

# A Ω A Pearls

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2018

## WHAT IS A Ω A?

Alpha Omega Alpha (A Ω A) is the 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 A Ω A in their third or fourth year of medical school.

## WHAT ARE THE A Ω A PEARLS?

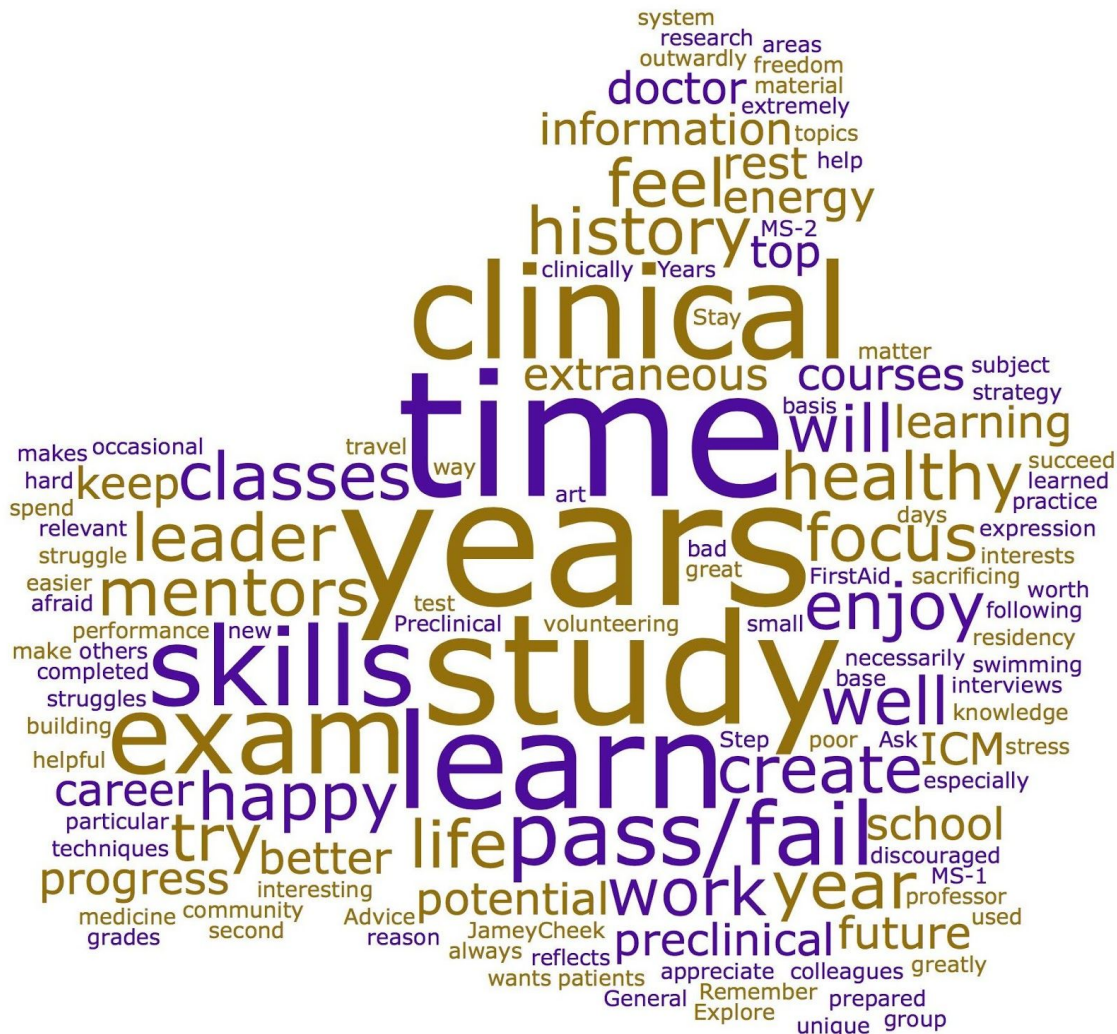
Part of the UWSOM A Ω A Chapter's mission is to serve our medical school community. The Pearls represent our compiled advice--from current AOA members to you—about how to succeed in the preclinical years, clerkships, and residency applications. Check out the A Ω A “Turkey Book”, which will soon be available as an iBook, for more detailed advice.

## A BRIEF NOTE

The pearls represent A Ω A 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.

## General Advice for the Foundations Phase

- These months serve as an important foundation for your clinical years and future practice.
- Use the flexibility of the pass/fail system to learn the material well and to engage in extracurricular activities that are interesting to you.
- You may need to adjust your studying techniques to fit the subject matter. Prior students, the professor, Jamey Cheek, and the learning specialists at your Foundation Sites are all good resources for tips on adjusting study habits.
- Almost everyone has a poor test performance at some point--don't be discouraged!
- Use First Aid and QBank as you progress through the course blocks to make studying for Step 1 easier.
- Don't take Foundations of Clinical Medicine for granted. A good history and physical exam are key to succeeding in your clerkships.
- Stay happy and healthy. Carve out time for self-care by studying the most clinically relevant topics and not memorizing all extraneous information.





### **Step 1 Advice:**

- Meet with Jamey Cheek regularly during the Foundations Phase to help determine a study plan, and specifically have him set up a calendar for you during the 'boot camp' period of 4-6 weeks before your test.
- Run through First Aid and QBank once during the Foundations Phase and once again during dedicated Step 1 study time.
- Follow Jamey Cheek's 'mock block' schedule that recommends when to start doing hour long practice tests using QBank.
- During boot camp (4-6 weeks before your test), budget 10-14 hours per day to study. Take regular interval practice exams (both the UWorld Self-assessments and NBME practice exams) to assess your strengths and weaknesses.
- Take brief notes on the Qbank questions you get wrong or topics you find confusing. You can keep these in a notebook, write these in your First Aid book, or annotate within UWorld (can be printed out) to look over the week of the test. Set aside important diagrams from First Aid as well for quick reference and review.
- Don't burn yourself out early during the Step 1 study weeks. Give yourself a couple hours every day to do something fun and physically active.
- Doctors in Training is most helpful for those who need built-in structure.
- Don't study the day before the test. Do something fun/relaxing instead!
- After the exam, you will feel unsure of how you did. This is normal.

### **Step 2 Advice:**

When is the best time to take Step 2?

- CK must be taken by June 30 and CS must be taken by August 30th per UWSOM policy. The Step 2 CK deadline has been moved up because more and more residencies want to see that score on the residency application regardless of your score on Step 1.
- If you end your Patient Care Phase with internal medicine, it is beneficial to take CK 1-2 weeks after finishing, as the bulk of the CK exam is internal medicine.
- You can take CS whenever you are able before the deadline. Taking CS after UW senior OSCE can be helpful. Los Angeles is the closest location to Seattle with usually the cheapest flights. Make sure to book CS as soon as you can: spots open up around January and fill up quickly.

### **Step 2 CK:**

- Consult with Jamey Cheek to make a plan. Most people take 2-3 weeks to study.
- Do UWorld Qbank once during your Patient Care Phase clerkships and once during the dedicated study period.
- QBank, NBME practice tests, and UWorld practice tests are all great resources. Some find QBank alone to be enough. Other resources include: First Aid and Online MedEd videos.

### **Step 2 CS:**

- Don't stress. Most people pass without a problem.
- Grading criteria is becoming more strict; light prep is recommended (1-2 days).
- Take a day to flip through the First Aid CS book and NBME website to familiarize yourself with the format and specific things they look for (social history, expressing empathy, etc). Practice writing notes on the test software on the NBME website.





formulating an assessment and plan).

- Learn to write sufficient notes, not perfect notes. Try dictation if you can.
- Look up the most current practice guidelines on even seemingly “simple” diseases such as sinusitis, and keep your differential broad.
- Follow up is key. Look up the status of referrals and lab results.
- Call patients that you connected with and ask how a treatment course is going or how they are doing. Continuity makes primary care gratifying.

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## INTERNAL MEDICINE

### Exam advice:

- Shelf exam. Use QBank and MKSAP as your two main resources. Step-Up 2 Medicine, Case Files, and First Aid are helpful too.
- Don't put off studying. Do the bulk of studying during the outpatient weeks, but do QBank throughout. There are more than 1,000 questions!
- <http://som.uthscsa.edu/StudentAffairs/documents/HighYieldInternalMedicinecompatibleversion.pdf>. This PowerPoint was very helpful. Google "Emma Ramahi Internal Medicine" for a video that goes through it.
- Studying for this Shelf is great prep for Step 2 CK.

### Clinical advice:

- Keep the Pocket Medicine book on hand. You will likely use it in residency as well so makes notes in the margins and make it your own.
- Read up on the fly in Pocket Medicine or online on DynaMed (good for quick, evidence-based recs) or UpToDate (longer, more comprehensive topic reviews).
- On your first day, ask your senior about how to best pre-round.
- Arrive early and stay late until you become more efficient.
- Practice OCPs with your intern before presenting to the attending.
- Don't be too thorough on OCPs--it's not an oral version of the H&P. Mimic the interns. Focus on pertinent positives and negatives in the HPI, keeping it brief to make an argument, not retell the whole story. Family and social history are usually only mentioned if directly relevant to the chief complaint.
- Work on a good summary statement/one-liner for every patient as part of the assessment. This is a key skill for residency.
- Keep a broad differential. Premature closure is easy to do, but resist the urge to assume. Apps like Diagnosaurus can help if you are stuck.
- Remember, the diagnostic process is about narrowing. Your differential on the first day can include broad categories (infectious vs inflammatory) and will become more specific with more evidence. Be able to give examples of pertinent diseases in each category though.
- Find or make an H&P template that works for you and improves efficiency. Keep these templates with you at all times for easy reference on rounds.
- Keep a To Do list for every patient, even if it's a task the intern is doing. You need to keep track of everything that happens with your patient.
- Look up relevant current literature (PubMed, articles referenced in UpToDate or DynaMed) on your patient. Share literature with your team by using it to support your plan in OCPs or offering to teach the team.



- Get to know the ancillary staff and don't be afraid to ask them for help.
- Go back in the afternoons to talk to your patient and build relationships.
- Know the status of your patient's every line and drain.
- When switching teams, ask the new attendings or seniors what the current expectations are.
- Don't get bogged down in writing long notes. Focus more on spending time with your patients.
- Call your own consults as often as you can. It's intimidating at first but is a necessary skill. It is key to have a specific question. Practice with your intern at first.
- Call and check-in with your patients a few days after hospital discharge.



wherever you can

- Ask for help early in the clerkship with OB skills such as interpreting fetal heart monitoring and using ultrasound to determine fetal head position
- Patients may decline to have you present during gynecology procedures (or even clinic interviews) and almost certainly on the L&D floors, including female students. Take this time to read up on the next patient or study clinical material.
- If you are at a site where it is possible, try to follow patients from prenatal appointments to labor and postpartum. This can be very rewarding!



- Ask parents what their biggest concern is, in the hospital or in clinic. This can be incredibly helpful to make sure you address diagnoses that are on parents' minds and make the most of their time.
- Always ask about vaccination status and growth & development. These are uniquely important aspects of pediatric histories.
- On physical exam, the general description of the patient can often be most telling and is helpful to write out - are they up playing with hotwheels or inconsolable in their parents' arms? The pediatric respiratory exam is also very helpful.
- Think twice before ordering labs or imaging in pediatrics. Poking or catheterizing a child or going through an MRI can be very traumatic and require additional resources.
- The AAP pocket guide to developmental milestones can be helpful to structure well-child visits.

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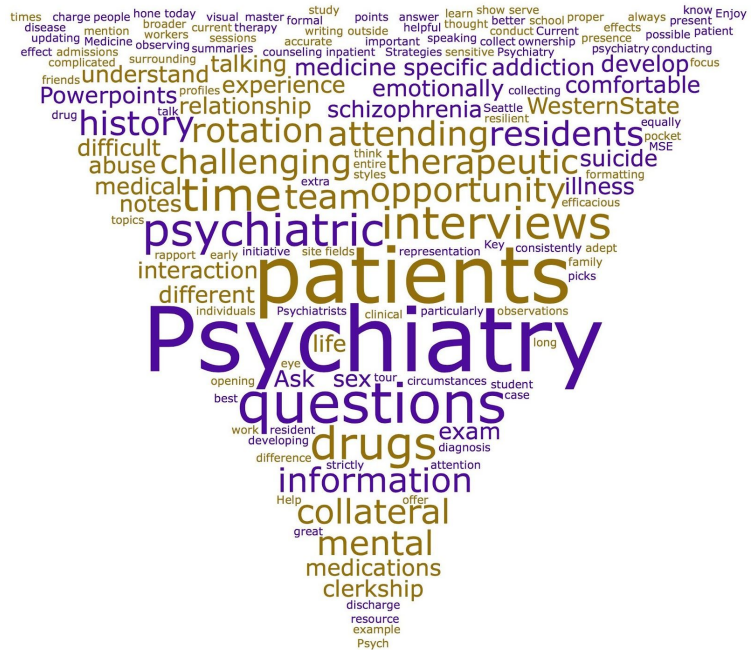
## PSYCHIATRY

### Exam advice:

- **Key points:** Shelf exam. First Aid for the Psychiatry Clerkship is a short, easy read and great for content review. The exam is broad so study the full spectrum of psychiatric disorders beyond anxiety, depression, and psychosis. Lange Q&A and UWorld Qbank are great for practice questions.
- There is more time on this rotation, so use it to study. An easier work schedule does not mean an easier exam - the exam is not easy!
- Creating a chart or table can help to sort through different medications and their side effects.

### Clinical advice:

- **Key points:** always offer to collect collateral information; psychiatry is an opportunity to get better at conducting challenging patient interviews; psychiatric disease is present in all fields of medicine
- Aim to become comfortable talking with patients about topics including sex, addiction, abuse/domestic violence history, suicide and self-harm.
- Psychiatrists pay extra attention to *how* patients answer questions, not just the answers that are given. Ask follow-up questions once the interview is over to learn what the attending/resident learned from a particular encounter or why a particular medication / therapy was chosen over another.
- Learn the specific elements of the mental status examination
- Medical students can be really helpful for collecting collateral, since we have time to spend talking with family members and other care providers.
- The hours are generally very humane, but be prepared for this rotation to be emotionally exhausting at times.
- Taking a few minutes to check back in with patients at the end of the day before you leave can really help build rapport and improve the therapeutic encounter.
- This rotation is a great time to hone your skills with interviewing complicated patients and managing a challenging patient encounter.
- Ask your attending/resident for help formatting notes - they are generally formatted differently from other inpatient notes.
- It can be helpful to the team to update sign-out (if relevant) and write discharge summaries, so offer!
- On the wards, try to attend several of the counseling or therapy group sessions.





treating them respectfully will make your life much easier.

- Eat breakfast! Never lose an opportunity to grab a snack, pee, sit down for a few minutes - you never know when you'll next be standing for hours on end.
- Ask lots of questions (at appropriate times - not during a crisis), but try to build on your knowledge - ask to further your knowledge about things you've already gained a basic understanding via studying. In short - don't ask questions that can be easily answered with a text or google search.
- The ISIS website has helpful suturing videos. You should be able to tie instrument ties, two-handed knots (then try to learn one-handed once you've got those down), and basic sutures: simple interrupted and simple running, then move on to interrupted and running subcuticular.
- Sleep when you can!

## Required Explore and Focus (4th Year) Clerkships

### EMERGENCY MEDICINE

#### Exam Advice:

- Shelf exam; EM Case Files, QBank, and Pre-Test Emergency Med are helpful resources

#### Clinical Advice:

- Keep your differential broad. This is a fun rotation to review all of what you have learned across third year clerkships.
- Always ask yourself, what are the most serious diagnoses I wouldn't want to miss? If there is high enough concern for these, come up with the tests you need to do to rule them out.
- Present a concrete plan - "put your nickel down" even if you aren't 100% sure. This is how you learn! And there is often more than one "correct" path for patient care.
- Ask for feedback at the close of each shift, as well as one concrete thing to work on.
- You will be expected to be reasonably independent on this rotation - know your limits (ABCDEs and get help if something is amiss). You won't be the primary provider for high acuity patients but try to jump in and help and learn something from observing their care.
- This rotation is procedure-heavy, so jump in! Practice is the only way to improve. Ask for instruction if you are unsure or have a nurse oversee you on your first IVs.
- Presentations are generally concise on this rotation, but it never hurts to ask an attending their preference at the start of the shift.
- Be enthusiastic about signing up for patients. Try to pick up additional patients as you grow more adept at balancing a heavier patient load.
- This is a great opportunity to hone multitasking skills and develop a system for keeping track of patient needs and prioritizing accordingly.
- Follow up on ALL labs and images
- Prioritize patient education prior to discharge. Try to set up follow-up appointments and connect patients with a primary care provider if necessary.
- 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.





## **Advice for Specific Electives**

### **RADIOLOGY**

- generally low-key
- helpful for reviewing relevant anatomy and physiology
- helpful in nearly all specialties to be able to read a chest radiograph correctly

### **NEUROSURGERY**

- reasonably heavy time requirements
- fulfills neurology requirement

### **ANESTHESIA**

- great way to get comfortable with airway management and IV placement
- hours are generally very humane

### **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!



## MS-4 Electives and Career Exploration

### Advice for Surgical Selectives

- Wide variety of options: ultimately approach these rotations with goals of learning for what you hope to gain, enthusiasm, and strong work ethic to help your team.
- In general, if it's a sub-I, it will be hard. You will work long hours and your attendings and residents will have high expectation of you.

### 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

### 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.

### NEUROSURGERY

- Pros: Intellectually interesting, lots of really cool cases
- Cons: Rigorous time commitment

### OPHTHALMOLOGY

- Easier rotation with good flexibility during interview season

### OTOLARYNGOLOGY

- Easier hours with good flexibility in schedule if you need it. Good balance between clinic and OR time

### 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, tough hours

### INTERVENTIONAL RADIOLOGY

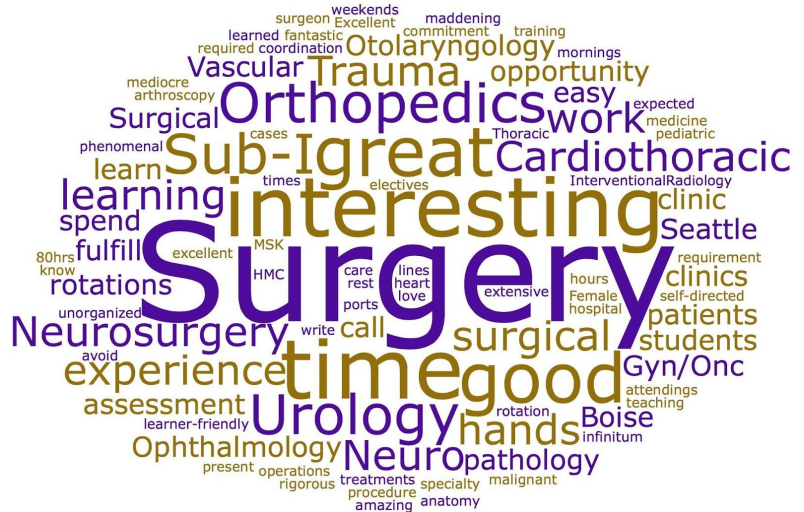
- Pros: Great hands on experience placing lines and ports, no call
- Cons: Have to be assertive to get the hands on experience

### TRAUMA SURGERY

- Great cases, fast paced, self-directed learning; a little unorganized

### AMBULATORY SURGERY (CHILDREN'S)

- Lots of learning about bread & butter as well as zebra pediatric cases; All clinic time and no OR





## Aspects of Different Specialties

### Anesthesia

- 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 follow-up or responsibilities

### Dermatology

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

### Emergency

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

### Family Medicine

- Variety with the ability to specialize later in practice if desired
- Continuity
- Able to care for the WHOLE person (and maybe their family too)

### General Surgery

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

### Internal Medicine

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

### Neurology

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

### OB/GYN

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

### Orthopedics

- Variety with continual advancements in the field
- Working with your hands and seeing immediate results
- Enjoy MSK anatomy

### Pediatrics

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

### PM&R

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

### Psychiatry

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

**Radiology**

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

**Urology**

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

## **Applying to Residency by Specialty**

Here is a great link about match statistics (“Charting Outcomes 2016”):

<http://www.nrmp.org/match-data/main-residency-match-data/>

<b>Anesthesiology (n=1) updated 2018</b>	
What makes a strong applicant?	Good clinical performance, strong letters of recommendation, good step scores, service and/or leadership experiences, research is always good but it’s not terrible if you don’t have it (unless you want to be at a research heavy institution like MGH or Hopkins)
Helpful advisors?	<b>Dr. Michael L Hall</b> will connect with a departmental advisor
Sub-I recommended?	Must complete a 4 week advanced anesthesia rotation by September of MS4 year
Away rotations?	Heard mixed advice on aways. Some institutions recommend against aways and explicitly state that if you do an away rotation at their institution, your performance will not be factored into their interviewing/ranking decisions. If there’s a program you are really interested in, maybe you should do an away (also consider making a good impression over 4 weeks vs just on interview day)
How important are board scores?	Average weight; I did not see any absolute cut-offs on the program pages I looked at; average for anesthesia in the NRMP match outcomes data was 230-ish
Letters of recommendation?	At least 1 letter from an anesthesiologist required, typically; good to have 2; also should have letters from medicine and any other clerkships where you really clicked with the attending and know she/he could write a strong letter; if you are applying for medicine pre-lim, will need a medicine department letter
How many programs did you apply to/interview at?	24 applied; 13 interviews
When are interviews? When did you take time off?	<b>Late October to late January</b> ; I took the month of November and the month of January; would recommend taking 8 weeks total if planning on also doing prelim/transitional year interviews (I ended up doing about 20 interviews total)
Are there any students I can contact to learn more?	<b>C.C. Ma, <a href="mailto:ma7492@uw.edu">ma7492@uw.edu</a></b>

<b>Dermatology (n=2) updated 2018</b>	
What makes a strong applicant?	<p>--Comprehensive application - step 1 score, clinical grades, volunteering, student leadership, LOR, research all beneficial</p> <p>--Although the stats associated with a typical derm applicant are intimidating, many programs will consider your application despite some "deficiencies". Strong clinical grades, tangible evidence that you have a true interest in the field of dermatology, favorable recommendations from away rotations, and some research (even if it's not published or in the field of Dermatology) are all helpful ways to hurdle the initial screening barriers.</p>

Helpful advisors?	-- <b>Dr. Jay Vary</b> is the med student advisor. He responds quickly to emails and will tell you the truth regarding your chances of matching. --Can try to talk to <b>Dr. Colven</b> , the program director, as well
Sub-I recommended?	No real "sub-Is" in derm but you should complete the 4-week derm rotation at UW
Away rotations?	-- <b>Yes, at least one.</b> Most folks on the interview trail have done 2. --Yes. Away rotations are critical. For me, this was a way to connect with programs to secure interviews and letters of recommendation. I would recommend two 4-week rotations. Try to reach out early regarding VSAS tokens from UW. Applications for away rotations can sneak up on you during clinical rotations. It is important to submit your application on the day the program begins accepting applications. Some programs require LORs with your application, so check for program specific requirements on VSAS.
How important are board scores?	--Extremely, average score in 2016 was 249 and is only going up. --Helpful to have great scores but not imperative. My step 1 score was below average for derm. Despite this I still received interviews.
Letters of recommendation?	-- <b>3 LOR</b> from academic dermatologists. A few programs use a standardized letter they want you to have at least one of. --I had 4 letters from Dermatologists. 2 from home institution and 1 from each away rotation. If you have a strong Medicine letter (especially one that may be able to speak to who you are as a person), that's a great option instead of all 4 from dermatologists.
How many programs did you apply to/interview at?	--Applied to 80, received 5 interviews. --Applied to 70. Interviewed at 6.
When are interviews? When did you take time off?	-- <b>December-January.</b> --I took all of January off. --Prelim interviews start as early as October. I took off mid-Nov to mid-Jan.
Are there any students I can contact to learn more?	<b>Calvin Knapp</b> , <a href="mailto:chk43@uw.edu">chk43@uw.edu</a> ; <b>Caitlin Bolender</b> , <a href="mailto:bolenc@uw.edu">bolenc@uw.edu</a>

<b>Emergency Medicine (n=1) updated 2018</b>	
What makes a strong applicant?	<b>Good clinical grades</b> (especially EM and away rotation grades); good letters of recommendation from both home and away rotations; good step scores; being a fun, good, and decent human being; being passionate about medicine; and having interests outside of medicine.
Helpful advisors?	<b>Jamie Shandro, MD</b> ; Jon Ilgen, MD; Fiona Gallahue, MD; EM advisor (contact the EM department and they'll connect you with one) + any EM doc that you look up to and get along with.
Sub-I recommended?	Doing the home EM rotation as early in the summer as possible serves as the sub-I; then do one or more away rotations.
Away rotations?	-- <b>At least one required.</b> Start the VSAS process in Jan/Feb of 3rd year and try to get to a competitive program for your away. --Some away rotations will include an interview, which will save you having to travel back there during interview season.

How important are board scores?	--I think they carry average weight. Clinical grades certainly matter more. Having great scores will always help you, but you can absolutely match with average scores. Certain programs and nice geographic areas are more competitive, and good scores may help you get a foot in the door in these places. --Never been mentioned on my interviews, but they are noted
Letters of recommendation?	<b>4 LOR:</b> 2x SLOE (Standardized Letter of Evaluation, from your home and away EM rotations); 1xEM faculty; 1x outside EM faculty (IM or Surgery preferred)
How many programs did you apply to/interview at?	Applied to 16, attended 8 interviews.
When are interviews? When did you take time off?	<b>Mid-November to Mid-January.</b> I fit all mine in before mid-December. Took off November and December.
Are there any students I can contact to learn more?	<b>Justin Moore, <a href="mailto:jjmoores112@gmail.com">jjmoores112@gmail.com</a></b>

<b>Family Medicine (n=2) updated 2018</b>	
What makes a strong applicant?	--Previous experience in family medicine (RUOP, prior work history, etc), long term commitment to volunteerism, thoughtful consideration of determinants of health, Gold Humanism likely more helpful than AOA, but AOA doesn't hurt. --Passionate about service/community medicine/advocacy as exemplified through participation in extracurriculars, good LORs, good performance in clerkships
Helpful advisors?	<b>Jeanne Cawse-Lucas, Tomoko Sairenji</b>
Sub-I recommended?	-- <b>Yes, but not required.</b> Consider doing it at a program you're a) very interested in or b) on the fence about that type of program to help aid in decisions about applications --Yes, to get a sense of a residency program and figure out what you're looking for in a program
Away rotations?	Absolutely not required, and most people don't. But you can do one if you're really interested in that particular program.
How important are board scores?	--Moderately; a low or borderline score can many times be remedied by strengths in other places. Not one of my 10 interviews mentioned my scores. --Not very, but good board scores are definitely noticed
Letters of recommendation?	<b>3 LOR,</b> it's nice to request 4 just in case one falls through. One should be from a family medicine provider, the others can be anything. Mine were two FM (one of which was a program director), one IM, and one OBGYN.
How many programs did you apply to/interview at?	--Applied to 11, offered 11, interviewed at 10. --Applied to 14, offered 14, interviewed at 12.
When are interviews? When did you take time off?	<b>End October-Beginning of January.</b> --I took off Nov-Dec and had one late interview at a program I was very interested in during the first week of January. Had I not been as interested I would have cancelled it.

	--I took 2 two-week blocks off in October and November.
Are there any students I can contact to learn more?	<b>Emily Jones</b> , <a href="mailto:emilyej@uw.edu">emilyej@uw.edu</a>

<b>General Surgery (n=2)</b>	
What makes a strong applicant?	Determination, dedication, passion for surgery, team player, hard working, self-reflective and certain about surgery, strong awareness of what being a surgeon means; Good letters, Strong clerkship grades, research
Helpful advisors?	<b>Dr. Hugh Foy</b> (HMC), <b>Dr. Roger Tatum</b> (VA), Dr. Peter Wu (VA)
Sub-I recommended?	Yes!
Away rotations?	No. Not unless you really want to take a closer look at a program, or if it is a more competitive "reach" program and you want a better chance of getting an interview.
How important are board scores?	Only to get you within the range of applicants who are extended invitations to interview. >230 is preferred, few select programs have minimum cut-offs >240+
Letters of recommendation?	<b>4 LOR:</b> 3 preferably from surgical mentors (big name >> knows you well) + Departmental letter (through Dept of Surgery). I had two from surgeons: research mentor and attending on my Sub-I, one from internal med clerkship director, and Departmental Letter (written by Dr. Foy, signed by Chairman of the Dept).
How many programs did you apply to/interview at?	34 applied, 20+ offered, scheduled 11 Applied to 42 programs, 25+ interviews offered, scheduled 16
When are interviews? When did you take time off?	--November-January, I took 2 months off rotations (Dec to mid-Jan) --Start as early as late October and go until late January. Most are in November/December/January
Are there any students I can contact to learn more?	Absolutely! <b>Jessica Blumhagen</b> <a href="mailto:jblum21@uw.edu">jblum21@uw.edu</a> ; <b>Jamie Oh</b> <a href="mailto:Ohjihoon@uw.edu">Ohjihoon@uw.edu</a>

<b>Internal Medicine (n=2) updated 2018</b>	
What makes a strong applicant?	--Caring, interesting in forming strong connections with other people, "patient-centered"; has had some leadership and/or volunteer experience; can explain why they want to work with adults; expresses a strong interest in pathophysiology and detail-driven, logical thinking/problem-solving; strong letters of recommendation and strong clinical grades --Strong performances and comments while coming from the University of Washington will make you competitive at most places. High board scores will help keep you in contention at the "elite" academic institutions.
Helpful advisors?	<b>Dr. Paauw</b> (is the best), Kathi Sleavin
Sub-I recommended?	-- <b>Yes.</b> Definitely do one before interviews if you didn't honor your 3rd year medicine clerkship. If you did, you should still do one but can wait until later in the year, just be prepared to be asked about why you haven't done

	one yet on interviews (though came up less than I expected). ICU is great if you want to get some experience there prior to intern year.
Away rotations?	<b>Not necessary.</b>
How important are board scores?	--Not super important. If you want to apply to a really competitive program then having board scores in the 240 range is helpful, but there are a ton of awesome programs out there that aren't looking for super high board scores. Overall, many programs talked about how they pride themselves on being holistic in admissions and try not to reduce you to a single Step 1 score. --Moderately but average scores are more than fine
Letters of recommendation?	<b>3 LOR required.</b> You must have 2 and neither of them needs to be from a famous UW professor. You get a third departmental letter from an assigned IM adviser. There is a 4th optional letter that can be from anyone at all in any specialty who is going to speak highly of you and ideally brings a different perspective than your other 2 writers. --Four (one departmental, two medicine attendings, one other attending)
How many programs did you apply to/interview at?	Applied to 21. Scheduled interviews at 11.
When are interviews? When did you take time off?	<b>End of October to Mid January.</b> -I took December and January off which let me have a more relaxed interview schedule with plenty of time off for holidays.
Are there any students I can contact to learn more?	<b>Danee Hidano, <a href="mailto:danee@uw.edu">danee@uw.edu</a></b>

<b>Medicine-Pediatrics (n=1) updated 2018</b>	
What makes a strong applicant?	Strong record in medicine and pediatrics. Good letters of recommendation. And then some other bonus on your CV - whether that is research, service, or other.
Helpful advisors?	<b>Susan Hunt</b> (she is Med-Peds trained faculty here at UW)
Sub-I recommended?	<b>Yes - for both medicine and pediatrics</b>
Away rotations?	Not needed, unless you are extremely interested in one program
How important are board scores?	Not extremely
Letters of recommendation?	Will need letters from the Chair of Pediatrics and Chair of Medicine as well as one IM letter and one peds letter
How many programs did you apply to/interview at?	I dual applied in Med-Peds and Peds. 8 Med-Peds programs and 10 Peds programs. Got all my interview invites but ended up only interviewing at 5 Peds and 5 Med-Peds programs.
When are interviews? When did you take time off?	<b>October 20-early January.</b> I took off Autumn B and C
Are there any students I can contact to learn more?	<b>Ben Drum, <a href="mailto:bdrum@uw.edu">bdrum@uw.edu</a></b>

**Obstetrics and Gynecology (n=2) updated 2018**

What makes a strong applicant?	<p>--High clerkship grades in OBGYN, Family Medicine, and Surgery; good board scores; research or service work pertaining to women's health or patient advocacy</p> <p>--Strong clinical grades and letters from mentors who know you well. Average or higher board scores are important as well. Research is not required but some form of extracurricular activity (be it research, service, or student leadership) is important to differentiate yourself. Be a good team member on rotations, be thoughtful towards your patients, and learn to be efficient because comments regarding these aspects in your MSPE (Dean's) letter will be taken into account.</p>
Helpful advisors?	<p>--MS3 OBGYN preceptor, Sub-I preceptor, College Mentor, <b>Dr. Mendiratta</b>, Dr. Prager</p> <p>--<b>Alyssa Stephenson-Famy</b> (UW OBGYN, MFM Division and assistant residency program director)</p>
Sub-I recommended?	<p>--<b>Yes</b> - It will give you an opportunity for another strong LOR and ability to act as an intern. It also helped me clarify my career goals and make the final decision on OBGYN.</p> <p>--Yes in either GYN-ONC or MFM.</p>
Away rotations?	<p>--If you really want an interview at a specific program, this is helpful. I did not do one and still received an adequate amount of interviews.</p> <p>--The advice from UW faculty is that it is not necessary or recommended unless there is a significant geographical limitation or some significant concerning issue with your application (e.g. failed a clerkship, failed Step 1, etc...). However, many people on the interview trail had done away rotations. It seems to be <b>unnecessary but becoming more popular</b>.</p>
How important are board scores?	<p>Moderately important. As the specialty becomes more competitive, this matters more. The scores may dictate the number of programs you apply to or whether you look at more community vs. academic programs. Dr. Mendiratta can help you determine the #.</p>
Letters of recommendation?	<p><b>3-4 LOR</b>, with about third to half requiring a Department Chair Letter. Usually programs required two from an OBGYN.</p> <p>--At least one should be from an OBGYN, preferably a UW faculty member. I had a letter from OBGYN, Psych, and IM, however, I would recommend getting two letters from within the specialty. Speak to your OBGYN advisor about how to obtain a Department Chair Letter as they have a standardized way of going about it.</p>
How many programs did you apply to/interview at?	<p>--Applied to 30, interviewed at 9, was offered 14 interviews. I canceled 2 and was unable to attend 3 because of scheduling conflicts. Most people did 12+ interviews.</p> <p>--I applied to 40 programs, was offered 20 interviews, attended 14. 40+ programs seemed to be the average number applied too. Typically 12-15 interviews is ideal to safely match.</p>
When are interviews? When did you take time off?	<p><b>Late October to early January.</b></p> <p>--I started last week of October - early December, though I had all of November and December off.</p>

	--I was off from the 2nd week of November through December with Winter break making up two weeks of that time.
Are there any students I can contact to learn more?	<b>Hannah Dysinger</b> , <a href="mailto:hmdysinger34@gmail.com">hmdysinger34@gmail.com</a> ; <b>Noah Qualls</b> , <a href="mailto:noahqual@uw.edu">noahqual@uw.edu</a>

<b>Ophthalmology (n=1)</b>	
What makes a strong applicant?	High board scores, strong clinical grades, research experience, ophthalmology-specific activities
Helpful advisors?	Dr. Courtney Francis; Dr. Parisa Taravati
Sub-I recommended?	If you only did a 2 week rotation then yes; if not, there's only the 4 week one available right now.
Away rotations?	Not required; but helpful to get a better view of programs and if you're interested in a specific location
How important are board scores?	Most people have high scores, but like anything, there are exceptions
Letters of recommendation?	<b>3 LOR</b> ; 2 ophtho and 1 from core clerkship
How many programs did you apply to/interview at?	I applied to 46 and completed 11 interviews
When are interviews? When did you take time off?	<b>Mid-October to mid-December</b> ; I was off that entire time.
Are there any students I can contact to learn more?	Definitely! <b>Matt Kapeles</b> <a href="mailto:mkapeles@uw.edu">mkapeles@uw.edu</a>

<b>Orthopedic Surgery (n=1) updated 2018</b>	
What makes a strong applicant?	Good step 1 score, honors on majority of clinical rotations, AOA, research within orthopedics, doing well on sub-I's with good letters, being a down to earth person who would be fun to hang out with for 5 years of residency
Helpful advisors?	Do trauma call and talk to the residents then, talk to other students who are ahead of you in the process, and reach out to <a href="mailto:taitzman@uw.edu">taitzman@uw.edu</a> to get connected with a departmental ortho faculty advisor
Sub-I recommended?	<b>Yes</b> . Definitely. Do one of the UW ortho rotations. Trauma is the classic UW sub-I, but also shoulder and elbow, VA, and joints are all good rotations as well.
Away rotations?	<b>Definitely. Classic thinking is 2-3 away rotations.</b> Think about the regions of the country you would like to end up in if not Pacific Northwest as well as the type of program (community vs academic; research powerhouse vs not, etc.) you think you would be happiest at. This is your chance to explore this if you have no idea!
How important are board scores?	Unfortunately very, and getting more competitive. Last year's average board score was around 249 and I expect that trend to go up. If you don't do well on step 1, take step 2 early and try to make up for that.
Letters of recommendation?	<b>3-4 LOR</b> . Preferred to be letters within ortho for the most part. Try to get 2-3 ortho letters and then you can use a non-ortho letter as your last one if you have someone who can write you a very strong and personal letter.

How many programs did you apply to/interview at?	60 applications, 30 invites, went on 14 interviews
When are interviews? When did you take time off?	For the most part, <b>December and January with a few in November</b> . I took off all of November-January but think I could have gotten away with only taking off half of November-January.
Are there any students I can contact to learn more?	<b>Chris McDonald</b> , <a href="mailto:clmcd90@uw.edu">clmcd90@uw.edu</a>

<b>Otolaryngology (n=1)</b>	
What makes a strong applicant?	1. Board Scores; 2. Research; 3. Good letters from known faculty; 4. AOA
Helpful advisors?	1. Neal Futran; 2. Albert Merati; 3. Sanjay Parikh; 4. Scott Manning; 5. Kathleen Sie; 6. Mark Whipple; 7. Greg Davis
Sub-I recommended?	Must rotate at UW in Otolaryngology
Away rotations?	Controversial - Do them if: 1. There is a program you really want to be at. 2. You need to make up for a weak spot on you application. Otherwise, UW is a big enough name that you do not need to go elsewhere.
How important are board scores?	A lot! However, a mediocre score can be overcome with great letters, great research, and a faculty mentor who will pull some strings for you.
Letters of recommendation?	<b>3 LOR</b> required. At least 2 from ENT but probably best to have all ENT letters.
How many programs did you apply to/interview at?	Applied to 70 programs. Going to 15 Interviews.
When are interviews? When did you take time off?	<b>Late November - January</b> . Mostly December and January. Be aware that most programs interview in the first 2 weeks of December - Don't have a rotation then and be aware that scheduling during that time will become messy!
Are there any students I can contact to learn more?	No problem! <b>Ryan Hall</b> <a href="mailto:ryanhall@uw.edu">ryanhall@uw.edu</a>

<b>Plastic Surgery (n=1)</b>	
What makes a strong applicant?	Strong research experience and publications/presentations (especially if in plastic surgery), letters of recommendation
Helpful advisors?	Jeff Friedrich, Jason Ko, Kari Keys
Sub-I recommended?	Yes, required
Away rotations?	Yes, required to do at least 1 away rotation; most do 2 or 3
How important are board scores?	A LOT--used as filter by many programs, cutoff can be at 240. Can still be competitive with a lower Step 1 score (~230) if the rest of application is very strong.
Letters of recommendation?	<b>3-4 LOR</b> . 3 from plastics faculty and 1 from someone who knows you very well (eg, research advisor). Try to get a letter from a senior well known faculty at your home school. You can try to get a letter from an away rotation, but be aware that it can be hard to get to know you in just one

	month (strong letters from home institution go further). However, letters from away rotations can show that you work well with different teams.
How many programs did you apply to/interview at?	Applied to 40/ 69 integrated plastic surgery programs, offered 14 interviews, attended 11. Have a back-up plan in case you do not match into plastics, general surgery is a popular alternative. >13 ranked programs almost guarantees a match, median number with successful match is 8. Talk to your faculty advisors to get advice -- they have really great insight!
When are interviews? When did you take time off?	Late -- usually starts in late November (right around Thanksgiving), with the majority being in <b>December and January</b> , and goes until late January (with a few stragglers even into early February). Interview dates are set by programs and posted here: <a href="http://acaplasticsurgeons.org/interview-dates/?s=all">http://acaplasticsurgeons.org/interview-dates/?s=all</a> . Interview offers come late for plastic surgery -- they started at the very end of October and most were in the first 2 weeks of November.
Are there any students I can contact to learn more?	<b>Katie Liu</b> <a href="mailto:katie.y.liu@gmail.com">katie.y.liu@gmail.com</a>

<b>Pediatrics (n=2) updated 2018</b>	
What makes a strong applicant?	--Demonstrated interest in the field; strong clinical grades are important but what's said in the comments and in your letters of recommendation makes an even greater impression; you want to be seen as hardworking, kind, a good communicator, team player, and overall enthusiastic person. --Extra-curricular activities, particularly a commitment to community service and some sort of leadership role are important to your application (probably more so than research or test scores) --I also found that having passions in other things whether community service, advocacy, or a favorite hobby came up often during interviews.
Helpful advisors?	<b>Dr. Sherilyn Smith</b> is great for the nitty gritty logistics and details; <b>Dr. Jordan Symons</b> provides great help in creating a program list to apply to, providing more assistance in exploring factors that matter on a personal level. --Also peds attendings who I connected with during my peds rotation.
Sub-I recommended?	--Yes, but this can take the form of any high level pediatric elective as well --Not necessary, but can be helpful.
Away rotations?	Absolutely not necessary unless you already know you are especially interested in a particular program and want to express that interest.
How important are board scores?	--Not very important. Pass. Do your best. --Didn't seem super important. Were not mentioned on any of my interviews. Average board scores should be adequate. This site was helpful for looking at board scores and how many programs one should apply to: <a href="https://www.aamc.org/cim/480052/applysmartpeds.html">https://www.aamc.org/cim/480052/applysmartpeds.html</a>
Letters of recommendation?	<b>3 LOR</b> at baseline --Dr. Stapleton has written everyone a department chair letter in the past so that is a good one to get (especially if you want to match at Seattle Children's). Get another from a pediatrician on your sub-I then two others from any specialty you want.

	--4 LOR - Two from pediatrics, one internal medicine and one chair of department.
How many programs did you apply to/interview at?	--Applied to 21, offered 19, interviewed at 13 --Applied 14, invited to 14, interviewed 12. Advised to interview at 10, but I couldn't decide where I wouldn't want to go!
When are interviews? When did you take time off?	<b>October to January</b> --I fit everything in taking off the mid-October to mid-November block with a couple stragglers to do during rotations and over Christmas break. --Most were in November and December. Took time off from the first week of November to January 1st (two weeks of this were holiday break with no interviews scheduled); scheduled 1-2 interviews per week.
Are there any students I can contact to learn more?	<b>Caroline Jackson</b> , <a href="mailto:cvjack@uw.edu">cvjack@uw.edu</a> ; <b>Kelsie Hedlund</b> , <a href="mailto:kelsieh7@uw.edu">kelsieh7@uw.edu</a>

<b>Psychiatry (n=1) updated 2018</b>	
What makes a strong applicant?	Good clinical grade in psychiatry; letters of recommendation highlighting psych-relevant skills (good communication, etc.)
Helpful advisors?	<b>Anna Borisovskaya, MD</b> - runs an informal mentorship group for those applying into psych
Sub-I recommended?	<b>No</b>
Away rotations?	<b>No</b>
How important are board scores?	Somewhat important (though becoming more important each year)
Letters of recommendation?	<b>4 LOR</b> , at least one Psych. Some programs request 3 LORs, some request 4.
How many programs did you apply to/interview at?	Applied to 33, interviewed at 12. I over-applied; if you are a competitive applicant, 25 schools should be plenty to apply to.
When are interviews? When did you take time off?	<b>Late October - January</b> - Most were during Nov-Dec, with a few in early Jan.
Are there any students I can contact to learn more?	<b>Brooke Lifland</b> , <a href="mailto:brooke.lifland@gmail.com">brooke.lifland@gmail.com</a> , <a href="mailto:blifland@uw.edu">blifland@uw.edu</a>

<b>Radiation Oncology (n=2)</b>	
What makes a strong applicant?	<b>Research</b> (rad onc or any kind of oncology, publications and presentations preferred), letters, clinical grades, and good board scores
Helpful advisors?	<b>Ralph Ermoian</b> (pediatric radiation oncologist, med student advisor)
Sub-I recommended?	Yes, do one rad onc rotation at UWMC as early as possible, before doing away rotations)
Away rotations?	Yes! Most people do two aways, you should do at least one. Do one where you think you might want to match, do one in a top 10 program, try to spread them out geographically if you are interested in interviewing broadly
How important are board scores?	-Some programs have cutoffs, but they aren't as high or as important as they are in derm or ophtho.

	-Probably need to meet some reasonably high cut-off (ask Ermoian) to get interviews at top programs
Letters of recommendation?	<b>4 LOR</b> (what I did: one UW rad onc, one away rad onc, one research mentor, one internal medicine). A lot of people submit 4 rad onc letters.
How many programs did you apply to/interview at?	-Applied to 43, scheduled 10 -Applied to all 80 programs, most recent data says 9-10 interviews gives a good chance of matching.
When are interviews? When did you take time off?	-Interviews are mostly <b>late Nov-late Jan</b> . I took off mid-Nov to mid-Jan. - <b>Late Oct- early Feb</b> . I took off Nov, Dec, and early Jan.
Are there any students I can contact to learn more?	Yes! <b>Halloran Peterson</b> <a href="mailto:halloranpeterson@uw.edu">halloranpeterson@uw.edu</a> Sure, please contact me. Best if you email me and we arrange a time to chat by phone. <b>Michael Zhang</b> <a href="mailto:mzhang24@gmail.com">mzhang24@gmail.com</a>

<b>Radiology (n=1) updated 2018</b>	
What makes a strong applicant?	Well rounded. Strong clinical grades in medicine and surgery. Good letters of recommendation. Research is not imperative in radiology, but it is a plus in any field. Average to strong board scores. Community service. Excitement about patient care and diagnosis, not puzzle solving.
Helpful advisors?	<b>Gautham Reddy</b>
Sub-I recommended?	Do four weeks of radiology in Seattle (either the 695 or 694 elective). Medicine or surgery sub I not needed if you got honors in those rotations, but needed if Pass/high pass when applying for intern year In medicine or surgery or a transitional year.
Away rotations?	Only if you have a specific interest in one program or geographical region.
How important are board scores?	Moderately. They can be compensated for by strong application elsewhere, but it doesn't hurt for getting interviews. Diagnostic radiology is becoming more competitive due to the overflow of interventional radiology applicants, so this may change.
Letters of recommendation?	This got talked about the most of any aspect of my application in my interviews. Strong letters can make a big difference!
How many programs did you apply to/interview at?	Due to some personal health reasons, I only applied to 10 radiology programs and interviewed at five which is not recommended if travel is doable for you. I would apply to 40+ and go on 10 interviews.
When are interviews? When did you take time off?	<b>Late October to the end of January</b> . If you took November through Christmas off that would be safe.
Are there any students I can contact to learn more?	

<b>Urology (n=1)</b>	
What makes a strong applicant?	Strong board scores, research, good letters of recommendation.
Helpful advisors?	Drs. Gore, Wright, Harper, Sorenson

Sub-I recommended?	Absolutely. Home + 1 away (most people completed two away sub-I's. I would recommend doing a rotation on the east coast, to show programs you're willing to travel.)
Away rotations?	See above
How important are board scores?	They matter. The average goes up every year, but they are to get you an interview (i.e. If you hit a threshold, they won't just automatically throw out your application)
Letters of recommendation?	<b>3 LOR.</b> I recommend, one from a research mentor/PI, one chair letter from home, and one chair letter from your away rotation.
How many programs did you apply to/interview at?	Applied to 42, (most applied to 80+) I got 20 invites, and attended 11 interviews. Most competitive applicants try to schedule 12-15 interviews.
When are interviews? When did you take time off?	<b>Late October to early December.</b> I took off 2 1/2 months.
Are there any students I can contact to learn more?	I'd love to answer questions. <b>Joshua Calvert</b> <a href="mailto:joshuakc@uw.edu">joshuakc@uw.edu</a>



- **FATIGUE.** It's an exciting but exhausting process. Try not to do interviews on back to back days and do no more than 3-4 in one week! Only interview if you seriously want to match there
- If you are applying all over the country, it's very hard to coordinate dates so that you don't end up flying back and forth to the east/west coast multiple times in a few weeks
- **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.

#### **4. 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)
- Men: Button-down shirt and tie (or bow-tie), comfortable but polished shoes
- Women: Pant or skirt suit (but be wary of skirt length!), flats or a conservative heel--plan on LOTS of walking

#### **5. 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
- Often west coast you can wear jeans

#### **6. 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
- Many will bring a leather folio and pen to take notes. Do this only if you feel the need, it's not required!
- Be ready with questions for the Program Director and residents--lots of them!
- 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!

#### **7. What should I know about cancelling interviews?**

- It is common (26/28 AOA members in 2014 cancelled at least 1 interview)
- Why cancel?
  - Finances
  - More appealing offers
  - Interview fatigue/limited time/conflicting schedule
  - Not a good fit for student/partner
- 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.

## 8. What were the most memorable interview questions you were asked?

- Most common questions:
  - Why X specialty?
  - Where do you see yourself in 5 (or 10) years?
  - Tell me about yourself.
  - What questions do you have for me? (EVERYONE will ask this)
  - What are your strengths? Weaknesses?
  - What are you looking for in a program?
  - Why our program?
  - How serious are you about moving here?
  - You initially planned on a career in X, why did you make the switch to Y?
- Most difficult or interesting questions
  - Teach me something
  - Tell me about a mistake you've made
  - Tell me about a time when <difficult situation> and how you learned from it
  - Tell me about X deficit in your application
  - The ONLY interview question was "what questions do you have?" (having to prompt the entire conversation for 30 minutes!)
- 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

## 9. What were the most useful questions YOU asked of a program faculty/resident?

- Training program structure/opportunities
  - Where do residents get most of their learning?
  - "Tell me about the..." (just like open ended questions for patients, it's good to do the same thing with faculty)
  - 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
  - Tell me "your story"
  - Describe the ideal resident that would be best served by your program
  - Tell me about how you value diversity
  - How do people get along?
  - What do you do for fun?
  - Where do you live?
  - Are residents typically married/single/kids/pets?
  - What LGBTQ resources are available and what have residents' experiences been?

- How comfortable do you feel with attendings?
- Program strengths/weaknesses
  - What drew you to the program?
  - Are you happy? if so, what makes this place great?
  - What is it about the program that you are most proud of?
  - What is the most frustrating part of your day to day life as 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
  - Does it exist?
  - 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?
- Programs view 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?
  - Quality of community-based OR experiences?
  - Strength of the trauma experience?
- Other
  - Have at least 5 questions specific to the program at the ready
  - “You’ve been in my shoes as an interviewee, what factors were most important to you as you were comparing programs?”

## **10. Any things you definitely should or should not do in interviews?**

- 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

## **Interview Day Tips**

- 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
- 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.