

AΩA Pearls of Wisdom

2023



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 a compiled and edited form of 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

Ah Foundations! A glorious time of making new friends, studying your butt off, and exploring the field of medicine. It ain't easy but it really is a great launching pad for your career!

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

- Less passive studying (ex: reading) and more active studying (ex: flashcards, question banks). Repetition is key and spacing out how often you see content helps reinforce concepts (i.e. Anki).
- Cramming doesn't work, so having a schedule and staying organized will help you keep on track when things are overwhelming.
- Everyone has different learning styles. Some prefer videos and Anki over reading syllabi, some prefer drawing or group studying, reviewing lectures and writing own notes, etc. It may take a few attempts to figure out what works best for you, and that's okay!
- You may wish to consult UWSOM's learning environment specialists to figure out how you learn best
- Don't be afraid to ask questions or chat with your professor after class to clarify something. It will help you understand the content (which is key) and will show your faculty that you are invested in learning.
- Unlike undergrad, medical school requires lots of outside materials to understand the material and prepare for exams. You will need more than reading the material and taking notes. Take the time to check out popular resources such as Pathoma, Sketchy, UWorld, etc.

Note: Most AOA members agree that the first block is the hardest! It takes time to figure out how to be a medical student and adjust to the new pace. Some people take a little more time to figure things out! Give yourself some grace :)

What resources are helpful for the various subjects encountered in foundations?

- Biochemistry: FirstAid, Boards and Beyond, Anki, drawing out pathways with classmates
- Immune/Infectious: Sketchy Micro, Sketchy Pharm
- Cardio/Pulmonary/Renal: Boards and Beyond, Pathoma, Anki, making review sheets
- Hematology and Cancer: Pathoma
- Neurology: FirstAid, Pathoma, Boards and Beyond
- Endocrine: Boards and Beyond, FirstAid

Overall best study resource:

- ANKI -

Yup, it's true! Anki remains the most frequently recommended study resource from UWSOM AOA members. Not everyone uses it, and that's ok! But give it a fair shot and ask other classmates in your cohort to help you figure it out if you are feeling stuck. It's an investment that takes practice. There is no shame in choosing not to use it

- Gastrointestinal: Pathoma
- Pharmacology: Sketchy Pharm, FirstAid
- Anatomy/MSK: Acland's Anatomy Atlas, TeachMe Anatomy, Anki
- Reproductive: Be sure to study the syllabi because there is a lot of testable content there!

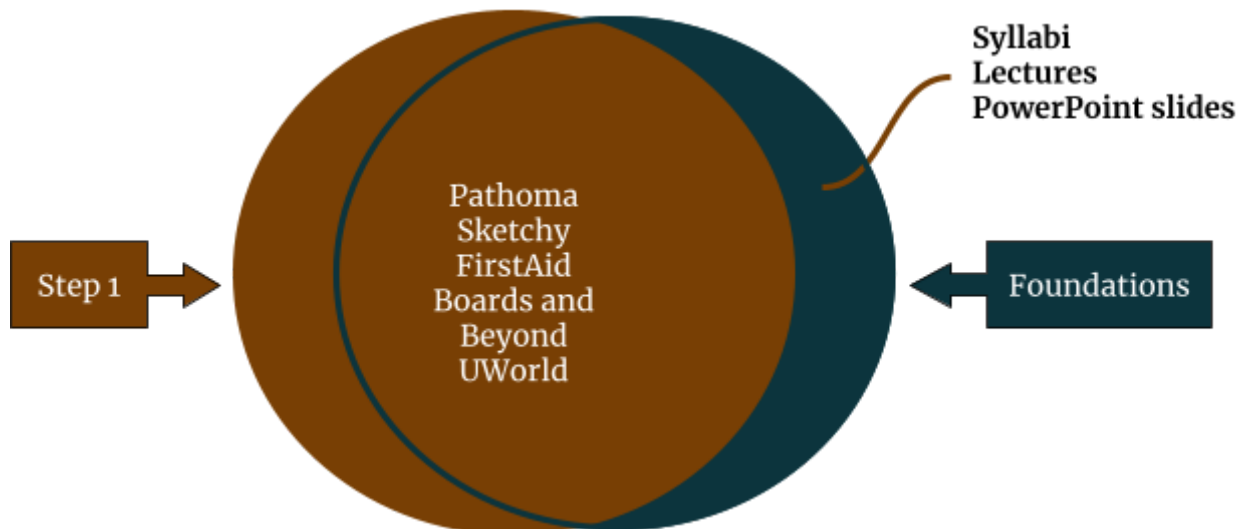
Integrated Foundations/Step 1 studying (i.e. "Should I be studying for Step 1 throughout Foundations?")

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.

If you choose to integrate your studying, here are some tips.

- Watch the Sketchy Pharm videos as you cover them in Foundations. Review them with Anki or just looking at the pictures. By the time you get to dedicated, you will have already watched most of them by virtue of staying on top of them during Foundations. They will help you with your Foundations block exams as well!
- FirstAid: Best if you use this as a study companion to each block. It can help to know what content from Foundations will be on Step 1 and what material you are not covering in Foundations that you will need to learn for the boards.
- UWorld: Study relevant questions for the block. Even just a couple questions per block will help you gain familiarity with Step1 question format.
- Pathoma: Watch the pathoma videos and/or read the chapter during the appropriate block. You will be through a first pass of Pathoma by the time you get to dedicated.
- Boards and Beyond: Very closely overlapping with Foundations syllabi. A great way to review things in video format if that works best for you.



“Study subjects as you come across them during foundations and clerkships. For example, looking at the renal section of First Aid while in the renal block or doing the IM UWorld questions during the IM clerkship.”

This will pay off when it comes to studying for boards!

Advice on extracurricular activities and interest groups

- Interest groups are a great way to get involved and add some extracurricular experience to your resume and life. If you choose to join one, pick one that interests you and explore leadership positions. This is good for your residency application and will be fun to boot!
- AOA members universally recommend quality over quantity. Better to be involved in 2-3 projects that feed your passion and give you meaningful experiences than 4-5 projects with superficial interest. 100 hours of meaningful contribution and accomplishment will be more valuable to you and to residencies than a list of activities with minimal participation. Keep in mind that residency applications have limited slots so make your experiences count!
- Leadership is hard to come by in clinical years. Start early with extracurricular groups so you have some leadership experience for your application! This might be even more important now that Step 1 is pass/fail.
- Pick activities that you are passionate about, that you enjoy, connect you to the reasons you chose medicine, and/or relieve stress.

**AOA members
universally recommend
quality over quantity**

What are the options for summer between MS1 and MS2?

Note: these options may change but the advice and roles of each are still generally applicable

- 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”. This is a great opportunity to add scholarly work to

your resume as these opportunities are harder to come by in clinical years.

- 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.
- Don't take Foundations of Clinical Medicine for granted. A good history and physical exam are key to succeeding in your clerkships.

PSA

Take breaks

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“Almost everyone has a poor test performance at some point. Don't be discouraged!”

OSCEs

OSCEs are universalized clinical exams that every medical student is required to pass. There are 2 OSCEs, one during Foundations and one during clinical rotations. The exam involves being evaluated during a fake patient encounter. There will be a prompt (i.e. "perform a focused abdominal exam for this patient") to follow that will help guide you. Fear not!

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.
- Get fast at formulating a quick 3-4 item differential.
- Typically these will be easy differentials. (i.e. Pt with abdominal pain: cholelithiasis, appendicitis, inflammatory bowel disease.)
- 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! Being kind, empathetic, and affirming is part of the exam. Take a deep breath, relax, and try to be a normal human. Don't forget the affirming statements you learn as part of motivational interviews. "I can tell this has really been affecting you. What do you think is most important that we address today?"
- 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.

USMLE Exams

The infamous STEP exams need no introduction! No matter how daunting, remember: all the physicians you've met have done these and made it through just fine. You can too! Ain't nothing but a thang.

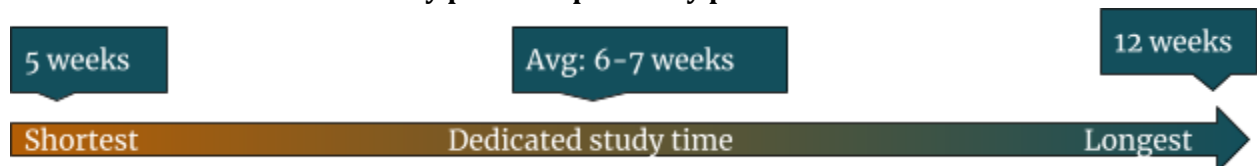
STEP 1

(Note: This advice is from students who took Step 1 before it was Pass/Fail)

Scheduling and dedicated

- Scheduling Step 1 and determining how long your dedicated study time will be is done on a case-by-case basis with your academic support. Please take their advice and keep in mind that changes to Step 1 in recent years may influence time available to take the exam.

STEP 1 study period reported by polled AOA members



Preparation

- Start studying during Foundations phase and the summer. Doesn't have to be intense or all that structured, but be familiar with your resources and the general structure of QBank questions. During your last two blocks, start transitioning to more boards studying and less block exam studying.
- Consider getting through FirstAid and QBank (Uworld or Amboss) once during Foundations and again during dedicated Step 1 study time.
- One member with the The Director of Academic Support during Foundations to develop a study plan and a calendar for 'boot camp' period (dedicated study time before the test).
- Make a daily schedule and decide how many hours you want to study each day (8-12 usually recommended). Have an Excel spreadsheet with all the study materials you plan to review and a calendar of how you will divvy them up over your study period. See below.
- Have a plan, stay focused, and ace it!

Sample study schedule

(This is not representative of everyone's style, please just use as a kickstarter for ideas)

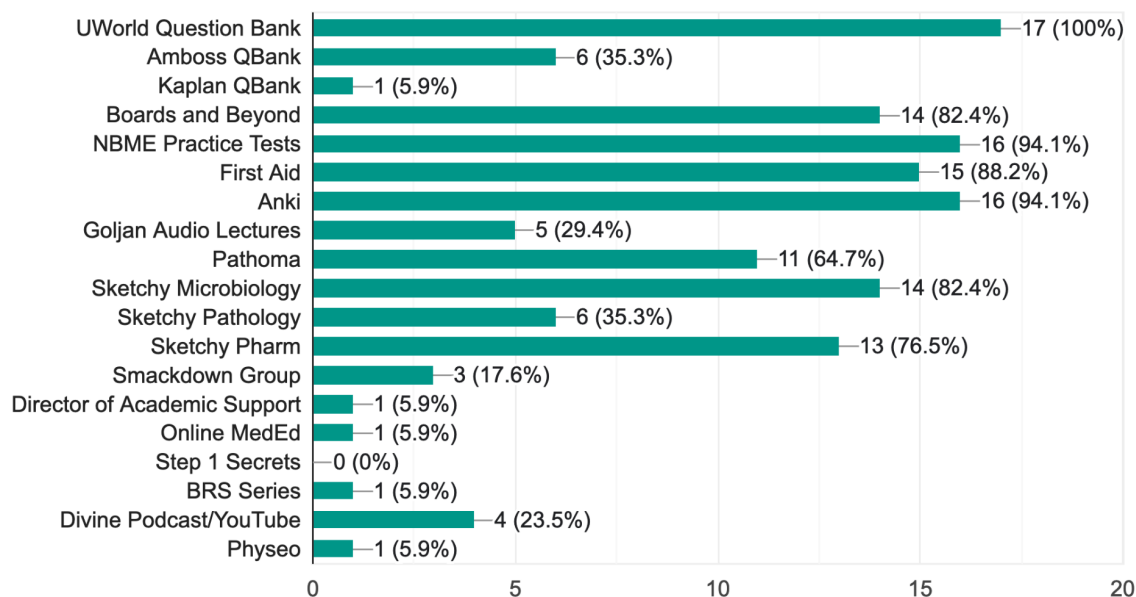
time	Subject	time	Subject
0700-0800	Anki (Missed questions, sketchy, pathoma)	1330-1530	Organ system review (Pathoma, FirstAid, etc)
0815-1015	2 UWorld blocks (timed, random)	1545-1645	Anki
1030-1230	Review UWorld blocks and make Anki cards on missed questions	1800-2100	Freestyle: UWorld, Anki, Pathoma, take a break, whatever!

Materials

- Pick a few resources and stick with them (see chart below 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 (AnKing is by far the most popular deck) from r/medicalschoollanki (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.

STEP 1: Resources used?

17 responses



Most popular Step 1 resources among polled AOA members, 2022-23

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! Aim to do at least 4 practice exams, spaced out so you can track improvement over time. Most members utilized UWorld self assessments toward the end of their dedicated as some of the best predictors for the actual exam.
- Plan to do at least one full-length 8-hour practice test to practice your endurance for test day (helps with your stamina + figuring out how you want to allocate your break time)

This question approach was recommended by one of our Foundations learning specialists and came in pretty handy! Practice using this every time and it will become second nature.



Smackdown

- 36% of AOA members did Smackdown.
- Fun and social, but structured, way to review materials from FirstAid 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.
- Not found at all sites. If you think it would be helpful to you or your site and isn't offered, ask your faculty about setting it up.

"Favorite part of smackdown was the accountability and seeing all the material laid out in front of me"

- Most do smackdown early to ease into individual studying and identify weak spots.

Studying

- 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.
- 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.
- UWorld percentiles are hard to interpret. Don't take them too seriously. Everyone uses it differently and so scores don't necessarily compare directly.
- 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, organize them in an Excel sheet, 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.
- It can be tempting to push back for more time, but realize the cost (physically, mentally, emotionally) might not be worth it. Just try to be honest with yourself and then make the choice that feels right for you.

Test Day

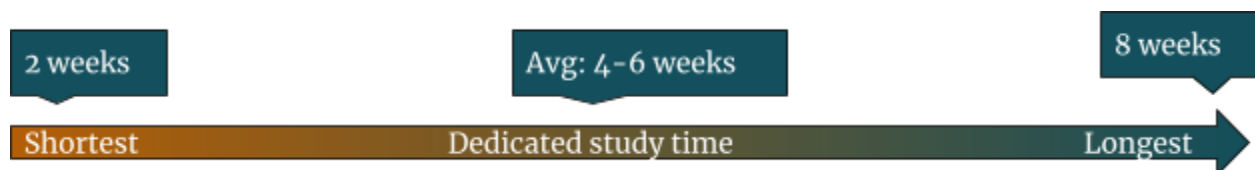
- DON'T study the day before the test – do something fun/relaxing instead!
- Write down any formulas you think you might need at the start of the test on your worksheet, as your brain will probably tire when you need them.
- After the exam, you **will** feel unsure of how you did; this is normal. Walk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

STEP 2

Scheduling

- STEP 2 must be taken by a specified date (previously June 30th, though this should be checked).
- Several members took a week vacation before starting to study. Some did a 2 week elective first, but most went into dedicated right after finishing Patient Care Phase.
- Try to take it 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 it.

STEP 2 study period reported by polled AOA members



Preparation

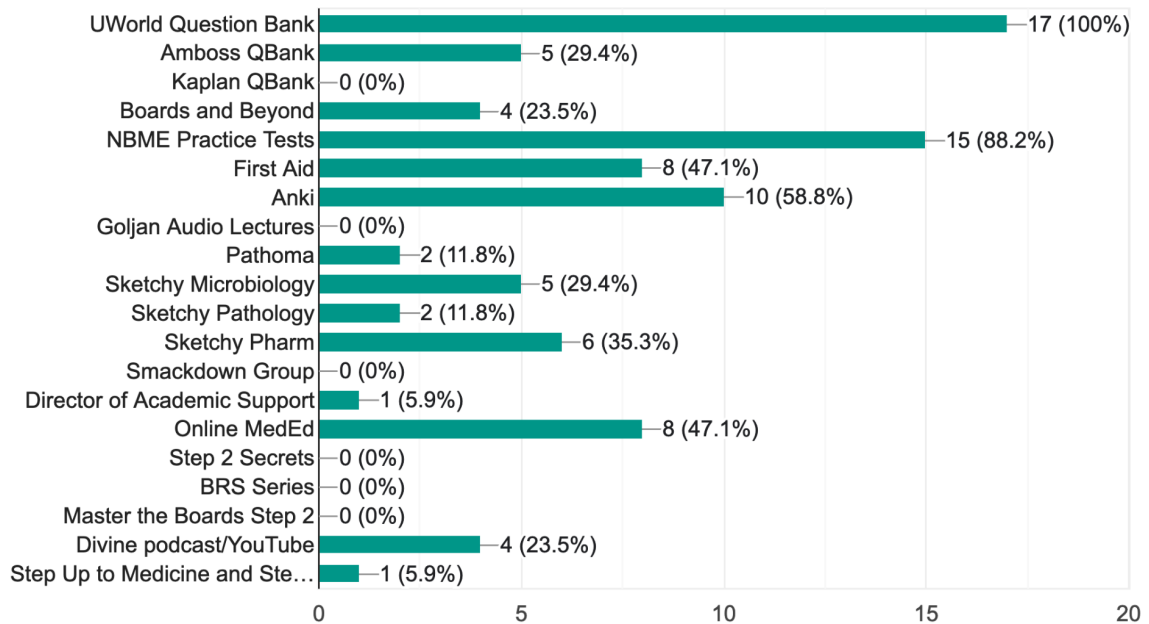
- The step exams build off each other, so it's important to do well on Step 1 and not to forget all the material between the two exams. There is a lot of overlap!
- Studying hard for clerkships is great preparation for STEP 2.
- Step 2 is less memorization and more making sure you have enough exposure and practice thinking through the next steps of scenarios. It's more holistic and "real world" than STEP 1. Which, in some ways, makes it easier.
- You will probably be using UWorld Qbank to study for core clerkships, so you will be mostly through a full first pass by the end of Patient Care Phase. Try to finish a full first pass (including subjects you didn't cover during clerkships, such as neuro) and then reset for dedicated and do a second pass. Note: Amboss is becoming a popular QBank as well. While UWorld is tried and tested, you might experiment with both to find your preference.
- Use Online MedEd videos throughout your clerkships, then refer back to these during dedicated STEP 2 study time.
 - Online MedEd videos are helpful to practice diagnostic frameworks for common problems and can be used to annotate First Aid. The content is great for concepts

and getting a groundwork going, but you may find there are missing details that you must know for STEP2.

- 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. Many people choose to just use FirstAid for Step 1 again.
- 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).

STEP 2CK: Resources used?

17 responses



Extracurriculars during clinicals

It can be tricky to continue pursuing your interests and contributing to the community when you are traveling and busy working hard during clerkships. Fortunately, there are lots of students who have gone ahead of you! Here is what they have to say.

- Many WWAMI sites will have local opportunities like free clinics, food banks, or other programs. You might ask around to see what options you have.
- There are lots of good online opportunities that can be a great way to stay connected. Most center around mentorship, research, advocacy, or education.
 - Mentorship: UPREP, AFERM, BigDoc-LittleDoc
 - Administration: UWSOM Admissions Committee, admissions ambassador
 - Advocacy: various interest groups, Health Equity Circle, professional organizations (AAMC, AAFP, AAP, APA, etc...)
 - Research: keep your eye on your emails! There are often remote research opportunities that circulate through.
- “I didn’t really do much extracurriculars during clinical years.”
- “I used personal connections made during rotations to find various opportunities.”

Required Clerkships

This is it! The moment you've been waiting for. Time to see patients, call consults, write notes, and bear witness to the full spectrum of human life. It's a beautiful thing.



Most common advice from AOA members:

Being on time, showing curiosity and enthusiasm, asking for and responding to feedback, and acting as if you are "X type of doctor" for the duration of the clerkship will carry you far and are much more productive than focusing on grades

On Standing Out & Getting the Most from a Clerkship:

- 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.
- 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.
- 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.
 - 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.*"

what you put in = what you get out

- Be a team player. You build everyone up when you are fun to be around and willing to contribute to whatever the common goal is. Yes, even if that means a coffee run. Clearly you should not be doing only scut work, but little things add up and make everything smoother for the team. Keep your eye out for things that will help the team move through the day and then see if you can facilitate that

- Example: Your resident mentions they can't tell how long Patient X has been on Eliquis. Offer to go ask the patient! It is a small but easy thing that will advance patient care and save the team an extra step.
- Especially when you're the only student at a site/on a team, it can be easy to be tough on yourself for how much you don't know. Know that you *are* at the appropriate level of knowledge and that you're likely your harshest critic. Owning and being open about your weaker areas will *not* make you look dumb and it is how you'll grow the most!

On Feedback:

Early Expectation & Goal Setting:

- Start off the rotation by asking what the expectations are (i.e. how many patients you should see, what kind of notes they would like, etc). It is a perfectly reasonable question to ask "What types of things make an honors student for this rotation?"
- 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.
- 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. Have a form available to talk through, because otherwise some attendings won't give you concrete feedback.
- 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.

How to Get the Best Feedback:

- 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.
- Many providers seem hesitant to provide constructive feedback, push yourself and continually ask about areas that need improvement.
- 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 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.
- 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.

High-Yield Feedback for Students:

- 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.
- 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.

On studying, grades, & time management:

- 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!
- Try to get assignments done sooner rather than later. They can be tedious and time consuming so don't underestimate them only to end up scrambling the last few days.
- 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. Even if it's a small amount each day, it will pay off in the end.
- 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).

How to get involved with other extracurriculars during clerkships?

- Find online opportunities such as UPREP, Admissions Committee, AFERM, interest groups, etc. Keep an eye on your email because options will float your way when you least expect.
- Some WWAMI sites have free clinics that you can volunteer with, but it can be hard to find time. Look into it and see if it will fit in your schedule.
- It can be hard to do extracurriculars! You are learning a lot, have a demanding schedule, and are studying for exams. It's ok if you choose not to do additional activities or cut way back.

Family Medicine

Exam Resources	Clinic Resources
-Online FM cases (AAFP) -USPSTF Guidelines - memorize them (specifically, memorize the A, B, and F recommendations) -UWorld ambulatory care (if not already done during IM) -CaseFiles	-UpToDate -Step Up To Medicine (ambulatory care section) -AOA Turkey book -Pocket book -MDCalc -DynaMed - CDC MEC contraception app - USPSTF App - CDC vaccination schedule app - GoodRx app

Advice for clinical success

- It's all about efficiency! There are so many patients and so little time. Do as much work as you can up front (i.e. pre charting, pending labs you know you will want, refilling orders, etc) so you can maximize time with the patient.
- 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.
 - Ask for remote access so you can chart review at home.
 - This also allows you to read/look things up, learn more, see more patients and be more efficient during clinic
- Capitalize on agenda setting. 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).

~ AGENDA SETTING ~

An attending recommended the following discussion at the start of a visit:

“I’ve been looking through your chart and there are a few things that stood out to me as important to discuss today, but what are things that *you* want to be sure we cover?”

- Know the presentation, dx steps, differential dx, and treatment of the most common family med symptoms (fatigue, MSK pain, fever, chest pain, belly ache, etc.)
- Seek out opportunities to participate outside the clinic (home visits, rural clinics, inpatient rounding, OB, 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.

- Learn to adapt your patient presentations to a more concise format for busy clinic days.
- Don't think of this as an easy rotation. Work just as hard as you would on IM.
- Take an interest in your patients' lives, be present. Attendings appreciate you leveraging the time you have as a student to build therapeutic connections with patients. You will likely have more time to actually get to the root problem of things and brainstorm solutions than the attending will.
- 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.) Use GoodRx app to search local pharmacy prices and discounts.
- Use the rotation as an opportunity to practice lots of physical exam maneuvers you're less comfortable since you'll be seeing so many patients for diverse issues in clinic.

Favorite and least favorite parts of this rotation

- Most favorite
 - I liked the scope of practice and switching gears between acute viral illness in a kid to chronic diabetes management in an adult patient to procedures to prenatal visits. Your experience in any rotation can depend on the people who you are working with. I really loved seeing patients of all ages.
 - Loved the holistic approach to medicine, wished appointment times were longer.
 - Procedures. Express your interest early to get the most hands on!
 - My site did full scope FM so I got to use my OBGYN skills to deliver some babies.
 - Really positive culture among residents and attendings
 - I loved counseling patients on preventative care, it feels great to think that you might be contributing to someone living a healthier life.
 - Seeing clinic patients multiple times, autonomy, good schedule, procedures (some clinics do lots of dermatology procedures).
 - Variety of patient presentations, ability to do small procedures (suturing, skin bx, IUD insertion, etc.)
 - Seeing impact of patients/families having longitudinal relationships with their doctors
 - Living and working in a rural community for the first time.
 - 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.
- Least favorite
 - 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.
 - Long problem lists, slow pace
 - I was in outpatient FM the entire time so that was my least favorite.
 - A little challenging because the range of medical topics is so broad.
 - Referring patients for most problems rather than completing 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.

- Falling behind in a busy clinic day; try to stay on schedule.
- 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 -Blueprints -NBME Practice Exams -Aquifer practice cases -Emma Holliday review video (great for a day or two before the shelf)	-UpToDate (esp phone app) -Online MedEd -Pocket Medicine -MDCalc -Turkey Book -USPSTF Guidelines -Frameworks for Internal Medicine -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.
- 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. If attending wants to know something else, they can always ask.
 - 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.
- For your patients with interesting presentations/pathologies, research and present on that topic to your team frequently (1x/week). Citing a scoring method or clinical trial will make you look smart and doesn't require much extra effort.
- Take ownership of your patients, build rapport, read about them, come up with your own assessment/plan and present it with confidence. Try to learn at least one thing from every patient on the team, even if they aren't your patient.
- 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. Take initiative to call all the consults for your patients, call family, and check back in with your patients in the afternoon to make sure they are progressing.
 - 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.
- Study for the final exam during your outpatient weeks - your inpatient weeks will likely be

very busy.

- 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!
- 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.
- Have a broad differential and be ready to speak to why you think specific things are more or less likely based on the labs and physical exam. Go the extra mile and be active on updating families and coordinating with social work etc. Use this rotation to really take responsibility for your patients.

Tip: using a scut sheet can be a great way to stay organized when pre-rounding and keep you systematic during OCPs. Try out various formats to find one you like

[Here is a link to an AOA member's personal scut sheet](#)
(Print double-sided on short side and fold in half)

Favorite and least favorite parts of this rotation

- Most favorite
 - 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.
 - Starting to feel competent in working up a variety of issues.
 - Being able to think about diverse pathophysiology that IM covers.
 - Building rapport with medicine team, interesting cases.
 - Really enjoyed feeling responsible for my patients and independently proposing differentials/workups to attendings and then having discussions about the appropriate course of action.
 - 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.
 - It was the time in third year where I felt most like a doctor!
 - I really liked inpatient medicine. I really felt like I was my patients' main care provider during this rotation.
- Least favorite
 - Long rounds.
 - The outpatient portion could be a little monotonous depending on if you are a person who loves clinic or not.
 - Q4 call on wards.
 - The schedule on inpatient is ROUGH.
 - Attendings tend to be more strict or intimidating.
 - It's hard to stay organized with so much patient volume and learning.

Obstetrics and Gynecology

Exam Resources	Clinic Resources
-UWISE -Blueprints -Case files -UWorld -Online MedEd -NBME practice exams	-ACOG practice guidelines -UWISE -Little red book -Pimped OBGYN podcast -Up to Date -US MEC contraception app

Advice for clinical success

- Be engaged, ask lots of questions during clinic/surgeries, be proactive while taking care of patients and do needed tasks without being asked.
- Be flexible in clinic and in the hospital, it can often feel hectic depending on your rotation.
- 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).
 - Make cheat cards with the weeks of pregnancy and the questions to ask/tests to run.
 - Take the opportunity to learn how to read and interpret fetal monitors.
- 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.
- 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.
- 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.
- Know pelvic anatomy and run through videos of laparoscopic anatomy for OR cases. Be able to discuss the anatomy out loud. Also know the stages of labor.
- Befriend the Labor and Delivery nurses! They will help you out so much with both medical management and finding you good opportunities. They can also advocate for you with patients if you are a male, so you get to see more.

- 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!
- OBGYN can be a very busy rotation. Set goals for yourself (even if you don't plan to go into OBGYN) and share those with your preceptors. That will help you get the most out of the experience.
- Use this rotation to practice taking a sexual history and feeling more comfortable with exams in a trauma informed care framework!

Favorite and least favorite parts of this rotation

- Most favorite
 - I enjoyed the OB floor though it was high stress
 - Enjoyed having a limited set of OR procedures to learn about as I felt this allowed me to understand them better.
 - The gyn surgeries
 - I loved deliveries (both vaginal and c-section). They're an amazing thing to be involved in and are almost always worth the wait!
 - 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!
 - Delivering babies! Continuity of care, OR days.
 - The variety! On my first 24h shift, I saw multiple vaginal deliveries, a CS, D&C, detorsion, management of ectopic, and a hysterectomy.
- 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.
 - Waiting around for vaginal deliveries in the hospital.

Pediatrics

Exam Resources	Clinic Resources
-UWorld Question Bank -Anki Decks (based on UWorld) -CaseFiles -Blueprints -FirstAid for the Pediatric Clerkship -Emma Holliday review video	-Online Med Ed -Sign up for AAP student membership to access milestones, the RedBook and Peds in Review -CDC vaccination schedule (app) -For learning anticipatory guidance, use Bright Futures, UpToDate Patient Education materials, and Kids Health! -UpToDate -Watching exam videos on YouTube

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.

Don't let crying kids intimidate you or hurt your feelings! Be gentle and confident and proceed with your exam as best you can.

- Review the newborn exam and things to cover in a well child check prior to the first few visits. Make step by step notes in terms of how you will approach the exams. It may feel awkward at first but just takes practice.
 - Let the kiddo play with anything you have (after you clean it off first). If they are comfortable with the tools, they are more likely to enjoy the experience. Go for the exam head to toe but be ready to change it up midway through and flip to the toe to head approach. That way you do not miss anything.
 - Buy one of the clip-on animal lights for your stethoscope and kids will love you!
- 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.

Favorite and least favorite parts of this rotation

- Most favorite
 - 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
 - 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.
 - Pediatric medicine (especially inpatient) is a whole different world from the rest of adult medicine, so it's hard to transfer skills from other rotations.
 - 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 -Emma Holliday review video (High yield!) 	<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. Approach interviews from a curious, non-judgmental posture.
- For shelf: First Aid for Psych and UWorld was all I needed to ace the exam.

Prepare to be outside your comfort zone. Embrace it and lean in!

- 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 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

- Most favorite:
 - For a large number of patients, inpatient treatment would almost entirely correct the severe pathology they demonstrated on admission.
 - This rotation offered the most patient interaction of any rotation.
 - Talking to patients during down time, seeing interesting pathology like manic episodes and schizophrenia.
 - Lots of time to spend with patients and psychiatrists pay attention to how they treat their colleagues.
 - Great stories, lots of really deep topics covered, distinct way of thinking.
 - Interviewing patients for long periods and participating in the different types of therapies (psychologist, spiritual care, social work interviews, etc).
 - 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.
 - 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.
 - Most favorite was focusing on functional status and giving people tools they could use to improve mental health.
- Least favorite:
 - Feeling like it was too hard to positively affect patients through inpatient psych hospitalization and seeing the “revolving door” of admission, esp. for patients with complex social situations.
 - Outpatient psych...not much responsibility for med students to do at least at my site. Turned into a few weeks of shadowing.
 - Upsetting stories.
 - 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.
 - Seeing how difficult it is to make progress with psych inpatients.
 - Oftentimes the days seem long and uneventful, however this is a rotation where you will have more time for extracurricular activities.
 - We don't have a lot of tools to help with psych problems.
 - No physical contact with patients.
 - The meds/side effects are a lot of memorization.

Surgery

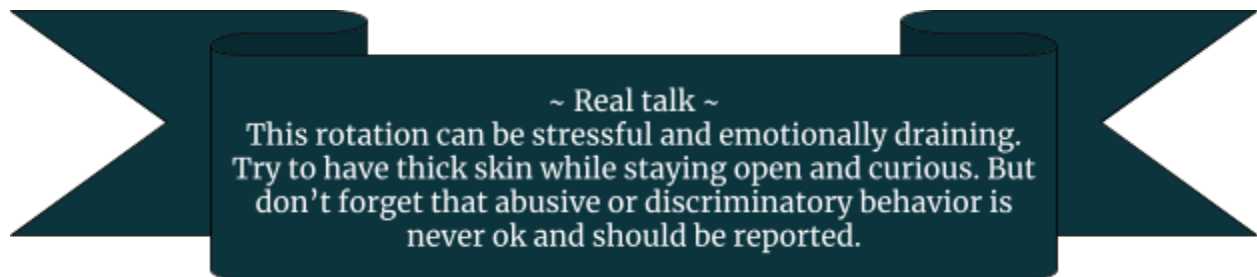
Exam Resources	Clinic Resources
-UWorld (Surgery and some emergency) -Pestana's -NBME Exams -Online MedEd -Anki from OnlineMedEd videos -Emma Holliday review video (great for last minute review)	-DeVirgilio book -Surgical Recall (for pimping questions) -Pestana's surgery -Zollinger's -UpToDate

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. I recommend practicing knots and laparoscopy in the WISH lab before rotation if you're shooting for honors or wanting to do surgical residency.
 - 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.
 - 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!
 - Offer to get to the OR early and message the residents when the patient is rolling in. They will love you for this as it allows them to get work done until the last minute.
 - 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.
- 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!).
- 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. 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.
 - 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.
 - 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.
 - Use the UW's OCCAM app to help with your patient's post-op plans and you'll look like a rockstar on rounds!
- 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.
 - The residents were nice but too busy/stressed with their own stuff to really help much. The attendings were aloof and rude.

4th Year Clerkships

And just like that, you are on to the last year! Soak it in, learn a lot, take some time for yourself. There are definitely stressful parts, but most will tell you it's a pretty darn good season to be in.

Required clerkships: Neurology and Emergency Medicine

A brief note on required clerkships:



Many students take Step 2 before they take EM and Neuro, by which time their UWorld subscription has expired. Here are a couple ideas on how to proceed with studying for shelf exams.

1. Ask a 3rd-year student if you can borrow their QBank for EM or Neuro. They may want to keep all their questions fresh for their first pass, but some people won't care and are happy to share those questions since they won't need them for over a year and will reset for Step 2 dedicated anyway.
2. Use Amboss. You can buy one month at a time for Amboss. Still pricey but better than paying for UWorld. Alternatively, get a week-long free account and get through as many questions as you can before it expires.
3. Use NBME exams. Even just 1 or 2 NBME exams is great prep and might be all you need in terms of practice questions.
4. Skip QBanks all together! Just use resources like CaseFiles and OnlineMedEd and don't sweat it. This is especially a good option once you have submitted ERAS and grades aren't as important for your application.

Emergency Medicine

Exam Resources	Clinic Resources
<ul style="list-style-type: none"> -UWorld -Amboss (5 day free trial if you don't want to pay) -NBME Exams -Rosh Review QBank -Online MedEd 	<ul style="list-style-type: none"> -UpToDate -ECGwaves.com (EKG learning website) -MDCalc app (HEART score, PERC scores, etc) -DynaMed -WikiEM -Diagnosaurus DDX app -EMBasic podcast -EMRA basics (free)

Advice for clinical success

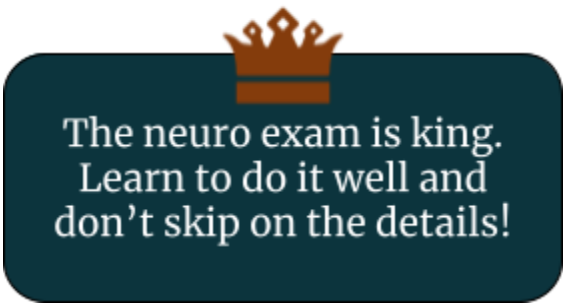
- Keep your differential broad. This is a fun rotation to review all of what you have learned across third year clerkships.
- Always ask yourself, what are the most serious diagnoses I wouldn't want to miss? If there is high enough concern for these, come up with the tests you need to do to rule them out.
 - *"I use the DxSaurus app to build a differential before walking in the room based on the chief complaint. It really helped to frame the questions I needed to ask so that you don't waste precious time on a busy ER service."*
- 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. Generally attendings tend to be more relaxed and informal, but start more structured and you can always relax things once you know the vibe.
- 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.
- Get yourself in the room with trauma and codes. It's intimidating and fast paced but important to see even if you are not going into the specialty.

Neurology

Exam Resources	Clinic Resources
<ul style="list-style-type: none"> -UWorld -NBME Exams -Dr Kraus' clerkship syllabus -Amboss -CaseFiles -Online MedEd 	<ul style="list-style-type: none"> -UpToDate -YouTube neuro exam videos

Advice for clinical success

- **Key Points:** The neuro exam is key! Learn neuro exam well, have residents/attendings observe you, and ask for tips. Practice makes perfect.
- Trust your findings! Neuro is super detail oriented and can be finicky, but if you can't elicit reflexes, then be confident in that! If you don't feel confident, ask to be shown how to do it (ugh, funduscopy) because technique matters. Once you feel more confident in your exam, things become way easier because you can trust yourself and start localizing.



The neuro exam is king.
Learn to do it well and
don't skip on the details!

- Queen Square hammers make elicitation of reflexes so much easier! Everyone has a unique preference so you can try various models... but Queen Square is a great place to start!
- Can use UpToDate for basic workup of common neuro complaints, also for dosing of anti-epileptic
- 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!
- Lean into feedback, follow up on diseases you didn't understand originally.
- If not applying into Neuro: I focused on the intersections of my speciality and Neurology and did a short talk for our team on a topic in this area. I also just tried to get a good foundation in the basics.

Any strong feelings (positive or negative) about the site where you did neurology?

- 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.
- I love the Seattle VA. I had a few rotations there including Neuro and have had excellent teaching and wonderful patients throughout. I enjoyed the specialty clinics, ED consults, as well as the inpatient service during VA Neuro and you get excellent in person didactics/neuro exam skills practice if you're in the Seattle area as well.

- Northwest- not a lot of autonomy and practice with management inpatient but the outpatient experience was useful!

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 specializes 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).
 - Sometimes can feel like a lot of esoteric pontification about exam findings that is likely irrelevant to my future practice
 - Many neuro conditions are debilitating and have a poor prognosis. It can be hard to see patients suffer knowing they have an even harder road ahead of them.

Electives

General advice for any elective:

- 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.
- Most important is 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.
- Think about your weaker areas/areas of medicine you have not been exposed to and how to fill these gaps before intern year.
- I loved using 4th year electives to figure out what sub-interests I have outside or inside of my desired specialty. I loved peds ED and NICU because they were fun and it's unlikely I'll do those again in residency.
-

Addiction Medicine Consults (HMC)

- Pros: work with great interdisciplinary team, no call, weekends off, learn to relieve unnecessary suffering for a group of wonderful but very stigmatized patients
- Amazing attendings and learning

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.

Complementary and alternative medicine

- Pros: great opportunity to learn from colleagues at Bastyr and acupuncture within Seattle Childrens
- Cons: very self-directed

Dermatology

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

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.

Lab medicine

- The lab medicine electives were my favorite! I am going into lab medicine, but also think they provide helpful context for all clinicians for thinking about what sorts of tests they're ordering and how exactly they work.
- I thought I would learn about laboratory medicine and what to order when. If you are thinking pathology, this might be for you otherwise only do it if you need a break for clinic. Do not expect to learn too much.

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, great hours, great mix of clinic and OR times, can learn to do slit lamp exam

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).
- HMC has really great teachers and good discussions.

Pathology

- Pros: great hours, opportunities to get involved in the gross lab and during frozens, really good refresher of pathologies for different organ systems.
- Cons - often don't get much autonomy.
- The PathElective website is a good study resource.

Pathology (Forensic)

- Highly recommended to everyone regardless of what specialty they are pursuing
- Can be a really intense rotation and can be very traumatizing without much mental/emotional support for the level of violence you see. Recommend not taking lightly and making sure you have a lot of support if you are going to take this
- I loved the Anchorage rotation! Kinda gory and heavy, but fascinating and I grew so much in my understanding of pathology and also the human condition.

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.

Student Evening Clinic (HMC) (Longitudinal Elective)

- Pros: great for those who love primary care, longitudinal experience serve as PCP to small panel of medically and socially complex patients in a supportive teaching environment, very rewarding
- Cons: Time commitment and must be mostly Seattle-based for 4th year

Sleep medicine

- Sleep medicine has a lot of downtime and you get to see a good number of OSA but also more complicated cases like central sleep apnea
-

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).

Free Time During MS4 Year

- 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.
- 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.
- 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! 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!
- 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.

If you only hear one thing:

Have fun!
Relax!
See friends/family!
Travel!
Sleep!



Gap Year and Research 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 an 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:

- 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.
 - UW has great research! If you're interested in pursuing research, don't be afraid to reach out to potential research mentors - people are usually happy to talk about their research and willing to help out people with a genuine interest.
- 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.
- Make sure you know all of your options, you can always get an MPH later in your career.

Residency Applications

The final challenge before graduating! You will experience every emotion going through this process. But ultimately it's going to be OK. It's so fun to start dreaming and planning for a future career. Time for the rubber to meet the road!

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).
- Be honest with yourself about why you like or dislike a specialty. There can be hidden reasons why you secretly preference something that you don't consciously notice (you liked the people on a rotation, you like the prestige of a specialty, you are afraid of being judged). Most of these won't contribute to a fulfilling career so be honest about whether the "coolness" factor is swaying you too much.
- 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. The training process is grueling if you're doing something because you're trying to fulfill someone else's goals for you!
- 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. I found it helpful to talk to people doing roughly what I wanted to do and talking to them about their path.
- 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.

Aspects of Different Specialties

<p>Anesthesia</p> <ul style="list-style-type: none"> - 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 <p>Dermatology</p> <ul style="list-style-type: none"> - 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 <p>Emergency</p> <ul style="list-style-type: none"> - Wide spectrum of patients/problems; hands-on - Shift work lends to a nice lifestyle <p>Family Medicine</p> <ul style="list-style-type: none"> - Variety, ability to specialize later if desired - Continuity, work with all ages - Able to care for the WHOLE person (and maybe their family too), passion for addressing root causes and social determinants <p>General Surgery</p> <ul style="list-style-type: none"> - Fixing an acute problem - Enjoy working with their hands and love the OR - Quick thinking, team work - Lifestyle can be demanding <p>Internal Medicine</p> <ul style="list-style-type: none"> - Complex pathophysiology, critical thinking - Diverse career possibilities - Working with adult patients - Focus on education/teaching <p>Neurology</p> <ul style="list-style-type: none"> - Intellectual challenge and complexity - Diagnostics via a detailed physical exam - Rewarding patient care experiences <p>Neurosurgery</p> <ul style="list-style-type: none"> - High acuity and crit care, lots of OR time - Long training and difficult lifestyle, but highly rewarding 	<p>OB/GYN</p> <ul style="list-style-type: none"> - 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 <p>Orthopedics</p> <ul style="list-style-type: none"> - Continual advancements in the field - Working with your hands and new tech, seeing immediate results - Enjoy MSK anatomy <p>Pediatrics</p> <ul style="list-style-type: none"> - 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 <p>PM&R</p> <ul style="list-style-type: none"> - 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 <p>Psychiatry</p> <ul style="list-style-type: none"> - Interesting patients - Emotionally challenging but quite rewarding - Lifestyle is great <p>Radiology</p> <ul style="list-style-type: none"> - Very intellectual - Lots of procedures (if going on to interventional) - Great compensation and lifestyle <p>Urology</p> <ul style="list-style-type: none"> - 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
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Applying to Residency

Generally speaking, doing well on clerkships, having mentors willing to write strong letters of recommendation, good step scores, and CV boosters (leadership, service, research) will get you far in all specialties!

Every specialty has unique quirks and considerations when it comes to applications. We strongly recommend meeting early (MS1-3) with a specialty advisor to consider how to set yourself up for success. Even if you change your mind about specialty, it is beneficial to be thinking early about what kinds of things will be helpful for you.

Things to discuss with career and specialty advisors:

- What makes a good applicant
- How many letters of recommendation you need
- Whether or not to do an away rotation
- Competitive Step2 scores
- Extracurricular activities

The following are very useful resources for exploring residencies and career options:

- **UW Specialty Guides:** Great overarching review of each specialty including advice on what to do for each phase of medical school
<https://education.uwmedicine.org/career-advising/specialty-guides/>
- **Match statistics:** For specific match statistics for each specialty, use the NRMP “Charting Outcomes”: <http://www.nrmp.org/match-data/main-residency-match-data/>
- **AAMC Residency Explorer Tool:** compares and contrasts specific residencies including number of applicants, interviews offered, and average CV characteristics.
<https://students-residents.aamc.org/apply-smart-residency/residency-explorer-tool>
- **UW Career Advising:** Up to date information on how UW students have fared in various specialties and trends in application cycles.

A note on 3rd party application assistants: There are many application services out there that purport to dramatically increase your success with the Match. Please keep in mind that there has been high variability with the outcomes of these services and students have had mixed experiences. Please do your research or discuss with your advisor prior to investing time and money into a resource that does not necessarily have your best interest in mind.

Residency Interviews

“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.”

A history:

Prior to the pandemic, most programs required interviews to be in-person. Applicants spent lots of time and money traveling around the US to preview residencies and conduct interviews. Once the pandemic hit, residencies pivoted to doing virtual interviews to continue social distancing. As the pandemic wore on and restrictions eased, a huge amount of variability began to emerge. Some went back to in-person only, some did virtual only, some did hybrids. Several states imposed regulations on this to maintain uniformity among residency interviews and to give every residency in the state an equitable approach. At this point in time, the variability remains. It's hard to predict how everything will shake out over time. The basic formats fall into the following categories:

1. In-person only
2. Virtual only
3. Option to choose either virtual or in-person
4. Virtual interviews with optional social events or “callbacks” to see the residency in person and tour (very common option)

In general, residencies have tried to minimize the impact that choosing one option will have. For example, many residencies choose to create their rank lists prior to hosting social events so that students will not be prioritized based on who is able to come visit in person. Time will tell how well this has worked.

Virtual Interviews

Pros

- Save LOTS of money
- You can wear sweatpants
- Easier to apply across a broad geographic area
- Some programs will send you goody packages (mugs, candy, swag, gift cards)
- You can still get a fairly good sense of the program
- Less draining than traveling and having to be “on” all day while wearing uncomfortable shoes
- Good for equity since the cost and availability factor are more or less eliminated.

Cons

- It can take more energy to convey enthusiasm over Zoom than in real life.
- 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.
- 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.
- The endless stream of powerpoint tours, photos from intern retreats, and residents offering to answer questions can get monotonous and hard to follow.

Tips

- It's more tiring than you might expect. I tried to not have too many interviews on back-to-back days if I could help it. Lots of programs also have socials the night before the interview, so not having back-to-back interviews also meant I didn't have to do events for more than one program on one day, which helped me focus on each program and keep them separate.
- Try to be intentional about asking questions and don't be afraid to unmute and try to get your personality across, even when it might feel awkward. As someone who helped with the UWSOM admissions committee, there were notable differences in how excited people appeared over Zoom.
- Have a "cheat sheet" for each program. This way, you have something to glance down at whenever you freeze up. It can contain:
 - Your "one-liner" or answer to "tell me about yourself"
 - Top reasons for applying to the program
 - Info about each interviewer and your key questions for them
 - 3-4 of your top strengths as an applicant that you want to make sure to convey
 - List of common behavioral question answers/patient stories ("a challenging patient encounter, communicating on a team, etc") so you have something to fall back on when you inevitably have a brain-freeze mid interview. Practice telling these stories in a way that is concise and communicates your strengths; you will tell them over and over.
 - Space to take notes.
- Find a comfortable set-up in your home that's quiet and clean, as you will likely be spending A LOT of time here.
- Depending on how casual your specialty (like family med) people will welcome appearances from furry friends.
- It's worth it to buy a lighting set up (ring light, stand lights, clip on light) and a better camera if your computer doesn't have a good webcam. You are saving a bunch on travel so makes sense to invest some in making yourself feel a little more confident.
- A mobile hotspot was worth its weight in gold
- Programs have been forced to step up their web and social media presences with the virtual format, so do check out the vibe of the Insta or Twitter and try to connect with residents for programs you're interested in (but know programs will only show the rosey side of residency)
- Try to go to the virtual social events whenever you can, as this is pretty much the only window you'll often have into the social vibe of a program. Know that you will get sick of them and they will feel monotonous. Don't feel guilty about leaving early or skipping one; your Zoom energy is best spent on interview day itself.
- If you're serious about a geographic area you're not familiar with, consider visiting. I know people who dropped programs from top 3 to far down their rank list after visiting and deciding the city wasn't a good fit. Letting programs know you want to visit is a good way to communicate how serious you are about their program.
- If a program isn't offering in-person social events, you can often email them and say something like "Hey I will be passing through in the next few weeks and was wondering if I could stop by for a tour." Many residencies would be happy to accommodate though some of them have policies against ad hoc tours.

In-Person Interviews

Pros

- 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 may become your 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.
- Visiting family and friends.

Cons

- 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.
- 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.
- 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.

Tips

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)
- 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.
- 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!

General Interview Advice:

- 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!
- Find a way to keep good notes after interviews:
 - I kept a spreadsheet where I would write my thoughts right after each interview to keep things straight.
 - I recorded voice memos to myself immediately after each interview as a way to capture my initial impressions. This was really helpful to come back to when ranking and required almost zero effort after a tiring day.
- Have multiple program-specific questions ready. You will get asked numerous times if you have questions.
- The repetitive answers and small talk. It became hard not to sound too robotic with canned answers after many interviews.
- The little details on your ERAS application like your hobbies section often dominate the conversation/questions.

What should I know about canceling interviews?

- It is common
- 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?
 - 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)

- Yes, EVERYONE! Sometimes this is the only question they ask you and you have to carry the conversation yourself. Be prepared with multiple questions.
 - What are your strengths? Weaknesses?
 - What are you looking for in a program?
 - Why our program?
 - You initially planned on a career in X, why did you make the switch to Y?
 - Tell me about a challenge or failure and how you dealt with it.
- 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
 - 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 questions. A good reply might be "Honestly everyone has been really open and accommodating. I think all my questions have been answered for now. I'll be sure to reach out if I think of any more."
- 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
- What kind of person would *not* be a good fit here?

- 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 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.