UWSOM AΩA Pearls 2019-2020

WHAT IS AΩA?

Founded in 1902, Alpha Omega Alpha (AΩA) is a national medical honor society dedicated to the belief that in the profession of medicine, we will improve care for all by:

- Recognizing high educational achievement
- Honoring gifted teaching
- Encouraging the development of leaders in academia and the community
- Supporting the ideals of humanism
- Promoting service to others

Senior students are nominated by their peers for election to AΩA. A small number of students are elected into AΩA Spring of MS3. The majority of the AΩA class (up to 16% of the graduating class) are elected in Fall of MS4. Factors considered in elections are as follows: required clerkship grades, research and publications, UWSOM involvement and leadership, community services.

At the UW chapter of AΩA, we view membership as an honor and an opportunity. We strive to advise fellow students and make a meaningful impact in the community by promoting diversity, underserved care, and educational outreach.

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 current AΩA members to you—about how to succeed in the preclinical years, clerkships, and residency applications. Check out the AΩA "Turkey Book" for more detailed clerkship advice.

A BRIEF NOTE

The pearls represent AΩA students' opinions. They are intended to serve as a guide and not as prescriptive rules. They may or may not resonate with your experience in medical school. If you have suggestions for additions to this collective project, please submit them to: aoauwsom@uw.edu

FOUNDATIONS PHASE

Resources

→ MCBD: Firecracker
→ I&D: Sketchy Micro
→ CPR: Kahn Academy, Online MedEd
→ Blood and cancer: Pathoma
→ Anatomy pin tests: Acland's Anatomy Atlas, Teach me Anatomy
→ All blocks:
- Sketchy pharm
- Boards and Beyond
- Pathoma
- UWorld
- Firecracker
- First Aid
- USMLE Rx
- Online Med ED

When to start studying for Step 1

The short answer is that it is up to you! Do what works for you. AΩA members had highly variable responses. The goal for Step 1 studying is to minimize stress. If you think that studying for all of Foundations will help you do that, then that method will work best for you. If you think that taking things one step at a time and waiting to study until your dedicated prep time works best, then do that! There are many successful techniques and you just need to find what works best for you.

Here is a breakdown of how the most recent AΩA members chose to prep for Step 1:
→ 20% of AΩA members studied for Step 1 consistently throughout Foundations
→ 40% studied a light amount, intermittently throughout Foundations
→ 15% began the summer between MS1-MS2 year
→ 25% of AΩA members waited to study for Step 1 until their dedicated prep time after Foundations

Step 1 Resources

- First Aid- best if used as a study companion to each block
- UWorld- study relevant questions for the block
- Pathoma
- Sketchy micro and Sketchy pharm- best to use these as study companions for the appropriate blocks so that the videos are familiar once your dedicated study prep time comes around. The current AΩA class took Step 1 prior to the release of Sketchy path and does not have recommendations on this product
- Boards and Beyond - best to use these as study companions for the appropriate blocks so that the videos are familiar once your dedicated study prep time comes around.

Interest groups

- 75% of AΩA members recommended joining an interest group. It is important to note that it isn't mandatory to join interest groups! Interest groups can be a great way to make connections, learn helpful skills for clerkships, and explore career options. The biggest piece of advice AΩA members had was to be selective in your commitments with interest groups. Don't join too many groups, so that you avoid spreading yourself too thin. Quality leadership roles are more important than quantity of hours.

Summer between MS1 & MS2

- 50% AΩA members completed RUOP
    - Try to get to know your community early and find out what the community's specific needs are. If possible, find a project that would be actually implementable, as opposed to a "project in a box."
- 25% AΩA 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. Senior medical students may have research connections in their chosen fields and can help you become involved.
    - Try to have a project with a timeline that is achievable.
- 10% AΩA 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.

Miscellaneous advice

- 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 FCM 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!
- FCM is mostly about building a strong foundation of knowledge that you will refer to and add to throughout your career. Take the time to learn to do a good history and physical exam as these will be essential during your clinical years.
- Foundations phase 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 discover how you learn best, 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, the Director of Academic Support, 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!

USMLE Exams

How did AΩA members prepare for their USMLE exams? (n = 32)

	Step 1	Step 2 CK	Step 2 CS*
Dedicated Study Time	Median: 6.5 weeks Range: 5-10 weeks	Median: 3.5 weeks Range: 2-5 weeks	Median: 2 days Range: 0-8 days
Resources (% used)	UWorld QBank (100%) First Aid (100%) NBME practice tests (94%) Pathoma (87%) Sketchy Medical (84%) Smackdown group (36%) The Director of Academic Support (32%) Anki Flashcards (26%) Goljan Lectures (23%) Step 1 Secrets (13%) Kaplan QBank (6%)	UWorld QBank (100%) NBME practice tests (74%) Online MedEd free videos (71%) First Aid (48%) Sketchy Medical (29%) Online MedEd paid content (13%) Step 2 Secrets (13%) The Director of Academic Support (6%) Master the Boards Step 2 (6%)	First Aid (79%) NBME website (29%) Practice with others (14%) The Director of Academic Support's powerpoint (14%) Kaplan book (11%) Step Up to Step 2 CS (7%) **data from prior year*

STEP 1

Preparation

- Start studying during foundations phase and continue during the summer.
- To keep information from previous blocks fresh throughout Foundations, spend 30 minutes each day reviewing flash cards and/or First Aid sections covering prior material.
- Consider getting through First Aid and a question bank (eg USMLERx) once during Foundations and again during dedicated Step 1 study time. Consider reserving UWorld until completion of CPR/GI block as many of the questions are multi-organ.
- Meet with the Director of Academic Support during Foundations to develop a study plan and a calendar for your 'boot camp' period (4-6 weeks before test).
- Make a daily schedule and decide how many hours you want to study each day (8-12 usually recommended) and how many says per week you want to study (6 usually recommended).

Materials

- Pick a few resources and stick with them. Resource overload is inefficient and may make it difficult to master the material.
- Don't feel like you have to use a resource just because classmates are using it. Choose your resources based on how you learn best.
- Anki can be helpful to remember the granular details.

Practice Exams

- The Director of Academic Support's exam schedule sets full-length practice exams (UWorld self-assessments and NBME exams) at regular intervals to assess your strengths and weaknesses.

Smackdown

- 36% of AΩA members did Smackdown (N=25). This involves reading through First Aid line-by-line as a group and rotating roles as quizzer, answerer, and recorder(s).
- Choose a group that you work well with and stay on a timeline.
- Consider doing smackdown early (December) to ease into individual studying and identify weak spots.

Studying

- Build accountability into your first two weeks of studying (eg 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. Eg spend the morning doing mock blocks and reading through answers and the afternoon reviewing a subject and annotating First Aid/watching Sketchy/studying Pathoma.
- Start UWorld early, but don't worry about the percentile. This is a learning tool, not a grading tool.
- Do UWorld blocks of your weak topics early on so that you have plenty of time to study them.
- Take brief notes on the UWorld questions you get wrong or topics you find confusing. You can keep those in a notebook, write them in your First Aid book, or annotate within UWorld (notes section is printable) to look over during the week of the test.
- Mark important diagrams in First Aid for quick reference and review.
- Attempt to simulate the exam at least once (complete a practice test + 4 random UW blocks). This will allow you see how the test will feel and to figure out how to best space your break time on test day.

Breaks

- Sleeping and relaxing are essential parts of maintaining focus during dedicated. Give yourself a couple of hours every day to do something fun and physically active and take 1 day off per week.
- Considering using the Pomodoro method to take mini-breaks while studying to maximize effective study time.
- Try not to listen to what/how your peers are doing because this can cause unnecessary stress.
- Consider treating dedicated study time like a job: study 8-5, then workout, make dinner, watch a movie, etc.

Delaying

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

Test Day

- Don’t study the day before the test – do something fun/relaxing instead!
- After the exam, you **will** feel unsure of how you did; this is normal.

STEP 2 CK

Scheduling

- CK must be taken by a specified date (**June 30th for E17s**).
- Of AΩA members, 70% took CK immediately after 3rd year, 30% took CK during the summer of 4th year (n=30).
- Several members took a week vacation before starting to study for CK.
- If you end your core clerkships with internal medicine, it can be beneficial to take CK a few weeks after finishing this rotation because the bulk of the CK is internal medicine.
- Try to take CK close to completion of 3rd year while material is fresh, and you haven't started more specialized training.
- You do not have to wait for your neurology clerkship before taking CK.

Preparation

- Meet with the Director of Academic Support to develop a study plan.
- Try to complete UWorld once during core clerkships—even the ones that do not have NBME exams—and once during dedicated study time.
- Use Online MedEd videos throughout your clerkships, then refer back to these during dedicated CK study time.
- Studying hard for clerkships is great preparation for CK.

Materials

- UWorld is a highly recommended resource. Consider resetting it at the beginning of dedicated.
- Online MedEd videos are helpful to practice diagnostic frameworks for common problems.
- 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.
- Do 2-3 full length practice test 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 did with Step 1.

STEP 2 CS

Scheduling

- CS must be taken by a specified date (**August 30th for E17s**).
- AΩA members were widely split between April and August for their CS date
- Many members took one month off immediately after third year to take both CK and CS while the information was still fresh. Scores take a long time and some residency programs want CS scores before they offer interviews so it can be beneficial to take it early.
- Book a CS test date as soon as you can – spots open up around January and fill up very quickly.
- Taking CS after the UW senior OSCE (May-June) can be helpful.
- Los Angeles is the closest location to Seattle and usually has the cheapest flights.
- Make a mini vacation out of it if you have time.

Studying

- Most people pass without a problem, but grading criteria is becoming more strict – light prep is recommended (1-2 days).
- Take a day to flip through the First Aid CS book, the Director of Academic Support's powerpoint, and the NBME website to familiarize yourself with the format and specific things they look for (social history, expressing empathy, etc).
- Consider practicing a few First Aid cases with a partner to work on timing, check boxes (knocking, introducing yourself, patient ID, washing hands, etc.), differential, and additional testing.
- Timing is often the most difficult part.
- Practice any physical exam maneuvers that are tricky for you (shoulder exam, knee exam, etc.).
- Use a system or mnemonic to ask history questions (eg. OPQRSTAAA, PAMHUGSFOSS).
- Look at the list of common chief complaints for CS and make a list of differential diagnoses and tests you would order.
- Read the rules on the NBME website because there are a lot of weird rules about patient encounter specifics.

Notes

Use the NBME website to practice the note-writing format before the test (https://www.usmle.org/practice-materials/step-2-cs/patient-note-practice2.html).

- Copy/paste works, so don't waste time rewriting things.

Test Day

- Be empathetic to the SPs. A lot of people are examining them.
- Wash your hands!! This is the most common part of the test for examinees to miss points.
- If the SP looks physically or emotionally uncomfortable, verbally call it out and ask how you can help, Eg turning down the lights if someone has a headache.
- Every SP has some kind of challenge question or scenario designed to elicit a skill from you. Ask, "Is there anything else?" if the SP has not revealed their challenge question.
- Don't lie about physical exam findings - most often there won't be any.

REQUIRED CLERKSHIPS

General Advice – applicable to every rotation

→ Punctuality:
  - Be early, don't hesitate to stay late when necessary. Your team will appreciate the respect you have for their time and the patients' time/care.
  - When your resident tells you to go home, though, go home. This is not a trap or test.

→ Curiosity: Asking questions does not make you appear unintelligent or weak. If a question comes up during your clinical responsibilities, look up the answer and feel free to share the knowledge with your team. This may involve mentioning the UpToDate article you read, citing a guideline, or bringing in primary literature. If you aren't sure if it is a good time to ask questions because residents seem busy, ask if there might be time later to do a chalk talk on a topic.

→ Enthusiasm:
  - In every clerkship, act like it is the field you will be in for the rest of your career.
  - Try to view every patient encounter and procedure as the "last chance" to see it prior to taking care of it independently. You will watch with more detail and have more authentic questions when you think you may be on your own next time.
  - It is okay to admit that you see yourself applying in a different field. This will help your team tailor your experience to your interests and you will get more out of the rotation.

→ Anticipation: If you can anticipate what the residents/attendings need and do or have those things, you will make the teams' lives easier and patient care more efficient. When things are efficient, there's more time for teaching and studying. This also shows knowledge and engagement, which will help you gain more autonomy in clinical responsibilities.

→ Confidence: When presenting, talking to patients/families, etc, be confident in your knowledge and experience. It may help to think of yourself as Student Dr. X rather than a medical student. When you take responsibility for your patients, the investment shows in your performance and you will learn more if you "fake it til you make it." A critical part of confidence is recognizing your limits and knowing when to ask for help or when to tell a patient that you'll need to ask your senior resident/attending.

→ Follow Through: Always read about a topic when you say you will. Follow up with a provider when you say you will. It is totally okay to get a question wrong once, but never get it wrong twice.

→ Humility:
  - Ask for help when you need it. This is not a sign of weakness and your team will respect that you know your limits and when you need additional support.
  - Be a team player and look out for things that need to be done, then do them. This may include changing dressings, placing IVs or Foleys, or calling a nurse to check that a medication was given.

→ Teamwork:
  - Especially on rotations with other medical students, think of each other as allies and fill people in on information you may have encountered about their patient so that they can present the findings. Everyone looks better and team morale is higher when there is no in-fighting.

- Before the rotation starts or within the first couple of days, meet as a group of medical students to get on the same page about goals and workload (ie. Does anyone see themselves going into this field, how will we divide patients, when will we try to leave for teaching, how will we divide call?).

→ Feedback: Ask for feedback often and take advice with a grain of salt. Offer specific examples of things you think you did well and what you would like to work on to help get specific feedback. 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, especially if you reflect on how that integration process is going.

→ Grading: Try not to focus on the grade. They are so subjective and can be quite unpredictable. Preceptors can tell if you are genuinely interested in learning about their specialty or just sucking up for the grade.

→ Preparation:

- Have a good attitude, work hard, get a good history and do a good physical on each patient, and always take a stab at an assessment and plan.
- Keep your notes from Step 1 and refer back to these, particularly when preparing a differential.
- The weekend before every rotation, spend a couple of hours browsing the workup for the most common issues in the specialty you're about to start.
- Have a note-writing/oral case presentation template ready. You may be asked to present a patient with what felt like inadequate time to prepare. This will at least give you a guide.
- Follow every patient on the service (read through their note summaries and pay attention on rounds) even if you aren't assigned to them. You'll learn more and be more prepared for sub-Is and intern year when you expect to take care of everyone. Keeping track of to-do items for all patients on the service will help your intern and will make you more mindful of common workup and treatment.

→ Studying: Start studying early and regularly for shelf exams. It will help raise your clinical and exam grade and help you make the most of the resources you have on your team.

Responding to Feedback

→ Expectations: One great way to improve your skills and grow as a clinician is to set discrete goals for your learning and establish expectations on your team. You are there to learn and to participate in patient care so it is important to understand the scope of your role and for the team to understand your intended areas of improvement so that they can help you grow in these areas.

- Role: "How do you normally like to work with medical students? Do you typically like them to write notes/answer pages/put in orders/only operate/etc? How do you like medical students to prepare for rounds/clinic/the OR?"
- Goals: "What can I do to get the most out of this clerkship?" But also come with 1-2 broad goals (eg master a newborn exam on peds) as well as daily goals that evolve with your performance (eg today I will learn to how to feel suture lines/fontanelles; today I will learn how to do an abdominal exam on a neonate; today I will learn how to check a couple of primitive reflexes; etc). It can be helpful to model your personal goals off of the SOM's learning objectives for the rotation.

- Grading: It may be helpful to go over the grading rubric on your mid-clerkship feedback session 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.

→ Specificity: The more specific you are in your feedback requests, the more specific the response tends to be. Some attendings will tell you that you're doing great or to just keep reading if you ask how they think you're doing. Instead, ask something like, "can we talk about my assessment and plan in my note on X patient from yesterday," "can you give me feedback about the organization of my oral case presentation on the new patient this morning," or "what reading material would you suggest to get more foundational knowledge about Y disease process?"

→ Timing:
- Ask for specific feedback about your learning goals often and your global performance around halfway through and at the end of the rotation.
- During the rotation, read the room and ask for feedback at appropriate times. If the team is running late during rounds, hold your request until people have had a chance to catch up on their work.
- Ask for feedback prior to doing the task so that they know what to pay close attention to. For example, they can listen more closely to X portion of your presentation because you're working on including only relevant details/word economy/etc.

→ Reflection: When asking a preceptor to gauge how well you are understanding and implementing their feedback, first reflect on how well you feel like it went and where you feel like you need work. This critical thinking shows engagement and enthusiasm for improvement.
- For example, "Yesterday we talked about including only relevant details, specifically in the physical exam portion of my OCPs. I felt like I included all of the pertinent positives but I heard you ask about a couple of findings that I didn't include because they were normal. Do you have advice on how to think about identifying pertinent negatives so that I make sure all of the relevant details from the exam are noted?"

Logistics

→ Rotation length: Third year is broken up into 12-week chunks with one 12-week rotation (internal medicine) and five 6-week rotations (pediatrics, family medicine, psychiatry, general surgery, obstetrics/gynecology) plus one 6-week elective period during which you can take one 4-week rotation, one-two 2-week rotation, or 6 weeks off.

→ Daily schedule: Your day-to-day schedule will vary depending on the rotation and the site. Generally, inpatient days are much longer than outpatient days and procedural rotations (GS, OB/GYN, IM) tend to have longer hours than non-procedural rotations (FM, peds, psych).

→ Assignments/Exam:
- Each core rotation will have assignments and an associated exam, which is on the last Thursday of the rotation. This is followed by a travel day to reach your next rotation site (ie. 3-day weekend).
- Try to get the assignments done early during the rotation and spend downtime during the clinical day doing UWorld questions. Make a schedule and do a set amount of UWorld questions per day or per week in addition to using one other clinical resource. Online MedEd is a good resource to obtain foundational knowledge and some people find it helpful

to watch all of the OME videos for the specialty within the first 1/3 of the rotation then do UWorld during the other 2/3 of the rotation.

→ Moving: Whether you are safari, track, or TRUST, you will likely move multiple times during 3rd year. Try to go with the flow and be flexible. It gets tiring. Try to find a routine you can stick to no matter where you are living in terms of studying, exercising, staying in touch with family and friends.

Resources

→ Online MedEd – good early on in 3rd year or at the beginning on the rotation for foundational knowledge in the field
→ UWorld – good for more nuanced knowledge of the field, shelf preparation
→ UpToDate – good for an overview of workup/management of specific conditions, patient care
→ Pocket Medicine – good for guidelines for workup/management of specific conditions, patient care
→ Your team – enthusiasm and curiosity go a long way

Family Medicine

Exam Resources	Clinic Resources
-Online FM cases	**-Uptodate** -Online FM cases -AAFP website -Step Up To Medicine – ambulatory care section -Turkey book -Pocket book -Apps: MD calc, Dyna Med, **AHRQ ePSS** (electronic preventive service selector)

Clinical Success

→ 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 to clinic the next day.
→ Come to clinic prepared by reading about common FM symptoms/diseases and doing the online cases. You will need to draw from all other rotations to succeed on this rotation so supplement with outside resources if you have not had the related rotation yet.
→ During clinic, ask questions, be engaged, take ownership of patients that you see (eg call them about lab/imaging results). When you first take a patient, look up the chief complaint on UpToDate prior to seeing the patient because there's not much time after the encounter before presenting the patient.
→ Look for non-clinical ways to help, eg push patients in wheelchairs to their cars, take care of stray children, try to be cognizant of the schedule especially if you're making them get way behind.
→ Think about preventative care at every visit and determine if your patient is soon due or overdue for any age- and sex-appropriate screening. Be especially thoughtful in patients who have altered anatomy (eg. pap smear after hysterectomy depends on the indication for the operation) and in transgender patients (eg pap smear is recommended on the normal timeline in FTM patients who have a uterus).
→ Humanize your patients, ask about their lives.
→ Integrate the patient's social situation into their plan, ie if the patient has no insurance or little case, you may say that you would give them X antibiotic because although it is not first line, it's on the WalMart $4 list or there's a GoodRx coupon for it and the first line medication is expensive.
→ Seek out opportunities to participate outside the clinic. Some attendings do sideline medicine for local K-12 sports teams or volunteer at free clinics; this is a good way to see the needs of the community.

Learning goals

→ Preventative care guidelines (USPSTF guidelines, specialty guidelines)
→ Prioritizing a problem list
→ Presentation, differential, work up, and treatment of most common FM symptoms

→ Setting an agenda and leading an efficient clinic encounter. For example, ask the patient what two things they want to cover and then suggest one you'd like to cover. Offer timing goals as well, tell them you have 20 minutes to talk and have 10 minutes to do a physical exam before your preceptor will enter.

Favorite parts of the rotation

→ I liked the scope of practice and switching gears between acute viral illness in a kid to chronic diabetes management in an adult patient.
→ I loved the holistic approach to medicine.
→ I liked the procedures. At some sites, you do skin procedures, colonoscopies, baby deliveries.
→ I loved counseling patients on preventative care, although it isn't always a fruitful or successful effort, it feels great to think that you might be contributing to someone living a healthier life.
→ I liked the longitudinal care and seeing patients multiple times, sometimes for their appointment then the next week for their child's appointment.
→ I liked the autonomy I got in my clinical recommendations and that I got to do a lot of the counseling and give anticipatory guidance.
→ I loved living in a rural place for the first time. I liked that my preceptors were excited to have me there and were often making recommendations about things I could do with my time. This was especially nice since the hours were fairly light so I actually had time to go hiking!

Least favorite parts of the rotation

→ I worked with a bunch of different preceptors and everyone has a slightly different approach.
→ I wished the appointment times were longer in many instances. We often fell behind when clinic was busy and it was hard to get back on schedule.
→ My preceptor saw 17-18 patients daily so I did a lot of note writing. With that many patients, it was hard to feel that you're doing much because you only ever have time to address 1 or 2 problems but many patients had long problem lists.
→ I had a hard time with the broad range of medical topics. It was difficulty having to know such a huge range of information and never really being able to focus on a single thing.
→ I didn't like that we were referring patients for most problems rather than completing diagnostic tests in clinic.

Internal Medicine

Exam Resources	Clinic Resources
-UWorld -MKSAP (resident level resource) -Step Up to Medicine -Online MedEd -First Aid for Step 2 -NBME Practice Exams	**-Pocket Medicine** -USPSTF Guidelines -UpToDate, DynaMed -Online MedEd -MDCalc -Turkey Book -UCSF Hospitalist Handbook

Clinical Success

→ This is the highest yield rotation in terms of experience and knowledge growth. This is the rotation where you have the most support and backup as a student so push yourself! Take on more than is expected of you and figure out a good workflow for yourself in terms of admitting, rounding, charting, etc.
→ Take ownership of your patients, build rapport, read about them, come up with your own assessment/plan, and present it with confidence.
→ Give your patient's nurse your pager or cell phone number and tell them that you can respond to their concerns more quickly than the intern can since you have fewer patients. This will help you get the fastest updates on your patient's status and give you the chance to more actively participate in their care.
→ 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.
→ Be a team player. Always be willing to pitch in and help with anything that needs to be done. If there's another student on your team, discuss your individual goals and get on the same page about how many patients you'll take, when you'll arrive/leave,
→ Take initiative to call the consults for your patients, follow up on labs, and keep your team informed of developments in your patient's clinical status or progression toward discharge. You should be the person on the team that knows your patient best, both clinically and personally.
→ Use the inpatient portion to work on your notes. This field values comprehensive notes and it will give you a great chance to practice critical thinking. Know USPSTF guidelines for your patients in clinic.
→ Understand that attendings will expect presentations to follow a certain order. (ID/CC, HPI, PMHx, Meds/Allergies, PSurghx, Fhx, Shx, Vitals, Physical exam, Labs, Imaging, A/P.) Do your best to follow this order every time!
→ Be thorough in your presentations and give a detailed differential and plan. Aim for presentations about 5 minutes long to start with at least 2 of those minutes being spent on the A/P. Being overly thorough is better in IM than being too brief. You'll learn to cut down on extraneous information as the clerkship goes on. One tip to cut down, very few attendings want to hear normal physical exam findings.
→ Rather than giving multiple options for your plan, pick one route and defend it! This is your time to show your decision-making process and it's okay to be wrong! Try to be specific about dosing, consider social situation in terms of treatment and discharge, cite a study in your plan if it's relevant.
→ For your patients with interesting presentations/pathologies, research and give a short

presentation (2-3min) on an interesting part of that topic to your team about once weekly.
→ Read as much as you can! Read articles and treatment algorithms for what you're seeing in the clinic/on the wards in your downtime.
→ 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.
→ Learn workup and treatment for common IM problems.
→ Study for the shelf during your outpatient weeks because wards are busier.

Learning goals

→ Concise and precise write ups and presentations in an inpatient and outpatient setting
→ Performing a targeted medical history and physical exam
→ Presentation, differential, work up, and treatment of most common IM diseases

Favorite parts of this rotation

→ This was the rotation where I felt most like a doctor! I started feeling competent in working up a wide variety of issues.
→ During the inpatient portion, you get a pager, which helps you have ownership over your patients.
→ Attendings tend to give you a lot of autonomy and let you propose differentials/workups.
→ Teams tend to have you actively participate in discussions about appropriate course of action.
→ There's a lot of formal teaching during morning report, noon conference, teaching rounds, physical exam rounds, etc.
→ Some teams will let you follow your patients to their procedures or even do the procedures yourself. It's cool to see how their plan of care happens.

Least favorite parts of this rotation

→ Rounds can last a very long time; wear comfortable shoes.
→ Oral presentations can be very long and tedious.
→ Q4 call during wards is exhausting.
→ Outpatient days can feel long and monotonous if you are a person who doesn't love clinic.
→ There's a lot of material to study and shelf is hard; more than half of UWorld is IM questions.

OB/GYN

Exam Resources	Clinic Resources
-uWISE -Blueprints -Case files -UWorld -Online MedEd -NBME practice exams	**-ACOG guidelines** -UWISE -Little red book -Blueprints -UptoDate

Clinical Success

→ Success on OB is very site-dependent. Ask students who were at your site what they did to succeed.
→ There's amazing breadth of clinical, surgical, preventative care on this rotation. There's also longevity in patient relationships since you are seeing patients from the first moment of life up into their geriatric years.
→ Try to do your rotation at a WWAMI site if you want to maximize the number of deliveries, C sections, etc, you participate in. If you're interested in OB/GYN, do a Sub-I in Seattle.
→ Be engaged, ask lots of questions during clinic/surgeries, look up operative procedures the night before and get a sense of what to expect the next day in the OR, be proactive while taking care of patients and do what needs to be done without being asked.
→ 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 warmer you are around patients, the more comfortable your attending will be with letting you help.
→ 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).
→ Review female pelvic anatomy.
→ uWISE (the ACOG qbank, free) will get you through the exam. Blueprints can be helpful for subspecialty care.
→ Don't feel discouraged if patients don't want you involved for something. This may happen more often if you're male. Be respectful of the patient's decision and ask your preceptor to help seek out other opportunities to be involved. Show interest and find ways to contribute to patient care, eg transporting patients or helping nursing, because as a male you may not always get the chance to show that you know the medicine.
→ If you are asked to leave the room during patient care, use the time to study or prepare for the next patient.

Learning goals

→ Perform a complete breast and pelvic exam
→ Presentation, differential, work up, and treatment of most common OB/GYN conditions
→ Basic suturing and introductory laparoscopic skills (orientation to anatomy, camera use)

Favorite parts of this rotation

→ The OB floor was high stress but a good opportunity to learn how to read and interpret fetal monitors.
→ There are a limited number of OR procedures so you have more time to become familiar with them.
→ My site was high volume and I was the only med student so I delivered >50 babies by myself.
→ Taking part in deliveries was an incredible experience. It was really cool to be the one to pull a baby into the world and hand them to their mother.
→ The continuity of care is amazing. My preceptor had one patient that he had delivered many years ago, seen for GYN care in her teen years, saw for her prenatal care, and I was able to deliver her baby during my rotation; he also saw her mother for her GYN care.

Least favorite parts of this rotation

→ Babies come when they want to come and waiting for vaginal deliveries in the hospital can sometimes mean you're up all night and still don't get a delivery.
→ The OR has to be really warm for a C section and it can be kind of nauseating.
→ I'm a male and patients often asked for me to leave the room during their care.

Pediatrics

Exam Resources	Clinic Resources
-CLIPP cases -UWorld	**-CLIPP cases** -Developmental milestones and vaccination schedule for well-child examinations -Blueprints -Case Files -Bright Futures -UptoDate

Clinical Success

→ Be enthusiastic and open to opportunities. You will get to care for kids from a wide range of ages with a wide variety of problems. You may not get to do any procedures as they are less common in pediatrics and they go to the fellow or resident.
→ Have a copy of the vaccine schedule, well child benchmarks, and milestones to reference. Know anticipatory guidance by age and be able to deliver these recommendations efficiently throughout your well child checks.
→ Be flexible with your physical exam and understand that the order and technique will vary significantly by age.
→ Learn and use different techniques for interviewing and examining kids of different ages.
→ Play with the kids, learn how to hold babies, be engaged with families.
→ Foster a relationship not only with the patient but also the family and keep them well-informed.
→ Be cognizant of the family's understanding of the problem and plan during family-centered rounds. Minimize use of medical jargon. Write the plan on the patient's white board. If the family is not present for rounds, be sure to call the parents with updates daily.
→ Pediatrics tends to be more like IM in presentation style, details are valued.
→ Integrate the patient's social situation into their plan; the family is a critical part of pediatric patient care.
→ There are a lot of assignments in this rotation, complete them early and spend your time studying the CLIPP cases since this is where the exam comes from. These cases are not sufficient to be prepared for the wards but they're necessary for the shelf.
→ If you're on Seattle Children's inpatient, bring your patient their free book and mention it to your resident/attending.

Learning goals

→ Pediatric physical exam
→ Well child exam and anticipatory guidance/preventative care by age
→ Presentation, differential, work up, and treatment of most common pediatric conditions
→ Family-centered rounds, appropriate communication based on age/medical literacy

Favorite parts of this rotation

→ Kids are incredibly resilient, and it was amazing to see them bounce back (and straight into the playroom) from severe illness like nothing happened.
→ I enjoyed playing or coloring with little kids or playing video games with teens…I mean, building rapport with the patient and their family.
→ Families can be challenging but they are the biggest advocates for the patient and they typically will be the enforces or outpatient recommendations. They are excellent allies!
→ I enjoyed learning how to navigate the family dynamic and how to explain workup and diagnoses in a way that both the parents and the patient would understand
→ Newborns were a mystery to me but I learned that I love taking care of them!
→ The PICU was exciting and full of a lot of complex pathology.
→ Congenital conditions produce complex pathology that was very interesting to learn and care for.
→ The pediatric hospitalists were really fun to work with!
→ The patients are really cute.
→ I did countless well child checks and now I feel very confident in my exam and anticipatory guidance.

Least favorite parts of this rotation

→ Well child checks can become monotonous since so many kids are well.
→ Newborn care was very unfamiliar for me.
→ Ward hours were very long.
→ The stages of development and milestones were hard to remember and keep straight.
→ Examining really upset kids is hard, especially ear exams.
→ Nonaccidental trauma and CPS are tough and it's okay to struggle with this.
→ Serious pediatric illnesses can be especially emotionally draining/taxing. It is really challenging to see small children suffering; be sure to talk to someone if you feel like you need extra support.
→ You may not get many hands-on opportunities because the nurses and parents can be very protective of the patients.

Psychiatry

Exam Resources	Clinic Resources
-UWorld **-First Aid for Psych** **-NBME practice exams** **-Sketchy Pharm** -Case Files, Lange practice questions -Online MedEd	**-First Aid for Psych** -**tinyurl.com/drgreentips** (made by HMC attending Dr. Aaron Green) -UpToDate -Online MedEd -Case Files

Clinical Success

→ Patient ownership versus shadowing is site-dependent.
→ Get comfortable with the psychiatry interview and exam, through observation of your residents and attendings.
→ 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. Write down good phrases, particularly with sensitive topics.
→ Learn psychiatric medications, their side effects, and contraindications.
→ Maintain appropriate boundaries and safety with patients, without sacrificing empathy.
→ Practice your motivational interviewing skills and therapeutic communication skills
→ Be thorough in your interview and don't be afraid to ask questions that make you uncomfortable.
→ Be sincere and straight forward with questions you may not be used to asking, eg. are you seeing anything right now that others don't seem to see?
→ When you're seeing a new patient, ask their nurse if there is anything you should know about them before you meet them. Nurses will tell you if now is not a good time to talk to the patient or if they should have a chaperone for all visits.
→ Remain calm and professional. Follow safety precautions, bring a chaperone if needed, leave the room if you feel unsafe.
→ Don't forget your medicine, and always include 1-2 medical causes in your differentials.
→ Review the DSM criteria for common conditions and reference them in your differential.
→ Try to see ECT.

Learning goals

→ Mental status examination
→ Interview skills to engage discussion of sensitive topics
→ Presentation, differential, work up, and treatment of most common psychiatric conditions

Favorite parts of this rotation

→ Inpatient treatment would almost entirely correct the severe pathology they demonstrated on admission.
→ Focusing on functional status and giving people tools they could use to improve mental health.

→ Seeing the transformation of the patients we were able to help.
→ Continuity in patient care on the inpatient unit.
→ Psychiatrists pay attention to how they treat their colleagues.
→ I liked doing consults around the hospital.
→ This rotation offered me the most patient interaction of all of my rotations. I had longer conversations with patients than I did on other rotations.

Least favorite parts of this rotation

→ It was hard to feel like we positively affected patients with inpatient psychiatric hospitalization.
→ 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.
→ Some stories told by or about our patients were upsetting.
→ Medicine has a lack of tools to materially improve psychiatric problems.
→ No physical contact with patients.
→ Often times the days seem long and uneventful.
→ Not much responsibility was given to medical students in an outpatient setting.

Surgery

Exam Resources	Clinic Resources
-UWorld **-Pestana's** **-NBME Exams** -Online MedEd	**-Surgical Recall** -Pestana's -Zollinger's -Up to Date -DeVirgilio book

Clinical Success

- → Put your head down and grind it out. Anticipate needs and try to be helpful. Always be smiling and ready to do grunt work.
- → Always eat and use the restroom before cases.
- → **OR Etiquette**: When you walk into the OR, immediately introduce yourself (with a smile on your face, also better safe than sorry so 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 and year 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.
- → Be super aware of the sterile field and keep quiet when surgeries are tense. Learn to read the room. Ask questions when it's a good time (eg when opening, during calm parts of the case).
- → Be helpful but don't get in the way. Assisting in the OR includes anticipating what you can do to help move the case along. Offer to help prep the patient, always clean up the patient, go get the bed, and help prepare the patient for transport to PACU when the case is done. There are lots of little things that you can help with. During the case, be aware of what the surgeon is doing and anticipate what they will need, eg if they're suturing, grab scissors.
- → You should not leave the room before the patient unless your attending or chief specifically asks you to.
- → Early on in your rotation, ask a scrub tech to teach you how to self-glove and gown.
- → Questions in the OR are meant to identify what you don't know so that they can teach you without being redundant with your independent studying/previous learning. It is not meant to embarrass you. Try to remember the questions you got wrong and learn the answers in case you get asked the same question again.
- → As your preceptors trust you, they will let you do more. Showing interest goes a long way. 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. Learn how to palm your needle driver. Use the WISH lab before your rotation to try basic laparoscopic maneuvers. Ask your attending how you can be more involved in the OR and remind them that you wanted to try to do whatever they suggest when you next scrub together.
- → Look up cases and clinic patients the night before. Always be prepared for the cases you're scrubbing on – the Zollinger Surgical Atlas and Visual Body Anatomy are helpful. Watch a video of the operation on YouTube if you've never scrubbed it before. You will be asked about anatomy (structures, landmarks), pathology, indications for surgery, basic steps of the procedure, potential complications, or post-op care.
- → Read De Virgilios text! Start early, because it is pretty thick. 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.
- → Patient presentations in surgery are MUCH shorter, often 2-3 sentences for known patients. Focus on eating, sleeping, pooping, peeing, ambulation, pain management/narcotics usage, vitals, and your evaluation of their wound site. Drain output is important to note if they have them.
- → Early in the rotation, orient yourself to the supply closet and learn where basic supplies are so that you can run and grab them for your team when they're needed on rounds.
- → Carry basic wound dressing (gauze, tape, scissors, cotton swabs) and service-specific (eg a doppler and lubricant if you're on vascular) supplies with you on rounds.
- → Even if your attendings write short notes, you still must have a differential.
- → You will be the first or second assistant more if you do this rotation in the WWAMI region than if you do it in Seattle.

Learning goals

- → Identify what constitutes a surgical referral by recognizing which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention
- → Preoperative workup and preparedness for anesthesia and surgical intervention, common post-operative complications
- → Basic suturing and introductory laparoscopic skills (orientation to anatomy, camera use), basic wound management

Favorite parts of this rotation

- → Getting to see anatomy in real life, helping with life-saving procedures.
- → Some of the most incredible trauma surgeries.
- → Really interesting and varied pathology
- → Working on a shared problem with a bunch of people that are very focused on solving it. The OR is an amazing place where you can actually fix something.
- → Any chance to drive the camera, suture, do anything procedural made me feel like I was fixing a problem.
- → Some attending played great music in the OR and it was fun to spend a bunch of time with people I got along with.

Least favorite parts of this rotation

- → The OR can be stressful as a student who is new to the environment.
- → Some cases are really long and you can't do much. You can try and quiz yourself on anatomy you're seeing on screen (in a laparoscopic surgery) to keep your mind engaged.
- → The hours are very, very long and can sometimes feel like you're only doing grunt work. This made it hard to find time for life outside of medicine or to study for the exam.
- → Disenchanted residents can make for an intense and sometimes unpleasant culture.
- → I didn't feel useful in clinic because most of the appointments were pre-ops and post-ops.
- → Post-op rounds are monotonous but at least they're usually fast.

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 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.
→ Present a concrete plan, 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 read up on how to do basic procedures and come prepared to try! 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 (<2-3min), 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.

NEUROLOGY

Exam Advice

→ Read through the neurology section of First Aid for Step 1 (not stand-alone), Case Files, Qbank, First Aid CK, and NBME practice exams.

→ Neurology is a very broad field, so try not to get overwhelmed. Find a mental classification system that works for you, eg by level of the nervous system (brain, brainstem, spinal cord, etc).

→ There are only 4 weeks to do weekly cases, a CEX, ethics write-up, presentation, and study for the shelf so be efficient with completing assignments and studying.

→ This clerkship is good preparation for CK if you are able to take it before then.

Clinical Success

→ Ask residents/attendings to observe troublesome parts of your neurological examination and help you to hone these skills (same with grading reflexes).

→ A basic neurology text will be essential for reference during this rotation. Many are available online via the UW library portal. *Clinical Neurology* (Aminoff) is one text you could try out.

→ There is a huge difference in sites based on whether the neurology is mostly inpatient or mostly outpatient – consider this when ranking sites and rank according to experience you want.

NEUROSURGERY

→ Pros: Intellectually interesting, lots of really cool cases; easier exam than the NBME

→ Cons: Rigorous time commitment

ELECTIVES

General Advice

→ Approach these rotations with goals of learning, enthusiasm, and strong work ethic, to help your team.
→ In general, if it's a sub-I, it will be harder. You will work long hours and your attendings and residents will have high expectation of you.
→ When choosing electives, pick ones that will either prepare you for intern year or allow you to experience an aspect of medicine you might not see again. Radiology and infectious disease are applicable to most fields.
→ 4-week rotations are graded on the honors/high pass/pass/fail scale; 2-week rotations are graded pass/fail. Consider taking 2-week rotations after your MSPE grading period ends (Summer A or B).

Scheduling

→ Make sure to take enough credits per quarter to receive financial aid, but don't take more credits than you need. Rest and relaxation are also important!
→ Consider doing a helpful rotation to your specialty (often taken as a 2-week elective in winter or spring quarter) to refresh your memory.
→ Consider leaving decompression time for the end of the year. If you're able, take time off around the Match. Some people take March-May off.
→ Consider taking summer C off to finish residency applications and take Step 2 CS without having to balance a rotation as well.
→ Plan interview time when building your 4th year schedule—know the interview-heavy months for your specialty. Most people take 1-2 months off.

ANESTHESIA

→ Pros: Lots of intubations and lines, especially if you take the rotation in WWAMI region. Hours aren't very long

CARDIOTHORACIC SURGERY (Adult, Pediatric)

→ Pros: They make the OR a priority and surgeries/anatomy are amazing. If you rotate on pediatric cardiac surgery, you spend the whole rotation in the OR (no clinic or floor management), no call
→ Cons: Long hours (approx. 80 hours) and may not get to do a lot in the OR

PLASTIC SURGERY

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

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. Lots of OR time
→ Cons: Long hours

OPHTHALMOLOGY

→ Pros: Easier rotation with good flexibility during interview season

OTOLARYNGOLOGY

→ Pros: Easier hours with good flexibility during interview season. 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, long hours

TRAUMA SURGERY

→ Pros: Great cases, fast paced, self-directed learning

TRANSPLANT SURGERY

→ Pros: Amazing anatomy, lots of medicine relating to immunosuppression, organ rejection, and opportunistic infections requiring multi-speciality coordination. Complex ethical discussions.
→ Cons: Long, unpredictable hours.

AMBULATORY SURGERY (CHILDREN'S)

→ Pros: Great pediatric case variety
→ Cons: All clinic time and no OR time

INTERVENTIONAL RADIOLOGY

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

RADIOLOGY

→ Pros: Generally relaxed with light hours, flexible during interview season. Helpful for reviewing relevant anatomy. Helpful in nearly all specialties to be able to read a chest radiograph correctly
→ 2-week option: No test

→ 4-week option: Test is actually hard, study with online textbook they provide, but if trying to honor the rotation, you will need to supplement. There is a presentation, follow the rubric closely

PULMONOLOGY

→ Pros: A variety of patients with interesting infections and imagining findings. Opportunity to see bronchoscopies. Also the overflow procedural service for thoracentesis, paracentesis, central lines, and LPs.
→ Cons: Minimal outpatient exposure to pulm.

NEPHROLOGY

→ Pros: Chill rotation with a good amount of teaching by good teachers.
→ Cons: Not much autonomy.

HOSPICE/PALLIATIVE CARE

→ Pros: Very variable by site. VA/Rural rotations are lower turnover with more time to get to know patients and their values. HMC/UW are higher volume with more ethically and medically complicated situations.
→ Cons: Can hit you right in the feels.

MICU

→ Pros: Amazing medicine that rapidly changes. Opportunity to do procedures.
→ Cons: Less autonomy at times, also can be very sad.

GERIATRICS

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

INFECTIOUS DISEASE

→ Pros: Lots of case variety and great teaching on antibiotics
→ Study with: MedBullets, Step Up to Medicine, UpToDate

DERMATOLOGY

→ Study with: AAD online curriculum, UpToDate

INTERNATIONAL ELECTIVES

→ GHCE (Global Health Clinical Elective) provides 6 weeks of global health clinical experience at established UW sites
→ Pros: You can register this rotation as Independent Learning and pay $350 fee in lieu of tuition as long as that rotation is the only one done in that quarter!

GAP YEAR/RESEARCH YEAR

~7% of ΑΩΑ members reported taking a gap year, though this number varies every year.

Reasons for taking a gap year

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

Funding

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

Mentorship and other resources

→ Talk to A-300 as soon as possible (to complete paperwork)
→ Feel free to look outside of UW for other research/rotation opportunities
→ When picking mentors, balance a mentor who is well-connected but may have less time for a student with a newer mentor who may have more time. It is normal to have multiple mentors and for at least one of them to be outside of your specialty of interest. This gives you freedom to discuss ideas and plans openly with them without worrying about how their opinion or response will affect your relationships in the field. Be clear about your needs and find a mentor who can support your goals.

CHOOSING YOUR MEDICAL SPECIALTY

→ AAMC is an excellent resource on 120 specialties, self-assessments investigating your personality and values, as well as choosing a specialty and residency program.
  - Careers website: https://www.aamc.org/cim/
  - Assessment website: https://www.aamc.org/cim/specialty/understandyourself/assessments/

→ Start early! It's okay to be uncertain, however early networking, being involved in interest group leadership, and/or research will increase your competitiveness.
  - Career advisors for each specialty: https://www.uwmedicine.org/education/Documents/Career%20Advisors%20FAQ%202018%20-%20FINAL.pdf

→ Pursue opportunities to experience different specialties (i.e., mentors, shadowing, electives)

→ Follow your passion and be open to changing your path. Spend some time reflecting on what is important to you and which rotations had days that felt draining to you and which ones had days that felt exciting to you.

→ Ask residents and attendings what they love about their specialty as well as what they dislike or find difficult.

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

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

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

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

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

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

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

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

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

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

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

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

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

Radiology - Very intellectual - Lots of procedures (if going on to interventional) - Great compensation and lifestyle	Urology - Advanced surgical techniques and technology that's on the cutting edge - Excellent lifestyle - Interesting surgical cases with high impact on a patient's quality of life

Applying to Residency by Specialty

General comments:

→ **In general**: Most of the advice listed below can be used across many specialties. Generally speaking, doing well on clerkships, having mentors willing to write strong letters of recommendation, good step scores, and CV boosters (leadership, service, research), will get you far in all specialties!

→ **Away rotations**: For specialties requiring away rotations, the key is to apply EARLY.

- **Applying**: You apply through VSAS (but some programs have their own application procedures). When programs open up their applications (sometime January-March...all of them have different dates), apply first thing. It is important to submit your application on the day the program begins accepting applications. Some programs require LORs with your application, so check for program specific requirements on VSAS
- **Program reviews**: SDN, reddit
- **Date:** May-September. If you do it too close to September 15 (ERAS application due), there will not be enough time to put the grade and letters from the away into your application.
- **Location**: Try to do your aways at a program you want to end up at for residency. It's a good way to get a feel of the program and see if it is a good fit. Aways can increase your chances of interviewing and matching at certain programs. It could be that the program is very prestigious and an LOR from there will boost your application.
- **Letter of recommendation**: Secure a letter from your aways. Generally, try to get it from the chair or program director, unless the program does committee/standardized letters
- **Interviews**: Some away rotations will include an interview, which will save you having to travel back there during interview season.

→ **Match statistics**: For specific match statistics for each specialty, use the NRMP "Charting Outcomes 2018" : *http://www.nrmp.org/match-data/main-residency-match-data/*

Anesthesiology (n=1) ***updated 2020***	
What makes a strong applicant?	Good clinical performance on clerkships, strong letters of rec, good step scores, research is always good but it's not terrible if you don't have it (unless you want to be at a research heavy institution like MGH or Hopkins). Resume boosters: service, leadership, research
NRMP data from matched applicants (2018 match)	Match rate: 96% Mean Step 1: 232 Mean abstracts, presentations, pubs: 4.5 Mean volunteer experiences: 6.4 % in AΩA: 10%
Helpful advisors?	**Dr. Michael L Hall** will connect with a departmental advisor
Sub-I recommended?	Must complete a home 4 week advanced anesthesia rotation by September of MS4 year
Away rotations?	Mixed advice. UW may discourage it but other schools may encourage. Some institutions explicitly state that if you do an away rotation at their institution, your performance will not be factored into their interviewing/ranking decisions. If there's a program you are really interested in, maybe you should do an away (also consider making a good impression over 4 weeks vs just on interview day)
How important are board scores?	Average weight; I did not see any absolute cut-offs on the program pages I looked at
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; 14 interviews
When are interviews? When did you take time off?	**Late October to late January**; peaks in December. 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)

Dermatology (n=2) ***updated 2019***	
What makes a strong applicant?	--Great Step 1 score, clinical grades, volunteering, student leadership, LOR, research all beneficial --Although the stats associated with a typical derm applicant are intimidating, many programs will consider your application despite some "deficiencies". Strong clinical grades, tangible evidence that you have a true interest in the field of dermatology, favorable recommendations from away rotations, and some research (even if it's not published or in the field of Dermatology) are all helpful ways to hurdle the initial screening barriers.
NRMP data from matched applicants (2018 match)	Match rate: 81.6% Mean Step 1: 249 Mean abstracts, presentations, pubs: 14.7 Mean volunteer experiences: 9.1 % in AΩA: 49%
Advice for years MS1-4	MS1: Reach out to Dr. Vary and Colven for networking and research MS2: focus on Step1 MS3: continue research, do well on Step 2, apply EARLY to away rotations MS4: do well on derm rotation and aways
Helpful advisors?	**--Dr. Jay Vary** is the med student advisor. He responds quickly to emails and will tell you the truth regarding your chances of matching. Can help you find research projects --**Dr. Colven**, the program director
Sub-I recommended?	No real "sub-Is" in derm but you should complete the 4-week derm rotation at UW
Away rotations?	--**Yes, at least one.** Many do 2. Do them in June-September. Get LORs! --Away rotations are critical. A way to connect with programs to secure interviews and letters of rec..
How important are board scores?	--Average score in 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?	**--3-4 LOR** from academic dermatologists (home and away). A few programs use a standardized letter they want you to have at least one of. If you get a letter from an away try to get from chair or PD --If you have a strong Medicine letter (especially one that may be able to speak to who you are as a person), may be another option
How many programs did you apply to/interview at?	--Applied to 80, received 5 interviews (2018 match) --Applied to 70. Interviewed at 6. (2018 match)
When are interviews? When did you take time off?	--**December-January**. Some into early Feb. --Prelim interviews start as early as October. I took off mid-Nov to mid-Jan.

Emergency Medicine (n=4) ***updated 2020***	
What makes a strong applicant?	Good clinical grades (especially EM and away rotation grades); good letters of recs from both home and away rotations; decent step scores; being a fun, good, and decent human being; being passionate about medicine; and having interests outside of medicine.
NRMP data from matched applicants (2018 match)	Match rate: 91.4% Mean Step 1: 233 Mean abstracts, presentations, pubs: 3.7 Mean volunteer experiences: 7.3 % in AΩA: 12%
Advice for years MS1-4	MS1/2**:** Join EMIG leadership. Sign up for shadowing shifts. Consider research MS3/4: focus on core clerkships. Contact Alexis Rush in January to be assigned faculty advisor. Apply for sub-i early (Jan-Feb-submit when VSAS opens). Join EMRA before EM clerkship. Listen to EM-Rap C3 episodes. EMS grand rounds at HMC
Helpful advisors?	All the UW EM advisors are great (specifically named: Jamie Shandro, Dr. Jauregui); contact the EM department (Alexis Rush) and they'll connect you with one.
Sub-I recommended?	Doing the home EM rotation as early in the summer as possible serves as the sub-I; then do one or more away rotations.
Away rotations?	**At least one required**. Start the VSAS process in Jan/Feb of 3rd year and try to get to a competitive program for your away.
How important are board scores?	Average weight. Clinical grades certainly matter more and SLOEs will make or break you. Having great scores will always help you, but you can absolutely match with average scores. Certain programs and nice geographic areas are more competitive, and good scores may help you get a foot in the door in these places.
Letters of recommendation?	**3-4 LOR**: 2x SLOE (Standardized Letter of Evaluation, from your home and away EM rotations); 1xEM faculty; 1x outside EM faculty (IM or Surgery preferred)
How many programs did you apply to/interview at?	-Applied 20, attended 10 interviews. Applied to 25 got 10 interviews -Applied 30, 25 offers, attended 10. Applied 50, 27 offers, 13 interviews The field has gotten increasingly more competitive each year.
When are interviews? When did you take time off?	**October-January.** Majority Nov-Dec. Took off November and December.

Family Medicine (n=1) ***updated 2020***	
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 AΩA, but AΩA doesn't hurt. --Passionate about service/community medicine/advocacy as exemplified through participation in extracurriculars, good LORs, good performance in clerkships
NRMP data from matched applicants (2018 match)	Match rate: 95.3% Mean Step 1: 220 Mean abstracts, presentations, pubs: 3 Mean volunteer experiences: 7.7 % in AΩA: 7%
Advice for years MS1-4	MS1/2**:** FM experiences-join interest groups, conferences, demonstrate public service. MS3/4: do well on FM rotation
Helpful advisors?	All FM advisors great. Specifically mentioned: Jeanne Cawse-Lucas, Tomoko Sairenji
Sub-I recommended?	Yes, but not required
Away rotations?	Absolutely not required and most people don't. But you can do one if you're really interested in that particular program.
How important are board scores?	--Moderately; a low or borderline score can many times be remedied by strengths in other places. But good board scores are definitely noticed
Letters of recommendation?	**3 LOR**, it's nice to request 4 just in case one falls through. One should be from a family medicine provider, the others can be anything. Mine were two FM (one of which was a program director), one IM, and one OBGYN.
How many programs did you apply to/interview at?	--Applied to 13, offered 12, interviewed at 9.
When are interviews? When did you take time off?	**End October-Beginning of January.** --I took off Nov-Dec

General Surgery (n=3) *updated 2020*	
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
NRMP data from matched applicants (2018 match)	Match rate: 84% Mean Step 1: 236 Mean abstracts, presentations, pubs: 6.2 Mean volunteer experiences: 7 % in AΩA: 19%
Advice for years MS1-4	MS1/2**:** research, leadership, study step 1. Explore all the surgery specialties. Get OR time. Identify mentors early MS3/4: do well on clerkships (honors in surgery and medicine) and focus on getting good letters
Helpful advisors?	Dr. Roger Tatum (VA), **Dr. Calhoun** (UWMC)
Sub-I recommended?	Should do gen surg sub-i
Away rotations?	No required. Not unless you really want to take a closer look at a program, or if it is a more competitive “reach” program and you want a better chance of getting an interview. Most people do not
How important are board scores?	Only to get you within the range of applicants who are extended invitations to interview. >230 is preferred, few select programs have minimum cut-offs >240+
Letters of recommendation?	**4 LOR**: 3 preferably from surgical mentors (big name >> knows you well) + Departmental letter (through Dept of Surgery). Can be research mentor Departmental Letter (written by Dr. Tatum or Dr. Calhoun, signed by Chairman of the Dept).
How many programs did you apply to/interview at?	Applied 40, interviewed at 14; Applied 58, interviewed at 11 Applied 46, interviewed at 18
When are interviews? When did you take time off?	Start as early as late October and go until late January. Took December-January off

Internal Medicine (n=6) ***updated 2020***	
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 letters while coming from the University of Washington will make you competitive at most places. High board scores will help keep you in contention at the "elite" academic institutions. --Internal medicine can be extremely competitive at the top 5-10 institutions, however there is likely a great place for training for applicants of any strength
NRMP data from matched applicants (2018 match)	Match rate: 97.9% Mean Step 1: 233 Mean abstracts, presentations, pubs: 5.1 Mean volunteer experiences: 6.8 % in AΩA: 17%
Advice for years MS1-4	MS1/2**:** join interest group based on your passion, leadership, volunteer MS3/4: do well on clerkship (honors in medicine), reach out to advisor early as there is specific advice regarding scheduling 4th year sub-I's and electives
Helpful advisors?	**Dr. Paauw** (is the best), Kathi Sleavin
Sub-I recommended?	Not required**.** 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). MICU (MEDECK 620) is great if you want to get some experience there prior to intern year.
Away rotations?	**Not necessary** and often discouraged
How important are board scores?	--Moderately. If you want to apply to a really competitive program then having board scores in the 240 range is helpful. Overall, many programs talked about how they pride themselves on being holistic in admissions and try not to reduce you to a single Step 1 score.
Letters of recommendation?	**3 LOR required**. You must have 2 and neither of them needs to be from a famous UW professor. You get a third departmental letter from an assigned IM advisor. There is a 4th optional letter that can be from anyone at all in any specialty who is going to speak highly of you and ideally brings a different perspective than your other 2 writers.
How many programs did you apply to/interview at?	Applied to 33, interviewed at 14; applied 26 interviewed 11 Applied 19, offered 18, interviewed at 9; applied 20 interviewed 11
When are interviews? When did you take time off?	**End of October to early February**. Most in November/December

Medicine-Pediatrics (n=1)	
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?	**Susan Hunt** (she is Med-Peds trained faculty here at UW)
Sub-I recommended?	**Yes - for both medicine and pediatrics**
Away rotations?	Not needed, unless you are extremely interested in one program
How important are board scores?	They are important. The field is more competitive than IM or Peds alone because of fewer spots.
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. Dual applying is advised for almost everyone.
When are interviews? When did you take time off?	**October 20-early January**. I took off Autumn B and C

Neurosurgery (n=1) *updated 2019*	
What makes a strong applicant?	Good step score and clerkship grades, strong letters from your sub-i's, research
NRMP data from matched applicants (2018 match)	Match rate: 86.4% Mean Step 1: 245 Mean abstracts, presentations, pubs: 18.3 Mean volunteer experiences: 7 % in AΩA: 32
Advice for years MS1-4	MS1- connecting with research advisor/project if possible, focusing on studying and getting good grades. Sign up for AANS UW chapter to get mentoring from other students. MS2- continuing research project, study hard for Step 1 MS3- do well on clerkships, get VSAS ready, talk to advisors/other students about picking out sub I's and where to apply and how to plan out 4th year scheduling. MS4- sub I's, ERAS submission, have fun and enjoy your year!
Helpful advisors?	Dr. Ellenbogen will be your faculty advisor, but I highly recommend getting connected with another advisor for research.
Sub-I recommended?	do neurosurgery instead of neurology rotation
Away rotations?	Yes. 2-4
How important are board scores?	Important
Letters of recommendation?	**4 LOR**: all from neurosurgeons
How many programs did you apply to/interview at?	Applied 70, got 30 invites, interview at 15
When are interviews? When did you take time off?	Most in November and December. Some in October, January and February

Obstetrics and Gynecology (n=1) ***updated 2020***	
What makes a strong applicant?	High clerkship grades in OBGYN, Family Medicine, and Surgery; good board scores; research or service work pertaining to women's health or patient advocacy to differentiate yourself.
NRMP data from matched applicants (2018 match)	Match rate: 87.9% Mean Step 1: 230 Mean abstracts, presentations, pubs: 4.9 Mean volunteer experiences: 8.5 AΩA: 16%
Advice for years MS1-4	MS1/2**:** OBGYN interest groups, some research in field, consider community involvement with some women's health MS3/4: Honor in OBGYN rotation. Doing well in medicine and surgery too
Helpful advisors?	--MS3 OBGYN preceptor, Sub-I preceptor, **Dr. Mendiratta**, Dr. Prager --**Alyssa Stephenson-Famy** (UW OBGYN, MFM Division and assistant residency program director) --Dr. Urban for gyn-onc
Sub-I recommended?	--**Yes** - It will give you an opportunity for another strong LOR and ability to act as an intern. It also helped me clarify my career goals and make the final decision on OBGYN. Can do gyn-onc or MFM
Away rotations?	--Not required but many on the interview trail did do one. --If you want an interview at a specific program or high tier programs, this is helpful. --The advice from UW faculty is that it is not necessary unless there is a significant geographical limitation or some significant concerning issue with you application (e.g. failed a clerkship, failed Step 1, etc...).
How important are board scores?	Moderately important. As the specialty becomes more competitive, this matters more. The scores may dictate the number of programs you apply to or whether you look at more community vs. academic programs. Dr. Mendiratta can help you determine the #.
Letters of recommendation?	**3-4 LOR**, with about third to half requiring a Department Chair Letter. Usually programs required two from an OBGYN. Speak to your OBGYN advisor about how to obtain a Department Chair Letter as they have a standardized way of going about it.
How many programs did you apply to/interview at?	Applied 45, did 12 interviews
When are interviews? When did you take time off?	**Late October to early January**. Most in November and December

Ophthalmology (n=1) ***updated 2019***	
What makes a strong applicant?	High board scores, strong clinical grades, research experience, ophthalmology-specific activities
SF match data from matched applicants (2018 match)	Match rate: 86% Mean Step 1: 245
Advice for years MS1-4	MS1/2**:** Step 1, some research MS3/4: Honors, some research
Helpful advisors?	Dr. Courtney Francis; Dr. Parisa Taravati
Sub-I recommended?	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?	**3 LOR**; at least 2 ophtho
How many programs did you apply to/interview at?	Applied 70 programs, 16 invites, 11 interviews
When are interviews? When did you take time off?	**Mid-October to mid-December**; I was off that entire time.

Orthopedic Surgery (n=1) ***updated 2019***	
What makes a strong applicant?	Good step 1 score, honors on majority of clinical rotations, AΩA, 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
NRMP data from matched applicants (2018 match)	Match rate: 82.4% Mean Step 1: 248 Mean abstracts, presentations, pubs: 11.5 Mean volunteer experiences: 3.2 AΩA: 40%
Advice for years MS1-4	MS1/2**:** Do well on Step 1. Get in touch early with faculty advisor MS3/4: Do well on clerkships especially surgery and ortho
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 taitsman@uw.edu to get connected with a departmental ortho faculty advisor
Sub-I recommended?	**Yes.** 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?	**Definitely. Classic thinking is 2-4 away rotations.** Think about the regions of the country you would like to end up in if not Pacific Northwest as well as the type of program (community vs academic; research powerhouse vs not, etc.) you think you would be happiest at.
How important are board scores?	Unfortunately very, and getting more competitive. If you don't do well on step 1, take step 2 early and try to make up for that.
Letters of recommendation?	**3-4 LOR**. Preferred to be letters within ortho for the most part. Need LOR from chair. Occasionally a non ortho letter
How many programs did you apply to/interview at?	79 applications, 16 offers, 14 interviews
When are interviews? When did you take time off?	For the most part, **December and January with a few in November.** I took off all of November-January but think I could have gotten away with only taking off half of November-January.

Otolaryngology (n=1) *updated 2018*	
What makes a strong applicant?	1. Board Scores; 2. Research; 3. Good letters from known faculty; 4. AΩA
Helpful advisors?	1. Neal Futran; 2. Albert Merati; 3. Sanjay Parikh; 4. Scott Manning; 5. Kathleen Sie; 6. Mark Whipple; 7. Greg Davis
Sub-I recommended?	Must rotate at UW in Otolaryngology
Away rotations?	Controversial - Do them if: 1. There is a program you really want to be at. 2. You need to make up for a weak spot on you application. Otherwise, UW is a big enough name that you do not need to go elsewhere.
How important are board scores?	A lot! However, a mediocre score can be overcome with great letters, great research, and a faculty mentor who will pull some strings for you.
Letters of recommendation?	**3 LOR** required. At least 2 from ENT but probably best to have all ENT letters.
How many programs did you apply to/interview at?	Applied to 70 programs. Going to 15 Interviews.
When are interviews? When did you take time off?	**Late November - January.** Mostly December and January. Be aware that most programs interview in the first 2 weeks of December - Don't have a rotation then and be aware that scheduling during that time will become messy!

Plastic Surgery (n=3) ***updated 2019***	
What makes a strong applicant?	Strong research experience and publications/presentations (especially if in plastic surgery), letters of recommendation VERY VERY IMPORTANT (plastic surgery is such a small field that everyone knows everyone...the more connected you are, the better your chances at matching)
NRMP data from matched applicants (2018 match)	Match rate: 85.7% Mean Step 1: 249 Mean abstracts, presentations, pubs: 14.2 Mean volunteer experiences: 7.5 ΑΩΑ: 45%
Advice for years MS1-4	MS1/2**:** Get in touch early with faculty advisor. Shadow (gets you face time with attendings and residents). Research (Dr. Keys hosts an annual research meeting where the attendings talk about what projects they have and which ones need med student support) MS3/4: Do well on clerkships especially plastic surgery sub-i.
Helpful advisors?	Jeff Friedrich (program director), Kari Keys (assistant program director)
Sub-I recommended?	Yes, required. 4 week rotation at all sites: UW, HMC, Children's, VA
Away rotations?	Most do 2-4
How important are board scores?	A LOT--used as filter by many programs, cutoff can be at 240
Letters of recommendation?	**3-4 LOR**. 3 from plastics faculty and 1 from someone who knows you very well (eg, research advisor). Try to get a letter from a senior well known faculty at your home school (the more famous the better). starting this year they started the committee letter written by Dr. Gougoutas, signed by him, Dr. Vedder, and Dr. Friedrich . You can try to get a letter from an away rotation, try to go for the PD or chair
How many programs did you apply to/interview at?	Applied 50, invited to 16, interviewed 13 May need to have a back-up plan in case you do not match into plastics, general surgery is a popular alternative. >13 ranked programs almost guarantees a match, median number with successful match is 8. Talk to your faculty advisors to get advice -- they have really great insight!
When are interviews? When did you take time off?	Late -- usually starts in late November (right around Thanksgiving), with the majority being in **December and January**, and goes until late January (with a few stragglers even into early February). Interview dates are set by programs and posted here: http://acaplasticsurgeons.org/interview-dates/?s=all. Interview offers come late for plastic surgery -- they started at the very end of October and most were in the first 2 weeks of November.

Pediatrics (n=2) ***updated 2020***	
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?	**Dr. Sherilyn Smith** is great for the nitty gritty logistics and details; **Dr. Jordan Symons** 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: https://www.aamc.org/cim/480052/applysmartpeds.html
Letters of recommendation?	**3 LOR** 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?	**October to January** --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?	**Caroline Jackson, cvjack@uw.edu; Kelsie Hedlund, kelsieh7@uw.edu**

Psychiatry (n=1) ***updated 2020***	
What makes a strong applicant?	Genuine interest in the human condition and mental health which can be demonstrated by research and/or volunteer experiences, and rotations
NRMP data from matched applicants (2018 match)	Match rate: 84% Mean Step 1: 226 Mean abstracts, presentations, pubs: 4.8 Mean volunteer experiences: 7 AΩA: 7
Advice for years MS1-4	MS1/2- volunteer in health clinics geared towards serving underserved populations; gaining an understanding of the unique risk factors and health disparities these populations face that predispose them to mental health and behavioral issues. If possible, conduct either bench, clinical, or community research related to mental health as this will really help you stand out from the applicant crowd. MS3- Continue volunteer experiences/research, show enthusiasm and initiative to learn during your psych rotation
Helpful advisors?	**Anna Borisovskaya, MD** - runs an informal mentorship group for those applying into psych. Dr. Buchholz
Sub-I recommended?	**No**
Away rotations?	**Not required.** Unless you are eyeing super competitive program or specific region
How important are board scores?	Somewhat important (though becoming more important each year)
Letters of recommendation?	**3-4 LOR**, at least one Psych. Some programs request 3 LORs, some request 4.
How many programs did you apply to/interview at?	Applied 35 interviewed at 17
When are interviews? When did you take time off?	**Late October - January** - Most were during Nov-Dec, with a few in early Jan.

Radiation Oncology (n=2) ***updated 2018***	
What makes a strong applicant?	**Research** (rad onc or any kind of oncology, publications and presentations preferred), letters, clinical grades, and good board scores
Helpful advisors?	**Ralph Ermoian** (pediatric radiation oncologist, med student advisor)
Sub-I recommended?	Yes, do one rad onc rotation at UWMC as early as possible, before doing away rotations)
Away rotations?	Yes! Most people do two aways, you should do at least one. Do one where you think you might want to match, do one in a top 10 program, try to spread them out geographically if you are interested in interviewing broadly
How important are board scores?	-Some programs have cutoffs, but they aren't as high or as important as they are in derm or ophtho. -Probably need to meet some reasonably high cut-off (ask Ermoian) to get interviews at top programs
Letters of recommendation?	**4 LOR** (what I did: one UW rad onc, one away rad onc, one research mentor, one internal medicine). A lot of people submit 4 rad onc letters.
How many programs did you apply to/interview at?	-Applied to 43, scheduled 10 -Applied to all 80 programs, most recent data says 9-10 interviews gives a good chance of matching.
When are interviews? When did you take time off?	-Interviews are mostly **late Nov-late Jan**. I took off mid-Nov to mid-Jan. -**Late Oct- early Feb.** I took off Nov, Dec, and early Jan.

Radiology-Diagnostic (n=1) ***updated 2019***	
What makes a strong applicant?	Well rounded. Strong clinical grades in medicine and surgery. Good letters of recommendation. Research is not imperative in radiology, but it is a plus in any field. Average to strong board scores. Community service. Excitement about patient care and diagnosis, not puzzle solving.
NRMP data from matched applicants (2018 match)	Match rate: 88.9 Mean Step 1: 240 Mean abstracts, presentations, pubs: 6 Mean volunteer experiences: 6.4 AΩA: 16
Advice for years MS1-4	Join the interest group, look into research mentors, perform well on tests/rotations
Helpful advisors?	**Gautham Reddy, Jonathan Medverd**
Sub-I recommended?	Do four weeks of radiology in Seattle (either the 695 or 694 elective). Medicine or surgery sub I not needed if you got honors in those rotations, but needed if Pass/high pass when applying for intern year In medicine or surgery or a transitional year.
Away rotations?	Only if you have a specific interest in one program or geographical region.
How important are board scores?	Moderately. They can be compensated for by strong application elsewhere, but it doesn't hurt for getting interviews. Diagnostic radiology is becoming more competitive due to the overflow of interventional radiology applicants, so this may change.
Letters of recommendation?	3-4, need a department radiology letter
How many programs did you apply to/interview at?	Applied 40, 38 invites, 16 interviews
When are interviews? When did you take time off?	**Late October to the end of January.** Mainly in november and december

Urology (n=1) *updated 2018*	
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?	**3 LOR**. I recommend, one from a research mentor/PI, one chair letter from home, and one chair letter from your away rotation.
How many programs did you apply to/interview at?	Applied to 42, (most applied to 80+) I got 20 invites, and attended 11 interviews. Most competitive applicants try to schedule 12-15 interviews.
When are interviews? When did you take time off?	**Late October to early December**. I took off 2 1/2 months.

Residency 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.”

→ Couples matching: expect to take off 2-2.5 months for interviews, without anything else scheduled during that time. Prepare to spend more than your peers and go on more interviews
→ Build interviews into 4-5 day vacations if you want (Pro-tips: Skiplagged for finding cheaper flights, get TSA precheck)
→ Create a separate email for your ERAS communications so you will know when an invite comes in. When you are not able to check your email, have a friend/family member/classmate check for you. Responding quickly is imperative as slots can fill in minutes. They are attempting to change this, but change is slow
→ Consider getting a travel credit card to maximize airfare
→ Fly southwest, you can reschedule their flights for free
→ NEVER CHECK YOUR BAG. It is better to pay to carry on than lose your suit the night before your interview

Best parts

→ It’s fun! You can really enjoy the break from clinical duties!
→ Incredibly more enjoyable than med school interviews.
→ Meeting people! You get to meet other applicants (who may become colleagues) as well as leaders in the field that are inspiring
→ Finding the right fit—once you realize that the programs aren’t trying to make you miserable/stressed on interview day but rather just finding the right fit, it’s fun to try programs on and see what might work
→ Seeing different parts of the country
→ Trying new food!
→ Visiting family and friends

Surprising parts

→ The little details on your ERAS application like your hobbies section or a volunteer event you participated in once or twice often dominate the conversation/questions. Get specific about your favorite book, TV show, recipe, etc.
→ 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 and that’s fine!
→ 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… Buying an easy to use suitcase is worth it
→ The cost of Uber/Lyft can really add up, do your research to find the easiest/cheapest means of transportation. Public transportation is pretty incredible in some places and a train may provide an easier/more reliable way to and from the airport than sitting in traffic
→ The importance of location over prestige while ranking. Think about where you might want to live long term

→ Traveling from home bases outside of Seattle are far more expensive (i.e. flying out of rural WWAMI regions)

Worst parts

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

Couples Matching

→ You will need to go on more interviews to have more overlapping permutations. Take more time off (2+ months) and prepare to take more loan money out.
→ There is no drawback to couples matching (other than money). You can list 300 combinations of ranks in literally any order. That means you can rank all the options with both partners in the same city first or you can rank both your dream programs first even if they are on separate coasts. You will have to decide as a couple what you value and rank accordingly. You also can rank no match combinations to protect each partner in the case the other doesn't match.
→ Couples matching is the primary scenario where you can and SHOULD email program directors expressing interest in a program during the interview season. If one partner gets an interview offer, it is appropriate and expected to reach out to either PD, express excitement about the offer, and inquire about the status of the other partner's application. You can also have your home PD call for you.
→ You do not need to officially decide to couples match until lists are due in March. If the season does not go well for one partner, you can match independently without penalty.
→ Reddit (r/medicalschool) is a surprisingly wonderful resource for couples with a bunch of email templates and guides.

How do I prepare for the interview?

→ Stay organized with travel arrangements. Consider making a document accessible on your phone with your flight, car/bus/train, hotel information including confirmation numbers, check-in/out times.
→ Read about the program ahead of time, including the materials the program coordinator sent and the information on their website. The residency program or department's Twitter accounts often have the most updated accomplishments and they showcase the values of the program.

→ 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 (then practice aloud)

What should I wear to an interview?

→ You will need a suit. Black, charcoal, navy are standard and recommended for more conservative fields. In more liberal fields, you can get away with pretty much any color suit if you wear it confidently.
→ This is not the time to be remembered for making a fashion statement. Most people wear a neutral-colored shirt (white or light blue).
→ Men: Button-down shirt and tie, comfortable but polished shoes in black or dark brown.
→ Women: Pant or skirt suit (be thoughtful about skirt length!), flats, loafers, or a conservative heel (<2 in)—plan on LOTS of walking.

What do I wear to a pre-interview dinner?

→ Clinic clothes. You'll get a feel after 2-3 of them for how/where you can dress down
→ Rely on the email communication from the coordinator on specifics, if not assume business casual will be safest. Do not wear a suit to the dinner unless they explicitly tell you to do so
→ Often west coast you can wear jeans

What should I bring on interview day?

→ Be minimalistic if possible.
    - It's neither comfortable nor professional to be lugging around a giant tote/messenger bag all day.
    - Bringing luggage is acceptable, just contact the coordinator about specifics, most programs will indicate the accommodations for bags and coats in pre-interview communication.
→ Many will bring a leather folio and pen to take notes. Do this only if you feel the need, it's not required. Most programs provide a packet of information where you can jot quick notes.
→ Be ready with questions for the Program Director and residents. You will hear "what questions do you have" many, many times.
→ 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.
→ You do not need to bring a copy of your CV.

What should I know about cancelling interviews?

→ It is extremely common. Almost everyone will cancel at least 1 interview.
→ Why cancel?
    - Finances
    - More appealing offers

- Interview fatigue/limited time/conflicting schedule
- Not a good fit for applicant/partner
- Ask yourself if you truly *need* that interview and whether it is likely to be ranked highly

→ How much notice to give?
- MINIMUM 3 weeks. Sooner if possible so they can move students off of the waitlist.
- DO NOT simply fail to show up. That burns the bridge at that program for future UW applicants.

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 or 15) 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 challenging questions:
- Teach me something
- Tell me about a mistake you've made
- Tell me about a personal problem you're continually working on
- Tell me about a time when <difficult situation> and how you learned from it
- Tell me about X deficit in your application
- The ONLY interview question was "what questions do you have?" (having to prompt the entire conversation for 30 minutes!)
- Tell me about a secret that someone told you, which you were then pressured to tell someone else—what did you do?
- What was the last lie you told?

→ 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

→ If you truly do not have any more questions you should not feel pressured to make up a poor or ill-thought out question. A good reply may be "None that you and the others have not already answered for me."

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? If surgical, does the ACGME recognize the cases you do?

- What community involvement opportunities are there?
- Is research supported? Statistics help? Will your salary advance during research year(s)?

→ 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 - What type of person thrives here, what type does not?
- Tell me about how you value diversity
- How do people get along?
- What do you do for fun?
- Where do the residents live?
- How do the residents typically get to work?
- 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? How do you usually get a hold of them (ie texting or paging)?

→ 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?
- Do residents have formal training in 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?
- Given infinite resources and support, what would be your dream projects for this program?

→ For surgical/procedural specialties
- Volume of procedures? What percentage are done by residents? OR first starts?
- ICU months?
- During robot cases, how much of the case do you spend at the console?
- During lap cases, who is holding the camera?
- What cases/procedures do you feel comfortable with?
- What is the call schedule?

    - Is there food available to residents 24/7?
    - Quality of community-based OR experiences?
    - Does the program quantify and track how much of the resident does/resident autonomy within their cases? If so, how?
    - Strength of the trauma experience?
    - Which services have NPs/PAs?
    - Are there surgical assistants or PAs in the OR?
→ 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?"
    - Is there anything else I should know at the program that I wouldn't learn from your website or from my short visit here?

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, AΩA 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

Extra 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/instagramming/texting while on the tours!
→ 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 for their impression of their home program if you want. Obvious advice: be wise about where/when you ask it—in your shared uber drive is great, at a table of current residents at a different program is not so great.

Specialty Specific Comments

Internal Medicine

→ Interviews are generally laid back, but you do get a variety of questions and while some interviews can be very conversational, others will be a little more structured. It's worthwhile to prepare a little before each interview so that you feel ready. Read your application and have a short response prepared if they ask about x, y, or z, activity and the impact it had on you. Have several specific patient anecdotes/examples of a time you were challenge/failed/empowered/inspired. Tell a story!

→ Most people are very nice during interviews, so much more so than med school interviews! If you relax a little bit, you'll see that these interviews can actually be fun. Take advantage of the interview day activities and food. And really do think about if you can see yourself living and working in that location.

Emergency Medicine

→ Most programs are relatively equivalent in training, so if that is a concern you can interview at programs with other attributes you value highly, i.e. location, 3 vs 4 year.

→ Interviews are very laid back overall. You occasionally get an intense interviewer, but most just want to get to know you. A lot of the interviews end up being conversational. They already know that you are qualified for their program from an academic/clinical perspective, and now they are just trying to see if you would be a good fit or not. Just be yourself and you will have a good idea if you could see yourself there next year or not.

Ophthalmology

→ Try to bring up who you know in their related subfield. If you worked with a retina attending and you're interviewing with a retina attending, name drop.

Dermatology

→ Prepare to answer the following questions at basically every interview—tell me about yourself (keep it brief with where you're from, a little bit about your family, and maybe include why you like dermatology/how you got into it), why dermatology (this should be easy to answer), where do you see yourself in 5 years (I found that most programs were very receptive to me saying I wanted to be a dermatologist in my home state eventually, though maybe some still expect everyone to want to be an academic dermatologist. I think honesty is the best policy here and if you are passionate about your future plans, it shows and I think it can only reflect well on you), tell me about an interesting patient.

→ Prepare for behavioral questions. Some programs had a list of standardized questions with behavioral questions that they asked every applicant. Some programs had very conversational interviews without any behavioral questions, but it’s always best to be prepared.

→ You will likely be interviewing with most faculty if not every faculty member since dermatology departments are generally fairly small. Depending on the program, this can make for some long

interview days with different formats (e.g. one-on-one, two-on-one, panel interviews). Go into every room with a deep breath and big smile and put your best foot forward.