicable early match deadlines: AUA Match, SF Match and Military Match • Register with ERAS. Begin uploading documents (personal statements, etc.) and applying to residency programs. <p style="text-align: center;">***KNOW YOUR DEADLINES***</p>
Year 4	Matching	<ul style="list-style-type: none"> • REGISTER FOR THE NRMP MATCH – September 15th • Interview with residency programs (September – January of 4th year). Send follow-up correspondence to appropriate individuals. • MSPE released October 1st • Rank programs using the official Rank Order List (ROL) <p style="text-align: center;">POST-MATCH INFORMATION</p> <ul style="list-style-type: none"> • NRMP SOAP (Supplemental Offer & Acceptance Program) • MSUCOM SOAP Guide

Career Planning Toolkit

Career Planning Toolkit

Resource	Description
Specialty Resources	Here you will find a guide for applying to the different specialties. These guides can be extremely helpful when you are asking yourself what you will need to apply to your desired specialty
Medical Student Performance Evaluation (MSPE)	The MSPE is an overall performance of your time in medical school. Things you will see on your MSPE: Pre-clerkship & Clerkship performance, professionalism comments (if applicable), adverse actions (if applicable), personal identifiable information, and more.
MSPE Noteworthy Characteristics	The noteworthy characteristics component of your MSPE is an opportunity to showcase leadership experiences, initiatives you're passionate about, publications, research, personal circumstances/situations, and/or hobbies. Additionally, it is also an opportunity to highlight any major life events or challenges that have impacted you during medical school.
National Resident Matching Program (NRMP) Resources	Our office utilizes the following resources to assist with our advising: <ul style="list-style-type: none"> ➤ Charting the Outcomes of the Match <ul style="list-style-type: none"> ○ Also available as an interactive resource ➤ Results of the NRMP Program Director Survey ➤ Results and Data for the Main Residency Match
MSUCOM Match Data	Each year, MSUCOM compiles data for the graduating class to assist current students in their career planning process. Examples of what you will find include: number of match students by specialty, competitiveness information for specialties, locations for where students matched, and more
MSUCOM Official Competitiveness Data	One of the most popular questions our office receives is what it takes to match into a certain specialty. Each year we put together competitiveness data that includes average board scores, quintiles, range of board scores, top 5 factors that helped students match, and where our students matched for each specialty.
Electronic Residency Application Service (ERAS)	ERAS is the main resource you will use for applying to residency. You will fill out one application and send it out to all the programs you are interested in along with your supplemental documents such as your MSPE, COMLEX/USMLE transcript, Official MSU Transcript, Personal Statement, and Letters of Recommendation
Curriculum Vitae (CV) Resources	Starting in year one Academic and Career Advising will ask you to begin compiling your CV. We do this so that you are keeping track of your involvement throughout your time in medical school. You will use your CV for things like networking, asking for letters of recommendation, and eventually to complete your ERAS application.
Personal Statement Resources	Your personal statement can be one of the most important pieces of your residency application. It can also take you quite a while to create and edit. We recommend starting your personal statement in January of year 3 to ensure you are giving yourself enough time for editing. Remember, our office is happy to edit the document at any time, just sent it to com.acadvising@msu.edu
Clinical Enrichment Experiences	Think of a clinical enrichment experience as a bonus rotation opportunity. You are able to participate in these during your third and fourth year during your spare time. Many students participate when they are on a lighter rotation or on their days off.
FREIDA the AMA Residency & Fellowship Database	FREIDA can be an extremely valuable resource for students as they begin researching residency opportunities. We do caution students that FREIDA should be a starting point in their process, the best information about programs will be on the program's website.
AAMC's Careers in Medicine	MSUCOM purchases a subscription to AAMC's Careers in Medicine for every student to utilize during their medical school journey. This resource is full of helpful articles, tools, and other information to assist in a student's career planning process.

Specialty Resources

Specialty Resources

Our office strives to provide students with the best resources to assist them during their career planning process. One thing we have found extremely helpful are guides for applying to the different specialties. Please note the following resources will link you to external websites. None of the below information has been created by MSUCOM. Each resource contains valuable information for the listed specialty. If you have any questions or would like to discuss your specialty with an advisor, please email our office com.acadvising@msu.edu

Specialty Resources
Anesthesiology
Dermatology
Emergency Medicine
Additional Emergency Medicine Resources
Emergency Medicine Standardized Letter of Evaluation (SLoE)
Family Medicine
AAFP: Strolling through the Match
General Surgery
A Day in The Life: General Surgery
Internal Medicine
Neurology
Neurosurgery
A Day in The Life: Neurosurgery
OB/Gyn
Ophthalmology
Orthopedic Surgery
Orthopedic Surgery Standardized Letter of Recommendation
Otolaryngology/ENT/Plastics
Pediatrics
Physical Medicine & Rehabilitation
Psychiatry
Radiology
Urology

Additional Emergency Medicine Resources

Emergency medicine has some unique aspects to the application process and the following resources are available to assist students interested in emergency medicine.

Medical Student Advising Resource List 2017: Emergency Medicine

Adapted from the Student Advising Task Force (SATF)

Alexis Pelletier-Bui, MD; Michael Yip, MD; Sean Ochsenein; Jennifer Jackson, MD; Emily Hillman, MD and updated regularly by MSUCOM Office of Academic and Career Advising

Overall:

[EM Guide to applying](#)

A comprehensive medical student guide to help you every step along the way as a student navigating the world of EM

[EMRA Advising Resources Web Page](#)

One of the largest compilations of advising resources available for EM bound medical students

[EMRA's Student-Resident Mentorship Program](#)

EM bound students are matched with EM residents to provide assistance from someone who's "been there" recently

[Council of Residency Directors in Emergency Medicine \(CORD\) Blog](#)

Blog by EM medical educators with intended audience of medical students, residents and other EM

leadership. Go to category “Task Force Updates” for student related information.

[EMRA Hangouts](#)

Video streamed advice from EM leaders involving up to 120 students/session and available as a recording after sessions

[EM Stud Podcast](#)

The official CDEM podcast for emergency medicine bound medical students

[EM Applicant FAQs](#)

Frequently Asked Questions of the EM Applicant

Application/Match Process:

[EM Advisor](#)

A site that provides advice for clinical years with a large focus on the residency application process

[Academic Life in Emergency Medicine \(AliEM\): EM Match Advice](#)

AliEM encompasses an array of clinical and medical education topics that is useful for all stages of learning. EM Match Advice is a specific section with videos from program directors giving you their tips for a successful match in EM.

[National Resident Matching Program \(NRMP\) Main Residency Match Data](#)

Data, research & survey reports relating to the NRMP Main Residency Match

[EMRA Match Residency Index](#)

Searchable database/map of EM residency programs to help you find your best fit

[ACGME Program Search](#)

Search residency program accreditation status and other basic residency program information

[Official CORD Standardized Letter of Evaluation \(SLOE\)](#)

The SLOE is a key criterion for EM resident selection for ACGME Program Directors.

Performance Improvement for the EM Clerkship:

[Emergency Medicine Clerkship Primer](#)

The Clerkship Directors in Emergency Medicine (CDEM) guide on how to shine on your emergency medicine clerkship

[Vimeo: Patient Presentations in Emergency Medicine](#)

EMRA & CDEM sponsored video on how to wow with your patient presentation in the ED

[CDEM Curriculum](#)

Prepare for your rotation by reviewing the approach to common chief complaints and pathologies seen in the ED. Listen to the new CDEM Podcast directed towards students going into Emergency Medicine.

[EM Basic Podcast](#)

Steve Carroll goes over student/intern level “approach to” core chief complaints

[EMRA’s Basics of Emergency Medicine](#)

Chief complaint based guide to EM differential diagnoses and workups

[iMedicalApps Emergency Medicine Apps](#)

Individual Guides to EM Applying:

[Emergency Medicine Re-Applicant Applying Guide](#)

[The Military Emergency Medicine \(EM\) Applying Guide](#)

[The Couples Match Emergency Medicine Applying Guide](#)

[The International Medicine Graduate \(IMG\) Emergency Medicine Applying Guide](#)

[The Osteopathic Emergency Medicine Applying Guide](#)

[The “At-Risk” Applicant Emergency Medicine Applying Guide](#)

Student Planners:

[Medical Student Planner](#)

This helps you plan your performance and activities in medical school starting from the first year.

[The Military Air Force Emergency Medicine \(EM\) Student Planner](#)

[The Military Army Emergency Medicine \(EM\) Student Planner](#)

[The Military Navy Emergency Medicine \(EM\) Student Planner](#)

[The Couples Match Emergency Medicine Student Planner](#)

[The International Medicine Graduate \(IMG\) Emergency Medicine Student Planner](#)

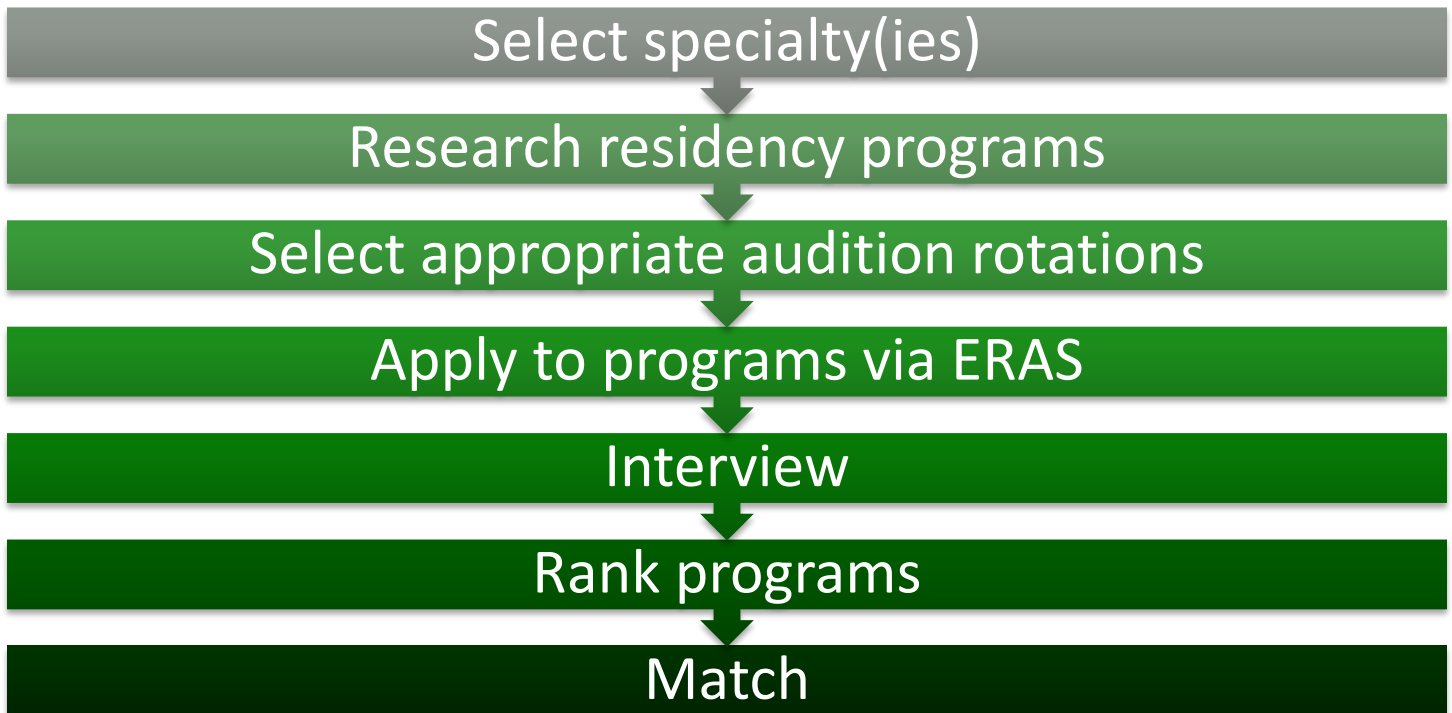
[The Osteopathic Emergency Medicine Student Planner](#)

Understand the Residency Process

Applying to Residency

MSUCOM Clerkship Student Guide to Residency Planning addresses common questions related to the complicated process of acquiring your 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 or online web forums; 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 Advising advisor. Use your time wisely and begin here.

What are the basic steps in the Match process?



Electronic Residency Application Service (ERAS)

What is ERAS?

[The Electronic Residency Application Service](#)—ERAS—is the conduit through which medical students apply to residency programs. ERAS is a distinct entity from the National Resident Matching Program (NRMP), the service that facilitates the appointment of students to a residency position.

ERAS has four components:

1. **MyERAS:** used by applicants to complete a MyERAS profile, select programs, and assign documents
2. **DWS:** used by MSUCOM to scan and attach supporting documents such as Official Transcript and MSPE
3. **PDW:** used by residency programs to receive, sort, review, and evaluate applications
4. **LoRP:** is a portal used by LoR writers and administrators to upload letters directly

Quick Links

[ERAS Home](#)

[ERAS Timeline](#)

[ERAS Resources for USMG](#)

[Required ERAS Documents](#)

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

1. In July between 2nd and 3rd year, limited access to ERAS opens to students. In the following June between 3rd and 4th year you will receive full access to ERAS.
2. MSUCOM Academic and Career Advising 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 their assigned token
 - ✓ Complete MyERAS profile and online application
 - ✓ Upload Professional Photo sent by MSUCOM
 - ✓ [Order an electronic MSUCOM transcript](#)
 - ✓ Use the following Information:
 - ✓ ERAS
 - ✓ 965 Wilson Rd A130 East Fee Hall
 - ✓ East Lansing, MI 48824
 - ✓ Com.transcript@campusad.msu.edu
 - ✓ Create and assign supporting documents (i.e., personal statements and LoRs)
 - ✓ Add and finalize the names of LoR authors, and generate a *Letter Request Form* for each
 - ✓ Authorize COMLEX & USMLE transcript transmissions (if you took both exams, it is required that you submit both scores)
 - ✓ Select residency programs
4. Once your application is complete, MSUCOM Academic and Career Advising will transmit the following supporting documents:
 - ✓ MSUCOM transcript once it has been requested
 - ✓ Medical Student Performance Evaluation or MSPE (Released to programs on 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.

Filling out your ERAS Application

Filling out your ERAS application can be quite a long and detailed process. Because of this, we have completed a sample application for you to reference. The [sample application](#) has detailed information on where to put your extracurricular activities, what sections are required, and other helpful notes to guide you through filling out the ERAS application.

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 or 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 (LoR)** Once a LoR is made available 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 and USMLE transcript? [\(back to top\)](#)

ERAS participants can request to have their COMLEX and 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 NBOME (or NBME) score report.

Contact Information for ERAS Support

General Questions regarding Tokens, Transcripts, and MSPE’s as well as ERAS Support	ERAS Help Desk
The Career Service Coordinator Email: com.acadvising@msu.edu Phone: (517) 884-3893	ERAS HELP DESK: (8:00 am to 6:00 pm Mon-Fri EST) Email: myeras@aamc.org Phone: 202-862-6264 Send ERAS a message Follow ERAS on Twitter @ERASinfo

Curriculum Vitae (CV) Resources

Curriculum Vitae (CV) Resources:

Your Curriculum Vitae (CV) will be the first of many supporting documents you'll need for the residency application process. One of the primary functions of a CV is to provide a succinct chronicle of your past experience and training. The CV we are asking you to write is different from your professional CV you will use later in your career.

Getting started

Include: Formal, legal name (no nick name), address and current contact information. Consider: 1) Does this piece of information help explain who you are and what you've accomplished? 2) Will it encourage residency programs to select you for a residency? 3) If you were reading this for the first time, without knowledge of who you are as an applicant, would this information be useful? If you answer no to any of these questions, do not include. If you're unsure, consult your advisor or a trusted mentor.

- **Education:** List all colleges/universities you have attended with the most recent first (name, location, degree with date completed and field of study.) Include medical school, graduate, and undergraduate education. If you do not have a separate section for honors and awards they may be incorporated along with thesis or dissertation distinctions. Be sure to document titles, particularly if relevant to health care or science. Providing your overall GPA and board scores in this section is a good idea but not required.
- **Honors and Awards:** Incorporate awards and/or scholarships received during medical school (election to AOA, biochemistry prize, etc.). Include only the most important awards and scholarships from undergraduate or other programs (distinguished awards only). Keep in mind how relevant and useful each item will be and cut any that may not be valued by the reader.
- **Professional Memberships:** List professional organizations you are a member (dates optional). Include any leadership positions you hold. This section may be combined or redefined to include student organization involvement.
- **Extra-curricular activities:** Include the most important long-term activities you were involved in during medical school, including committee work, elective courses, study abroad, community service projects, and student organization involvement (dates optional). Rather than listing a separate entry for every one-time commitment you've completed, group these experiences under the organization you completed them with. Experiences with extended commitment should be listed individually.
- **Research, Posters, Presentations:** List any papers published or presented by title, place, and date of publication or presentation. If this list is very lengthy, you may want to append it separately.
- **References:** These are not necessary on your CV.

Formatting and Production

- MSUCOM CV Template: Please use our template to create your CV
- Use 1-inch margins
- One-to-two pages is standard length for residency applications, although don't reduce the font size; change your margins or leave important information out just to shorten.
- 11- or 12-point font is preferable
- Stick with one font or two similar fonts (one for headings, the other for everything else) – use only conservative, common fonts.
- Use bold, italics, capitalization, and bullets to organize
- Headings should be consistent in style, size, and formatting
- Check text for misspellings and poor grammar – have someone help you proofread.
- Keep sentences short and succinct while using active verbs and vivid, precise language
- Your research section should all follow the same formatting (APA, MLA, etc.)
- Spell Check
- Proofread
- Have someone review your CV for you

Timeline

1. Your CV should be arranged in reverse chronological order with the most recent information listed first. It should be immediately apparent where you are presently.
2. Do not leave gaps in your timeline. This can be inferred that there is something to hide, i.e. jail time, drug rehab, etc. (Be certain all time is accounted for in both ERAS and on your CV.)
3. Remember that a residency application is limited to the few things that residency programs want to know about everybody. A CV provides information that is unique to you.
4. The appearance of your CV is extremely important.
5. Best honest: If you have not accomplished anything in a category, then leave it out. Do not create things to fill in the spaces.

There are many different styles and approaches to completion of a curriculum vitae or personal statement. The advice provided represents the viewpoint of one individual; other opinions may be valid. The review of any document by an employee of MSU COM in no way guarantees placement in any workplace or residency program. The final determination of what information to include or omit is your responsibility. In addition, it is your responsibility to ensure the content provided within these documents is an accurate representation of your skills, experiences and abilities.

Avoid:

- ✓ Using your Social Security Number in your CV, it will be added in ERAS
- ✓ Listing age, gender, race, religion, political affiliation, marital/parental status, disability or national origin
- ✓ Including salary history
- ✓ Using first person "I", "my"
- ✓ Using unprofessional fonts
- ✓ Listing experiences that are not professional or relevant to desired position
- ✓ Sending low-quality copies of your CV
- ✓ Using these words; they make you sound like everyone else:
- ✓ Analytical, Creative, Driven, Effective, Expert, Innovative, Organized, Patient, Responsible, Strategic

ERAS ([Electronic Residency Application Service](#))

- It is helpful to have your CV prepared ahead of time. Many students copy and paste the information from their CV into ERAS and then ERAS creates a basic CV for programs to view.
- While you may not need to send a separate CV with your applications, most of the information you include on a CV will be required for your residency applications, having it completed ahead of time will make writing your application and personal statement easier.
- Should you include a picture?
 - Simply, no. A professional photo is included in your ERAS application.
- Lastly, you should provide a copy of your CV to individuals who write your letters of recommendation

Final Point: You may question the need for a CV, feeling that it's redundant. However, creating your own, personally formatted CV will benefit you in many ways by referring to it when completing your residency application. It is also good protocol to provide to interviewers when you meet with them, as well as people writing letters of recommendation. It is also a "living document" or permanent work-in-progress from this point forward.

References:

[AAMC CV Tips](#)

[Health Match Preparing a Medical CV](#)

[First Name] [Last Name]

[Mailing Address]

[phone number] ♦ [MSU email address]

EDUCATION

Doctor of Osteopathic Medicine, anticipated May [year of graduation]

Michigan State University College of Osteopathic Medicine, East Lansing, MI

[Degree, e.g., *Bachelor of Science* or *Arts*] in [major and minor and specialization, if applicable], [month of graduation] [year of graduation]

[Name of college or university], [City], [State]

Certifications

Responsible Conduct of Research [expiration date]

Advanced Cardiac Life Support (ACLS) [expiration date]

Basic Life Support (BLS) [expiration date]

HONORS & AWARDS

(Focus on Medical School)

[Name of most recent honor/award], [year awarded]

[Brief description, if needed for clarification]

[Name of second most recent honor/award], [year awarded]

[Brief description, if needed for clarification]

WORK EXPERIENCE

(Research experience, even if you were paid, goes into the research section)

[Most recent *Job Title*], [Name of Organization], [City], [State], [dates of employment]

[Brief description of major tasks and responsibilities]

[Next most recent *Job Title*], [Name of Organization], [City], [State], [dates of employment]

[Brief description of major tasks and responsibilities]

RESEARCH EXPERIENCE

(All research, including undergraduate research and research that did not lead to publication, should be added)

[Most recent *Research Title*, e.g., *Research Assistant*], [Name of research department, if applicable], [Name of institution or organization, as applicable], Principal Investigator: [Name of PI], [Degree of PI], [dates of involvement]

[Brief description of major tasks and responsibilities. Be as specific as possible.]

[Next most recent *Research Title*, e.g., *Research Assistant*], [Name of research department, if applicable], [Name of institution or organization, as applicable], Principal Investigator: [Name of PI], [Degree of PI], [dates of involvement]

[Brief description of major tasks and responsibilities. Be as specific as possible.]

LEADERSHIP EXPERIENCE

[Most recent *Title*, e.g., *Vice President*], [Name of Organization], [City], [State], [dates of involvement]

[Brief description of major tasks and responsibilities]

[Next most recent *Title*, e.g., *Treasurer*], [Name of Organization], [City], [State], [dates of involvement]

[Brief description of major tasks and responsibilities]

EXTRACURRICULAR ACTIVITIES

(Elective courses, student organizations, etc.)

[Name of most recent activity], [Name of institution or organization], [City], [State], [dates of involvement]

[Brief description of what you did and/or what you learned]

[Name of next most recent activity], [Name of institution or organization], [City], [State], [dates of involvement]

[Brief description of what you did and/or what you learned]

COMMUNITY SERVICE

[Name of most recent activity], [Name of institution or organization], [City], [State], [dates of involvement]

[Brief description of what you did]

[Name of next most recent activity], [Name of institution or organization], [City], [State], [dates of involvement]

[Brief description of what you did]

PROFESSIONAL AFFILIATIONS

(These should be state, national or international organizations, not local student organizations)

Student Osteopathic Medical Association (SOMA)

[List next professional membership, e.g., American Osteopathic Association (AOA)]

[List next professional membership, e.g., Michigan Osteopathic Association (MOA)]

PUBLICATIONS & PRESENTATIONS

(Presentations should be searchable by the program so grand rounds and other presentations academically do not count)

[Author, A. A., Author, B. B., & Author, C. C. (Year). Title of article. *Title of Periodical*, volume number(issue number), pages. <http://dx.doi.org/xx.xxx/yyyy>]

[Author, A. A., Author, B. B. (Year, Month). *Title of presentation*. Poster session presented at the Conference, City, State.]

[Speaker, A. A.. "Title of Oral Presentation." Name of the meeting and organization. Location of the presentation. Day Month Year. Descriptor (e.g., Conference Presentation).]

SKILLS & INTERESTS

(This can be an important section, please don't skip it)

[e.g., Languages, Technical Skills, Professional interests, Non-academic interests (hobbies)]

Personal Statement Resources

Personal Statement Resources:

What is the purpose of a personal statement?

The purpose of the personal statement is to provide the residency program director with a window into your character, strengths, and aspirations: insight that cannot be readily gleaned from other sources of information, such as your CV transcripts, letters of recommendation, clerkship evaluations, board scores, and MSPE. It is an opportunity to make a case for why you are the best choice for their program. In practical terms, the purpose of the statement is to get an interview, not clinch the residency position.

How important is the personal statement to your residency application?

The relative weight given to the personal statement varies among specialties and residency programs. Results of a 2018 NRMP program director survey showed that, for all specialties combined, the top six factors used to select applicants for an interview were: USMLE/COMLEX Step 1 score, letters of recommendation in the specialty, MSPE, USMLE/COMLEX Step 2 score, grades in required clerkship, and **personal statement**. In contrast, when ranking applicants for the Match, the top factors cited were; interactions with faculty during interview and visit, interpersonal skills, interactions with house staff during interview and visit, feedback from current residents and USMLE/COMLEX Step 1 score. On an importance scale of 0 to 5, with 5 being most important, for all specialties combined, the personal statement was rated at 3.6 for both selecting candidates to interview and ranking. Though it can be difficult to know exactly what to do based on these results, when thinking about the importance of your personal statement, remember this cautionary note, *A great personal statement might help an application, but a bad one will kill it.*

Should you discuss your academic deficiencies?

Residency program directors don't expect applicants to be perfect, but they do value honesty and evidence of personal insight and growth. Failed courses, failed board exams, and educational gaps show up in official documents, as do lapses in professionalism; they will be noticed. Because of this, it is wise to be forthcoming; "tell but don't dwell." Ideally, your personal story should dovetail with the rest of your statement and describe how you grew from overcoming the obstacle. For example, if you are talking about overcoming adversity in your life, you could discuss your academic problem as another bump in the road. If you are applying for a highly competitive specialty, you could discuss your other important attributes and how your revised approach to studying and learning will lend itself to success in that career. Here's an example of one way to do this:

When I did not pass my boards, I analyzed my learning style and realized that I was not correlating material from various courses. By realizing how seemingly different concepts related to each other, I was able to improve my study skills and develop a more substantial knowledge base. This allowed me to improve my score significantly. Moreover, integrative thinking is essential to being a dermatologist and by retooling my approach to learning, I believe I am better equipped to excel in this specialty.

Decisions regarding what should or shouldn't be discussed in a personal statement are not always clear-cut. A general rule-of-thumb is to address anything that might preclude you from consideration as a viable candidate, such as board failures, multiple course failures, extended educational gaps, and documented lapses in professionalism. Other issues such as low class rank, failure of a single course, or short-term gaps that do not result in delayed graduation probably should not be addressed in a personal statement; although, they may come up in an interview and you should be prepared to discuss them. If you are uncertain as to whether you should include something, please discuss with a career advisor.

Formatting

- Include Name and ID Number
- Length: Approximately one (1) page with one-inch margins all around and 12pt font.
- Structure: Opening paragraph, body (2-4 paragraphs), and closing paragraph.

Recommended Timeline

“Begin early and revise often

Writing your PS could take longer than you dreamed possible.

- Pre-Draft “Brainstorming” Stage: July– December of 3rd year
- Draft “Composing” Stage: December – June of 3rd year
- Final “Polishing” Stage: July of 4th year

Tips for Writing a Strong Personal Statement

Pre-draft Stage: Brainstorming Simply let the ideas flow; don’t censor or judge what you write. Stream of consciousness is fine. Consider the following questions to help develop the “image” you want to present. Create a short “pitch.”

1. List 5 strengths / personal skills / attributes you bring to your chosen specialty/residency
2. What have been your most valuable experiences, goals, and accomplishments since entering medical school?
3. What are you most passionate about? What 3 things are you most proud of?
4. Which course work or clinical experiences have you enjoyed most and why? How have they influenced you?
5. What is unique about you and your experiences?
6. How have you overcome your weaknesses and challenges in life?
7. What do you hope to get out of your chosen career? What are your professional goals and aspirations?
8. Why do you want to be a (insert specialty) physician? Be specific. What does being a ‘good physician’ in this specialty mean to you? Why will patients choose you as their physician?
9. What outside interests do you have? How might these be applicable to your chosen specialty?
10. What contributions can you make to this specialty and the residency program

Draft Stage: Composing Begin with an outline to ensure your statement includes all of your main points. Even a rudimentary outline can break the “spell” of the blank page. Though there is no “one right way” to write a personal statement, the overall narrative should provide answers to the basic questions: Why this specialty? Why you? Why this residency program? Your approach to answering these questions can take many forms, but should be an honest reflection of who you are

Opening Statement / Paragraph—You may find it easier to write this last. Write a concise, compelling opening statement that conveys something important about you. It need not be long, emotional, clever, or awe-inspiring. It should be interesting and informative. Avoid clichés and corny language. It’s useful to have a theme that you refer to throughout your statement—something that ties the narrative together.

Body—Compose a 3-paragraph narrative. Let your personality shine. Tell your story so reviewers want to meet you. Be specific, direct, and concise. Make every word count. Vary your sentence structure and length to create a compelling writing style. Use short transitions to make your story flow.

- **Why did you choose this specialty? What personal experiences or characteristics draw you to the specialty? Why are you a good fit?** Expound on your desire to be in the specialty. Do not try to prove it is “right for you” by simply listing personal attributes. Instead, discuss concrete experiences that demonstrate your interest.
- **What makes you a great candidate for their program? / What do you have to offer? / What are your strengths?** Show—don’t tell. Provide concrete examples that pertain to your goals, abilities, and achievements.
 - Compare this, “I have a strong work ethic, and work well with others.”
 - To this, “I’m very determined and hard-working. When I initiated a service project through our pre-med honor society, I was very excited. What I didn’t realize was how many obstacles would arise. I persisted, and by doing x and y, I was able to achieve our goal of z.”
- **What are you looking for in a residency program? / Why did you apply to this program?** Describe the attributes you are looking for in a residency program. Explain what this program offers that is special, unique, or desirable: rural, urban, inner city, diverse patient population,

research opportunities, emphasis on education /academics, skills labs, lots of hands-on experience, patient-centered care, collegial, supportive environment, fast paced?

- You may want to write a customized statement for each program or for any that are unique.

Closing Paragraph / Statement—Return to the theme of the opening statement and summarize / reinforce the main points made in the “body” of your statement. **Be assertive; let them know you want the job**

Final Stage: Polishing - Proofread multiple times, read aloud to ensure “flow,” go through the checklist below, get feedback from several people, and put on any finishing touches before submitting to ERAS.

Checklist

1. Have you checked for spelling and grammar?
2. Have you avoided the common mistakes (see next page)?
3. Does the opening statement provide a personal insight that grabs the reader’s attention?
4. Does the body of your statement include specific examples to illustrate your main points; does it “show rather than tell”?
5. Does your narrative have smooth transitions/ flow?
6. Have you avoided overly flowery, gushy/ effusive language?
7. Have you eliminated clichés / corny statements?
8. Have you deleted redundancies and reduced excessive wordiness?
9. Have you made a compelling case for yourself?
10. Does your closing statement sound like the last sentence?

Common Mistakes

- ✓ Mistake #1: More appropriate for an Application to Medical School—Avoid discussing your reasons for getting into medicine or why you want to be a doctor. By your 4th year of medical school, it is assumed that you have a passion for medicine and are motivated to be a physician. You need to explain why you’re applying to a residency program in a specific specialty and why they should hire you!
- ✓ Mistake #2: Teaches the Program Director about the Specialty—PDs already know about their specialty. Your job is to teach them about you. You don’t have to show-off how much you know about the specialty, you need to sell yourself. Talk about the salient aspects of the specialty in the context of explaining why you are a good fit.
- ✓ Mistake #3: Overly Effusive or Cliché—Gushy, flowery language and trite, cliché expressions come across as immature and are definite turn-offs. For example, if applying to Pediatrics, don’t say, “I love children and am extremely passionate about helping them on their journey to becoming self-actualized, healthy adults.”
- ✓ Mistake #4: Too Long—Program Directors don’t have time to read long statements. Keep your statement close to one page with 1-inch margins and 12pt font. Be concise by avoiding redundancy, extraneous detail, and other types of excessive wordiness. Write in “active voice.”
- ✓ Mistake #5: Too Vague or Generic—Make sure your statement reflects your interests and attributes. Use specific, personal examples to illustrate your points.
- ✓ Mistake #6: Reads Like a Creative Writing Assignment—Your statement needs to persuade a PD to interview you, which means that in addition to getting their attention with clever writing, you need to keep their attention with compelling information about you. Don’t be cutesy or obscure and make sure your stories, metaphors, and analogies are relevant, clear, and don’t overreach.

Important “Do’s and Don’ts”

- DO start early and revise, revise, revise
- DO use powerful adjectives and support with short, illustrative examples: *adaptable, ambitious, capable, cooperative, diligent, efficient, flexible, selfless, and thoughtful*
- DO radiate confidence, not arrogance; avoid self-congratulatory statements
- DON’T rehash your CV
- DON’T use abbreviations

- DON'T call yourself humble when you're touting your volunteer work
- DON'T overuse "I" statements, which may be interpreted as poor writing skill
- DON'T claim attributes you do not possess; *the same person who wrote the Personal Statement must show up for the interview*
- DON'T overuse these adjectives: *awesome, great, really, very, etc.*
- DON'T make negative statements and comments about the shortcomings of a different specialty
- DON'T mention lifestyle (e.g., time-off) and financial reasons for choosing a specialty
- DON'T be afraid to start over or ask for help

Our office is always willing to edit your personal statement draft(s) if you'd like another eye on them. Please send your personal statement(s) to com.acadvising@msu.edu in a word doc.

Below are samples of personal statements. Remember, do not plagiarize these documents these are simple tools to help you start yours.

Personal Statement Example 1:

My whole life is filled with constant reminders that I enjoy medicine and look forward to spending the rest of my life doing what I love. I have enjoyed many aspects of my clinical years so far with each rotation offering up something new and interesting to learn and improve on. I began my career in medical school with a good idea of what specialty I would choose based on past experiences. My first two years only solidified my choices. I want to do something that involves all aspects of medicine, where a patient with any need or symptom can walk through the door, and whether it is a cardiology, pediatric, OB or psych complaint, I will be able to take care of that patient confidently.

As I grew, so did my desire to become a doctor. In high school I took all the medically relevant classes I could. I shadowed my parents' friends who were physicians, and I applied for jobs and volunteered on medical mission trips. After I graduated high school I began my first hospital job in the ER. The job was not glamorous, mostly transportation, vital signs, sitting with high risk patients, cleaning, stocking, etc.... After a short time, I realized that in order to be a good "tech-aid," my job should be to make the patients feel comfortable and safe. I realized that nurses and doctors and secretaries are sometimes too busy to spare the time to meet every need of every patient. So I did what any fresh-out-of-high-school kid would do: I made it more enjoyable. I was the guy pushing the little boys with the broken arms around on the gurney making racecar noises or pushing the little girls with sore throats on the carts pretending it was a pony. I would talk about sports, weather, family, cars or anything that would relax the patient and make them feel more comfortable. I prided myself in being a person the patient could ask a favor of and I would do anything in my power and within reason to make it happen. They were short relationships, but I wanted to be a part of a treatment team they could trust. I enjoyed everything about the emergency department: the pace, the staff and their interactions together to make the whole thing run smoothly.

I have learned my best life lessons through caring for patients. But, in this case, the patients were more like family. During my undergraduate years I had the blessing of working in a group home for five severely mentally disabled young men. I can promise there is no better way to learn patience than through an opportunity like this. Every resident in the group home had their own goals that the staff agreed were appropriate. For one resident, the goal was for him to stop wetting the bed, a nightly occurrence. I would spend hours in the bathroom with him trying to get him to use the toilet before bed. Of course it was frustrating at times, but he needed this to avoid waking up in wet sheets every night. I tried every technique I could think of from rewarding him with fruit snacks to allowing him to play with his favorite toy—a plastic Meijer bag—while he was in there. After nearly 6 months of routine, when his cartoons were over, he would get up and go to the bathroom, let me brush his teeth and then he would use the toilet. He had far fewer bedwetting episodes, his sheets and the whole house began smelling better and he appeared so much more rested in the mornings. As cliché as it may sound, he may have learned how to use the restroom instead of his diaper, but I learned the real meaning of patience.

Through thick and thin I find myself completely fascinated with medicine. As a young boy I can remember wishing I could have found a way to help my uncle who passed away from AIDS. In high school I wish I could have been part of the team that took care of my grandma after her stroke. Above all, I really wish I could have been in the ER helping in any way shape or form the night my sister's fiancé passed away from injuries sustained in a motorcycle accident. To me, being a doctor is not about the

diploma or the schooling, it is about the ability to help change or save somebody's life.

Personal Statement Example 2:

"Welcome home," I thought, as I tied on my mask and stepped into the operating room. I found myself curious about my surroundings and wanting to know more about each case I witnessed. This was my first time scrubbing in and each stroke of the bristles back and forth upon my hands was like a pinch to bring me back to reality. My love for surgery began with the first case I scrubbed into at the surgery center: a knee arthroscopy. While I enjoyed retracting shoulders, reducing hernias, and assisting with colonoscopies, it wasn't until I witnessed a woman give birth to a beautiful baby girl that I discovered what I am meant to do. Furthermore, my journey to obstetrics and gynecology came after a few detours.

For twelve years, competitive figure skating molded my character and contributed significantly to my interest in medicine, and more specifically, surgery. It all started when I began to inquire about the physics and physiology associated with my articulated movements. I marveled at the voluntary abilities of my musculoskeletal system, but even more at my involuntary muscle memory, demonstrating grace during an intricate routine under competitive stress. Rigorous training and my unquestionable dedication to figure skating shaped many aspects of my character exemplary of a surgeon: the endurance to strive for perfection, the readiness to adapt under pressure, and the discipline to maintain patience. Eventually, I knew I was ready to transform my artistry, devotion, and ultimately myself, into something more beneficial to others. Prior to starting medical school, I traded in my time on the ice for moments in the operating room at UnaSource Surgery Center where, over four years, I learned about surgery, preoperative routines, intraoperative procedures, and postoperative care. Leading into medical school, I realized I enjoyed everything and felt torn as to which surgical specialty my heart would gravitate towards.

Once clerkship began, my first surgery rotation was everything I had hoped for, and I began to feel confident with my career decision. Then it hit me. My first exposure to obstetrics and gynecology began with a caesarean section. Without a doubt I loved the surgery aspect, but I soon learned there is so much more. My heart raced and my eyes filled with tears of joy as I suctioned the newborn's nose and mouth and watched the resident present the baby girl to her parents. These were the moments I knew I wanted to have for the rest of my life, and it doesn't stop there. I believe that no other field of medicine provides the variety of clinical and surgical encounters at the same time as diversity of management options. The ability to impact women at such pivotal points in their lives, puberty, pregnancy, menopause, and everything in between, is very attractive to me. Having experienced a trusting relationship with my own OBGYN, I am inspired to emulate this with my future patients. I feel that my affinity toward these aspects, along with my extensive experience and interest in surgery prove me to be a perfect fit for obstetrics and gynecology.

I've come to learn that for most young and middle-aged women, an OBGYN is their primary care physician. I am longing to fulfill this role. A role where my patients feel comfortable to confide such personal matters, where trust extends to bringing new life into this world, and where communication will remain my focus to ensure mutual understanding and respect. A desire to help people is what drew me to medicine and the ability to directly impact my patients is what attracts me to surgery. Now that I've found a way to blend and attain both, I am confident that my persistence, compassion, and integrity will prove beneficial towards a rewarding career in obstetrics and gynecology. My future plans will continue to involve research and education, with an emphasis on teaching future aspiring surgeons. Additionally, I have become more interested in exploring possible fellowships, such as gynecologic oncology, reproductive endocrinology, or female pelvic medicine and reconstructive surgery. While my journey will undoubtedly present many challenges, I will continue to embrace them, knowing that each feat is not solely for myself, but most importantly for the countless lives I will soon influence.

Personal Statement Example 3:

I heard the irritated sigh before I felt the splatter of dirt on my shoes. I looked up to see my nephew kicking halfheartedly at the patch of dirt before him. "I'll never find any stupid worms to go fishing," he whined.

"Not with that attitude," I chided playfully, grabbing a shovel. I led him under the trees where the dirt was moist and more worm-habitable. I had no sooner turned over the dark soil when he moaned, "There's no worms here either!"

"Of course there are!" I replied, rolling up my sleeves and kneeling down to paw through the dirt. Within a minute I proudly held up a squiggling, slimy worm. His stubborn scowl cracked into an excited

smile as he eagerly held up a small can for the worm. Though his faith in my abilities may have wavered several times, my resolve did not. Within the next half hour, the bottom of the can was a writhing mess of soil and worm bodies just waiting to be a fish's breakfast.

This story highlights several traits that I have found serve me well not only in the art of worm-catching, but also in the field of medicine. I am hands-on, caring and patient, persistent and self-motivated, and optimistic yet practical. These specific attributes will be assets in both your program and in a family medicine environment.

Family medicine provides many opportunities to be hands-on. In addition to the general physical exams, I look forward to the many minor procedures that are commonly performed in a family practice clinic. I also highly value osteopathic manipulative medicine and intend to use it frequently in my practice. With this hands-on approach, I will be able to save my patients unnecessary referrals and extra costs.

Another aspect of family practice I love is patient interaction and continuity of care. I was first exposed to a patient-caregiver role working as a dietary aid in a nursing home. One resident couldn't speak and was regarded by many of the staff as hostile, but was merely agitated at constantly being misunderstood. Before each meal, I would sit down and write all the options on the back of his meal ticket so that he could indicate what he wanted by pointing to his choice. As a result, I was rewarded with a rare but beautiful big smile every day I saw him. As a medical student, I approach my patients with the same sincerity and have been honored by the trust and rapport I have already built with them. I know that my patience and compassion will foster lifelong relationships with my patients as a family physician.

Family practice requires a level of self-motivation and persistence that I believe I possess. I have always pushed myself academically, becoming the first person in my family to attend college. After graduating with honors from Michigan State University with a degree in Nutritional Science, I set my sights on medical school. In the first two years at Michigan State University College of Osteopathic Medicine, I had a myopic view of learning, focusing mainly on achieving passing scores in everything. However, clerkship has put my self-motivation to the test: I have realized that a physician is never done learning, and it is completely on me to set aside time to stay up-to-date and on top of tasks. In addition to academic challenges, there are also always emotional obstacles to overcome. Sometimes that means dealing with the aftermath of a bad patient outcome and other times it means continuing to persist through personal losses.

My optimism helped guide me through a particularly difficult time during my clerkship, when my grandma was diagnosed with stage 4 adenocarcinoma of her lungs that had metastasized to her liver and spine. She received radiation treatment, which unfortunately caused a bowel perforation and required urgent surgery. During post-operative recovery, she developed pneumonia and, despite excellent care, passed away. While on the surface nothing about that sounds positive, I can actually look back on that time with appreciation. She was treated in my base hospital, so I spent my lunches getting to know her better than I ever had before. I also learned an invaluable lesson about how to approach end-of-life discussions and gained insight about how the medical system operates from the patient's side. Family practitioners are privileged to know our patients throughout their lives, and I will be up for the challenge of sharing not only the exciting experiences with my patients, but the heart-wrenching as well.

Family practice offers me an opportunity to put my attributes to good use. By being hands-on, I will give my patients the benefits of in-office procedures and OMT. I am sincere in my compassion for others and look forward to providing continuity of care and taking the time to get to know my patients. Working hard and being persistent will continue my lifelong education and make me a well-informed provider. Finally, my practical optimism will allow me to be a caring physician who can converse with patients honestly about important decisions. Whatever can of worms life throws at me, I know these traits will serve me well and help me fulfill my dream of becoming a family physician.

Personal Statement Example 4:

My phone rang as I walked out of a dermatology lecture with the news that my cousin Josh had committed suicide. I knew of his psychiatric hospitalization and issues with substance abuse, but had no idea how much he was struggling. I had just finished my first year of medical school and had a vague understanding of psychosis. I began to understand and become interested in mental health in my Psychopathology course a few months later.

The second year of medical school became a psychiatry fact finding mission. I attended every resident panel, interest group meeting, and specialty exploration event available. Shadowing my professors at Michigan State established that psychiatry was as exciting and interesting as advertised.

The most impactful experience was attending conferences, where I met inspiring psychiatrists like Dr. Jim MacKenzie. His zeal for the profession and for teaching was contagious. I remember talking to my wife on the drive home amazed by what I had learned and knowing that psychiatry would be a great fit. I even had the opportunity at a conference to present a case report poster from a patient I saw with the team on my psychiatry clerkship rotation.

It was this rotation that confirmed psychiatry was the specialty for me. Each day I saw patients like Josh who were struggling and the compassionate psychiatrists who cared for them. It was one of my only rotations where I felt that I added something to the team with my approachability, effective communication, and connection with patients. On my last day, a resident told me how most psychiatrists were encouraged by someone else to go into the field, and then he added "this is me telling you that you should be a psychiatrist".

It was encouraging to hear, but I was already sold. All month I had seen the impact of psychiatry in at risk patients. I watched a man so depressed he was nearly catatonic come back to life after medications and therapy. I encouraged a schizophrenic patient as she began to understand that the last few weeks of her life had been disconnected from reality. Perhaps most memorable was the bipolar musician who thought he could read my thoughts stabilizing on medication to the point where he could perform that weekend. Psychiatrists saved them from suicide, delusions, and dangerous risk-taking, and gave them an opportunity for new lives. I also want to help patients find lives where they can work, connect with others, and experience joy. This career fits with my personality and desire to see the impact of my care in both the short and long term, by stabilizing the acutely ill and building relationships to help patients over the course of years. And importantly, every day I will be able to know that I am redeeming lives like my cousin's.

I thought of Josh often on other rotations and noticed how relevant psychiatry is to each area of medicine. The need for psychiatry was clearest in the emergency department. I watched staff show great care for diabetics with skin infections and elderly patients with pneumonias, then complain of difficult depressed or psychotic patients waiting for placement. Doctors must treat infections, illness, and broken bones, but there are many patients with broken minds, shattered emotions, and victims of trauma more severe than a fall down the steps. I know that I want to be an advocate for these underserved and misunderstood patients.

As I finish core rotations and look at evaluations for the year, I realize how far I have come. Adjusting to school as a non-traditional student was made more challenging with the birth of my daughter in the first year, but areas of struggle became strengths. I learned how to succeed in systems courses, board exams, and clerkship rotations. Being a parent helped me connect with children on my pediatrics rotation. I became teachable, and willing to train others. The confidence and discipline I discovered in the process poured over into other areas, allowing me to finish triathlons and half-marathons. I want to bring these strengths, both established and newfound, to my residency program.

I have lost other family members to cancer, heart disease, and dementia. None have impacted me to view my world differently as Josh did. When my classmates and I filled out our applications to medical school we said that we wanted to alleviate suffering. I see in psychiatry a true opportunity to heal patients with life altering illness, both mental and physical. And I now see in myself the characteristics that will make me a dedicated and compassionate clinician in residency and beyond.

Clinical Enrichment Experience Information

Clinical Enrichment Experience Process:

The [Clinical Enrichment Experience form](#) is required for participation in an enrichment experience outside of a scheduled rotation (ex: weeknights, weekends). **Students should submit one Clinical Enrichment Experience form per rotation, per experience.** For instance, if a student is on an internal medicine rotation, he/she will need to submit one Clinical Enrichment form while on this rotation. If the student wishes to continue an enrichment experience, but is now on an emergency medicine rotation, he/she will need to provide a second Clinical Enrichment form. This is the case for each rotation and each separate experience.

There is no credit given for a clinical enrichment experience, nor will it appear on a student's schedule or transcript. Submission of this form will allow MSUCOM to provide students with liability insurance while participating in an enrichment experience. **Please note that if this form is not completed and returned to the MSUCOM Office of the Registrar before the enrichment experience begins, the student WILL NOT be covered under liability insurance.**

To complete a Clinical Enrichment Experience form, please follow these steps:

1. Section 1- To be completed by the student:
 - Provide information for the rotation you are currently on, including dates, service, location, and Supervising Physician.
 - Provide information for the enrichment experience you are interested in doing, including date(s), service, location, and Supervising Physician.
 - Sign and date the form.
2. Section 2- Approval of the scheduled rotation hospital
 - Bring the form to the facility in which you are currently rotating. Obtain the signatures of both the DME and Supervising Physician for your rotation.
 - Obtaining the DME and Supervising Physician signatures allows the hospital in which you are rotating to know and approve that you are participating in an extra-curricular enrichment.
3. Section 3- Approval of enrichment hospital/clinic
 - Bring the form to the facility in which you wish to do the enrichment experience. Obtain signature from the DME (if participating in a hospital) and the Supervising Physician.
 - Obtaining the DME and Supervising Physician signatures allows the enrichment facility to know that you are currently on a Clerkship rotation and that your first priority is your regularly scheduled rotation.

Medical Student Performance Evaluation (MSPE)

What is the MSPE?

Overview:

The MSPE as it is known colloquially, is based on a standard template promulgated by the Association of American Medical Colleges (AAMC) with some latitude left up to interpretation by medical school administration.

From the MSPE Task Force commissioned by the AAMC, Recommendations for Revising the Medical School Performance Evaluation (2016):

The purpose of the MSPE is not to advocate for the student, but rather to provide an honest and objective summary of the student's personal attributes, experiences, and academic accomplishments based, to the greatest degree possible, on verifiable information and summative evaluations. When possible, comparative assessments of the student's attributes, experiences, and accomplishments relative to their institutional peers should be provided. The MSPE should primarily contain information about the student's medical school performance, although a brief summary of verifiable pre-medical experiences and achievements can be included when relevant.

The MSPE is a summary evaluation, not a letter of recommendation. Information presented in the MSPE must be standardized, clear, and concise and presented in such a way that allows information to be easily located within the document.

Medical Student Performance Evaluation (MSPE) sections:

1. Identifying Information
2. Noteworthy Characteristics
3. Academic History
 - a. Matriculation and Graduation dates
 - b. Leaves, Gaps or Breaks, Dual-Degree
 - c. Course Remediation, Probation, Adverse Action
4. Academic Progress
 - a. Statement on Professionalism
 - i. Disciplinary Action
 - b. Preclinical Coursework
 - i. Graphs illustrating individual student performance versus class averages
 - c. Clerkships
 - i. Components of each Clerkship grade and the weight of each component
 - ii. Summative comments per clerkship
 - iii. Individual student performance versus class average performance per clerkship
 - iv. Overall Clerkship grade

If you have any questions about your MSPE, please contact com.acadvising@msu.edu

Noteworthy Characteristics

The noteworthy characteristics component of your MSPE is an opportunity to showcase leadership experiences, initiatives you're passionate about, publications, research, personal circumstances/situations, and/or hobbies. Additionally, it is also an opportunity to highlight any major life events or challenges that have impacted you during medical school.

Instructions: Compose 3 noteworthy characteristics on the worksheet below. Each entry should be written in the third person, limited to three sentences or less, and should include evidence that demonstrates the value of your chosen entry. Such evidence may include awards received, presentations, publications, recognition, length of commitment, etc. Once you've completed this worksheet please send it to [our office](#) for review and editing. If you have any questions, please contact your advisor.

Examples:

1. Jack hopes to inspire the next class of learners through teaching and peer mentorship and has

- served as a peer educator in two required courses.
2. Jordan steps up as a leader when she feels she can make a change, and has served as a Dean's Council representative, a leader in her advising society, and a co-chair of a local high school health scholars organization.
 3. Ramon hopes to incorporate his passion for reducing disparities in healthcare into his future practice and has been a consistent volunteer in one of our school's student-run free clinics.
 4. Shani is inspired by new research and enjoys contributing to scholarship. Her work has resulted in two published abstracts and selection for an oral presentation at the Annual Society of Hospitalist Medicine Conference.
 5. Joe is the first member of his family to graduate from college.
 6. Having seen firsthand the impact of health disparities on those in the South Side of Chicago, Ravi has invested a tremendous amount of his extracurricular time to give back to the community through service initiatives.
 7. Jill is a soprano in a student run acapella group. She has performed in the hospital for patients and staff as well as for various college events.
 8. During her second year, Jill served as the student coordinator for the Community-Based Sanctuary Clinic and secured a \$500,000 grant from the United Way of Maine to equip a new seven-room ophthalmology suite for the facility.
 9. Jill gave birth to a son this past August. She successfully completed all her M3 clinical rotations on time, spent the month of August on a pre-arranged research rotation, and commenced her Emergency Medicine rotation in mid-September.
 10. Joe has been conducting research with Myrna Loy, MD, PhD, on the subject of epigenetic factors influencing childhood obesity since the end of his first year of medical school. This research has resulted in a series of publications including one with him as first author in the Journal of the American Osteopathic Association.
 11. Student Doctor Sparty was raised by a single mother. Despite financial hardships, he was able to distinguish himself in academics. He was the first in his family to attend college and receive a full scholarship.

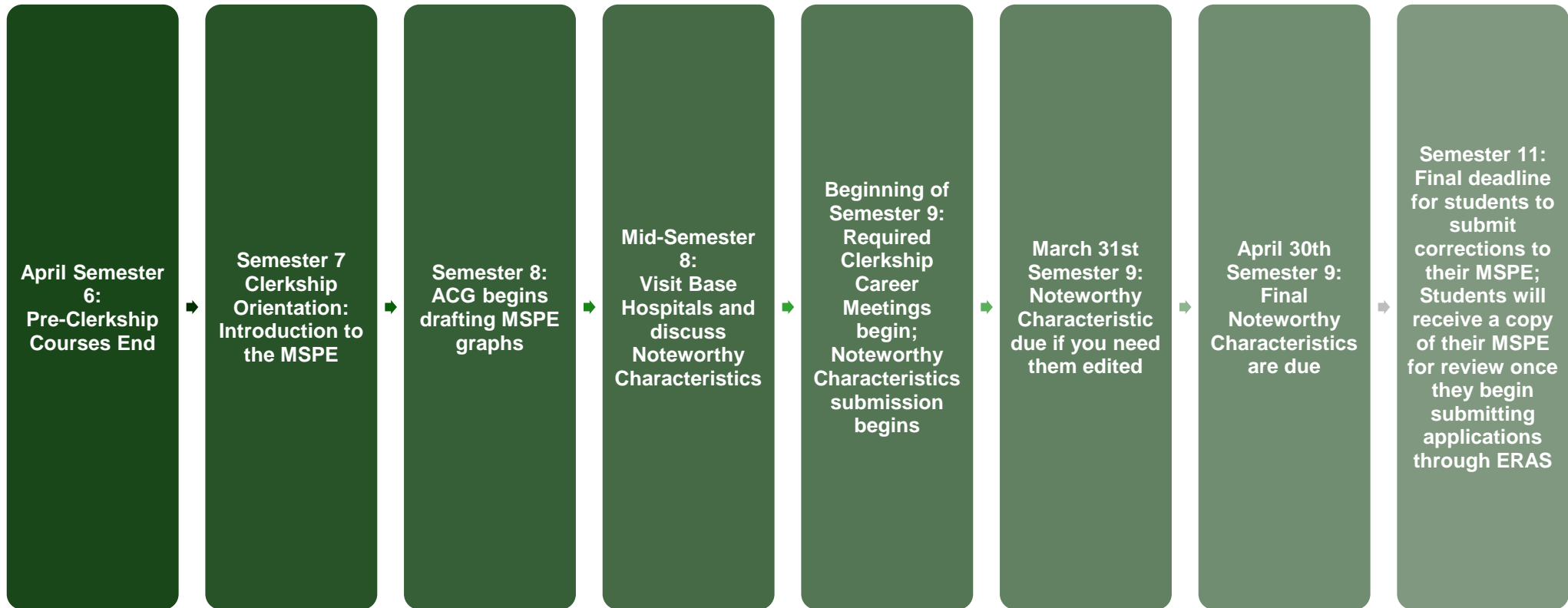
Consider the following topics for submission: Activities to address healthcare disparities

- Community service
- Explanations of any difficulties
- Hobbies
- Honors/Awards
- Leadership positions
- Life experiences
- Publications
- Research
- Tutoring
- Way in which you spent a year off from medical school

1.	
2.	
3.	

This worksheet was adapted from the [University of Chicago Pritzker School of Medicine MSPE Bullet Point worksheet](#).

MSPE Timeline



Audition Rotations

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.

What are Audition Rotations and why are they important?

- Audition rotations are your elective rotations. What makes them special is the time in which they are completed
- Audition/Away rotations are completed from July to January of your 4th year
- A chance for you to showcase your personality and medical abilities
- An opportunity for you to gain experiences in different specialties or at different programs that you are considering
- A chance for programs to decide if they'd like to offer you an interview, if you'd fit well on their team, and, more importantly, if the program is a **good fit for you!**
- An outstanding audition rotation can overcome shortcomings in your application
- REMINDER: View your audition rotation as an extended interview

When should I complete my audition rotations?

- As early as possible in your fourth year
 - Major advantage is opportunity to collect a strong LoR to have for your application by September 15th.
 - Avoid scheduling conflicts with interviews

Networking

An audition rotation is an excellent opportunity to network and showcase your skills to 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, and 4) 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!

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 Learning Opportunities—VSLO—while others do not accept VSLO applications. The MSUCOM Clerkship web page has detailed [application information](#) for both base hospital and non-base hospital rotations. If you have questions about applying for an elective rotation, please reach out to your Student Service Associate in the College Registrar's Office.

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?

According to the [VSLO Frequently Asked Questions page](#), students will pay \$40 for up to three applications and \$15 for each additional application.

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

Contact the Medical Education (Program) Coordinator—the preferred initial contact person—as many programs often have a wait list you could join. 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.

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, personal hygiene, 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 people’s 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. ♦ Use your phone unless told to do so during your rotations ♦ Perform procedures unless you are instructed to

Letter of Recommendation Information

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/specialties 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*: August of your third 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.

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

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.

How do I ask for letters of recommendation?

Samples from the American Resident Project:

Dear Dr. _____,

It was such a pleasure to work with you and your colleagues on the _____ service. Would you be willing to write me a strong letter of recommendation for my residency application? I loved my experience on the service so much that I am considering it as a future career. It would mean a lot to have a letter from you on behalf of the team.

I realize I only got to work with you during the first week, which may make it difficult for you to comment on my improvement. However, I am happy to provide a list of attendings and residents I worked with who could further comment on my performance. Again, thanks for your help and guidance during my sub-I. I look forward to your response.

You may also need to follow up with a letter writer; here is a professional way to do so:

Dr. _____,

Thank you for agreeing to write a letter on my behalf! My CV and a draft of my personal statement are attached as PDFs. I worked with Drs. _____ and residents _____.

The instructions to upload the letter are below:

1. Go to <https://www.aamc.org/eras/lorp> and 'sign in to LoRP' with your AAMC account.
2. Upload the letter, keeping in mind it must be: A PDF, cannot be >500KB, cannot contain an electronic signature or be password protected, must be on regular 8.5x11 page, cannot have a file name with spaces or special characters. Please ensure the letter is on professional letterhead _____ and includes a date and your signature.
3. When uploading the letter to the LoR Portal, you will need this info:

Applicant AAMC ID: _____

Applicant Name: _____

ERAS Letter ID: _____

Specialty to which this letter will be assigned: _____

I would love to have this uploaded by _____ or sooner. Please let me know if there is an alternate date you'd prefer, keeping in mind I plan to submit my application

_____.

Again, thank you. Please let me know if there is any other information I can provide to be helpful.

When are LoRs due?

You want to have as complete an application as possible. You should aim to have your Letters of Recommendation uploaded by September 15th. However, 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 they know 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.

Potential letter writers include:

- Attending physicians from 3rd & 4th year rotations
- Program directors
- Research mentors
- 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 and any other document(s) they may request. 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 LoR Portal 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

What is a Standardized Letter of Evaluation (SLOE)?

A SLOE is a letter of recommendation for emergency medicine applicants written by a faculty member in an emergency medicine residency program. The SLOE evaluates students against their peers giving program directors a better view on how students are performing compared to other applicants. Most programs will require you to have two SLOEs to apply.

How do I obtain a Chairman's Letter if they don't know me? [\(back to top\)](#)

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.

Letter from department chair

“The specialty to which I am applying requires me to get a letter from the Department Chair. How do I obtain this letter?”

- **Contact the department secretary (listed below) to determine:**
 - **1) if the Chairperson sends a letter,**
 - **2) what process has been established for completing this letter.**
- **If the Chair requests access to your academic records, please reach out to the College Registrar’s Office.**

DEPARTMENT / SPECIALTY	CHAIR /CONTACT INFORMATION	STAFF TO CONTACT
FAMILY MEDICINE ▪ GERIATRICS	Amy Keenum, DO keenumam@msu.edu	Rebecca Reagan, reagan@msu.edu 517-353-3100
NEUROLOGY AND OPHTHALMOLOGY	David Kaufman, DO kaufman1@msu.edu	Sandy Holliday, sandy.holliday@ht.msu.edu 517-884-2493
OSTEOPATHIC MANIPULATIVE MEDICINE (OMM) ▪ NEUROMUSCULOSKELETAL RESIDENCY PROGRAM	Lisa DeStefano, DO dstefano@msu.edu	Academic Office, A439 East Fee Michele Benton, bentonmi@msu.edu 517-353-9110
OSTEOPATHIC MEDICAL SPECIALTIES ▪ EMERGENCY MEDICINE ▪ INTERNAL MEDICINE	Mary Hughes, DO hughesm@msu.edu	Jen Leedy, B305 West Fee Hall oms@ht.msu.edu or leedyj@msu.edu
OSTEOPATHIC SURGICAL SPECIALTIES ▪ ANESTHESIOLOGY; GENERAL SURGERY; OB/GYN; ORTHOPEDICS; PLASTIC SURGERY; UROLOGY	W. Britt Zimmerman, DO zimme318@msu.edu	Crissy Chakrani, B415 West Fee Hall 517-353-8470 Crissy.Chakrani@hc.msu.edu
PATHOLOGY/PHYSIOLOGY	Lee Cox Chair coxcllee@msu.edu	Elvira Martinez-Jones, 517-884-5059 marti221@msu.edu
PEDIATRICS	Joel Greenburg, DO Greenbe1@msu.edu	Department Office, 545 West Fee 517-353-3100, Rebecca Reagan reagan@msu.edu
PHYSICAL MEDICINE AND REHABILITATION	Jim Sylvain, DO sylvain@msu.edu	Thomas Schnipke, schnipk1@msu.edu 517-353-3870
PSYCHIATRY	Jed Magen, DO magenj@msu.edu	Theresa Grover, A233 East Fee 517-353-4363, grover@msu.edu
RADIOLOGY ▪ RADIATION ONCOLOGY	Kevin Robinson, DO robin280@msu.edu	Adriana Feldpausch, adriana.feldpausch@rad.msu.edu 517-884-3234

Residency Resources & Competitiveness Information

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, 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 Academic and Career Advising has access to a network of “Resident Mentors”—graduates of MSUCOM who can share their experiences and perspectives; for more information, contact our office at com.acadvising@msu.edu.

Important: When seeking advice about the residency application process, 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.

National Resident Matching Program (NRMP) Resources:

The NRMP publishes match data and other helpful resources each year so that students can compare their performance to recently matched students. The following resources can help you determine your competitiveness level for your desired specialty as well as help you be better informed about the match:

1. [Results of the NRMP Match](#)
2. [2020 NRMP Main Residency Match: Match Rates by Specialty and State](#)
3. [Charting the Outcomes in the Match: Senior Students of U.S. Osteopathic Medical Schools](#)
4. [Results of the 2020 NRMP Program Director Survey](#)

MSUCOM Match Data:

MSUCOM's match rate consistently stays above 97% with most of our students, typically around 70-80% of each class, staying in the state of Michigan. After the match concludes in March, our office works to put together information to show where our students match and which specialties they matched into. A comprehensive look at our match information can be found in our [MSUCOM Match Look-book](#).

MSUCOM Official Competitiveness Data:

You may be asking yourself ‘what do I need to score on my board exams, achieve in classes, and become involved with to match’. Although there is no cut and dry answer to this question, we have put together a competitiveness profile for our matched students in each specialty over the last three years. Our [competitiveness data](#) covers topics such as; how many students matched into the specialty, what their average board scores were (only applicable if we had 3+ students match in one year), quintile spread, and much more.

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: What is the average board score of past applicants? What is the minimum score they are likely to consider? Do you have any items that need further discussion on your application such as failed/low board scores, leaves from the College, failed courses, etc.? 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](#)
[NRMP Main Match Results and Data](#)

Researching programs

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

- ♦ [Careers in Medicine](#)
- ♦ [FREIDA](#)
- ♦ Program Website

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. Other factors include 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. Our office has a variety of resources to consider including the [NRMP Charting the Outcomes of the Match](#), [AAMC Applying Smart: New Data to Consider](#), and specialty/program specific COMLEX/USMLE scores.

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. We encourage all students to develop a parallel plan. A parallel plan is when you choose 2 or more specialties to apply to, audition and interview with, and eventually rank. With the upcoming 2020 Single GME Accreditation, it's smart for students to consider more than one specialty. 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. 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 or current residents are generally very good sources of information regarding how to navigate their specific programs.

Interview Information

Interviewing for a Residency Position

Interview season extends roughly from September through mid-January of the fourth year, with the bulk of interviews occurring September through 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 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.

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 their 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. 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: 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 parallel plan. 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 parallel plan don't lie or be evasive about it. Having a parallel plan demonstrates flexibility and maturity.

A good tool to use to determine what program directors in different specialties look for to interview and rank their applicants is the [NRMP Program Director Survey](#).

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 one or more meals 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, really everyone you interact with no matter their role. 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. *If you decide to drink alcohol at any event, only have one.*

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 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.

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.

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 and adjust as you go.

MSUCOM offers you two different opportunities to practice your interview skills. The first is access to the Big Interview program. Dr. Enright has recorded three sets of interview questions she used to use during her residency interviews. Students have the opportunity to record their answers and send it to the advising team for unbiased feedback. Access to Big Interview is given in the second semester of third year.

The second opportunity for students to practice their interview skills is sitting for a mock interview. Students will be given the chance to sign up for a mock interview towards the end of third year so you can prepare for interview season. Communication regarding mock interviews will be in the student newsletter and introduced at the Clerkship Regional Visits.

- 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 only have 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 is 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, take a shower, don't forget deodorant, 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 people who you interviewed, toured or shared a meal with. 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 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.

How do I pay for my interviews?

You have the possibility of being reimbursed for some of your interview expenses if you are eligible for federal financial aid. This is a one-time reimbursement, so we recommend students submit the following below after they match:

Interview Reimbursement/additional loan
Actual Cost minus \$2000 allowance per semester from budget
Submission for Interview Reimbursement – PDF format
Name and PID#
Invites for Interviews
Hotel receipt
Airfare receipt
Mileage (IRS standard mileage rates)

You can submit your Interview Reimbursement to the [financial aid office](#)

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 that you are comfortable with 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.

What should I do if I am not getting any interviews?

Perhaps the greatest fear of fourth year is that of not matching, which is only amplified as interviewing season progresses and you haven’t received any or very few requests to interview. More so now than ever, it is important for you to avoid panic and remain proactive by doing the following:

1. Contact the programs to which you have submitted an ERAS application. Construct an email providing a brief introduction of yourself, your interest in the program, and any new achievements or additions to your CV. If the program requires that you relocate, you should also briefly describe your interest in the area. Review the template below:

Subject Line: Internal Medicine Residency – Sparty Spartan Application

Dear Dr. xxxx,

I hope this email finds you well. I submitted an application for the XXX residency position through ERAS and am writing this email to express my strong interest in your program. XXX Program has all of the components I am seeking in a residency program. From well-structured didactics, research opportunities within diverse patient populations, and extensive simulation training, I believe xxx program provides the necessary training and resources that would enable me to become an excellent surgeon.

Since submitting my initial application for consideration, my scores for COMLEX CE and PE have been reported and are now available for your review. Thank you for your consideration, I look forward to hearing from you.

2. Apply to more programs that you are competitive for, not “reach” programs. This is particularly important if you applied to very few or opted to limit yourself by specialty and/or location.
3. Update your CV and/or personal statement with any new achievements or experiences you have had since the initial submission.
4. Prepare for the Supplemental Offer and Acceptance Program (SOAP). More information on these processes can be found on page 16 of this guide under “What happens if I don’t Match?”
5. Develop a plan of action in the event that neither the Match nor SOAP works out. How can you make the next year valuable and improve your overall candidacy? How will you improve your written materials, interview skills, and overall candidacy? Consider research and work opportunities that will increase your competitiveness by improving your interpersonal and clinical skills.

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 be 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.

Post-Interview Communications

Post-interview communication is an important part of the residency selection process and includes practices such as sending thank-you notes (email and handwritten are acceptable), asking questions that come up post-interview day and responding to inquiries and communication from programs. Sending a thank you post-interview is a common courtesy and should be done for every program unless a program makes it known that it does not wish to be contacted. Use this opportunity to not only thank the interviewer for the opportunity and for their time and effort invested in the interview, but to also express

what aspects of the program you found especially appealing. You may also use this to update the program on any new information (awards, publications, etc.) and to demonstrate your continued interest in the program.

Another type of post-interview communication is the letter of interest, also sometimes known as “love letters”. There is much debate as to whether these letters are effective and how much weight residency programs put on them. These letters may impact the decisions of some programs while for others, it makes no difference whatsoever. Choosing to participate in these types of communication is up to each individual.

From the applicant perspective, it’s risky (and dishonest) to tell more than one program they’re your top choice. Programs receive a list of where applicants on their ROL ultimately matched. For example, if an applicant told Program A and Program B he planned to rank their program No. 1, Program A may move the applicant higher on their ROL. Once Program A learns the applicant failed to match to their program and, rather, matched to Program B, Program A will recognize the deception. The medical education community is small, and this could potentially damage your reputation. If you choose to communicate to your top ranked program, please make sure you have completed all of your interviews and have considered all options before doing so to avoid a situation in which you change your mind and placing yourself in a precarious situation.

For your top 2-3 programs, you may opt to let them know you are ranking them as a top program and be specific why. Programs want to know why them specifically as they receive many of these letters.

Conversely, programs sometimes communicate with applicants that they will be ranked to match into their program. Unfortunately, this does not always occur. So what can you take away from this? Accept them as compliments but don’t base any decisions on them. Remember, the best strategy in constructing your rank order list is by your true preference and not where you think you are most likely to match. In addition, if you never receive a love letter from a program, don’t panic. That specialty may opt out of communicating with applicants after the interview, especially if they’re competitive. Individual programs may also follow that same practice.

A poorly written communication can potentially damage your prospects so please make sure it is a well written, articulate communication. Please feel free to send any written communication to your advisor or to the office of Academic and Career Advising for review.

Ranking & Rank Order List (ROL) Information

Ranking Programs

Once the interview process is complete, the next step involves creating a rank order list (ROL) in the NRMP R3 system where you will 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 NRMP Match Day.

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

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

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 (completeness of program, location, program size, etc.).

How many programs should I rank?

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. The [MSUCOM Specialty Competitiveness Guide](#) has the suggested number of ranks per specialty. Students should consider following this number so they are meeting the national average of ranks for a successful match.

Creating a Rank Order List

As the rank deadline approaches, we want to ensure you are submitting the best list possible! In the past, students have been concerned about how to properly create their list and if they are ranking multiple specialties, do you have to follow a certain guideline?

Concern: I've been told that if I'm ranking multiple specialties, I must rank them in continuous order like this:

1. Program A – Specialty 1
2. Program B – Specialty 1
3. Program C – Specialty 1
4. Program D – Specialty 1
5. Program B – Specialty 2
6. Program A – Specialty 2
7. Program C – Specialty 2

Is that true? Simply no, you do not need to rank specialties in groups. When it comes to your rank order list you always want to rank by true preference. Meaning if you'd rather go to Program B – Specialty 2 over Program B – Specialty 1 you should rank Program B – Specialty 2 ahead of it. When creating your rank order list think about the program, location, specialty, training, and all the other things that matter to you. You may find that your parallel specialty has a program you like more than one of your primary specialty. Here's a better way to look at ranking your programs based on this:

1. Program A – Specialty 1
2. Program B – Specialty 2
3. Program B – Specialty 1

4. Program A – Specialty 2
5. Program C – Specialty 2
6. Program C – Specialty 1
7. Program D – Specialty 1

This way you are going by true preference and are more likely to match at one of your top programs regardless of if it is your parallel or your primary specialty.

The NRMP has [fantastic resources](#) for creating your rank order lists. Check out their video to better understand [how the match algorithm works](#). Remember, don't try to "play" the system and always take feedback such as "we are ranking you number 1" with a grain of salt. You want to make sure when your rank order list is accepted on February 26th that you are happy and comfortable with where you ranked each of your programs because they were ranked by true preference.

Remember, rank order lists can be changed up to the submission deadline but don't change them unless you have a strong rationale. Uncalculated last-minute changes could do more harm than good.

Supplemental Rank Order Lists

Students who are applying for advanced positions may consider submitting a supplemental rank order list along with their primary rank order list. The supplemental list typically has the transitional/preliminary/PGY-1 positions they are applying to in connection to the advanced positions on their preliminary rank order list.

For more information on supplemental rank order lists, check out the [NRMP resources for Supplemental Rank Order Lists](#).

Quick Links

[Ranking Residency Programs](#)

[About Rank Order Lists](#)

[Creating a Supplemental Rank Order List](#)

[Ranking as a Couple](#)

[How the Match Algorithm Works](#)

The Match

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. 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.**

[Learn how the match algorithm works](#)

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

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

Quick Links

NRMP—[National Resident Matching Program—The Match](#)

Early Match Programs

[Military Match](#)

[San Francisco Match](#)

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

[Canadian Match](#)

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

NRMP—[Couples in the Match](#)

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

What happens if I don't Match?

Across the country 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. The post-NRMP match is very structured and formalized—with strict rules—known as the [SOAP](#), which stands for Supplemental Offer & Acceptance Program.

Supplemental Offer and Acceptance Program (SOAP) Toolkit

This resource has been developed to provide guidance to students about the NRMP Supplemental Offer and Acceptance Program (SOAP) period. We hope that this advice can help students successfully navigate SOAP and secure a graduate medical education position. Some reasons that you might consider preparing for SOAP include:

- You applied to fewer than average amount of recommended programs (see [Specialty Competitiveness Guide](#))
- You didn't receive the recommended number of interviews (see [Specialty Competitiveness Guide](#))
- Your rank order list is shorter than recommended (see [Specialty Competitiveness Guide](#))
- You received little or no positive feedback from programs when you interviewed
- You're applying solely for a highly sought-after specialty and have not received much interest
- Limited yourself geographically
- You are concerned that you might not be as competitive as other applicants in the specialty
 - Any Leave from College
 - Marginal or Negative Clerkship Evaluations
 - Failed Coursework (1+ Clerkship /2+ Pre-clerkship)
 - Failed/Low Board Score: COMLEX \leq 450; USMLE \leq 220
 - Professionalism Issue(s)

PART 1: PLANNING AHEAD

If you feel there is a chance that you will not match into a residency program through the NRMP, it is wise for you to take some steps while you have the time and ability to focus.

- Consider your Letters of Recommendation (LOR)-
If you have multiple letters of recommendation already uploaded to ERAS, think about which ones you would release to programs during SOAP. If all your LOR's were from orthopedic surgeons and you are now planning to focus on a family medicine position, consider reaching out to other physicians who can speak to your abilities in the clinic. As a reminder, those who write a letter of recommendation for you will be expected to upload it directly to ERAS through the Letter of Recommendation Portal (LoRP).
- Update and Review Personal statement-
Review your personal statement. If it includes references to a specific specialty, be sure to update if you intend to apply to a different specialty(ies). You may also consider updating relevant experiences or other details. You can list a college representative's name and contact information in your personal statement, which you would upload to MyERAS. If you would like a program to contact and speak to a College representative, please include the following at the bottom of your personal statement:

If you would like to speak to a College representative about my application, please contact:

Dr. Susan Enright, DO
Associate Dean of Clerkship
Enright4@msu.edu

Kim Peck, MBA
Director of the Office of Academic and
Career Guidance
peckkimm@msu.edu

PART 2: PLAN A VS. PLAN B

If you don't already have a backup plan, now is the time to give this some thought. Obviously, you are hoping to pursue your first choice of residency. However, you should ask yourself these questions:

- Is it reasonable for me to continue to pursue my first choice of residency?
Consider how many positions are offered; how many are likely to be available in SOAP; how many programs you applied to initially. Highly competitive programs may fill in the match or have very few available positions in which many other candidates are interested. For NRMP match statistics from 2020, [click here](#).
- What other specialty could I see myself in?
Think back to your rotations and other experiences to those specialties that you enjoyed. Which of

these may have positions available in SOAP? For more detailed information about various specialties, consider reviewing the [Careers in Medicine](#) site. If you need access to this website, please send an email to com.acadvising@msu.edu

- Where is this specialty offered, and how far am I willing to go for graduate medical education? Are you limited to a certain geographic area, or are you able to relocate if offered a position? You may want to discuss this in advance with your significant other or family, if applicable. A list of programs participating in the NRMP Match is also available on the [ERAS Participating Specialties & Programs](#) site.

PART 3: GET YOUR DOCUMENTS READY

On Monday of Match Week, you will be notified if you haven't matched. Here are some things to consider looking over to ensure you are SOAP ready:

- Updated Transcript
- Request an updated MSUCOM Transcript
- **ORDER A TRANSCRIPT FOR ERAS**
Once logged on follow directions to electronically send transcript to transcript@com.msu.edu
A130 East Fee Hall, Attention: ERAS
- Updated Scores - Be sure that your COMLEX/USMLE scores are up to date.
- Update personal statement

PART 4: PREPARE FOR SOAP WEEK

If you find yourself in SOAP, these suggestions will help you effectively navigate the process.

- To better understand SOAP as an applicant [watch this short video](#). Also, review the [SOAP Guide for Applicants](#).
- Let your attending physician and resident know, if applicable, that you will receive your match results on Monday at 11am of NRMP Match Week. If you have reason to believe you will need to participate in SOAP, consider asking in advance to be released from your rotation duties after 11:00am EST.
- SOAP happens in four rounds Monday through Thursday of NRMP Match Week.
- Each applicant has 45 applications they can submit. We recommend submitting them all during round one. Applications are transferrable to later rounds.
- In the 2020 SOAP week 1,897 positions were available for 7,685 applicants. At the end of SOAP all but 311 positions filled.
- You must send your application to programs via ERAS. When applying in SOAP, if you have already applied to a program during the regular match season, you will need to resubmit your application through ERAS.
- If you did not apply to at least one ACGME-accredited residency program before SOAP and you are SOAP-eligible, you will pay a \$99 fee for participation in SOAP. This fee covers the 45 total applications you are allocated during SOAP. If you have not sent your USMLE or COMLEX-USA, you will be charged a fee of \$80 per transcript.
- Have access to a charged computer, email, Zoom/Skype and a telephone. Ideally, you should have a means to send and receive emails and take phone calls. If your rotation site does not have adequate connectivity, consider making other arrangements, even consider coming to campus. Make sure your devices are charged and you have access to recharge them if necessary.
- **DO NOT** reach out to programs unless they initiate contact. This includes having recommenders or other individuals interested in reaching out to programs for you.
- Programs may frequently conduct telephone interviews during SOAP. Try to be available for those calls. Plan ahead for where you might take calls if you are scheduled to be on a hospital-based rotation. Some programs may elect to invite applicants for interviews in person if you are within a reasonable distance to the program. Think ahead to whether you are willing and able to travel for a face-to-face interview.
- If you need assistance or moral support, advisors from [Academic and Career Advising](#) will be available at each COM site in East Lansing, Detroit, and Macomb on the days SOAP occurs.
- If you need to speak to someone about your mental health and wellness please reach out to the Office of [Wellness and Personal Counseling](#).

PART 5: ACCEPTING AN OFFER

Keep in mind that offers may be made and decisions will need to be made quickly. If a program offers you a position, you have 2 hours to accept the position. You may be placed in a position where a quick decision is necessary. If the input of a significant other or family might be needed, plan to have that discussion in advance. Once you do accept an offer, let the program know you are willing to put that in writing and you would be happy to sign a contract as soon as one can be made available. Once you've accepted an offer NRMP will reflect your match and you are no longer eligible to accept other offers.

ADVISOR AVAILABILITY & CONTACT INFORMATION:

Ms. C. Pauline Tobias, MA
Detroit - Career Guidance:
tobiasog@msu.edu or 313-578-9670

Ms. Kim Peck, MBA
East Lansing - Career Guidance:
Peckkimm@msu.edu or 517-884-4037

Ms. Arie Armbruster, MA
East Lansing – Career Guidance:
Armbru56@msu.edu or 517-353-5780

Ms. Brooke-Lynn Vij, M.Ed
Macomb Career Guidance:
vijbrook@msu.edu or 586-226-4801

Ms. Dawn Dewar, M.Ed
East Lansing - Career Guidance:
dewardm@msu.edu or 517-432-8806

Dr. Susan Enright, DO
Associate Dean of Clerkship
Enright4@msu.edu or 810-252-8007

RESOURCES:

- [Career Advising Website](#)
- [Careers in Medicine \(CiM\)](#)
- [FREIDA Online](#)
- [NRMP Violations](#)
- [Statewide Campus System](#)
- [SOAP Highlights for Applicants](#)
- [SOAP FAQs](#)

What MSUCOM can do for you during SOAP:

On Monday of SOAP week MSUCOM will receive the list of students who are partially and fully unmatched. Once that list is received, the Office of Academic and Career Advising will reach out to each student to offer support. At that time, unmatched students are encouraged to do the following:

1. Discuss their application/match strategy, application, supplemental documents, and interviews with your advisor to try and target a reason for not matching.
2. Connect with mentors, letter writers, and other trusted individuals to update letters of recommendation and to determine if they would be willing to advocate for you to programs.
 - a. Per NRMP Policy, MSUCOM cannot reach out to programs until the program has contacted the student. Once you are contacted by a program, you are allowed to reach out to your mentors to speak to programs on your behalf.
 - b. Consider reaching out to faculty or administrators with whom you have worked closely and would be able to speak to your clinical and academic abilities. The college feels that these individuals are best able to advocate for you based on firsthand knowledge. While the college can provide general support and advice on navigating the SOAP process, please note that the Dean's Office does not directly intervene on behalf of students seeking residency positions.
 - c. **You are welcome to have programs reach out to one of the two college representatives below:**
 - i. Dr. Susan Enright, DO
Associate Dean of Clerkship
Enright4@msu.edu
 - ii. Kim Peck, MBA
Director of the Office of Academic and Career Guidance
peckkimm@msu.edu
3. Review and prepare for SOAP week -
 - a. Develop an application strategy based on specialties/programs positions available in SOAP

- b. Discuss your supplemental documents (personal statement, letters of recommendation, transcripts, and MSPE) to ensure you are maximizing your strengths and have a plan in place to explain any weak areas.
 - c. Overview the rules for SOAP week and when you are able to communicate with programs
- 4. Provide resources for unmatched students post-SOAP.

Resources for Unmatched Students

Resources for Unmatched Students

We understand going unmatched during your final year of medical school may not be what you were expecting. During this often stressful time it can be helpful to take time for yourself to digest the information and create a plan for your next steps. With that in mind, we have compiled information that could be helpful for you to potentially find a position post-match, pursue other academic interests, or even utilize your DO degree in a non-clinical profession. As always, your Academic and Career Advisors are always happy to help you with questions, concerns, and/or with next steps. Should you want to discuss your individual situation with a member of the advising team, please contact our office at 517-884-3893 or email us at com.acadvising@msu.edu.

Resources to Help You Find a Residency Post-Match

- [AAMC Find a Resident](#)
- [NRMP Unfilled Positions \(will require you to log into the NRMP R3 System\)](#)
 - You must have registered for the NRMP match in order to use this resource.
- [CORD Council of Emergency Medicine Residency Directors](#)
- [AMA Non ACGME Open Residency & Fellowship Position](#)
- [Association of Program Directors in Surgery](#)
- [Society for Academic Emergency Medicine](#)
- [American Psychiatric Association Residency Training Program Vacancies](#)
- [Association of Pediatric Program Directors](#)
- [The American College of Obstetricians and Gynecologists Clearinghouse](#)
- [AMA FREIDA](#)
- [ACGME Program Search](#)

Resources for Non-Clinical Careers

A growing number of medical school graduates are deciding to pursue a career path that doesn't involve clinical practice. Utilizing the AAMC's Careers in Medicine resources, you can find information on various paths graduates can pursue.

*Please note for this section you will need access to Careers in Medicine, if you no longer have your access information please contact our office: com.acadvising@msu.edu.

Some popular career options include:

1. [Public Health and Service](#)
 - a. International Medicine
 - b. Preventative Medicine
 - c. Organized Medicine: Nonprofits and Associations
 - d. Aerospace Medicine
2. [Public Policy and Government](#)
 - a. Public Service and Policy Making: Federal, State, and Local Government
 - b. Lobbying and Government Relations
3. [Communications and Journalism](#)
 - a. Print Journalism and Writing
 - b. Broadcast Journalism
4. [Informatics](#)
5. [Pharmaceutical Research](#)
6. [Consulting](#)
7. [Teach for America](#)
8. [Americorps](#)

Pursing a Master's Degree

Some unmatched students will elect to use their time after graduation to pursue an additional degree to potentially assist in boosting their competitiveness. Should this be a route you are considering, we encourage you to meet with an advisor to discuss if/how an additional degree would help you if you pursue a residency in a future match cycle.

Popular master's degrees students pursue include:

1. Master of Public Health
2. Master of Business Administration

Getting Involved in Research

Another popular option for unmatched students is pursuing a research opportunity, especially if the subject is medically relevant and could help you with your desired specialty.

Tips for finding research opportunities:

1. Contacts you have made either at your base hospital, during your pre-clerkship years, or prior to matriculating to MSUCOM that may help you find an opportunity.
2. [AAMC's Clinical and Research Opportunities Database](#)
 - a. You will need a log in for this site. If you do not have your Careers in Medicine log in, please contact our office: com.acadvising@msu.edu.

Appendix

Appendix Useful Links

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AAMC Careers in Medicine (CiM)
Advice from Residents on What to Ask During the Residency Interview
AAMC Resources for Residents
AWAY ELECTIVES
On-line Extramural Electives Compendium
Visiting Student Learning Opportunities (VSLO)
AAMC
FREIDA Online
THE MATCH
National Resident Matching Program / Main Residency Match
NRMP Couples Match
San Francisco Match
Military Match
Urology Match
SOAP
ERAS
ERAS for Applicants
ERAS Fees and Billing

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

August 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
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	Instructions available for submitting rank order lists
January	ROLIC System opens to submit rank order lists
February	ACGME Rank Order List Deadline
March	NRMP Residency Match Day

Resident Mentors

If you are interested in being connected with a mentor, please contact com.acadvising@msu.edu or a Career Advisor with any questions. We have several mentors available if you are interested in speaking to a peer, current resident, Canadian student/graduates, or a member of the military.

Career Advisor Contact Information:

DMC: Ms. Pauline Tobias, MA (Academic and Career Advising):
tobiasog@msu.edu or 313-578-9670

EL: Ms. Kim Peck, MBA, (Director of Academic and Career Advising):
peckkimm@msu.edu or 517-884-4037

Ms. Dawn Dewar, M.Ed (Academic and Career Advising):
dewardm@msu.edu or 517-432-8806

Ms. Arie Armbruster, MA Academic and Career Advising):
Armbru56@msu.edu or 517-353-5780

MUC: Ms. Brooke-Lynn Vij, M.Ed (Academic and Career Advising):
vijbrook@msu.edu or 586-226-4801

Dr. Susan Enright, DO (Assistant Dean of Clinical Clerkship Curriculum)
Enright4@msu.edu or 810-252-8007

Potential interview questions

1. We have many good applicants. Why should we choose you?
2. Why did you choose to apply to this program?
3. What would you like to know about our program?
4. What do you feel you could add to our program?
5. What have you learned about yourself in previous jobs?
6. How do I know you can show initiative and are willing to work?
7. What are your interests outside of medicine?
8. What would you say are your major strengths? Weaknesses?
9. Why did you choose this specialty?
10. Tell me about your medical education.
11. Tell me about your previous clinical experience in (specialty name).
12. Why are you so sure (specialty) is right for you?
13. Tell me about your experience with the COMLEX exam(s)? (if candidate has so-so score(s) or failed attempts)
14. Have you ever worked in an ICU (or other unit common to the specialty)?
15. How do you get along with nurses?
16. Have you ever taught medical students?
17. Do you have any publications?
18. Are you interested in research activity? Please elaborate.
19. Have you ever made any presentations before a professional group?
20. Have you assisted in surgery? What procedures? Tell me how you were involved.
21. What are your long-term goals?
22. Tell me about yourself.
23. Where do you see yourself in 10 years' time?
24. What are you looking for in a training program?
25. Do you have any questions about our program?
26. What books have you read lately? Tell me about (book, article).
27. Do you plan to practice in (program's area or state)?
28. Tell me about the latest treatment for XXX (a common disease treated by the specialty).
29. How would you describe your decision-making style?
30. Describe the most difficult decision you have ever had to make. How did you go about it?
31. Describe the worst or most disappointing clinical experience you've had so far.
32. What will you do if you don't match in (specialty)?
33. To what other (programs or specialty areas) have you applied?
34. What is your visa status?
35. Describe a difficult time in your life and how you dealt with it.
36. 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.)
37. What do you do to cope with stress?
38. Have you held any leadership roles? Elaborate.
39. What kind of personality traits do you find most difficult to deal with in coworkers?
40. What challenges do you foresee that will potentially affect this specialty in the next ten years?
41. What tactics would you use to establish rapport with a patient you have a difficult time relating to?

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

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

11. Are there any skills labs?
12. How are procedures recorded and credentialed?

Questions to ask the Program Director

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

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

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