
AΩA Pearls 2021

What is AΩA?

Alpha Omega Alpha (AΩA) is a national medical honor society which seeks to recognize high educational achievement, honor gifted teaching, encourage the development of leaders in academia and the community, support the ideals of humanism, and promote service to others. Students are elected to AΩA in their third or fourth year of medical school.

What are the AΩA Pearls?

Part of the UWSOM AΩA Chapter's mission is to serve our medical school community. The Pearls represent our compiled advice—from former and current AOA members—about how to succeed in the preclinical years, clerkships, and residency applications. Check out the AΩA “Turkey Book” for more detailed clerkship advice.

A Brief Note

The Pearls represent AΩA students' opinions. They are intended to serve as a guide and not as prescriptive rules. They may or may not resonate with your experience in medical school.

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FOUNDATIONS PHASE

General Advice

Should I change my previous study habits (from undergrad, MCAT studying, etc) when studying in Foundations? If so, how?

- Most AOA members recommend adding outside resources (see next question) to supplement lecture content.
- Less passive studying (ex: reading) and more active studying (ex: flashcards).
- Work on efficiency and consistency in studying; cramming is not feasible in medical school.

What resources were most helpful during each block of Foundations?

- Overall most recommended resource: Anki
- MCBD: Firecracker
- I&D: Sketchy Micro
- CPR: Kahn Academy, Online MedEd
- Blood and Cancer: Pathoma
- Anatomy Pin Tests: Acland's Anatomy Atlas, TeachMe Anatomy
- Other/all blocks:
 - Sketchy Pharm
 - Boards and Beyond
 - UWorld
 - Firecracker
 - First Aid
 - USMLE Rx

Should I be studying for Step 1 throughout Foundations? (Note: This question was asked before Step 1 was made Pass/Fail.)

- **The short answer:** it is up to you! Do what works for you.
- AOA members had highly variable responses. The goal for Step 1 studying is to minimize stress. If you think that studying for all of Foundations will help you do that, then that method will work best for you. If you think that taking things one step at a time and waiting to study until your dedicated prep time works best, then do that! There are many successful techniques and you just need to find what works best for you. Here is a breakdown of how the most recent AOA members chose to prep for Step 1:
 - 20% of AOA members studied for Step 1 consistently throughout Foundations
 - 40% studied a light amount, intermittently throughout Foundations
 - 15% began the summer between MS1-MS2 year
 - 25% of AOA members waited to study for Step 1 until their dedicated prep time after Foundations

If I do study for Step 1 throughout Foundations, what resources are the most useful?

- First Aid: Best if you use this as a study companion to each block.
- Uworld: Study relevant questions for the block.
- Sketchy Micro and Sketchy Pharm: Best to use these as study companions for the appropriate blocks so that the videos are familiar once your dedicated study prep time comes around.
- Firecracker

Do you recommend joining an interest group/doing extracurriculars during Foundations?

- **75% of AOA members recommended** joining an interest group. It is important to note that it isn't mandatory to join interest groups! Interest groups can be a great way to make connections, learn helpful skills for clerkships, and help with career exploration. The biggest piece of advice AOA members had was to be selective in your commitments with interest groups. Don't join too many groups, so that you avoid spreading yourself too thin.
- All AOA respondents recommend limiting your extracurriculars to ~4 activities or less during Foundations phase (although this may change with Step 1 becoming pass/fail).
- Recommend working in at least one leadership position.
- Better to have 1-2 activities with serious time commitments or accomplishments versus a long list of activities with minimal participation.
- Pick activities that you are passionate about, that you enjoy, and/or relieve stress.
- School and classes come first!

What are the options for summer between MS1 and MS2?

- 50% AOA members completed RUOP
 - Try to get to know your community early and find out what the community's specific needs are. If possible, find a project that would be actually implementable, as opposed to a "project in a box".
- 25% AOA members completed MSRTP
 - Start looking into this early in medical school (fall of MS1) in order to be prepared for the application. In addition, if your project needs an IRB, this can take a long time so get started on this very early. Find a good mentor early on in medical school. Try to have a project with a timeline that is achievable.
- 10% AOA members completed the Global Health option
 - Connect with the global health office early. Know that the cost is large and the process can be burdensome, but it is doable. There is good support from past students and it is a worthwhile program that you can make a huge difference in.

Additional advice from AOA members for Foundations:

- Find a study spot!
- Attend small groups and participate as comfortable.
- Don't forget about the things you loved prior to medical school. Keep your hobbies, continue exercising, maintain your relationships and be collaborative with other students. These things all help to keep you grounded and will help you to succeed overall. Life outside of medicine is important to your health and your happiness.
- Take time during Foundations to shadow in specialties you might be interested in. You'll get this experience during 3rd year, but 4th year comes quickly and before you know it you'll be submitting residency applications!
- Foundations is mostly about building a strong foundation of knowledge that you will refer to and add to throughout your career, but it's not necessary to 100% master all of the material. Don't kill yourself by trying to get the highest test scores in the class! Foundations is a good time to figure out strategies for handling the stress and overwhelming nature of medical training so that you have good habits early on.
- Use the flexibility of the pass/fail system to learn the material well and to engage in extracurricular activities that are interesting to you.
- Almost everyone has a poor test performance at some point. Don't be discouraged!
- Don't take Foundations of Clinical Medicine for granted. A good history and physical exam are key to succeeding in your clerkships.

USMLE Exams

How did AOA members prepare for their USMLE exams? (n = 13)

	Step 1	Step 2 CK
Dedicated Study Time	Median: 7.5 weeks Range: 6-10 weeks	Median: 4.5 weeks Range: 2-8 weeks
Resources (% used)	UWorld QBank (100%) First Aid (100%) NBME practice tests (92%) Pathoma (87%) Sketchy Micro (77%) Sketchy Pharm (62%) Anki Flashcards (62%) Boards & Beyond (46%) Smackdown group (39%) Goljan Lectures (23%) Kaplan QBank (15%) The Director of Academic Support (8%) Step 1 Secrets (8%) BRS Series (8%)	UWorld QBank (92%) NBME practice tests (92%) Anki Flashcards (54%) Amboss QBank (46%) Online MedEd free videos (39%) First Aid (39%) Sketchy Pharm (23%) Sketchy Micro (8%) Pathoma (8%) BRS Series (8%) Pestana Surgical Notes (8%) Randy McNeil Biostats YouTube videos (8%)

STEP 1:

(Note: This advice was collected before Step 1 was made Pass/Fail)

Preparation

- Start studying during Foundations phase and the summer.
- Consider getting through First Aid and QBank once during Foundations and again during dedicated Step 1 study time.
- Meet with the The Director of Academic Support during Foundations to develop a study plan and a calendar for 'boot camp' period (4-6 weeks before test).
- Make a daily schedule and decide how many hours you want to study each day (8-12 usually recommended).
- Make sure you are in a good place, both physically and mentally, prior to studying for Step 1.
- Have a plan, stay focused, and ace it!

Materials

- Pick a few resources and stick with them (see chart above for suggestions). If you use too many, you may not master them and it can be overwhelming.
- Don't feel like you have to use a resource just because classmates are using it. Know what works for you and choose your resources based on how you learn best.
- Anki can be helpful to remember the finer details; trial this early in MS1. And if you like it, stick to the cards and do them early and often. To save time, download the pre-made decks (Zanki, AnKing, Lightyear, Lolnotacop's Sketchy Microbiology and Antimicrobial) from r/medschoolanki (Reddit) and tweak them to fit your needs. Do not try and complete all the pre-made decks as there are just too many cards.

Practice Exams

- Follow the Director of Academic Support's 'mock block' schedule, which recommends when to start doing hour-long QBank practice tests.

- Take full-length practice exams (UWorld self-assessments and NBME exams) at regular intervals to assess your strengths and weaknesses. Set a schedule for yourself and try to stick to it!

Smackdown

- 46% of AΩA members did Smackdown (N=13).
- Fun and social, but structured, way to review materials from First Aid and learn new ways to memorize materials from your classmates.
- Great way to create a support system during Step 1 and break down complicated topics.
- Good to get through the material at least 1x before dedicated and have all of the material in your working memory.
- Choose a group that you work well with, has similar goals, and will stay on task and stick to the timeline.
- Most do smackdown early to ease into individual studying and identify weak spots.

Studying

- Make sure your first two weeks of studying have built-in accountability (e.g. studying with others, incentives); if you get off track early on, it can be tough to get back on.
- Do a mix of questions and content review. For example, you could spend the morning doing mock blocks and reading through answers and the afternoon reviewing a subject and annotating First Aid / watching Sketchy / studying Pathoma.
- Start UWorld early, but don't worry about the percentile until your 2nd time through.
- Take the time to review answers, both right and wrong. Know why you got something right as well as the reasons that the other answers are incorrect.
- While it is important to review questions, getting through all of the material once is just as important and should be a goal.
- If weak in certain areas, consider doing QBank questions on those first rather than going straight into random blocks. If using Anki, consider prioritizing cards related to your weak areas since memorization of details and understanding how to approach questions are both important. Anki will help with memorization while QBank questions help with the latter.
- Take brief notes on the QBank questions you get wrong or topics you find confusing. You can keep those in a notebook, write them in your First Aid book, or annotate within UWorld (which can be printed out) to look over the week of the test.
- Well before you approach your exam date, make sure you are doing timed question blocks and getting accustomed to completing questions without immediately checking the answers, to better simulate the actual exam so you are well-prepared.
- Mark important diagrams in First Aid for quick reference and review.
- Memorize lab values if possible - if you have the information at your fingertips, it will be easier to access and save you time

Breaks

- Don't burn yourself out early during the Step 1 study weeks; give yourself a couple of hours every day to do something fun and physically active, or whatever will help you recharge.
- Always take one day COMPLETELY off per week: go out for dinner, drinks, maybe even coordinate off days with friends.
- Try not to listen to what/how your peers are doing and don't compare yourself to them; this can cause unnecessary stress!
- Get lots of sleep so you can learn better.
- Consider treating dedicated study time like a job: study 8-5, then workout, make dinner, watch a movie, etc.

Delaying

- Try to hold on to your test date – pushing it out too far can cause fatigue, burnout, and the content you reviewed first will be more remote.
- However, if your scores are still improving, you feel like you have more studying in you, and time allows, there is no shame in pushing back your date.

Test Day

- Don't study the day before the test – do something fun/relaxing instead!
- Write down any formulas you think you might need at the start of the test on your worksheet, as your brain will probably tire when you need them.
- After the exam, you **will** feel unsure of how you did; this is normal.

STEP 2 CK:

Scheduling

- CK must be taken by a specified date (previously June 30th, though this should be checked).
- Of AOA members, 70% took CK immediately after 3rd year, 30% took CK during the summer of 4th year (n=30).
- Several members took a week vacation before starting to study for CK.
- If you end your core clerkships with internal medicine, it can be beneficial to take CK a few weeks after finishing (the bulk of the CK is internal medicine).
- Try to take CK close to completion of 3rd year while material is fresh and you haven't started more specialized training.
- You do not have to wait for your neurology/EM clerkship before taking CK.

Preparation

- The step exams build off each other, so it's important to do well on Step 1 and not to forget all the material between the two exams.
- Try to do the UWorld Qbank once during core clerkships (even the ones that do not have NBME exams) and once during dedicated study time.
- Use Online MedEd videos throughout your clerkships, then refer back to these during dedicated CK study time.
- Studying hard for clerkships is great preparation for CK.

Materials

- Qbank is a highly recommended resource: UWorld (gold standard) or Amboss (becoming more popular). Ideally, get through once during clerkships and then reset it at the beginning of dedicated study time.
- First Aid for Step 2 is a little bit clunkier than for Step 1, but it can be helpful to annotate throughout third year and while studying for the test.
- Online MedEd videos are helpful to practice diagnostic frameworks for common problems and can be used to annotate First Aid. While useful for surface-level understanding, it is too superficial for Step 2 material.
- Do 2-3 full length practice tests before taking the real thing to build stamina for the 9-hour test.
- Use practice tests to identify weaknesses and target those areas with studying, since your review is not starting from scratch (like it often is for Step 1).
- You will have a much stronger foundation than you realize and will likely have fewer esoteric facts to memorize like you did with Step 1.

OSCEs

General Advice

- Don't stress, the stakes are low! Most people pass without a problem.
- Grades are arbitrary and don't worry too much about "exceptional" vs. "pass" - just shoot for a pass.

Studying

- Review physical exams and FCM materials and you will be prepared.
- Practice out loud with a friend who can ensure you are hitting important requirements, doing appropriate physical exam maneuvers, and getting the jitters out beforehand!
- Practice any physical exam maneuvers that are tricky for you (shoulder exam, knee exam, etc.). It can be helpful to understand the theory behind physical exam maneuvers - what anatomical structure is it evaluating and why?
- Good to practice and review specific interviewing techniques including motivational interviewing, sexual history, substance use history, etc.
- If you want to feel prepared, you could review common diagnosis from First Aid Step 2CK and CS but this is not necessary.
- Look at the list of common chief complaints for CS and make a list of differential diagnoses and tests you would order.

Notes

- Get fast at formulating a quick 3-4 item differential.
- Practice finishing in the time allotted because this can go quickly.
- Copy and Paste works, so don't waste time rewriting things.

Test Day

- Act as you would with any patient encounter in an outpatient setting and you'll be fine.
- Be sure to read all of the prompt instructions and make sure you are checking every box during the encounter.
- Don't forget to introduce yourself, wash your hands, and be empathetic - those are all easy points!
- Use a system or mnemonic to ask history questions (eg. OPQRSTAAA, PAMHUGSFOSS).
- Remember to address all parts of the history regardless of the prompt (HPI, PMH, Surgical Hx, Meds Allergies, Fam Hx, Social Hx, ROS, etc.)
- Don't lie about physical exam findings - most often there won't be any.
- Timing is often the most difficult part.
- Don't fret about getting a pass versus high pass, grading is subjective and a pass is all that matters.

REQUIRED CLERKSHIPS

General Advice

What general advice do you have for students entering their required clerkships? If you had the chance to do this year again, what do you wish you knew, or what would you do differently?

- Feedback fatigue is real during 3rd year, but try to remember to ask for feedback and take it in stride. Remember that the people you are working with are trying to make you a better doctor and they will be impressed if you integrate their feedback into your behaviors quickly. Ask questions and be curious; if you have a question or your attending has a question, look up an original article and present it to them because it will show that you are curious and engaged.
- I think being on time, staying late and being enthusiastic are the most important things. In every clerkship act like that is what you will be doing for the rest of your life and you will get way more out of the clerkship. I can't believe how many times I was told by attendings how refreshing it was to have a student genuinely interested and not just to clock their hours and get out as soon as possible. I think that's a waste of your time and their time.
- 3rd year is so much fun - you work hard but you also learn a lot! How much you learn or get out of a clerkship often is correlated with how much you put into it.
- Have a great time - the best advice I got was from a surgery attending who said "for most of these clerkships, this is the only time you're going to be this type of doctor, so focus on learning as much as you can about each of these specialties."
- Try not to focus on the grade. They are so subjective sometimes and you'll drive yourself crazy trying to interpret what each preceptor thinks of you. Just try hard, show up on time, and express interest! I think preceptors can tell if you are genuinely interested in their specialty or just sucking up for the grade. Also, keep your notes from Step 1 (I wish I used OneNote to consolidate all my notes from Foundations because you will occasionally refer back to them when studying for the shelf exams). Listen to the Director of Academic Support regarding resources to study for shelf exams. For some, I used Case Files, others I used mostly UWorld.
- If you can anticipate what the residents/attendings need, and do those things, you will make the teams' lives easier and they will really appreciate it. This can show motivation and knowledge.
- Start studying early and regularly in the clerkship. It will really help raise both your clinical and exam grades. Asking questions does NOT make you appear unintelligent; you come off as curious and interested, which is so important. No matter what you're going to specialize in, treat every clerkship like you have everything to learn, because you do!
- First impressions go a long way: the weekend before every rotation, spend a couple hours browsing the workup for the most common issues in the specialty you're about to start. Follow every patient on your service (just by reading through their note summaries briefly), even if you aren't assigned to them. You'll learn more and will be more prepared for sub-internship(s) and internship when you are expected to take care of everyone. Don't stress about the final exams too much.
- Be a team player.

What did you find was particularly helpful or unhelpful in getting feedback on rotations?

What was the most helpful feedback you received during 3rd year?

- Some attendings will give you the canned "you're doing great, keep reading" when you ask for feedback, so it's important to ask more specific questions about your performance (such as - "can we talk about my assessment and plan in my note on XX patient from yesterday" or "can you give me feedback about the organization of my oral case presentation on the new patient this morning"). Integrating that feedback ASAP will be impressive to them.
- Most helpful feedback entailed specific suggestions to improve on one or two skills at a time, rather than generalized suggestions that weren't specific to a patient or scenario.
- Start off rotation by asking for expectations and what your role is. Be courteous but assertive in getting AT LEAST mid rotation feedback. Clearly ask for areas of improvement.
- Many providers seem hesitant to provide constructive feedback, push yourself and continually ask about areas that need improvement.
- Ask for feedback EARLY in the rotation. "What can I do to get the most out of this clerkship?" Have 1 or 2 specific goals going in that you want to accomplish (i.e. master the neuro exam on neurology). Preceptors like it when you have specific goals or areas you'd like to work on. The most helpful feedback I received was to present my assessment/plan with confidence and specific rationale. Even if you're wrong, you will remember it better if you commit to a plan. This can be hard to do at first, but helps build confidence and allows you to step into the provider role for your patients.
- Learn to anticipate what residents/attendings need. Be confident.
- Don't be afraid to ask for feedback at any point, it demonstrates your interest in improving.
- It's often difficult to find the right time to ask for feedback! It's good to ask for feedback early (so you can change). After writing the first couple notes, I asked my preceptor if there's anything they wanted me to change. I'd also ask if they could observe a physical exam early on and give tips.
- Make it a point on the first day to talk about feedback with your attending. Set aside a few minutes at the end of each day to get some feedback, and make sure to set aside time for mid-clerkship feedback. Have a form available to talk through, because otherwise some attendings won't give you concrete feedback.
- It worked well for me to ask casually for feedback: "anything I could have done better today?" "Any suggestions for the next time we're on rounds / in the OR?" No one really likes formal feedback sessions, so doing a temperature check will help you stay on track without being awkward.
- I found it was helpful to ask the clerkship contact at the beginning (when we were setting up the schedule) about when we would have scheduled feedback. I found that if it was planned and that there was a shared expectation that it would happen, it was more likely to happen AND the feedback was more well-thought-out. My most helpful feedback during 3rd year related to how I could find information each night about a disease/pathology I observed or helped treat during the day, which would encourage my continued reading AND would link my learning to real-life patient experiences.
- I think it is helpful to go over the grading rubric on your mid-clerkship and ask specifically "How can I turn this 3 into a 4 or 5?" That way you have an idea of the scale your evaluator plans to use and you can make appropriate changes.

What is the schedule of 3rd year like and how did you manage clinical duties, rotation assignments, studying for the shelf, personal stuff, etc?

- 3rd year is broken up into 12 week chunks of 6 week rotations so sometimes you will have an intercession between clerkships and sometimes you will have to change gears quickly to the next rotation. Each rotation will have assignments and an associated exam. Try to get the assignments done sooner rather than later and spend downtime during the clinical day to do UWorld questions. Your day to day schedule will vary depending on the rotation and the site.
- The advice from AOA members as a whole was to study for the shelf early and often. This helps you to be prepared for your clinical and to be prepared for your exam. You can do a set amount of UWorld questions per day or per week in addition to using one other clinical resource such as Step up to Medicine or Case Files, etc.
- Whether you are Safari, Track, or TRUST - you will likely move multiple times during 3rd year. Try to go with the flow. It gets exhausting. Try to find a routine you can stick to no matter where you are living (both with studying, exercising, staying in touch with family and friends).

Resources to use on the wards
<p>-Online MedEd -UpToDate -UWorld -Anki (premade decks like Zanki or homemade) -Amboss -Epocrates Other: -Enthusiasm and frequent check in's with attendings....honestly, they don't expect you to know everything, but enthusiasm for their field will get you far, always say "I'll look it up!" if you don't know something. -Having a note-writing / oral presentation template ready...there will be times when I didn't feel "ready" to present a patient or write a note. If you have a template with you at all times, at least you have a guide.</p>

Family Medicine

Exam Resources	Clinic Resources
-Online FM cases (AAFP) -USPSTF Guidelines - memorize them	-UpToDate -Online FM cases -AAFP website -Step Up To Medicine (ambulatory care section) -AOA Turkey book -Pocket book -MDCalc -DynaMed -AHRQ ePSS (electronic preventive service selector) Smartphone App

Advice for clinical success

- Ask questions, be engaged, take ownership of patients that you see in clinic (eg. call them about lab/imaging results)..
- Look up the schedule the day before, see why patients are coming in, and help jog the attending/residents' memory about the patient when they arrive at the clinic the next day.
- Use a problem based approach to guide the visit and for writing your note. It can be useful to choose 1-2 problems that you want to work on (e.g: increase antihypertensive and give shingles vaccine), and 1-2 that the patient wants to work on (e.g: knee pain and insomnia).
- Really know preventative care guidelines (USPSTF and AAFP.) This is high yield clinically AND on the test.
- Know the presentation, dx steps, differential dx, and treatment of the most common family med symptoms (fever, chest pain, belly ache, etc.)
- Seek out opportunities to participate outside the clinic (home visits, rural clinics, etc.)
- Offer to be helpful in non-clinical ways...offer to push patients in wheelchairs to their cars, call patients with results, take care of stray children. Try to be somewhat cognizant of the schedule (and if you're making them get way behind!) Look up the chief complaint on UpToDate prior to seeing the patient because sometimes there's not much time after the encounter before presenting the patient.
- Have a good attitude, work hard, get a good history and do a good physical on each patient, and always take a stab at an assessment and plan. If you have time before presenting to your attending, do some quick research on UpToDate for a broader differential and treatment options.
- Don't think of this as an easy rotation. Work just as hard as you would on IM.
- Clinical success: take an interest in your patients' lives.
- Preceptors seemed to indicate honors students generally try to integrate the patient's social situation into their plan. (i.e. If the patient has no insurance or little cash, say I want to give them x antibiotic even if it's not the first line because it's on the Walmart \$4 list and the first line is expensive.)

Favorite and least favorite parts of this rotation

- Favorite part of the rotation - I never knew what types of patients I would be seeing that day (even if I reviewed the schedule the night before, sometimes patients didn't want to see a medical student or there was an interesting add-on case). Least favorite part - I worked with a bunch of different preceptors and everyone has a slightly different approach, which can be tough, but this isn't just a problem in family medicine.
- I liked the scope of practice and switching gears between acute viral illness in a kid to chronic diabetes management in an adult patient. Your experience in any rotation can depend on the people who you are working with.
- Loved the holistic approach to medicine, wished the appointment times were longer in many instances.
- Least; long problem lists, most: procedures.
- I was in outpatient FM the entire time so that was my least favorite. My site did full scope FM so I got to use my OBGYN skills to deliver some more babies.
- Really nice culture among residents and attendings; a little challenging because the range of medical topics is so broad.
- Least favorite was referring patients for most problems rather than completing diagnostic tests in the clinic.
- Charting. My preceptor saw 17-18 patients daily. There is a LOT of note writing but you can get really efficient.
- Lots of patients, hard to feel that you're doing much because you only ever have time to address 1, maybe 2 problems. I loved counseling patients on preventative care, although it isn't always a fruitful or successful effort, it feels great to think that you might be contributing to someone living a healthier life.
- Favorite – seeing clinic patients multiple times, autonomy, good schedule, procedures (some clinics do lots of derm procedures). Least favorite - slow pace.
- I did not love being in the clinic all day. I really loved seeing patients of all ages.
- Least favorite: nothing, I loved FM. Most favorite: the variety of patient presentations, ability to do small procedures (suturing, skin bx, IUD insertion, etc.)
- Procedures are fun!
- Least - huge patient volume with short visit times; most - living and working in a rural community for the first time.
- Least favorite is falling behind in a busy clinic day; try to stay on schedule. Favorite part was hitting it off with patients I had a lot in common with.
- Loved getting to know patients in clinic and hearing about their lives in a way that not many people get to hear. I also enjoyed getting to work with patients on making small steps toward healthier lives. My least favorite part was the difficulty in having to know such a huge range of information and never really being able to focus on a single thing - being somewhat familiar with IM, Peds, and OB.

Internal Medicine

Exam Resources	Clinic Resources
-UWorld -Anki decks -Amboss -Step Up to Medicine -Online MedEd -First Aid for Step 2 -NBME Practice Exams	-UpToDate (esp phone app) -Online MedEd -Pocket Medicine -MDCalc -Turkey Book -USPSTF Guidelines -Scut sheets

Advice for clinical success

- Really use the inpatient portion to work on your notes, they love comprehensive notes in IM and it will give you a great chance to practice critical thinking. Know USPSTF guidelines for your patients in clinic.
- For your patients with interesting presentations/pathologies, research and present on that topic to your team frequently (1x/week).
- This is the highest yield rotation in terms of experience and knowledge growth. Make the most of it.
- Take ownership of your patients, build rapport, read about them, come up with your own assessment/plan and present it with confidence.
- If you are new to the game, use a template for morning pre-rounds so you don't forget stuff to look up on the chart or ask your patient before rounds, and a template for admits. Know the workup and treatment for common inpatient issues (AKI, fever, etc). Outpatient is like family medicine.
- Show up early to give yourself plenty of time to round on your patients and prepare your presentations. Take the time to go back to see your patients multiple times throughout the day. Always be willing to pitch in and help with anything. Be a team player, know your patients the best of anyone on the team (clinically and personally). Take initiative to call all the consults for your patients.
- Study for the final exam during your outpatient weeks - your inpatient weeks will likely be very busy.
- Ace the case presentation and invest in learning this early, communicating about pts is key in this rotation. Best advice I got on giving OCPs was to be concise and only report what you think is the most pertinent information. It shows you are thinking about the case and also cuts down time on rounding! If attending wants to know something else, they can always ask.
- Read a lot about your patients (cliche, I know), but you'll never know what information you'll retain from reading about past diagnostic workup and treatments, sometimes it helped me to even think of things to suggest in my own A/P!
- Being a self sufficient learner who brings knowledge to the team is far more important than always having the right plan. Overly long presentations will not impress your team--you should have all the data, but it does not all need to be presented immediately and people can ask you questions for more details if need be.
- To get honors, have a good plan, be specific about dosing, integrate social situation of patient into plan, cite a study in your plan if relevant and if your attendings seem to like it. Pocket medicine tells you what to do for workup and also will have citations for studies that provide the evidence, so you can look them up through those references.

Favorite and least favorite parts of this rotation

- I loved the inpatient portion as I really felt like I was the main provider for the patients that I saw and got a lot of autonomy. The outpatient portion could be a little monotonous depending on if you are a person who loves clinic or not.
- Really enjoyed feeling responsible for my patients and independently proposing differentials/workups to attendings and then having discussions about the appropriate course of action.
- Least favorite: long presentations/rounds. Most favorite: interesting pathology.
- LOVED this rotation; morning report, noon conference, and medical student didactics are all excellent; teaching rounds are fun; try and follow your patients to procedures they have.
- Favorite part - it was the time in third year where I felt most like a doctor! Least favorite - the schedule on inpatient is ROUGH.
- I really liked inpatient medicine, but did not like clinic. I really felt like I was my patients' main care provider during this rotation.
- Least favorite: long rounds. Most favorite: starting to feel competent in working up a variety of issues.
- Least favorite: calls. Most favorite: rapport with medicine team, interesting cases.
- Least favorite was Q4 call on wards. Most favorite was being able to think about diverse pathophysiology that IM covers.

Obstetrics and Gynecology

Exam Resources	Clinic Resources
<ul style="list-style-type: none">-UWISE-Blueprints-Case files-UWorld-Online MedEd-NBME practice exams	<ul style="list-style-type: none">-ACOG practice guidelines-UWISE-Little red book-Blueprints-Up to Date

Advice for clinical success

- Be engaged, ask lots of questions during clinic/surgeries, look up operative procedures the night before and get a sense of what to expect the next day in the OR, be proactive while taking care of patients and do needed tasks without being asked.
- Have fun and work hard! If you don't go into OB, then this is your only opportunity to partake in deliveries and C sections!
- The QBank through APGO (UWISE) will get you through the exam. Success in OB is super site dependent; ask students who were at your site before how they succeeded.
- Know the differentials and treatment of most common issues (vaginal bleeding, incontinence, etc). For pregnant patients, know what needs to be done at each gestational week (when to do certain labs, exams, etc)
- Study hard early on. Know most of the material earlier in the rotation so you can shine.
- Do as much as you can, it's so amazing the breadth of clinical, surgical, preventative, OB experience you can get on this rotation. If you're at all interested in OB/GYN, do it at WWAMI site and then do a sub-internship at UW.
- Blueprints (useful to look up patients' conditions in your free clinic time), I made cheat cards with the weeks of pregnancy and the questions to ask / tests to run.
- Take initiative. Show up to deliveries when it's appropriate, stay through the completion of a delivery even if your day is over (if you can). The more you offer to do, and the more relaxed and warm you are around patients, the more comfortable your attending will be with letting you help. Read about C-sections at the beginning of the rotation, and gyn surgeries the night before they're scheduled (so you have a working knowledge of what's going to happen and when).
- Be enthusiastic. Patients/Providers can feel your apprehension, so get in there! Introduce yourself to patients well before the baby is due to arrive. Getting experience in OB is often predicated on gaining the patient's trust before the exam/delivery occurs.
- If you're male, be prepared for patients to not want male providers. Use the time to study or do questions on UWorld. Show interest and find ways to contribute to patient care i.e. transporting patients or helping nursing, because as a male you may not always get the chance to show you know the medicine.
- Knowing pelvic anatomy and running through videos of laparoscopic anatomy were very useful for the OR. As on all rotations, nurses are critical to communicate with. And knowing the stages of labor is helpful.
- Learn the workflow of your rotation site and how you can best position yourself for getting hands on experience. This may mean checking in at the nursing station on L&D frequently.
- If not interested in OB, try to make the most of your clinic experience by following patients who are presenting for common gynecologic exams that have a differential and require diagnostics. Study the Pap smear algorithm!

Favorite and least favorite parts of this rotation

- I enjoyed the OB floor though it was high stress, take the opportunity to learn how to read and interpret fetal monitors.
- Enjoyed having a limited set of OR procedures to learn about as I felt this allowed me to understand them better.
- Least favorite: waiting for vaginal deliveries in the hospital. Most favorite: the gyn surgeries.
- My site was high volume and I was the only med student so I delivered > 50 babies by myself.
- Taking part in vaginal deliveries and C-sections was an incredible experience.
- Delivering babies was actually really fun, even though I'm not interested in OB/GYN at all. Lots of people have a negative attitude about this rotation but you can have a great experience!
- Favorite – delivering babies! Continuity of care, OR days. Least Favorite – waiting around for babies to be delivered.
- Least favorite: long, quiet nights on L&D happen, and they're not the most fun. Always have something to study, or see if the residents have a mannequin to practice deliveries. Favorite: I loved deliveries (both vaginal and c-section). They're an amazing thing to be involved in and are almost always worth the wait!

Pediatrics

Exam Resources	Clinic Resources
-Aquifer Cases -UWorld Question Bank -Anki Decks (based on UWorld)	-Aquifer Case Summaries -Online Med Ed -Developmental milestones and vaccination schedules for well-child examinations (Sign up for AAP student membership to access small booklets with all the developmental milestones by age as well as access to the RedBook and Peds in Review). -For learning the anticipatory guidance, use Bright Futures, UpToDate Patient Education materials, and Kids Health! -UpToDate -Case Files/Blueprints

Advice for clinical success

- Watch videos on how to do certain pediatric exams and how to swaddle a newborn.
- Review the developmental milestones before each well-child visit. It may be beneficial to memorize the major milestones. It's okay to look up the vaccine schedule however. You can also learn the developmental milestones using an interactive portion of some Aquifer cases.
- Practice and perfect your pediatric physical exam techniques. Ears and abdomens are often the touchiest part of the exam, but kids think it's funny when you "find things in their ears" or guess what they've eaten for lunch. Save the most invasive part of the exams (ear, stethoscope) for last, but again, be flexible. Ask the parent to help you as well during the exam. Much of the pediatric exam is based on observation. You can learn a lot about a patient just by looking.
- Foster a relationship not only with the patient but also with the family. Pediatrics is not heavy in procedures, but excellent communication skills are the tools used by pediatricians.
- Master the common pediatric complaints, just like medicine, take ownership of your patients, build rapport with families and keep them informed.
- Learn and use different techniques for interviewing and examining kids of different ages. Practice appropriate interactions with different age groups.
- Stay on top of clerkship assignments. Try to get them done early on as there is a lot of busy work during this rotation.
- Learn how to present using family-centered rounds. To have a good shot at Honors, know the medicine and have a good plan, but try to integrate the patient's social and family preferences into the plan.
- Be enthusiastic and open to any opportunity, know anticipatory guidance like the back of your hand. Before seeing a patient, it was helpful for me to review the age-appropriate questions I wanted to ask the parents.

Advice for the Aquifer Exam

- Aquifer Cases are minimally interactive which may not fit everyone's learning style. Some have suggested completing the cases as quickly as possible so that 1) you get a foundation of pediatric knowledge and 2) you can use the PDF summaries at the end of each case to review for the exam and when you take care of patients with presentations relevant to the cases.
- 8/13 individuals surveyed completed Pediatric UWorld questions during their rotation. Even if the UWorld questions do not feel helpful for the Aquifer exam, they help prepare you for Step 2 and keep you from falling behind your 1st pass of UWorld during 3rd year.
- ANKI cards based on UWorld questions.
- These resources are sufficient for the exam, but not the wards.

Favorite and least favorite parts of this rotation

- Favorite experiences included inpatient and PICU experiences, navigating the family dynamic, explaining workup and diagnoses to the family, working with newborns, and the kids! Kids are hilarious and it's fun to play with babies and toddlers all day. One of the most rewarding aspects of pediatrics is seeing children get better. It is also so much fun to educate/encourage/congratulate parents on their hard work and how much of a great job they have been doing.
- Least favorite parts of the rotations included well-child examinations which can get monotonous, learning the developmental milestones, CPS/non-accidental trauma/neglect cases, serious pediatric illnesses which can be emotionally draining/taxing, long hours, unfamiliarity with newborn care, anticipatory guidance, and minimal hands on experiences.
- It is really challenging to see small children suffering; be sure to talk to someone if you feel like you need extra support.

Psychiatry

Exam Resources	Clinic Resources
<ul style="list-style-type: none">-UWorld-First Aid for Psych-NBME practice exams-Sketchy Pharm-Case Files, Lange practice questions-Online MedEd	<ul style="list-style-type: none">-First Aid for Psych-tinyurl.com/drgreentips (made by HMC attending Dr. Aaron Green)-Up to Date-Online MedEd-Case Files

Advice for clinical success

- Get comfortable with the psychiatry interview and psych exam, through observation of your residents and attendings.
- For shelf First Aid for Psych/UWorld was all I needed to ace the exam.
- NBME tests give you a good sense of what to study and there are some topics on the shelf that I wouldn't have studied otherwise.
- Remain calm and professional.
- Don't think of this as an easy rotation. Work just as hard as you would on IM.
- Closely observe your attending's style of interviewing patients with different pathology, and do your best to identify some tricks you can incorporate in your own interviews. LEARN THE DRUGS and their side effects. Maintain appropriate boundaries and safety with patients, without sacrificing empathy.
- Be sincere and straightforward even with weird questions (are you seeing anything right now that others might not see as well?).
- BE THOROUGH when interviewing - don't be afraid to ask questions that make you uncomfortable.
- Do your reading on the different psychiatric disorders and how to treat them. Learn and use different techniques for interviewing patients with psychiatric disorders.
- Try to see ECT! Write down good phrases during patient interviews to use later (especially with sensitive topics). Follow safety precautions, bring a chaperone if needed, leave the room if you feel unsafe.
- This is a great rotation for learning how to have tactful conversations with patients that are not straightforward, and also to employ a new depth of compassion for people who can be difficult to relate to. Psych is going to be a part of ALL OF OUR PRACTICES, take it seriously and learn all you can. Don't forget your medicine, and always include 1-2 medical causes in your differentials.
- Really know the DSM criteria inside and out
- Practice your motivational interviewing skills and therapeutic communication skills
- Take time getting to know your patients
- Don't be afraid to step out of your comfort zone and interview patients from day 1! Everyone has different styles, no one expects you to be a master of psychotherapy from the get go.
- Know medication side effects and indications/contraindications for a medication (eg if a patient has a history of seizures, bupropion is not going to be the choice for them).

Favorite and least favorite parts of this rotation

- Least favorite was feeling like it was too hard to positively affect patients through inpatient psych hospitalization. Most favorite was focusing on functional status and giving people tools they could use to improve mental health.
- Least favorite: outpatient psych...not much responsibility for med students to do at least at my site. Turned into a few weeks of shadowing.
- Favorite: interviewing patients for long periods and participating in the different types of therapies (psychologist, spiritual care, social work interviews, etc).
- Least favorite: upsetting stories. Most favorite: lots of time to spend with patients and psychiatrists pay attention to how they treat their colleagues.
- Try to avoid getting psychiatrically evaluated by your attendings or residents.
- Least favorite: It was incredibly difficult to see patients committed involuntarily for severe psychosis, who would be stabilized and eventually released without housing or any other meaningful support. Favorite: For a large number of patients, inpatient treatment would almost entirely correct the severe pathology they demonstrated on admission.
- Least favorite: seeing how difficult it is to make progress with psych inpatients. Most favorite: this rotation offered the most patient interaction of any rotation.
- Favorite: talking to patients during down time, seeing interesting pathology like schizophrenia and manic episodes. Least favorite: we don't have a lot of tools to help with psych problems.
- Favorite: great stories, lots of really deep topics covered, distinct way of thinking. Least favorite: no physical contact with patients.
- Oftentimes the days seem long and uneventful, however this is a rotation where you will have more time for extracurricular activities.
- Lots of learning on the inpatient unit; cool to learn about pharmacology; sometimes interactions can be tough and uncomfortable; just try to roll with it.
- Least: the meds/side effects are a lot of memorization. Most: getting to know your patients.
- Enjoyed the continuity in patient care on the inpatient unit, enjoyed longer conversations with patients than I was able to have on other rotations.
- I liked the inpatient portion of my rotation doing consults in the hospital. Clinic appointments can be long in psychiatry so take the time to get to know the patient and think through their diagnosis.

Surgery

Exam Resources	Clinic Resources
-UWorld -Pestana's -NBME Exams -Online MedEd	-DeVirgilio book -Surgical Recall (for pimping questions) -Pestana's -Zollinger's -UpToDate

Advice for clinical success

- On surgical skills/time in the OR:
 - Practice knot tying and suturing in your spare time so that you are ready when they ask you to do it in the OR - it's always when you least expect it. Your chances to impress with sewing or driving the camera in the OR will be limited, recommend practicing knots and laparoscopy in the WISH lab before rotation if you're shooting for honors or wanting to do surgical residency.
 - Learn all your knots before starting. You can ask to do closures if there's time. If you can't see, then the surgeon can't see (tip for being a good assistant!) Try to anticipate what they'll need next (e.g. if they are suturing, grab the scissors).
 - Learn how to palm your needle drivers...they will be impressed.
 - When you walk into the OR, immediately introduce yourself (I would always make sure to have a hat and mask on) to the OR nurse and scrub tech, say your name and that you are a medical student, and write your name on the white board!! If these people like you, your life will be easier. Ask if you can pull your gown/gloves for them. If you don't feel confident opening them in a sterile fashion, ask the nurse for help, just don't contaminate their table. Ask where the best place to stand is and rest your hands (lightly) on the patient or on your abdomen so that everyone can see your hands and they remain sterile.
 - Practice gowning/gloving if you can. Be super aware of the sterile field, keep quiet when surgeries are tense, but make it clear that you're interested and willing to help. One GREAT tip that will make your life in the OR so much better is to get on the good side of the OR nurses; introduce yourself before the case, ask if you can bring gloves/a gown into the room, write your name on the board, etc. Offer to help prep the patient, and definitely help clean up the patient/prepare them for transport to the floor once the case is done. There are lots of little things that you can help with, don't hesitate to do so. EAT BEFORE CASES!
 - Be helpful but don't get in the way. if assisting in OR be able to anticipate what you can do to move the case along (help nurses get patients ready in OR, help anesthesia get lines in, etc).
 - Don't be afraid to ask how you can get more involved in the OR. Just by asking, the attending will realize you're interested and perhaps allow you to play a more active role on the case.
- On prepping for cases:
 - Always be prepared for the cases you're scrubbing on - the surgical atlas with pictures is helpful for this.
 - Watch the procedure on YouTube so you've seen it before and don't get lost with the anatomy and you have appropriate questions during the case.
 - Zollinger Surgical atlas to prepare for cases, Visual Body anatomy for review

- Prep for the OR meaning know the pts HPI/presentation, know the relevant anatomy for the case, know the BASIC steps for an operation - you will not be asked the details - but it helps if you have an idea what the major steps and landmarks are that guides the case, this helps with questions in the OR and with having a general understanding of what is going on
- Be enthusiastic. Read the night before about the surgeries the next day, especially about the anatomy, because you will get pimped. Don't get down on yourself if you don't know all the answers when you are pimped, but go home that night and read over it so you know the answers for the next time.
- Know your patients in the OR, indications, potential complications, post op care for the surgery.
- Look up procedures the night before to know what to expect in the OR, frame questions in such a way that shows you know something about the anatomy and/or the indication for surgery.
- Depending on your site, you may get very little hands-on practice with surgical techniques, but that doesn't mean your rotation is a waste. Prepare for the surgeries by reading the general overview of the procedure and possible complications (think about possible anatomic structures that are nearby and how to avoid them!). It's also good to know why the pt is going to the OR and a general understanding of their history
- On learning:
 - Don't take pimping/rudeness personally, use it as a learning opportunity.
 - Read De Virgilios text! It serves as a more up to date and thorough version of Pestana's and has better practice questions. I was pimped and tested on items that were found in this book and not in Pestana.
 - Read DeVirgilio, best surgical resource. Skip Surgical Recall (just a book full of pimp questions, not helpful for actual learning). Come up with an efficient and targeted system for prepping for surgical cases. The shelf has lots of Medicine; don't skimp on studying!
 - For pimping, Surgical Recall is king!
 - There's a huge range of work hours based on site, which can affect the amount of time you have to study for the shelf.
 - Focus on anatomy, pre-surgical requirements and evaluations, and post-surgical complications. Demonstrate enthusiasm for surgery, but focus on caring for patients (you can do more on the floor and interviewing patients)
 - Know how to workup post-op issues (post-op fever, no stool, etc)
 - The shelf is difficult. If you've done your IM rotation beforehand that will help immensely. I recommend using UWorld and DeVirgilio's "Surgery: A Case Based Clinical Review" to get through all the high yield topics
 - You'll hear about many great books. Stick to only a couple; you won't have time to read them all. Dr. Pestana surgical notes are great for the exam. Read at night and review using audio while driving to the hospital. Surgical recall + reviewing steps/anatomy for each surgery you're scheduled on are good.
- On attitude:
 - Always be ready to do grunt work.
 - Work as hard as you possibly can for 6 weeks, be present and eager to learn
 - Put your head down and grind it out. Anticipate needs and try to be helpful.

- On rounding/floor work:
 - Even if your attendings write short notes...you still MUST differential-ize in yours.
 - Know indications for surgery, anatomy, and what they will need after the procedure (antibiotics, diabetes management). Presentations are shorter than IM.
 - Use the UW's OCCAM app to help with your patient's post-op plans and you'll look like a rockstar on rounds!
 - Even though it can be frustrating to be the bottom of the totem pole, try to help the team as much as possible. It doesn't go unnoticed. Even more impressive is the ability to read the room and know when to speak up and ask questions and when it's better to hang in the back and let the stressful situation be resolved by the attendings.
- On location:
 - Recommend doing this rotation in WWAMI region, away from residents.
 - Unless you are dead-set on a surgical career, do a community surgery rotation to get a feel for the field. Hours are typically gentler, and if you fall in love with the field, you can always do sub-internships during MS4.

Favorite and least favorite parts of this rotation

- Most favorite
 - Getting to see anatomy in real life, helping with life-saving procedures.
 - Most-incredible trauma surgeries.
 - Lots of fun!
 - Seeing amazing anatomy and critical care surgery.
 - Any chance to drive the camera/suture/other procedural experience. Also, participating in traumas while on call was fascinating.
 - The OR is an amazing place where we can actually FIX something.
 - I enjoyed the surgeries--assisting and suturing was really fun.
 - Suture practice, interesting pathology.
 - LOVE SURGERY and all the diversity.
 - Pretty amazing surgeries to scrub into (AAA, lap whipple), it's a steep learning curve especially early on in the year but try to have fun!
 - Enjoyed the personalities of the OR.
- Least favorite
 - Long hours, the OR can be stressful as a student who is new to the environment.
 - Early and long hours.
 - Long hours of grunt work.
 - Long cases where you can't do much will happen. You can try and quiz yourself on anatomy you're seeing on screen (in a laparoscopic surgery) to keep your mind engaged.
 - Disenchanted residents/ the culture.
 - I did not enjoy clinic, as I felt there wasn't much for me to do, because most of the appointments were pre-ops and post-ops.
 - Rounding on patients after surgery (can get monotonous).
 - Hours and occasionally intense culture.
 - Very long hours on surgery and hard to find time for life outside of medicine or time to study for the exam.

EXPLORE AND FOCUS (4TH YEAR)

Emergency Medicine

Exam Advice

- Shelf exam; EM Case Files, Amboss, practice NBMEs, Rosh Review QBank, Anki Decks, and Pretest Emergency Med are helpful resources.

Advice for clinical success

- Resources for forming differentials: DxSaurus app, WikiEM.
- EM Basic podcast was helpful, especially the episode about presentations.
- As you make differentials, start an online resource you can refer back to.
- Keep your differential broad. This is a fun rotation to review all of what you have learned across third year clerkships.
- Always ask yourself, what are the most serious diagnoses I wouldn't want to miss? If there is high enough concern for these, come up with the tests you need to do to rule them out.
- Present a concrete plan - "put your nickel down" even if you aren't 100% sure. This is how you learn! And there is often more than one "correct" path for patient care.
- Ask for feedback at the close of each shift, as well as one concrete thing to work on.
- You will be expected to be reasonably independent on this rotation - know your limits (ABCDEs and get help if something is amiss). You won't be the primary provider for high acuity patients but try to jump in and help and learn something from observing their care.
- This rotation is procedure-heavy, so jump in! Practice is the only way to improve. Ask for instruction if you are unsure or have a nurse oversee you on your first IVs.
- Presentations are generally concise on this rotation, but it never hurts to ask an attending their preference at the start of the shift.
- Be enthusiastic about signing up for patients. Try to pick up additional patients as you grow more adept at balancing a heavier patient load.
- This is a great opportunity to hone multitasking skills and develop a system for keeping track of patient needs and prioritizing accordingly.
- Follow up on ALL labs and images.
- Remember that the final exam includes both pediatric and adult emergency medicine, regardless of what your clinical site focus may have been.
- Review ACLS protocols and EKG reading.

Neurology

Exam Advice:

- **Key Resources:** Uworld Step 2, NBME practice exams, Anki, Amboss, Dr. Kraus's clerkship syllabus and neurology clerkship website, Case Files
- Time management is really important on this clerkship - only 4 weeks to do weekly cases, a CEX, ethics write-up, presentation, and study for the shelf.
- This clerkship is good preparation for CK if you are able to take it before then.
- Pre-test questions on the drive + one NBME was sufficient preparation for the shelf.

Advice for clinical success

- **Key Points:** The neuro exam is key! Learn neuro exam well, have residents/attendings observe you, and ask for tips.
- There is a huge difference in sites based on whether the neurology is mostly inpatient or mostly outpatient - consider when ranking sites and rank according to experience you want. There are some sites where you do several days a week outpatient if you would like to have broader experience of outpatient neurology/subspecialties. Take the neurosurgery clerkship if you don't like clinic.
- Ask residents/attendings to observe troublesome parts of your neurological examination and help you to hone these skills (same with grading reflexes, strength, and tone). You can get really good on the physical exam by the end of your rotation if you show interest.
- Queen Square hammers make elicitation of reflexes so much easier!
- Can use UpToDate for basic workup of common neuro complaints, also for dosing of anti-epileptic
- Asking your residents how they do their exam is extremely helpful because they tend to be efficient (code strokes given them lots of practice).
- Neurology is a VERY broad field, so try not to get overwhelmed with DDx. Find a mental classification system that works for you. Dr. Kraus recommends thinking by level of the nervous system (brain, brainstem, spinal cord, etc.).
- If in Seattle, Dr. Kraus's in-person didactics are super helpful!
- Be curious and invest yourself in learning the neurological exam. It is beautiful and if you master it, it will really help you differentiate between pathologies.
- Be curious, lean into feedback, follow up on diseases you didn't understand originally.

Favorite and least favorite parts of this rotation

- Most favorite
 - Localizing lesions and coming up with differentials based on physical exam findings and clinical presentation.
 - Allowing the humanistic aspect of medicine to shine during difficult conversations with patients and their families about life-changing diagnosis.
 - Providing multidisciplinary care (outpatient) to patients with inherited neurological conditions. It was wonderful to witness a neurologist's efforts to ensure our patient was seen by social work, speech pathology, and a psychiatrist who specialises in their condition, as well as ensuring they received disability benefits.
 - Performing botox for migraines!
 - Continuity of care in outpatient subspecialties and general neurology.
- Least favorite
 - There are some sites that change attendings every week; the time felt inadequate for really shining (as you may have mixed inpatient/outpatient time during the week).

Electives

Favorite Electives: Dermatology, Anesthesiology, any ICU rotation (HMC TICU, SICU, MICU, PICU)

Advice for any surgical elective:

- Wide variety of options: ultimately approach these rotations with goals of learning for what you hope to gain, enthusiasm, and strong work ethic to help your team.
- In general, if it's a sub-I, it will be hard. You will work long hours and your attendings and residents will have high expectations of you.
- Most important to be a team-player, work hard, show up early, stay late, and overall try to help the team whenever you can. Residents are extremely busy and if you can actually save them 30 mins of work a day, they will really appreciate it.
- Be honest about your capabilities, but be bold in trying to help and take on new responsibilities.
- Anatomy is key when in the operating room. Many bored attendings or residents take a free moment to say "what do you think this is" in the surgical field.

Ambulatory Surgery (Seattle Children's)

- Pros: lots of learning about bread & butter as well as zebra pediatric cases.
- Cons: all clinic time and no OR (maybe a pro!)

Anesthesia

- Pros: lots of intubations & IVs (esp out in WWAMI), low stress, great hours, great way to get comfortable with airway management and IV placement.
- Cons: can be disorganized based on location.

Cardiothoracic Surgery

- Pros: They make the OR a priority and surgeries/anatomy are amazing.
- Cons: The hours are long (think 80 hour work week) and may not get to do a ton in the OR.

Dermatology

- Pros: good hours, low stress, get to do minor procedures, variety of clinical complaints, interesting rashes (particularly at HMC).
- Study with AAD online curriculum, UpToDate sections.

Geriatrics

- Study with: Pocket Medicine, Step Up to Medicine, UpToDate

Gyn-Onc

- Pros: Incredible surgical cases with lots of OR time, learn the management of sick patients on the floor, able to see chemo management at SCCA.
- Cons: Some attendings offer tough-love, not for the thin-skinned, and tough hours.

Infectious Diseases

- Study using MedBullets, Step Up to Medicine, UpToDate

International Electives

- GHCE (Global Health Clinical Elective provides 6 weeks of global health clinical experience at established UW sites.
- Can do Independent Learning and pay \$350 fee in lieu of tuition as long as that rotation is the only one done in that quarter!

Interventional Radiology

- Pros: great hands on experience placing lines and ports, no call.
- Cons: have to be assertive to get the hands on experience.

MICU

- Pros: useful for most since most interns rotate through an ICU.
 - HMC: attendings & residents protect students from being overwhelmed while still letting you have autonomy if you want it.
- Cons: long hours, can be hard work depending on location.
- Study with: Pocket Medicine, Step Up to Medicine, UpToDate, Course Website.

Nephrology

- Pros: “demystify the kidney”, physiology applies to pretty much any field, students prefer HMC & VA sites.

Neurosurgery

- Pros: intellectually interesting, lots of really cool cases.
- Cons: rigorous time commitment

NICU

- Pros: great Sub-I schedule, only 40-45hrs/wk at UWMC.

Ophthalmology

- Pros: easier rotation with good flexibility during interview season.

Orthopedics

- Great resource: <https://hipandkneebook.com/>

Otolaryngology

- Pros: easier hours with good flexibility in schedule if you need it, good balance between clinic and OR time.

Palliative Care

- Pros: useful for practicing goals of care conversations.
- Cons: 2 weeks can be too short to really feel integrated into the team (lots of attendings, fellows, resident, NPs, spiritual care).

Pediatric Neurology

- Pros: great rotation even if you're not going into neurology but a related-specialty (FM, Peds), 2wks wards & 2wks ICU care.

Plastic Surgery

- Pros: very hands on in the OR, tons of suturing, unbelievably diverse in terms of patients and procedures (think anywhere from hand surgery to craniofacial to free flap/microsurgery or even cosmetic).
- Cons: demanding preparation for the OR, complex anatomy and basic principles, and long hours.

Rehabilitation Medicine

- Pros: you learn a lot about how patients do after they leave acute care/surgery, challenges, and strategies to support your patients long-term; good schedule.
- Cons: it seemed like attendings are more invested in learning if you are going into PM&R.

Radiology

- Pros: generally low-key, lots of free time/great hours, easy to schedule, lots of flexibility (great for interviews of ERAS prep), helpful for reviewing relevant anatomy, great practice reading CXRs which is useful in almost every specialty.
- Cons: remote option did not seem as useful as in-person, often very hands-off learning/shadowing.
- 2 week option: no test
- 4 week option: test is actually hard, study with the online textbook they provide but if you are trying to honor it, you will need to supplement.

SICU

- Pros: great learning about pressors, vents, family meetings, care goals, etc that will be helpful in any field.

TICU (HMC)

- Pros: sick complex patients but great learning, will grow a lot as a med student.
- Cons: challenging rotation, long hours.

Trauma Surgery

- Pros: great cases, fast paced, self-directed learning.
- Cons: can be a little unorganized.

Urology

- Pros: nice people, you won't find an unhappy one in the bunch, call themselves "type B surgeons", lots of interesting cases with a learner-friendly OR atmosphere.
- Cons: not for you if you don't want a lot of OR time, hours will be long.

Women's Health

- Pros: relaxed schedule (great for post-interview MS4), perfect if you're not going into FM or OBGYN and want more GYN experience (a great "50,000 ft view" of the field).

Gap Year and Research Year

Gap year during medical school: 7% of AOA members reported taking a gap year, though this number varies every year

Reasons for taking a gap year:

- Research
- Master's in Public Health (Global Health)
- To have more time to decide on a specialty
- To build up my application for a competitive (usually surgical) specialty
- Personal reasons

Funding resources:

- MPH year: NIH Institute for Translational Health Sciences TL-1 grant

Mentorship and other resources:

- Talk to A-300 as soon as possible (for paperwork).
- Feel free to look outside of UW for other opportunities.
- Don't feel obligated to do things the "normal" way.
- When picking a mentor: balance a mentor who is well-connected but may have less time for a student vs a newer mentor with more time. Be clear about your needs and find a mentor who can support your goals.
- Make sure there are clear goals and objectives towards your research year. The time will fly by and you will want to make sure that you have something to show for the year away. Taking a whole year off and not having any publications to show for it may hurt you more than help you.
- Make sure to take some time for yourself during the research year.
- If you are taking a research year for a specific reason (obtaining a certain grant, obtaining a residency position, getting publications) make sure to ask the mentor about their track record in helping mentees get to that point. Speak to previous students that have completed the research year before signing.
- Talk to advisors in the School of Medicine about the best strategy in terms of registration to minimize cost.
- Don't do it just to boost your CV, do it if you love it.

Free Time During MS4 Year

Moral of the story: Have fun! Relax! Travel! Enjoy! Take a vacation!

- Take advantage of the free time!! Take some WWAMI rotations to travel (within reason). Once apps are in, take a break. Between interviews, take a break. Post match list upload, take a break. You get the idea--we have so much time to work hard--take a break while you can!
- There is a lot of flexibility in MS4! You should feel confident that you will be able to plan a vacation or life event sometime throughout the year (except when there's a global pandemic).
- Travel and sleep as much as you can before residency :) Skiing, sleeping, catching up with loved ones you haven't talked to for 3 years.
- Make sure you take care of yourself, and spend time with family and friends as much as possible.. Consider leaving decompression time for the end of the year.
- Consider doing a helpful rotation to your specialty (elective, sub-I) in winter or spring quarter to refresh your memory closer to the start of residency.
- When choosing electives, go for ones that will either prepare you for intern year or allow you to experience an aspect of medicine you might not see again.
- Plan interview time when building your 4th year schedule - know the interview-heavy months for your specialty. Couples matching: expect to take off 2-2.5 months for interviews, without anything else scheduled during that time.
- Explore the beautiful WWAMI nature, enjoy time with family, friends and significant others. Set yourself for success on an exercise routine prior to intern year. Front-load clerkships if feasible, so you only take Transition to Residency during your last Spring quarter; this will save you thousands of dollars and will free you for almost 2 months prior to residency!
- Keep in mind that finances in MS4 year are difficult to navigate, especially if you are dependent on financial aid but aren't registered for a full time course load. Make sure to take enough credits per quarter to receive financial aid if you need loan money for living expenses, but don't take more credits than you need. Rest and relaxation are also important!
- Take at least one block off in the summer/early fall before ERAS is due to get everything together. It is more time consuming than you think and you want to have plenty of time to get everything submitted.

RESIDENCY APPLICATIONS

Choosing Your Medical Specialty

- AAMC is an excellent resource on 120 specialties; plus self-assessments investigating your personality and values, as well as choosing a specialty and residency program.
- Start EARLY—okay not to be certain, however early networking, being involved in interest group leadership and/or research early will increase your competitiveness.
- Explore and learn about as many specialties as you can before deciding. MS1-MS2 is the best time to do this. Pursue opportunities to experience different specialties (i.e., mentors, shadowing, electives).
- Go into each clerkship with an open mind and really try to see yourself as that kind of doctor. Reflect after each rotation about what you liked and didn't like. Talk to people close to you as you go through the process and have them reflect back to you what they thought you took away.
- Write a reflection at the end of every clerkship. Speak to those who know you about how excited you were about particular clerkships. Think about situations/patient encounters/procedures that made you feel most fulfilled/happy/engaged.
- Follow your passion and be open to changing your path.
- You may not have that "A-Ha moment" people talk about when finding a specialty and that's okay! Sometimes, it is more about reflecting on yourself and going through a process of elimination until you find what's right for you.
- Ask residents or attendings both what they love about their specialty as well as what they dislike or find to be difficult. Ask yourself, Who can you see yourself working alongside when you are having a rough day?
- Be honest with yourself and what you want out of your career and personal life. Do not pick something solely based on perceived prestige or what you think you should do with your board scores, experiences, research, etc. Be honest with the type of lifestyle you want. Can you handle call? Do you prioritize time off/flexibility? Medicine can be fulfilling, but your life outside medicine is much more important in the long run.
- Make sure you choose a specialty for the right reasons -- i.e., think about what brings you joy in medicine and which experiences you liked the most during MS3 year. Don't let what you thought you would like or what you've told other people you wanted to do get in the way -- these things ultimately don't matter in the end and the training process is grueling if you're doing something because you're trying to fulfill someone else's goals for you!

Aspects of Different Specialties

Anesthesia

- Love physiology
- Technical skill with a lot of hands on procedures; connects basic sciences and clinical medicine
- Great flexibility in schedule
- Patient contact but no long term responsibilities

Dermatology

- Wide variety of skin disorders and patient populations (all ages and genders)
- Great hours, no night call
- Results of treatment are tangible/visible to you and the patient

Emergency

- Wide spectrum of patients/problems; hands-on
- Shift work lends to a nice lifestyle

Family Medicine

- Variety, ability to specialize later if desired
- Continuity, work with all ages
- Able to care for the WHOLE person (and maybe their family too)

General Surgery

- Fixing an acute problem
- Enjoy working with their hands and love the OR
- Quick thinking, team work
- Lifestyle can be demanding

Internal Medicine

- Complex pathophysiology, critical thinking
- Diverse career possibilities
- Working with adult patients
- Focus on education/teaching

Neurology

- Intellectual challenge and complexity
- Diagnostics via a detailed physical exam
- Rewarding patient care experiences

Neurosurgery

- High acuity and crit care, lots of OR time
- Long training and difficult lifestyle, but highly rewarding

OB/GYN

- Variety in clinical work (surgery, clinic, labor & delivery) that is fast paced
- Broad field with many areas to sub-specialize
- Female patient population with intimate/critical health problems, could have long term relationships with patients

Orthopedics

- Continual advancements in the field
- Working with your hands and new tech, seeing immediate results
- Enjoy MSK anatomy

Pediatrics

- Value making connections with patients and their families
- Anticipatory guidance, preventative medicine, and health maintenance
- Working with kids who are resilient and bounce back from tragedy/illness

PM&R

- Breadth of practice (it incorporates orthopedics, neuro, child development, sports med, etc.)
- Holistic approach with an orientation toward the patient rather than the disease
- Team-based approach to the patient

Psychiatry

- Interesting patients
- Emotionally challenging but quite rewarding
- Lifestyle is great

Radiology

- Very intellectual
- Lots of procedures (if going on to interventional)
- Great compensation and lifestyle

Urology

- Advanced surgical techniques and technology that's on the cutting edge
- Excellent lifestyle
- Interesting surgical cases with high impact on a patient's quality of life

Applying to Residency

General comments:

- Most of the advice listed below can be used across many specialties. Generally speaking, doing well on clerkships, having mentors willing to write strong letters of rec, good step scores, and CV boosters (leadership, service, research), will get you far in all specialties!
- **Away rotations:** For specialties requiring away rotations, the key is to apply EARLY. (fyi, sub-I is not necessarily an away rotation)
 - **Applying:** You apply through VSAS (but some programs have their own application procedures). When programs open up their applications (sometime January-March...all of them have different dates), apply first thing. It is important to submit your application on the day the program begins accepting applications. Some programs require LORs with your application, so check for program specific requirements on VSAS.
 - Good resource for reviews of programs: SDN
 - **Date:** May-September. If you do it too close to September 15 (ERAS application due), it's not enough time to put the grade and letters from the away into your application
 - **Location:** Try to do your aways at a program you want to end up at for residency. It's a good way to get a feel of the program and seeing if it is a good fit. Aways can increase your chances of interviewing and matching at certain programs. It could be that the program is very prestigious and a letter of rec from there will boost your application.
 - **Letter of recommendation:** Secure a letter from your aways. Generally, try to get it from the chair or program director, unless the program does committee/standardized letters.
 - **Interviews:** Some away rotations will include an interview, which will save you having to travel back there during interview season.
- **Match statistics:** For specific match statistics for each specialty, use the NRMP "Charting Outcomes": <http://www.nrmp.org/match-data/main-residency-match-data/>
- **Virtual Interviews:** Started for 2021 application cycle due to COVID, may continue or be an aspect of future application cycles.
 - Zoom fatigue is real and being "on" for a whole day can be exhausting. Wear your slippers and cozy pants. Try to have a background that isn't distracting. Find a comfortable set-up in your home that's quiet and clean, as you will likely be spending A LOT of time here.
 - Appear engaged, make sure you have as few technical glitches as possible (working webcam appropriately positioned, adequate lighting, stable internet). I did not spend money on any additional setup like other applicants did, and it did not hurt my interview season from what I can tell. It's important to try and connect with the interviewer even in a virtual environment, and that involves eye contact (look at the webcam), using natural movements, and speaking with adequate volume. In a virtual world, I think it is harder to be memorable, so if you're really interested in a place it is helpful to actively follow-up and talk to as many people as you can from that institution.
 - Have multiple program-specific questions ready. You will get asked numerous times if you have questions.
 - Read a leadership book and build questions based on that book. I.e. I understand your program requires residents to be self starters. How do you motivate residents? During the conversation tie in themes from the book you read. This will help you gain a better understanding of the culture but also will make you more memorable!

- Take advantage of the virtual interview. For each program, I had a piece of paper with my important questions and "reasons" I was interested in that specific program. I also had another where I listed all of the qualities I wanted to be sure to convey and a list of patient stories I could speak to in a meaningful way. That way, you can glance down at your paper if you feel caught off guard by a question during the interview and come back with a great response!
- Virtual interviews are much more exhausting than they seem--do not schedule a whole bunch in a row! It takes more effort to seem "on" when trying to be yourself over a screen. Do not schedule back to back interviews on the same day. If you have to be on a rotation during interviewing season, EM is the best rotation to be on.
- The programs all run together and it is very difficult to get a sense of the ~vibe~ of each program. It's not easy to go with your gut like everyone tells you to. Also, you have to work extra hard to come across enthusiastic virtually. As someone who helped with the UWSOM admissions committee, there were notable differences in how excited people appeared over Zoom.

Anesthesiology (updated 2021)

What makes a strong applicant?	--Good clinical performance on clerkships, strong letters of rec from faculty that know you well, good step scores, research is always good but it's not terrible if you don't have it (unless you want to be at a research heavy institution like MGH or Hopkins) --Resume boosters: service, leadership, research, unique personal statement
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 89.6% Mean Step 1: 234 Mean Step 2: 246 Mean abstracts, presentations, pubs: 5.2 Mean volunteer experiences: 6.9 % in AOA: 9.4%
Advice for years MS1-4	MS1/2: Get exposure to Anesthesia early and find a mentor who can help guide you through the process. Join an Anesthesia Interest Group. MS3/4: Get strong LORs from faculty that know you well (ideally anesthesia, but other specialties okay too). Continue to show your commitment to the specialty.
Helpful advisors?	Dr. Michael L Hall will connect with a departmental advisor
Sub-I recommended?	--Must complete a home 4 week advanced anesthesia rotation by September of MS4 year. --Consider doing it in Seattle if you want to go to a big academic center.
Away rotations?	--Mixed advice. UW may discourage it but other schools may encourage. --Some institutions explicitly state that if you do an away rotation at their institution, your performance will not be factored into their interviewing/ranking decisions. --If there's a program you are really interested in, maybe you should do an away (also consider making a good impression over 4 weeks vs just on interview day)
How important are board scores?	--Average weight; becoming more competitive --Some programs are starting to do Step cutoffs
Letters of recommendation?	--At least 1 letter from an anesthesiologist required, but better to have 2 --Also should have letters from medicine and any other clerkships where you really clicked with the attending and know she/he could write a strong letter --If you are applying for medicine prelim, will need a medicine department letter
How many programs did you apply to/interview at?	24 applied; 14 interviews (2018 match) 38 applied; 14 interviews (2020 match)
When are interviews? When did you take time off?	Late October to late January ; peaks in December --Would recommend taking at least 8 weeks total, esp if planning on also doing prelim/transitional year interviews (which ends up being 20-22 interviews total)

Dermatology (updated 2021)

What makes a strong applicant?	--Great Step 1 score, strong clinical grades, volunteering, engagement in community outreach, student leadership, LOR, research all beneficial --Although the stats associated with a typical derm applicant are intimidating, many programs will consider your application despite some "deficiencies". Strong clinical grades, tangible evidence that you have a true interest in the field of dermatology, favorable recommendations from away rotations, and some research (even if it's not published or in the field of Dermatology) are all helpful ways to hurdle the initial screening barriers.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 84.7% Mean Step 1: 248 Mean Step 2: 256 Mean abstracts, presentations, pubs: 19.0 Mean volunteer experiences: 9.4 % in AOA: 47.4%
Advice for years MS1-4	MS1: Reach out to Dr. Vary and Colven for networking and research MS2: focus on Step1 MS3: continue research, do well on Step 2, apply EARLY to away rotations MS4: do well on derm rotation and aways
Helpful advisors?	-- Dr. Jay Vary is the med student advisor. He responds quickly to emails and will tell you the truth regarding your chances of matching. Can help you find research projects -- Dr. Colven , the program director
Sub-I recommended?	--No real "sub-Is" in derm but you should complete the 4-week derm rotation at UW --Also consider Pediatric Dermatology & Rheumatology rotation
Away rotations?	-- Yes, at least one. Many do 2-3. Do them in June-September. Get LORs! --Away rotations are critical. A way to connect with programs to secure interviews and letters of rec..
How important are board scores?	--Average score in 2020 was 248 and is only going up. --Helpful to have great scores but not imperative. My step 1 score was below average for derm. Despite this I still received interviews. --While fairly important now, this may change with Step going to P/F
Letters of recommendation?	-- 3-4 LOR from academic dermatologists (home and away). A few programs use a standardized letter they want you to have at least one of. If you get a letter from an away try to get from chair or PD --If you have a strong Medicine letter (especially one that may be able to speak to who you are as a person), may be another option --Be sure to ask letter writers whether they feel comfortable writing you a STRONG letter
How many programs did you apply to/interview at?	--Applied to 80, received 5 interviews (2018 match) --Applied to 70. Interviewed at 6. (2018 match)
When are interviews? When did you take time off?	-- mid-November-January. Some into early Feb. --Prelim interviews start as early as October, which makes the interview season longer than most classmates. --I took off mid-Nov to mid-Jan.

Emergency Medicine (updated 2021)

What makes a strong applicant?	Good standardized letters of evaluation (SLOEs) from home and away rotation: this is probably the most important thing for EM!!!! Good clinical grades (especially EM and away rotation grades); decent step scores; being a fun, good, and decent human being; being passionate about medicine; and having interests outside of medicine.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 91.5% Mean Step 1: 233 Mean Step 2: 247 Mean abstracts, presentations, pubs: 4.3 Mean volunteer experiences: 7.8 % in AOA: 12%
Advice for years MS1-4	MS1/2: Join EMIG leadership. Sign up for shadowing shifts. Consider research MS3/4: focus on core clerkships. Contact Alexis Rush in January to be assigned faculty advisor. Apply for sub-i early (Jan-Feb-submit when VSAS opens). Join EMRA before EM clerkship. Listen to EM-Rap C3 episodes. EMS grand rounds at HMC
Helpful advisors?	All the UW EM advisors are great (specifically named: Jamie Shandro, Dr. Jauregui); contact the EM department (Alexis Rush) and they'll connect you with one.
Sub-I recommended?	Doing the home EM rotation as early in the summer as possible serves as the sub-I; then do one or (occasionally) more away rotations.
Away rotations?	At least one required. Start the VSAS process in Jan/Feb of 3rd year and try to get to a competitive program for your away.
How important are board scores?	Average weight. Clinical grades certainly matter more. Having great scores will always help you, but you can absolutely match with average scores. Certain programs and nice geographic areas are more competitive, and good scores may help you get a foot in the door in these places.
Letters of recommendation?	3-4 LOR: 2x SLOE (Standardized Letter of Evaluation, from your home and away EM rotations); 1xEM faculty; 1x outside EM faculty (IM or Surgery preferred). SLOEs are probably the most influential aspect of your application.
How many programs did you apply to/interview at?	Pre covid replies: Applied 20, attended 10 interviews. Applied to 25 got 10 interviews. Applied 30, 25 offers, attended 10. Applied 50, 27 offers, 13 interviews 2021: Given Covid uncertainty, many applicants applied to 50+ programs with extremely variable rates of interview invitations received. Consulting EM department advisors will be especially important for upcoming season.
When are interviews? When did you take time off?	October-January. Majority Nov-Dec. Took off November and December.

Family Medicine (updated 2021)

What makes a strong applicant?	--Previous experience in family medicine (RUOP, prior work history, etc), long term commitment to volunteerism, thoughtful consideration of determinants of health, Gold Humanism likely more helpful than AOA, but AOA doesn't hurt. --Passionate about service/community medicine/advocacy as exemplified through participation in extracurriculars, good LORs, good performance in clerkships
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 96.3% Mean Step 1: 221 Mean Step 2: 238 Mean abstracts, presentations, pubs: 3.3 Mean volunteer experiences: 8.0 % in AOA: 6.4%
Advice for years MS1-4	MS1/2: FM experiences-join interest groups, conferences MS3/4: do well on FM rotation
Helpful advisors?	All FM advisors great. Specifically mentioned: Jeanne Cawse-Lucas, Tomoko Sairenji
Sub-I recommended?	Yes, but not required
Away rotations?	Absolutely not required, and most people don't. But you can do one if you're really interested in that particular program.
How important are board scores?	--Moderately; a low or borderline score can many times be remedied by strengths in other places. But good board scores are definitely noticed
Letters of recommendation?	3 LOR , it's nice to request 4 just in case one falls through. One should be from a family medicine provider, the others can be anything. Mine were two FM (one of which was a program director), one IM, and one OBGYN.
How many programs did you apply to/interview at?	--Applied to 13, offered 12, interviewed at 9.
When are interviews? When did you take time off?	End October-Beginning of January. --I took off Nov-Dec

General Surgery (updated 2021)

What makes a strong applicant?	Determination, dedication, passion for surgery, team player, hard working, self-reflective and certain about surgery, strong awareness of what being a surgeon means; Good letters, Strong clerkship grades, research
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 83.1% Mean Step 1: 237 Mean Step 2: 247 Mean abstracts, presentations, pubs: 7.1 Mean volunteer experiences: 8.3 % in AOA: 18.5%
Advice for years MS1-4	MS1/2: research, leadership, study step 1. Explore all the surgery specialties. Get OR time. Identify mentors early MS3/4: do well on clerkships (honors in surgery and medicine) and focus on getting good letters
Helpful advisors?	Dr. Hugh Foy (HMC), Dr. Roger Tatum (VA), Dr. Calhoun
Sub-I recommended?	Should do gen surg sub-i at HMC
Away rotations?	No required. Not unless you really want to take a closer look at a program, or if it is a more competitive "reach" program and you want a better chance of getting an interview. Most people do not
How important are board scores?	Only to get you within the range of applicants who are extended invitations to interview. >230 is preferred, few select programs have minimum cut-offs >240+
Letters of recommendation?	4 LOR: 3 preferably from surgical mentors (big name >> knows you well) + Departmental letter (through Dept of Surgery). Can be research mentor Departmental Letter (written by Dr. Foy, signed by Chairman of the Dept).
How many programs did you apply to/interview at?	Applied 40, interviewed at 14; Applied 58, interviewed at 11 Applied 46, interviewed at 18
When are interviews? When did you take time off?	Start as early as late October and go until late January. Took December-January off

Internal Medicine (updated 2021)

What makes a strong applicant?	<p>--Caring, thoughtful, curious, interesting in forming strong connections with other people, "patient-centered", understand the broader context of a patient's medical problems</p> <p>-- Can explain why they want to work with adult</p> <p>--Expresses a strong interest in pathophysiology and detail-driven, logical thinking/problem-solving</p> <p>--Longitudinal service learning project(s)</p> <p>--Strong performances and letters while coming from the University of Washington will make you competitive at most places. High board scores will help keep you in contention at the "elite" academic institutions.</p> <p>--Internal medicine can be extremely competitive at the top 5-10 institutions, however there is likely a great place for training for applicants of any strength</p> <p>--Research experience can help set you apart but is not essential</p>
2020 NRMP Match Data for U.S. MD Seniors	<p>Match rate: 97.1%</p> <p>Mean Step 1: 235</p> <p>Mean Step 2: 248</p> <p>Mean abstracts, presentations, pubs: 6.2</p> <p>Mean volunteer experiences: 7.3</p> <p>% in AOA: 17.4%</p>
Advice for years MS1-4	<p>MS1/2: join interest group based on your passion, get at least one leadership role, volunteer, don't be a passive learner: the best students take the time to understand and memorize key concepts</p> <p>MS3/4: do well on clerkship (honors in medicine); reach out to advisor early as there is specific advice regarding scheduling 4th year sub-I's and electives; when you are asked a question about statistical likelihood on rotation estimate and give an answer, often you will be very close if it is an educated guess. For instance, use 30%, 60%, 90% for things you are not really sure about. Use 20% and 80% for things you are more about, and 50% if you have no idea; Speak up when you think you have an answer- it may be your chance to teach something to your attending!</p> <p>All years: make the most of all your learning experiences, even if they don't on the surface seem related to internal medicine; get connected with a good mentor</p>
Helpful advisors?	Dr. Paauw (is the best), Kathi Sleavin, the entire internal medicine advising department is great!
Sub-I recommended?	<p>-- Definitely do one before interviews if you didn't honor your 3rd year medicine clerkship.</p> <p>--If you did honor 3rd year medicine clerkship, you should still do one but can wait until later in the year, just be prepared to be asked about why you haven't done one yet on interviews (though came up less than I expected). MICU (MEDECK 620) is great if you want to get some experience there prior to intern year.</p>
Away rotations?	Not necessary.

How important are board scores?	--Moderately. --If you want to apply to a really competitive program then having board scores in the 240 range is helpful. Overall, many programs talked about how they pride themselves on being holistic in admissions and try not to reduce you to a single Step 1 score.
Letters of recommendation?	3 LOR required. You must have 2 and neither of them needs to be from a famous UW professor. You get a third departmental letter from an assigned IM advisor. There is a 4th optional letter that can be from anyone at all in any specialty who is going to speak highly of you and ideally brings a different perspective than your other 2 writers.
How many programs did you apply to/interview at?	Applied to 33, interviewed at 14; applied 26 interviewed 11 Applied 19, offered 18, interviewed at 9; applied 20 interviewed 11 Applied to 17, interviewed at 14; applied to 22, interviewed at 10; applied to 20, interviewed at 14
When are interviews? When did you take time off?	End of October to early February. Most in November/December

Medicine-Pediatrics (updated 2021)

What makes a strong applicant?	Strong record in medicine and pediatrics. Good letters of recommendation. A specific reason for applying to med-peds. Indecision about IM vs pediatrics doesn't count.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 89.2% Mean Step 1: 236 Mean Step 2: 250 Mean abstracts, presentations, pubs: 4.8 Mean volunteer experiences: 9.1 % in AOA: 24.3%
Helpful advisors?	Susan Hunt (she is Med-Peds trained faculty here at UW)
Sub-I recommended?	One of medicine or pediatrics required, with both highly recommended. You should absolutely take electives in both, however.
Away rotations?	Not needed, unless you are extremely interested in one program
How important are board scores?	As with IM or pediatrics individually, it varies significantly by program. However, any given med-peds program will require more competitive scores than its categorical counterparts at the same institution due to smaller number of spots.
Letters of recommendation?	Varies significantly by institution, but you will absolutely need letters from the Chair of Medicine AND Chair of Pediatrics (each department will help you get these, so don't stress too much). You should have an additional strong letter from either an IM or a pediatric attending, with both being preferable. When in doubt, ask for the letter and decide whether or not to use it later.
How many programs did you apply to/interview at?	25 or so should do the trick. You're aiming for 12 interviews.
When are interviews? When did you take time off?	October - January.
Extra Considerations	Med-peds is heavily based out of the Midwest, East, and Southeast regions of the country, and many residents will be skeptical of your intentions as a Northwesterners to come to their program. As such, well-written letters of interest go a long way if you haven't heard from a specific program and are <i>genuinely interested in going there</i>. Try targeting programs with a track record of taking UW medical students as well.

Neurology (updated 2021)

What makes a strong applicant?	--High clerkship grades in neurology and internal medicine --Good personal statement showing commitment to specialty. --Good letters of recommendation. --“Elite” programs look for the “future leaders in neurology”-- this usually means showing that you can be a leader in education, research, advocacy, or something you’re particularly passionate about.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 97.2% Mean Step 1: 232 Mean Step 2: 245 Mean abstracts, presentations, pubs: 7.2 Mean volunteer experiences: 7.6 % in AOA: 14.3%
Helpful advisors?	Dr. Eric Kraus (clerkship director and faculty at UW - Seattle)- contact him prior to scheduling your first neurology rotation and to discuss electives. He is very responsive to email for advice during application process too.
Sub-I recommended?	Yes - Internal Medicine. There is a lot of medicine in neurology! You can take a neurocritical care IM sub-I offered 2 months during the summer, but other IM sub-Is are also good (I did a hospitalist sub-I).
Away rotations?	Not needed, unless you’re considering that program. If URIM, some institutions offer scholarships.
How important are board scores?	Average weight. Clinical grades matter more.
Letters of recommendation?	At least one from neurology (2 from neuro is better and if you have one from IM or an IM sub-I = even stronger). Some programs are advanced, and you may need to interview separately for intern year = will need Chair of Medicine letter as well.
How many programs did you apply to/interview at?	I applied to too many (40)! Follow Dr. Kraus’s advice (I added more than advised). I interviewed for categorical, advanced and linked, which added to the number of interviews as I had to interview for an intern spot as well for some places (22 interviews).
When are interviews? When did you take time off?	Late October - early January. Most of my interviews were in December, but they were quite packed. I took Autumn C and 2 weeks in January off (from 11/23 - 01/15).

Neurological Surgery (updated 2021)

What makes a strong applicant?	Research productivity, particularly in neurosurgery/neuroscience. Board scores are important for getting an interview, but seem to be much less important for actual selection. Excellent clinical performance during sub-I's and strong letters of recommendation. Showing you're a dedicated, resilient, hard-working, team-player goes a long way.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 75.2% Mean Step 1: 248 Mean Step 2: 252 Mean abstracts, presentations, publications: 23.4 Mean volunteer experiences: 7.8 Percentage in AOA: 39.0%
Advice for years MS1-4	If you think you're interested, get involved and explore as early as you possibly can. Being involved in clinical and basic science research papers that are related to neurosurgery is extremely important, so get involved early if you can. The AANS student chapter is a good starting point. Spending time with residents on service and seeing what life is like for them is crucial, and having attendings and residents know you once you come on service is helpful.
Helpful advisors?	Dr. Ellenbogen, Dr. Saigal, Dr. Ravanpay.
Sub-I recommended?	Yes.
Away rotations?	Yes, if allowed. You should do 3-4 Sub-I's in total. In a normal year, this would be one at your home institution and 2-3 away rotations. In COVID times, this was 3-4 neurosurgery sub-I's at UWSOM.
How important are board scores?	Important for passing a threshold to get an interview, less important for selection
Letters of recommendation?	4 LOR: all from neurosurgeons. Ask your letter writers early. It is important to have well known people within neurosurgery write your letters, but they do need to know you.
How many programs did you apply to/interview at?	-Applied 43, interviewed virtually at 21 (COVID year). -Advice from pre-COVID applicants (2019): Applied 70, got 30 invites, interviewed at 15.
When are interviews? When did you take time off?	Interviews can run from November until the beginning of February. I took off all November, December, and January.

Obstetrics and Gynecology (updated 2021)

What makes a strong applicant?	High clerkship grades in OBGYN, Family Medicine, and Surgery; good board scores; research or service work pertaining to women's health or patient advocacy to differentiate yourself. LOR/personal statement showing that you are calm under stress, hard working, easy to get along with. Go-getter, good time management, patient-centered.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 86% Mean Step 1: 232 Mean Step 2: 248 Mean abstracts, presentations, pubs: 6.0 Mean volunteer experiences: 9.1 AOA: 16.6%
Advice for years MS1-4	MS1/2: Pursue your interests, even if outside OBGYN. If you can speak passionately about something during an interview, it does matter if it's directly related or not MS3/4: Honor in OBGYN rotation. Doing well in medicine and surgery too. Consider going to WWAMI for MS3 rotation then coming back to UW for Sub-I. Ace your sub I for a strong letter. Be honest about your competitiveness and what you want in a program.
Helpful advisors?	--MS3 OBGYN preceptor, Sub-I preceptor, Dr. Mendiratta , Dr. Prager -- Alyssa Stephenson-Famy (UW OBGYN, MFM Division and assistant residency program director) -- Dr. Urban for gyn-onc
Sub-I recommended?	-- Yes - It will give you an opportunity for another strong LOR and ability to act as an intern. It also helps clarify career goals and make the final decision on OBGYN.
Away rotations?	--Not required but becoming more and more common --If you want an interview at a specific program or high tier programs, this is helpful. --Definitely advised to do one if you have a red flag or strong geographic restrictions
How important are board scores?	Moderately important. As the specialty becomes more competitive, this matters more. The scores may dictate the number of programs you apply to or whether you look at more community vs. academic programs. Dr. Mendiratta can help you determine the #.
Letters of recommendation?	3-4 LOR , with about third to half requiring a Department Chair Letter. Usually programs required two from an OBGYN. Dr. Goff writes chair letters for everyone, she will meet with all interested students in summer/fall to get to know you to write your letter. NOTE: at top tier programs, the name of your letter writer can carry a lot of weight
How many programs did you apply to/interview at?	Applied 45, 12 interviews. Applied 40, 10 interviews. Applied 40, 13 interviews. APGO put a recommended cap of 40 applications which I followed, but it seems most applicants did not. Interview notes: LOTS of behavioral questions (tell me about a time when..)
When are interviews? When did you take time off?	Late October to early January. Most in November and December

Ophthalmology (updated 2021)

What makes a strong applicant?	High board scores, strong clinical grades, research experience, ophthalmology-specific activities
2020 San Francisco Match Data for U.S. MD Seniors	Match rate: 78% Mean Step 1: 245
Advice for years MS1-4	MS1/2: Step 1, some research MS3/4: Honors, some research
Helpful advisors?	Dr. Courtney Francis; Dr. Parisa Taravati
Sub-I recommended?	Yes, take the 4 week elective at HMC.
Away rotations?	Not required, but helpful to get a better view of programs and if you're interested in a specific location
How important are board scores?	Most people have high scores, but like anything, there are exceptions
Letters of recommendation?	3 LOR ; at least 2 from ophthalmologists
How many programs did you apply to/interview at?	Applied 70 programs, 16 invites, 11 interviews
When are interviews? When did you take time off?	Mid-October to mid-December ; I was off that entire time.

Orthopedic Surgery (updated 2021)

What makes a strong applicant?	Self starter, leadership qualities, helpful, enjoys being in OR, can contribute to field of orthopaedic surgery.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 79.7% Mean Step 1: 248 Mean Step 2: 255 Mean abstracts, presentations, publications: 14.3 Mean volunteer experiences: 8.0 Percentage in AOA: 40.3%
Advice for years MS1-4	Have a growth mindset. Don't focus on ortho too early. Start research but more importantly, dive into whatever course or rotation you are on and don't lose sight of the big picture. Develop relationships with mentors.
Helpful advisors?	Do trauma call and talk to the residents then, talk to other students who are ahead of you in the process, and reach out to Dr. Lisa Taitsman (taitsman@uw.edu) to get connected with a departmental ortho faculty advisor/research mentor.
Sub-I recommended?	-Yes! This is different in the virtual climate. Try to do 3 at home. I recommend Harborview Trauma and VA General Ortho. -Yes, in the ortho area you are most interested in. Trauma does provide lots of opportunities for you to help and be a valuable member of your team, which can make you stand out for good or bad.
Away rotations?	-Not available in 2020-2021 app season, but for a normal year yes. -Advice from pre-COVID applicants: Definitely. Classic thinking is 2-4 away rotations. Think about the regions of the country you would like to end up in if not Pacific Northwest as well as the type of program (community vs academic; research powerhouse vs not, etc.) you think you would be happiest at.
How important are board scores?	-“Important, but applicants are being screened more holistically now that STEP 1 is going to P/F.” -“Very important.”
Letters of recommendation?	3-4 LOR. Preferred to be letters all from within ortho for the most part. Need LOR from the chair. Occasionally a non-ortho letter okay. -Make sure the letter writer knows you well and ask for a "strong" letter. Value quality of the letter over prestige of the letter writer.
How many programs did you apply to/interview at?	-Applied to 110, interviewed virtually at 21 (COVID year). -Applied to 88 (COVID year). -Advice from applicants in a pre-COVID year (2019): 79 applications, 16 offers, 14 interviews.
When are interviews? When did you take time off?	For the most part, December and January with a few in November. I took off all of November-January but think I could have gotten away with only taking off half of November-January.

Otolaryngology (updated 2018)

What makes a strong applicant?	1. Board Scores; 2. Research; 3. Good letters from known faculty; 4. AOA
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 74.9% Mean Step 1: 248 Mean Step 2: 256 Mean abstracts, presentations, publications: 13.7 Mean volunteer experiences: 8.6 Percentage in AOA: 38.1%
Helpful advisors?	1. Neal Futran; 2. Albert Merati; 3. Sanjay Parikh; 4. Scott Manning; 5. Kathleen Sie; 6. Mark Whipple; 7. Greg Davis
Sub-I recommended?	Must rotate at UW in Otolaryngology
Away rotations?	Controversial - Do them if: 1. There is a program you really want to be at. 2. You need to make up for a weak spot on you application. Otherwise, UW is a big enough name that you do not need to go elsewhere.
How important are board scores?	A lot! However, a mediocre score can be overcome with great letters, great research, and a faculty mentor who will pull some strings for you.
Letters of recommendation?	3 LOR required. At least 2 from ENT but probably best to have all ENT letters.
How many programs did you apply to/interview at?	Applied to 70 programs. Going to 15 Interviews.
When are interviews? When did you take time off?	Late November - January. Mostly December and January. Be aware that most programs interview in the first 2 weeks of December - Don't have a rotation then and be aware that scheduling during that time will become messy!

Plastic Surgery (updated 2021)

What makes a strong applicant?	Strong research experience and publications/presentations (especially if in plastic surgery), letters of recommendation VERY VERY IMPORTANT (plastic surgery is such a small field that everyone knows everyone...the more connected you are, the better your chances at matching)
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 72.1% Mean Step 1: 249 Mean Step 2: 256 Mean abstracts, presentations, pubs: 19.1 Mean volunteer experiences: 8.7 AOA: 43.0%
Advice for years MS1-4	MS1/2: Get in touch early with faculty advisor. Shadow (gets you face time with attendings and residents). Research (Dr. Keys hosts an annual research meeting where the attendings talk about what projects they have and which ones need med student support) MS3/4: Do well on clerkships especially plastic surgery sub-i.
Helpful advisors?	Jeff Friedrich (program director), Kari Keys (assistant program director)
Sub-I recommended?	Yes, required. 4 week rotation at all sites: UW, HMC, Children's, VA
Away rotations?	Most do 2-4
How important are board scores?	A LOT--used as filter by many programs, cutoff can be at 240
Letters of recommendation?	3-4 LOR. 3 from plastics faculty and 1 from someone who knows you very well (eg, research advisor). Try to get a letter from a senior well known faculty at your home school (the more famous the better). starting this year they started the committee letter written by Dr. Gougoutas, signed by him, Dr. Vedder, and Dr. Friedrich . You can try to get a letter from an away rotation, try to go for the PD or chair
How many programs did you apply to/interview at?	Applied 50, invited to 16, interviewed 13 May need to have a back-up plan in case you do not match into plastics, general surgery is a popular alternative. >13 ranked programs almost guarantees a match, median number with successful match is 8. Talk to your faculty advisors to get advice -- they have really great insight!
When are interviews? When did you take time off?	Late -- usually starts in late November (right around Thanksgiving), with the majority being in December and January , and goes until late January (with a few stragglers even into early February). Interview dates are set by programs and posted here: http://acaplasticsurgeons.org/interview-dates/?s=all . Interview offers come late for plastic surgery -- they started at the very end of October and most were in the first 2 weeks of November.

Pediatrics (updated 2021)

What makes a strong applicant?	<ul style="list-style-type: none"> • Demonstrated interest in the field and in caring for children; strong clinical grades are important but what's said in the comments and in your letters of recommendation can make an even greater impression; you want to be seen as hardworking, kind, an excellent communicator, team player, and overall enthusiastic person. • Extra-curricular activities that you are passionate about, particularly those that show a commitment to service, advocacy, and/or leadership (probably more important than research or test scores) • Being able to show that you have passion for other things besides medicine, whether community service, advocacy, or a favorite hobby.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 98.2% Mean Step 1: 228 Mean Step 2: 245 Mean abstracts, presentations, pubs: 4.9 Mean volunteer experiences: 8.8 AOA: 12.3%
Helpful advisors?	Dr. Jordan Symons provides great help in creating a program list to apply to, selecting electives/4th year scheduling, and providing more assistance in exploring factors that matter on a personal level. He is awesome!
Sub-I recommended?	<ul style="list-style-type: none"> • Check with your pediatric advisor as some may recommend waiting until the second half of 4th year to take your sub-internship. This depends on your overall application strength (i.e. clinical grades over 3rd year). • “High level” pediatric electives (i.e. 4th year electives) may also serve a similar purpose as a sub-internship, which will help build your knowledge base as well as provide opportunities to get LORs and make connections with some awesome residents. • You will not get as much autonomy and ownership in the care of your patients during some “high level” electives so it’s important to select your electives carefully. The sub-internship at SCH is very well structured and residents will give you a ton of autonomy and trust. Additionally, the course director is Dr. Esther Chung and she is very invested in student’s education.
Away rotations?	<ul style="list-style-type: none"> • Absolutely not necessary unless you already know you are especially interested in a particular program and want to express that interest.
How important are board scores?	<ul style="list-style-type: none"> • Less important than other specialties, however high board scores are still relevant if you are applying into top academic programs. Additionally, some programs will have special tracks (research, health equity, etc), which are more competitive than the categorical program due to the small number of spots available.
Letters of recommendation?	3 LOR at baseline <ul style="list-style-type: none"> • Some programs require a letter from the Chair of Pediatrics or a Division Chief, thus in that case you will need to 4 letters in total (3 LORs at baseline + 1 from the Department Chair) • Ideally, 2 of the letters should come from pediatricians.
How many programs did you apply to/interview at?	<i>Virtual Interview (COVID-19 Era / 2020-2021 interview season)</i>

	<ul style="list-style-type: none"> • Applied to 22 (not including 4 track programs at various institutions), offered 21, interviewed at 17. Your advisor will let you know how many interviews you should strive for. <p><i>Pre-COVID-19 (2018-2019 interview season)</i></p> <ul style="list-style-type: none"> • Applied to 21, offered 19, interviewed at 13. • Applied 14, invited to 14, interviewed 12. Advised to interview at 10, but couldn't decide on where to attend residency at.
When are interviews? When did you take time off?	<p><i>Virtual Interview Season</i> October - February</p> <ul style="list-style-type: none"> • Last year, the ERAS submission deadline was the end of October. Therefore, the interview season was pushed back by 1 month. Interviewed from late October until mid-January. A few programs had interviews up until the 1st week of February. It is very doable to get interviews completed before January. Most interview slots occurred in November and December. <p><i>Pre-COVID-19 (2018-2019 interview season)</i> October to January</p> <ul style="list-style-type: none"> • I fit everything in taking off the mid-October to mid-November block with a couple stragglers to do during rotations and over Christmas break. • Most were in November and December. Took time off from the first week of November to January 1st (two weeks of this were holiday break with no interviews scheduled); scheduled 1-2 interviews per week.

PM&R (updated 2021)

What makes a strong applicant?	Application showing work with people with disabilities and chronic conditions. Work showing broader interests than just sports medicine (spinal cord injuries, burn recovery, stroke). Activities that show you have an understanding of the field (research, volunteering, electives, etc). Works well with teams and patient communication. Want to work closely with patients for long periods.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 89.9% Mean Step 1: 228 Mean Step 2: 241 Mean abstracts, presentations, pubs: 5.5 Mean volunteer experiences: 8.3 AOA: 5.0%
Helpful advisors?	Mindy Loveless, MD (mlovel@uw.edu), Ny-Ying Lam (nlam2@uw.edu)
Sub-I recommended?	Yes
Away rotations?	Not needed, unless you are extremely interested in one program
How important are board scores?	Important, look more at wholistic application
Letters of recommendation?	At least 1-2 from PM&R Dr worked closely with
How many programs did you apply to/interview at?	
When are interviews? When did you take time off?	October - December (during non covid times)

Psychiatry (updated 2021)

What makes a strong applicant?	Genuine interest in the human condition and mental health which can be demonstrated by research and/or volunteer experiences, and rotations
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 89.6% Mean Step 1: 227 Mean Step 2: 241 Mean abstracts, presentations, pubs: 5.6 Mean volunteer experiences: 7.7 AOA: 6.8%
Advice for years MS1-4	MS1/2- volunteer in health clinics geared towards serving underserved populations; gaining an understanding of the unique risk factors and health disparities these populations face that predispose them to mental health and behavioral issues. If possible, conduct either bench, clinical, or community research related to mental health as this will really help you stand out from the applicant crowd. MS3- Continue volunteer experiences/research, show enthusiasm and initiative to learn during your psych rotation
Helpful advisors?	Anna Borisovskaya, MD - runs an informal mentorship group for those applying into psych. Dr. Buchholz
Sub-I recommended?	No
Away rotations?	Not required. Unless you are eyeing super competitive program or specific region
How important are board scores?	Somewhat important (though becoming more important each year)
Letters of recommendation?	3-4 LOR , at least one Psych. Some programs request 3 LORs, some request 4.
How many programs did you apply to/interview at?	(2019) Applied 35 interviewed at 17
When are interviews? When did you take time off?	(2019) Late October - January - Most were during Nov-Dec, with a few in early Jan.

Radiation Oncology (updated 2018)

What makes a strong applicant?	Research (rad onc or any kind of oncology, publications and presentations preferred), letters, clinical grades, and good board scores
2020 NRMP Match Data for U.S. MD Seniors)	Match rate: 99.2% Mean Step 1: 243 Mean Step 2: 250 Mean abstracts, presentations, pubs: 18.3 Mean volunteer experiences: 6.6 AOA: 22.3%
Helpful advisors?	Ralph Ermoian (pediatric radiation oncologist, med student advisor)
Sub-I recommended?	Yes, do one rad onc rotation at UWMC as early as possible, before doing away rotations)
Away rotations?	Yes! Most people do two aways, you should do at least one. Do one where you think you might want to match, do one in a top 10 program, try to spread them out geographically if you are interested in interviewing broadly
How important are board scores?	-Some programs have cutoffs, but they aren't as high or as important as they are in derm or ophtho. -Probably need to meet some reasonably high cut-off (ask Ermoian) to get interviews at top programs
Letters of recommendation?	4 LOR (what I did: one UW rad onc, one away rad onc, one research mentor, one internal medicine). A lot of people submit 4 rad onc letters.
How many programs did you apply to/interview at?	-Applied to 43, scheduled 10 -Applied to all 80 programs, most recent data says 9-10 interviews gives a good chance of matching.
When are interviews? When did you take time off?	-Interviews are mostly late Nov-late Jan . I took off mid-Nov to mid-Jan. - Late Oct- early Feb . I took off Nov, Dec, and early Jan.

Radiology-Diagnostic (updated 2019)

What makes a strong applicant?	Well rounded. Strong clinical grades in medicine and surgery. Good letters of recommendation. Research is not imperative in radiology, but it is a plus in any field. Average to strong board scores. Community service. Excitement about patient care and diagnosis, not puzzle solving.
2020 NRMP Match Data for U.S. MD Seniors	Match rate: 95.5% Mean Step 1: 241 Mean Step 2: 249 Mean abstracts, presentations, pubs: 6.4 Mean volunteer experiences: 6.9 AOA: 18.3%
Advice for years MS1-4	Join the interest group, look into research mentors, perform well on tests/rotations
Helpful advisors?	Gautham Reddy, Jonathan Medverd
Sub-I recommended?	Do four weeks of radiology in Seattle (either the 695 or 694 elective). Medicine or surgery sub I not needed if you got honors in those rotations, but needed if Pass/high pass when applying for intern year In medicine or surgery or a transitional year.
Away rotations?	Only if you have a specific interest in one program or geographical region.
How important are board scores?	Moderately. They can be compensated for by strong application elsewhere, but it doesn't hurt for getting interviews. Diagnostic radiology is becoming more competitive due to the overflow of interventional radiology applicants, so this may change.
Letters of recommendation?	3-4, need a department radiology letter
How many programs did you apply to/interview at?	Applied 40, 38 invites, 16 interviews
When are interviews? When did you take time off?	Late October to the end of January. Mainly in november and december

Urology (updated 2018)

What makes a strong applicant?	Strong board scores, research, good letters of recommendation.
2020 AUA Urology Match Data for U.S. Seniors	Match rate: 80%
Helpful advisors?	Drs. Gore, Wright, Harper, Sorenson
Sub-I recommended?	Absolutely. Home + 1 away (most people completed two away sub-I's. I would recommend doing a rotation on the east coast, to show programs you're willing to travel.)
Away rotations?	See above
How important are board scores?	They matter. The average goes up every year, but they are to get you an interview (i.e. If you hit a threshold, they won't just automatically throw out your application)
Letters of recommendation?	3 LOR. I recommend, one from a research mentor/PI, one chair letter from home, and one chair letter from your away rotation.
How many programs did you apply to/interview at?	Applied to 42, (most applied to 80+) I got 20 invites, and attended 11 interviews. Most competitive applicants try to schedule 12-15 interviews.
When are interviews? When did you take time off?	Late October to early December. I took off 2 1/2 months.

Residency Interview FAQs

“Seriously, the most important thing at these interviews is to get to know the residents and figure out your gut feeling about how you would fit in there.”

In-Person Interviews

The best parts of the interview process?

- It's FUN! You can really enjoy it. Other than arranging all the traveling, the process isn't actually very stressful.
- Incredibly more enjoyable than med school interviews.
- Meeting people! You get to meet other applicants (who you may become colleagues) as well as leaders in the field that are inspiring.
- Finding the right fit - once you realize that the programs aren't trying to make you miserable/stressed on interview day but rather just find the right fit, it's fun to try programs on and see what might work!
- Seeing different parts of the country.
- Trying new food!
- Visiting family and friends.

Surprising parts of the interview trail

- The little details on your ERAS application like your hobbies section often dominate the conversation/questions.
- The program you love best may be the one you intended on doing just as a practice interview--your rank list may change drastically as the season progresses, THAT'S OK!
- Changing from your suit into comfy plane clothes often occurs in cars, trains, and airport bathroom stalls with several near-misses of your shirt sleeve in the toilet...
- The cost of Uber/Lyft can really add up, do your research to find the easiest/cheapest means of transportation.
- The importance of location over prestige while ranking. Think about where you might want to live long term.
- Traveling from home bases outside of Seattle are far more expensive (i.e. flying out of rural WWAMI regions).

The most negative aspects of the interview process

- FATIGUE. It's an exciting but exhausting process. Try not to do interviews on back to back days and do no more than 3-4 in one week! Only interview if you seriously want to match there.
- If you are applying all over the country, it's very hard to coordinate dates so that you don't end up flying back and forth to the east/west coast multiple times in a few weeks.
- The repetitive answers and small talk. It became hard not to sound too robotic with canned answers after many interviews.
- COST. Everything adds up.
 - Try couch surfing, AirBnb, SwapNSnooze, or checking out the Alumni Association HOST program for housing.
 - Early on, try to get to know (and get the #'s) for your co-applicants so you share shuttles/uber/hotel, etc at your next interview together.
 - Take out more than enough loan money. Talk to Diane about what you need.

What should I wear to an interview?

- No way around it: you'll need a suit (Black, grey, navy are standard, but if you wear it confidently you can get away with pretty much any color suit)
- GQ may argue that men should only wear black suits to a wedding or funerals, the safest is a navy or charcoal suit with a neutral shirt in white or blue.
- Don't be that person who stands out because of your flamboyant clothes, stand out by being your awesome self!
- Men: Button-down shirt and tie (or bow-tie), comfortable but polished shoes in black or dark brown
- Women: Pant or skirt suit (but be wary of skirt length!), flats or a conservative heel--plan on LOTS of walking.

What do I wear to a pre-interview dinner?

- Generally, clinic appropriate, business casual. Dress up and you'll get a feel after 2-3 of them of how/where you can dress down.
- Rely on the email communication from the coordinator on specifics, if not assume business casual will be safest.
- Often on the west coast you can wear jeans.

What should I bring on interview day?

- Be minimalistic if possible
 - It's not comfortable nor professional to be lugging around a giant tote/messenger bag all day.
 - Bringing luggage is acceptable, just contact the coordinator about specifics, most programs will indicate the accommodations for bags and coats in pre-interview communication.
- Many will bring a leather folio and pen to take notes. Do this only if you feel the need, it's not required! Most programs provide a packet of information where you can jot quick notes.
- Be ready with questions for the Program Director and residents--lots of them!
- You can carry your cell but silence it! Some programs do not tell you about your interviewers until that morning. A quick google search during a bathroom break can be helpful!
- By no means do you need to bring a copy of your CV. If someone out there is saying you need to, they are wrong!

What should I know about cancelling interviews?

- It is common (93% of AOA members in 2014 cancelled at least 1 interview).
- Why cancel?
 - Finances.
 - More appealing offers.
 - Interview fatigue/limited time/conflicting schedule.
 - Not a good fit for a student/partner.
 - Ask yourself if you truly *need* that interview and whether it is likely to be ranked highly.
- How much notice to give?
 - UW advisors will advise, most say at least.
 - AT LEAST 3 weeks. Sooner if possible so they can move students off the waitlist.
 - DO NOT simply fail to show up. That burns the bridge at that program for future UW applicants.

Interview Questions

- Most common questions:
 - Why X specialty?
 - Where do you see yourself in 5 (or 10) years?
 - Tell me about yourself
 - What questions do you have for me? (EVERYONE will ask this)
 - What are your strengths? Weaknesses?
 - What are you looking for in a program?
 - Why our program?
 - How serious are you about moving here?
 - You initially planned on a career in X, why did you make the switch to Y?
- Most difficult or interesting questions
 - Teach me something
 - Tell me about a mistake you've made
 - Tell me about a time when <difficult situation> and how you learned from it
 - Tell me about X deficit in your application
 - The ONLY interview question was "what questions do you have?" (having to prompt the entire conversation for 30 minutes!)
 - Tell me about a secret that someone told you, which you were then pressured to tell someone else - what did you do?
- Weirdest questions
 - What is your spirit animal?
 - What is your favorite kitchen utensil?
 - Would you rather be born without knees or elbows?
 - Draw a cat
- Remember that behavioral questions are not so much about the answer itself (often there is no right answer) but are intended to discover your process of reasoning and how you perform in such a situation.
- If you truly do not have any more questions you should not feel pressured to make up a poor or ill-thought out question. A good reply may be "None that you and the others have not already answered for me."
- Asking about the "vision or future of the department" and "stability of its leadership" etc. may not be important questions, however oftentimes do not truly affect you as a resident.

Questions for the Program

Training program structure/opportunities

- Where do residents get most of their learning?
- “Tell me about the...” (just like open ended questions for patients, do the same thing)
- International medicine opportunities- Is it supported? Financed?
- What community involvement opportunities are there?
- Is research supported? Statistics help?

Career prospects

- What do residents go on to do?
- What career/fellowship options do you feel are/aren't open to you as you graduate? What is your fellowship match rate for the past 5 years?
- (ask the chief): Do you feel ready to be a solo-practicing attending?
- What career development programs are in place?
- What distinguishes graduates from this program?

Getting to know the residency program's people

- Describe the ideal resident that would be best served by your program-i.e. What type of person thrives here, who does not?
- Tell me about how you value diversity
- How do people get along?
- What do you do for fun?
- Where do you live?
- Are residents typically married/single/kids/pets?
- What LGBTQ resources are available and what have residents' experiences been?
- How comfortable do you feel with attendings?

Program strengths/weaknesses

- What drew you to the program?
- Are you happy? If so, what makes this place great?
- What is it about the program that you are most proud of?
- What is the most frustrating part of your day to day life as a resident?
- What do you see as weaknesses of the program?
- What was the best and worst day of residency so far?
- What do you wish you had known about this program before coming here?

Mentoring

- How are mentors paired with residents?
- How do you teach residents how to teach?
- How do you find mentors or research project leaders?
- To faculty: Why do you like working with residents?

Program's views on, and ability to, change

- What changes have occurred in the program as a result of resident input?
- How are residents involved in determining the future of the program?
- What are some quality improvement projects current residents are working on?
- What changes do you see coming down the pipeline?

For surgical/procedural specialties

- Volume of procedures? What percentage are done by residents? OR first starts? ICU months?
- CALL SCHEDULE!
- Quality of community-based OR experiences?
- Strength of the trauma experience?

Other

- Have at least 5 questions specific to the program at the ready.

Other Interview Considerations

- Travel & Logistics
 - Allow enough time for traffic and getting lost. To be safe, look at the ETA from google maps or other GPS app and nearly double it.
 - Use a carry-on if at all possible. You're less likely to lose your suit!
 - Always double check your schedule the night before--it's easy to confuse details when you're doing multiple interviews in a week.
- Pre-interview dinner
 - Generally AOA member felt the dinners were integral to making a decision as it allows you to get a better feel for the fit for a program.
 - Don't get drunk at the dinner!
 - Try to find people you know going to the dinner to carpool with to save on uber/cab.
- Do not be on your phone if at all possible.
- If you are truly interested in a program, try and get information for prior UW graduates or residents with similar interests. Seek these people out and ask questions, show interest!
- Do not talk negatively about other programs with applicants.
- Try not to bring up politics or religion.
- Be kind to the program coordinators --they've worked hard to organize this and their input about their impression of the applicants may be worth something to the PD.
- Always put your phone on silent and don't start facebooking while on the tours!
- Think about how you're going to answer some of the difficult questions and try to practice them before your first interview. Some tips on ways to practice:
 - Answer questions in front of a mirror.
 - Have your friend/spouse/partner ask you questions.
 - Do a mock interview.
 - Write out your answers to tough questions (but it's best to practice aloud).
- Remember, a program's culture is in its residents, NOT the other applicants that day.
- Try to be yourself. If you are faking your interests and personality during your interview, you may inevitably end up somewhere that is not the best fit.
- Don't chat with co-applicants about what other programs you loved while at the lunch/dinner for the interview you're actually on.
- Ask other applicants of their impression of their home program if you want. Obvious advice: be wise about where/when you ask it--in your shared uber drive is great, at a table of current residents at a different program is not so great.

Specialty Specific Comments:

- IM
 - Interviews are generally laid back, but you do get a variety of questions and while some interviews can be very conversational, others will be a little more intense. It's worthwhile to prepare a little before each interview so that you feel ready.
 - Everyone is very nice during interviews, so much better than med school interviews! If you relax a little bit, you'll see that these interviews can be kinda fun actually. Take advantage of the interview day/interview day food. And really do think about if you can see yourself living and working in that location.
 - Interviews are generally laid back. Read your application and have a short response prepared if they ask about x,y,or z activity and the impact it had on you. Have several specific patient anecdotes/examples of a time you were challenge/failed/empowered/inspired. Tell a story!
- Dermatology:
 - Prepare for some behavioral questions. Some programs had a list of standardized questions with behavioral questions that they asked every applicant. Some programs were very conversational interviews without any behavioral questions, but always best to prepare.
 - You will likely be interviewing with most faculty if not every faculty member since dermatology departments are generally fairly small. Depending on the program this can make for some long interview days with different formats (e.g. one-on-one, two-on-one, panel interviews). Go into every room with a deep breath and big smile and put your best foot forward.
 - Prepare to answer the following questions at basically every interview - tell me about yourself (keep it brief with where you're from, a little bit about your family, and maybe include why you like dermatology/how you got into it), why dermatology (this should be easy to answer), where do you see yourself in 5 years (I found that most programs were very receptive to me saying I wanted to be a dermatologist in my home state eventually, though maybe some still expect everyone to want to be an academic dermatologist. I think honesty is the best policy here and if you are passionate about your future plans, it shows and I think it can only reflect well on you), tell me about an interesting patient.
- EM
 - Most programs are relatively equivalent in training, so if that is a concern you can interview at programs with other attributes you value highly, i.e. location, 3 vs 4 year.
 - Interviews are very laid back overall. You occasionally get an intense interviewer, but most just want to get to know you. A lot of the interviews end up being just chatting with the interviewer. They already know you are qualified to be in their program from an academic/clinical perspective, and now they are just trying to see if you would be a good fit or not. Just be yourself and you will have a good idea if you could see yourself there next year or not.
- Ophthalmology
 - Try to bring up who you know in their related subfield. If you worked with a retina attending and you're interviewing with a retina attending, name drop. For sure.