



# GUIDE TO US RESIDENCY

RESOURCE HANDBOOK FOR GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

**2nd Edition, 2019**

Resource Handbook for Graduate Medical Education in the United States  
[www.cyponline.net](http://www.cyponline.net) – [www.appna.org](http://www.appna.org)

## **ACKNOWLEDGEMENT FROM THE EDITOR**

It has been an honor and pleasure working on this project with such engaged and dynamic co-editors. The team has added countless hours from their busy schedules to contribute to the current updated edition of this guide. We would like to acknowledge the efforts of Editor in Chief and Co-Editors of the 1<sup>st</sup> edition of this book. Dr. Manzoor Tariq and his team including Drs. Tariq Alam, Asra Hashmi, Afnan Tariq and Shamail Tariq started this wonderful initiative and helped countless US graduate medical education aspirants. Their efforts provided a framework which has helped us ameliorate this improved and updated edition. We remain committed to working to the best of our abilities and serving the needs of the younger generations.

We would like to dedicate this endeavor to our families, especially our parents who have been our pillars of support. We would also like to acknowledge the assistance provided by the current President of APPNA, Dr. Naseem Shekhani, current Chair of Committee of Young Physicians, Dr. Muhammad Taimoor Khan and all the members of Committee of Young Physicians in this undertaking. None of this could have been possible without the support and encouragement of the above.

Sincerely,  
Gulrayz Ahmed, MD

### **An Initiative by Committee of Young Physicians Association of Physicians of Pakistani-Descent of North America**

#### **DISCLAIMER**

APPNA or its subsidiary bodies and committees in no way endorse or support any residency program mentioned in this handbook. APPNA also does not endorse or support any organization or study aid material for USMLE examinations. APPNA has no role in aiding individuals to acquire, solicit or recommend postgraduate medical training in the United States. This handbook is solely compiled for the benefit of aspiring medical students and graduates wishing to pursue higher medical education in the United States. This handbook sheds light on various phases of the US residency cycle to help increase your chances of matching into a US residency program while acknowledging the fact that outcomes may differ depending upon an individual's credentials and circumstances.

## **EDITORIAL TEAM**

### **Editor-in-Chief**

Muhammad Taimoor Khan, MD

### **Editor**

Gulrayz Ahmed, MD

Assistant Professor of Medicine, Medical College of Wisconsin, WI

Onaizah Baqir Habib, MD

Physician Internal medicine and Infectious diseases, Parkview Medical Center, CO

### **Co-Editors (Alphabetically)**

Ali Rafiq, MD

Resident Physician, Internal Medicine, Abington Hospital-Jefferson Health, PA

Ammar Humayun, MD

Resident Physician, General Surgery, Crozer Chester Medical Center, PA

Ayesha Sundus Siddique, MD

Resident Physician, Pathology, University of Connecticut, CT

Hajira Zafar Malik, MD

Resident Physician, Internal Medicine, University of South Alabama, AL

Hamadullah, Shaikh, MD

Resident Physician, Internal Medicine, Saint Francis Medical Center, NJ

Hira Nasir, MBBS,

Dow Medical College, Karachi, Pakistan

Maryam Zulfiqar, MD

Resident Physician, Neurology, University of Mississippi, MS

Natasha Khan, MD

Resident Physician, Pediatrics, East Tennessee State University, TN

Salman Tarique, MD

Resident Physician, Neurology, University of Mississippi, MS

Sameer Hanfi, MD

Resident Physician, Diagnostic Radiology, University of Massachusetts, MA

Sitwat Farhan Malik, MD

Resident Physician, Psychiatry, Gateway Behavioral Health, Savannah, GA

Taha Shaikh, MD

Resident Physician Internal Medicine, University of Toledo, OH

Usman Beg

Medical Student, College of Osteopathic Medicine  
Midwestern University, AZ

## Message from APPNA President

Dear friends,

I would like to start by thanking Taimoor Khan, Gulrayz Ahmed and their team for their great efforts with the Young Physicians Committee and residency guide. Many hours of hard work and research were necessary to publish this guide for medical graduates seeking residency in USA.



We hope this guide to residency serves as a comprehensive resource to new and anticipated graduates. Inside, one can find resources spanning from exam preparations, residency applications, residency interview preparation and information on matching in the residency program of your choice.

The Young Physicians Committee organizes multiple programs aimed to help young doctors keep abreast of changes in medical education and medical management. The committee's seminars and hands-on workshops are invaluable tools that I hope all the graduates are taking advantage of.

Lastly to our seasoned APPNA members, the Young Physician Committee is a vibrant committee of APPNA that I encourage our community to whole-heartedly support. Thank you for all the hard work. Job well done.

Sincerely,

Naseem Shekhani, MD

## Message from Chair of APPNA, Committee of Young Physicians

The goal of APPNA YPC (Young Physicians Committee) is to service the needs of young physicians navigating the complicated and often overwhelming process of obtaining US residency and fellowships. Some of the services we provide are:



- Providing a communications platform that allows young physicians to build social and professional networks.
- Providing mentorship to incoming residency applicants and graduating residents in their pursuit of fellowships, jobs and other career related opportunities in medicine.
- Assisting young physicians with visa related issues and delayed security clearances.
- Organizing seminars and panel discussions which provide guidance for residency interviews, research, observerships and clinical clerkships.
- Providing temporary accommodations and interest free loans to deserving young physicians.

I hope this handbook serves as an invaluable tool to help those on this difficult but rewarding path. I would like to thank all YPC members for their generous and selfless services towards YPC. For more details, visit [www.cyponline.net](http://www.cyponline.net).

Yours Sincerely,

Muhammad Taimoor Khan, MD

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**STRATEGIES FOR APPROACHING THE USMLE**

When pursuing the USMLE, one’s goal is to become a medical resident in the US. There exist huge differences between curriculum designs of MD and MBBS which are not limited to medical textbooks. Starting to study for the USMLE early is an essential element but at the end of the day, programs in the US look for well-rounded personalities encompassing multiple other aspects outlined below. One of the major differences between the MD and MBBS curriculum is inoculation of clinical rotations in the first year of the MD program while the MBBS course is restricted to books and laboratory teaching in the first two years. The MBBS program, despite its differences, presents medical students an opportunity to appear for the USMLE when they are best prepared. The following outline presents an ideal approach to preparing for the USMLE, although individual circumstances may differ.

Medical School Program	Strategy
1 <sup>st</sup> and 2nd year	Study and boost your resume with extracurricular activities. 2 <sup>nd</sup> year is the time that one should also start looking into research experiences.
3rd year	Take USMLE Step 1, try getting your first publication
4th year	Between 4th and 5th year, obtain clinical electives rotation in U.S plus USMLE Step 2 CS
5th year (first half)	USMLE Step 2 CK
5th year (second half)	Work on your residency application – NO TIME TO LOSE!

**1st & 2nd Year - Study while boosting your resume with extracurricular activities**

First thing to do upon entering medical school is to envision yourself as the doctor you will be ten years from now. Best way to do so is to make a resume. This will help you realize what aspects in your resume need attention, helping you compute how much further work needs to be done. First and second years of medical school are the best time to showcase your diversity. Bear in mind, your competition is with American medical graduates who have finished a bachelor’s degree prior to medical school, enabling them to accomplish various extracurricular activities. In short, being just a bookworm may be adversarial to your application, as during residency interviews the focus is on you as an individual and not just your medical education which is the bare minimum all applicants will possess. Use this time to build your resume by volunteering for organizations or extracurricular activities, especially those that parallel academia such as health camps, ACLS/BLS workshops, and research workshops. There are multiple medical and charitable associations that provide platforms for medical students including Pakistan Medical Association, Patients Welfare Association, SOCH, HOPE and IFMSA. You can also join/make ethical committees, sports club, journal club, art club, or anything that will help you stand out during medical school. Attending health camps, participating in awareness campaigns, arranging seminars, writing for newspapers, helping with any charitable work will enhance not only your experience but also your resume. Contrary to popular belief, you do not need documentation for your extracurricular activities. Therefore, don’t hold yourself back; participate with the intention of gaining experience. That is what grooms and prepares you for discussions during residency interviews.

**STEP 1**

The second most important aspect of this journey is to understand the USMLE itself. At the end of the day it is still an exam; there will always be questions you can never get right, and some that you will perceive as being too easy.

Before we delve into details, understanding your test taking skills and how well you handle stress is the most important favor you can do for yourself. Know that if you are not a 260+ student, the world will not end. Set a target score you believe you can achieve, then challenge yourself to do better than that, but only as much as your sanity can handle.

Incorporate resources that you will use for the USMLE from the start. Kaplan, Board review Series, Pathoma, and Goljan are the mainstream resources, while First aid for Step 1 and UWorld are absolutely essential. The following two approaches to the USMLE may fit your circumstances depending on when you plan to start the process:

### 1- During medical school (3 year plan- Early start):

If you are resolute about wanting to pursue residency in the US, this is your best strategy. Your goal is to study a little but daily. First Aid is an important and relevant book that should be read regularly, corresponding to the topic discussed during your academic school year. This will help identify topics that are important allowing you to retain pertinent details. Kaplan videos are also of great help when it comes to understanding the concepts behind exam questions, especially for subjects like biochemistry. Your study routine should then include Kaplan/Pathoma textbooks with their question banks pertaining to the topics. Incorporating these references into your daily study schedule will take about an hour of your day proving to be an important asset of your exam preparation. With this plan, you should finish studying all subjects by the end of second year allowing you to appear for STEP 1 anytime between the middle to end of third year. For this plan, Kaplan books and videos should be reviewed at least once in three months with subsequent purchase of UWorld after second year of medical school. UWorld question bank serves as an excellent learning tool as it is the best resource and the actual exam is very similar. The first round of UWorld should take approximately two months: one block per day with concurrent revision of First Aid. This should be followed by a second revision of the question bank which should take about one month. The questions and topics that you can now identify as your weak points should be repeated with practicing the NBME question bank on the weekends. UWSA 1 should be taken six to eight weeks prior to the actual exam while USWA 2 should be done two weeks before. Delaying or not delaying the exam is debatable. Little advantage is usually seen in delaying the exam because of mental exhaustion. NBME self-assessment are a better predictive tool but only if taken online which costs money. Review your weaknesses based on these assessments and try improving on them. Time management is the biggest problem that most exam takers run into, so make sure you keep an eye on the clock while preparing.

### 2- After Graduation:

After graduation one has an edge over someone studying during medical school as they now have the basic knowledge and require only a refresher course for the purpose of fine-tuning. Generally, six to eight months of dedicated study should suffice. The following serves as an approximate timeline to prepare for the STEP 1 exam after graduation:

- Read and review Kaplan books with videos and First aid: Two months
- UWorld first read with first aid: Two months
- UWorld revision with first aid: One month
- Reviewing NBME, UWSA, and revising UWorld: Approximately 1 month prior to exam

These timelines are not set in stone and depending on circumstances, allow room for error and relaxation. The idea is to design the shortest possible effective time of studying and taking the test when the momentum is at its peak rather than stretching over a long time and performing below your potential.

### Study Tips:

UWorld is a good predictor of your performance on the actual exam as the percentile you achieve after your second review of the curriculum may be +/- 10% of what your actual exam score may be. Keep in mind that this is a generalized

estimation and can differ from one student to the next. Therefore, do not let your UWorld performance dictate the outcome of your exam.

Pathology is the most important subject for the STEP 1 as approximately 60 – 70 % of the questions have some correlation with pathophysiology. The latest resource for Pathology is Pathoma which is a concise review of the subject.

Lastly, it is important to review audio-visual questions and one should spend approximately 4-5 days prior to the exam studying pictures and listening to heart murmurs. A good portion of the exam questions use multimedia so it may be helpful to save all the images you come across and review them as a picture quiz at the end of every week. This way you will be able to have a quick recall when you come across similar material in the exam.

From January 2022 the USMLE program will change score reporting for Step 1 from a three-digit numeric score to reporting only a pass/fail outcome. A numeric score will continue to be reported for Step 2 Clinical Knowledge (CK) and Step 3. Step 2 Clinical Skills (CS) will continue to be reported as Pass/Fail.

### **RESEARCH OPPORTUNITIES**

The second and third years of medical school are conceivably the best time to start looking up and participating in research projects. By now you have the knowledge of basic sciences which is instrumental to any research work you affiliate yourself with. A good idea is to start from a case report or a letter to the editor as this can be accomplished in a relatively shorter period and does not require much expertise. If you are willing to work hard especially as a volunteer, obtaining an honorary research assistant position should not be a difficult process. Research work in the US is also a very good option although with a drawback of a prolonged (at least 9-12 months) commitment requiring staying in the US. This might be difficult if you are still in medical school, but achievable if you have already graduated and have adequate financial means. Some US physicians may even agree to appoint you for a shorter period, so it is worth a shot. If you are searching for research electives in the US it is recommended that you apply to highly-accredited universities like Yale, Harvard, Stanford, Hopkins, Washington University etc. You might have to identify specific faculty members and send out personalized emails to them to secure such a position. This is a tedious task but has paid off in majority cases. The problem with research electives is that most programs do not have a formal research elective curriculum or elective coordinator, which contrasts with clinical elective programs. Contacting your alumni and reaching out through organizations like APPNA has been found to be helpful. It is important to ensure that the journal you submit your manuscripts to is indexed in Medline. Currently JPMA, JCPSP and JAMC (Journal of Ayub Medical College) are the only Pakistani journals that are indexed in Medline (as of 2019).

Pakistan Research Health Council (formerly known as Pakistan Medical Research Council), Advance Educational Institute and Research Center (AEIRC) and Research Council of Pakistan (RCOP) are great resources to utilize when it comes to research. Reaching out to faculty in leading universities in Pakistan like AKU, DUHS, SKMCH can also direct you to potential research opportunities. On a side note, some individuals come to the US for research and end up converting their initial visa into an immigration visa based on their exceptional performance in the research field.

Your research related efforts will help your application tremendously during the residency interview season. It is time well spent, especially if you are aiming for a notable university program. Almost all US medical residency programs now rank research as an integral part of an individual's application therefore requiring appropriate efforts invested early in the timeline.

## **STEP 2 CLINICAL KNOWLEDGE**

The preparation for STEP 2 CK involves reviewing the Kaplan series twice along with Kaplan video lectures (cardiology part is the most helpful) and practicing UWorld's question bank. With the current trend, reviewing biostatistics, gynecology and psychiatry from UWorld of STEP 3 provides adequate preparation material.

Internal medicine is the most important subject as nearly 70% of the exam is structured on this topic. In terms of surgery, the first two chapters from Kaplan lecture notes (i.e. Trauma and GI) will comprise most of your surgery questions on the exam. A tip for the length of questions configured on the exam is to read the first sentence and skip to the last sentence followed by answer choices as this allows you to extract pertinent information and answer the question faster.

## **STEP 2 CLINICAL SKILLS**

This exam is likely the most demanding especially for foreign medical graduates as it not only tests your clinical knowledge but also your interpersonal skills in the clinical setting. It comprises of 12 simulated patient (SP) scenarios, each timed for 25 minutes (15 minutes for the patient encounter i.e. history, physical, counseling, etc. and 10 minutes for typing the patient note). If you are a medical student, it is a good idea to coordinate STEP 2 CS with your clinical elective rotations for both cost and time effectiveness. The USMLE program will be implementing an examination prerequisite from March 2021 that all examinees will be required to pass Step 1 in order to take Step 2 CS. Till then candidates can continue to take examinations in no specific order.

It is generally recommended that you take the exam after you have rotated at a US hospital as this helps polish your interpersonal skills. Approximately one month dedicated to practicing clinical encounters, perfecting timing and performing dedicated clinical exams should prepare you for this exam. Multiple resources are available including First Aid for STEP 2 CS or USMLE World for STEP 2 CS (excessive, but not discouraged). It is important to practice the cases with a friend/ study partner, and if you are already on your elective rotation then you may even practice it on your patients. The two most common reasons behind IMGs failing the exam are poor English proficiency (fluency and appropriateness) and poor time management skills. The actual encounter is marked on a checklist by the patient which comprises of communication skills, pertinent questions in history taking that you asked and your performance of the clinical exam. For example, what matters is not how you percussed the patient but whether you did it at all. There are also points for knocking before entering, washing hands and draping the patient, so on and so forth. The clinical scenario with the SP is usually consisting of a common medical disease and you shouldn't have any trouble with diagnoses. Counseling during the encounter is an important aspect of this exam, so be sure to allot 3-5 minutes for it.

A new feature to the exam is a station to test your radiological skills; a CT scan or a chest X-ray that requires interpretation. You are not expected to provide expertise and a basic understanding will suffice. The patient will ask you questions regarding the radiologic evidence and you are expected to explain the findings to the patient in an empathic manner.

YouTube is a great resource to watch sample patient encounters if you are having a hard time visualizing how to proceed. For this exam, practice makes perfect; the more you practice, the more confidence you will acquire resulting in steady nerves during the actual exam.

Another pertinent issue regarding this exam is its scheduling. Preferred dates in designated US cities may not always be available but monitoring the website for openings may benefit certain individuals. It is important to select a date (even if it is not your preferred date) as there are no rescheduling fees (unless you reschedule very close to your original date). In other words, it is important to plan your exam dates ahead of time so that you enter the match with ECFMG certification

The following outline regarding a clinical scenario with a SP is adapted from the document, 'Road to Residency':

1. Knock
2. Enter and address the patient by Mr. / Mrs./ Miss Surname
3. Introduce yourself as Dr. Surname
4. Walk to the sink, wash your hands and while you are at it, explain that you will be doing a brief history and physical exam and will be discussing your clinical impression with the patient.
5. Walk back to the patient and drape the legs (they are usually uncovered)
6. Sit or stand; whatever you find comfortable. Spend 5 minutes taking the history. Avoid using medical jargon. Ask both open-ended and close-ended questions.
7. While taking the personal history, if the person smokes or drinks, counsel there and then as one tends to forget near the end.
8. Spend 5 minutes on doing a focused and relevant physical exam.
9. Spend 5 minutes summarizing/reconfirming the history that you got, explaining to the patient what you think, he or she has, what investigations you think he/she should get. Remember to ask if he/she has any questions. Also ask the patient if there is anything else that he/she would like you to know. This provides the patient to guide you if you have been misled.
10. Tell the patient when you would like to see him or her next. Say that it was nice meeting them. Walk out.
11. If you are done before time you can start the note.
12. The patient note is typed into the computer. There is an online sample available on the USMLE website where you can gain exposure. It includes patient history, physical examination with possible differentials, and relevant diagnostic studies appropriate for your differentials.

### **ELECTIVES**

#### **What are the goals of an elective rotation?**

An elective rotation in the US provides you with a great opportunity in terms of the following three aspects:

1. Education: There is a considerable amount of knowledge one can gain by working in a comparably advanced health care system. This includes a wide variety of exposure to elements such as bed side manners, the use of latest technology for diagnosis and treatment, and much more.
2. Letters of recommendation (LORs): This document holds a lot of weightage in an individual's residency application. An extraordinary LOR paves the way for adequate interviews and potential placement for residency. A LOR reflecting that you worked at par, if not better, with an American medical student in the US health system ensures the people reviewing your residency application that you are a flexible individual and can work very well in diverse setups.
3. Contacts: It is a great way to establish contacts which can help in securing interviews and potentially a residency spot when applying for the match.

#### **When to start looking for electives?**

This varies depending on your final year schedule. Generally, it is recommended to start looking for electives at the start of your fourth year with an aim to schedule the electives at the start of fifth year. Some medical schools in Pakistan only provide No-Objection Certificates (NOCs) for electives at a certain point in your training, so please be aware of your medical school policies. It is advisable not to delay your elective search beyond mid-fourth year.

### **How important is it to find electives in the field you want to pursue after graduation? What if one is unsure of what specialty they want to pursue after graduation?**

Understandably it is becoming more and more difficult to find electives and applying in only one department further limits one's options. It is, however, recommended that one secures elective in their field of interest as this adds weightage to the LOR as well as the residency application.

If you are unable to find the right electives or are unsure of your field of interest it is not adversarial to secure electives in various specialties of medicine. It is fully justifiable during your interview to explain how working with different specialties allowed you to develop your interest in the specialty you are interviewing for.

### **How to search for electives?**

The elective office at your university will set up your account with a portal called Visiting Student Learning Opportunities (VSLO). Many US medical schools are affiliated with this portal, allowing you to submit your application online. For institutions that are not affiliated with VSLO, you can visit their website, see their schedules and requirements for electives and apply directly through the website. Overall, the goal is to apply as early as possible to secure your desired electives. Another option is to reach out to alumni and Pakistani faculty directly and request for electives. Of note, this should not be done if the program officially discourages students from contacting faculty directly. This can land not only yourself but your institution into trouble with the program as well.

### **Can I do an observership if I absolutely cannot secure an elective?**

Observership in the US can only be done after your graduation as medical students are not allowed to do observerships. Doing so may jeopardize your visa application when you apply for residency later.

### **Do I really need to have taken STEP 1 to find good electives?**

Given how competitive the entire system is becoming, quite a few highly-accredited hospitals such as Cleveland Clinic, Loyola, UPMC will require you to have STEP 1 scores in your elective application. There are, however, a few places that may allow an elective without STEP 1 in return for a hefty fee. These places include Boston University, Florida International University and Harvard Medical School. This being said, securing an elective is no reason to rush STEP 1 in fourth year. It is important to understand that your STEP scores carry the heaviest weightage on your residency application.

### **When to apply for a visa?**

An elective rotation is commonly executed on a B1 visa. A few hospitals such as Baylor require a F1 visa. It is recommended to apply for a visa as soon as you have your confirmation letters from all of your elective rotations. Visa interviews are held in Islamabad and Karachi.

### **What are my options for safe accommodation while in the U.S.?**

1. Airbnb: This is an online reservation system for lodging that many applicants are using to find accommodation in various cities. Before booking a place, message the host to ask about the distance from the hospital, safety of the neighborhood, possible discounts or any other questions pertaining to the place.

2. Rotatingroom.com is another website where medical students put advertisements for subletting their places for a nominal rent.

3. Alumni: You can reach out to the alumni in the area via different social media platforms to ask them for accommodation options in the area.

### **What to keep in mind while writing emails to the faculty/program for electives?**

Please be professional in all your means of communication. If you are writing to a faculty member, it is always a good idea to look them up and read a little about their areas of research as this provides a framework to build the context of your letter.

### **Is it okay to back out from an elective?**

Please refrain from doing so as it appears unprofessional. However, in case it is unavoidable, it is pertinent that you inform the program or the faculty at the earliest, apologize earnestly for the inconvenience and thank them for giving you the opportunity.

### **How to give my best during electives?**

- Dress formally.
- Always be the first one to arrive in the team and the last to leave.
- Complete your notes the same day.
- Read up on your patients. You are expected to come up with an assessment and plan of treatment and this can only be achieved if you know your patients well.
- Volunteer to take part in any and all procedures or surgeries. Attend as many conferences, grand rounds, and teaching sessions as you can.
- Even during in-patient rotations, request the faculty to allow you to attend clinics with them.
- Get to know the residents and other medical students on the team. Coordinate with them and be a super helpful team player.
- Once you are more comfortable with the team, try to take an opportunity to present a patient/case. Make a short PowerPoint presentation, including the latest research papers on the topic.
- Meet the Program Director of the department. Towards the end of your first week, you can either email the Program Director or visit their secretary to set up a meeting. Your goal is to place yourself on the radar so that when the times comes, they will remember you and are more likely to extend an interview invite to you. During this meeting, ask them any questions you might have regarding the application process.
- Towards the end of your rotation, ask your preceptor for feedback and request a LOR. Ask them if they would like you to email them your CV at that time or later. If you are comfortable enough, request them to write and save the LOR at that time (if you plan on taking a gap year or two, they might forget you and end up writing a very generic LOR).
- Ask to join a research project. Do this only if you are confident your schedule will allow you to complete the tasks in time. It reflects horribly if you request a research project but fail to meet deadlines.

**How many LORs do I need for the residency application?**

Most programs require three to four letters and some programs require a letter from the Chair of Department at your home institution.

**What is the most important aspect of a good letter?**

What matters more than anything else is the content of the letter while the hospital, physician etc. are all secondary concerns. You must also waive the right to see the letter, thereby adding weightage to your LOR.

**How to stay in touch with faculty after the end of the elective?**

Make sure to write a very nice thank you email at the end of the elective. Express your interest in working at the program in the future. To make sure your preceptor remembers you, stay in touch via email every couple of months by keeping them updated with your STEP scores, graduation, any publications, post docs or wishing them during holiday season.

**EXPENSES RELATED TO THE US RESIDENCY PROCESS**

This is an approximate estimate in reference to the USMLE track.

Step 1: \$940 (+\$160 International Test Delivery Surcharge if appearing outside of the US)

Step 2 CS: \$1580

Step 2 CK: \$940 (+\$180 International Test Delivery Surcharge if appearing outside of the US)

Step 3: \$875

ECFMG Application for Certification: \$135

**Electives:**

Visa fee: \$160

US return ticket: \$1200 (Very variable. Book your tickets early, look for deals, and avoid weekend flights.)

Accommodation for 2 months: up to \$2000

Food and travel: \$1500

Elective fee: \$1500 - \$3000 (Highly variable, depending on the program. For example, Harvard charges \$4900)

**ERAS and NRMP Fee for applying for Residency:**

Number of Programs Per Specialty ERAS Fees;

Up to 10	\$99
11-20	\$14 each
21-30	\$18 each
31 or more	\$26 each

Standard NRMP fee (up to 20 programs): \$85

Additional programs ranked: \$30 per program code

### **Residency Interview Trail Expenses:**

This depends on the number of interviews you secure and whether you can find free accommodation in various cities. Reaching out to your alumni is often very helpful in terms of accommodation. Plan geographically by clustering interviews; for instance, you can schedule interviews from NY, Philadelphia, DC together in one month. Multiple travel websites offer deals that are worth looking out for to utilize during your interview trail (Kayak, Priceline, etc.).

On average, \$5000 for travelling

US return ticket: \$1200

Once you match:

**Expenses for J1 Visa:** EVSP fee \$340, SEVIS fee \$180 and J1 Visa fee \$160.

**Expenses for H1B Visa (STEP 3 is required):** Attorney \$1500 – 2500 (many programs share this cost), USCIS \$460, H1 Visa fee: \$160 payable before you interview + \$38 payable at the time of interview at the embassy (debit and credit cards are accepted), Premium Processing Fee \$1410.

**ERAS TIMELINE\***

Date	Timeline
June 7,	ERAS 2019 Season Begins
June 21,	ERAS Support Services at <a href="#">ECFMG</a> begin generating and distributing tokens to IMGs. Applicants can register on <a href="#">MyERAS</a> and begin working on their application.
September 5,	Applicants start applying to <a href="#">ACGME</a> -accredited residency programs only.
September 15,	<a href="#">ACGME</a> -accredited residency programs start receiving applications.  National Resident Matching Program (®) registration opens for the 2019 main residency match.
October 1,	MSPEs released to residency programs.
December	Military match results are available.
January	Urology Residency Match results are available.
March	National Resident Matching Program ( <a href="#">NRMP</a> ®) main residency match results are available.  Supplemental Offer and Acceptance Program (SOAP®) starts.  For more information, please contact <a href="#">NRMP</a> at 202-400-2233 or <a href="mailto:support@nrmp.org">support@nrmp.org</a> .

\*This timeline is subject to change by ERAS yearly.

## RESIDENCY APPLICATION DETAILS AND PROCESS

### ERAS TOKEN

This serves as application starter and needs to be purchased for \$120. Once you have this 14- digit code, you can register your account at ERAS for the residency match for that year and create your application.

### DOCUMENTS REQUIRED BY ERAS

Utilize the time from July - September to upload all the required documents to ERAS.

1. **LORs:** Applicants cannot upload their LORs directly. Instead, an online request is sent to the faculty whose LOR you want to be uploaded. While generating this request, make sure you **waive the right to see the LOR**. While this request is transmitted to the preceptors via ERAS, make sure you contact the faculty members yourself via personal email. Attach your CV and write a few lines about your experience with them, any special cases you saw with them and a little bit about yourself; basically, details that can help with personalization of your LOR. It is important to keep in mind that this whole process is time consuming therefore it is recommended that applicants allow ample time by contacting the faculty members as soon as possible after registering with ERAS. It is advisable not to repetitively email the attending. Send a polite reminder after two to three weeks if your LOR has still not been uploaded. Make sure all your LORs have been written and uploaded by mid-August as ERAS itself takes a while to upload the letters after the faculty has submitted them. Most programs require maximum three to four LORs, but you can upload as many as you want to ERAS.
2. **PHOTO:** This must be taken in professional attire against a neutral background. This is the picture that will be seen by all the people reviewing your application. It is best to wear your full smile, so you look approachable and friendly at first glance. Maximum file size: 100KB in JPEG format. It takes approximately 24 hours for the photo to be processed and uploaded to ERAS.
3. **MEDICAL SCHOOL TRANSCRIPT:** Your medical school uploads your transcript: PDF format with file size less than 1200KB. It may take a few days to be processed and uploaded.
4. **USMLE Transcript:** This needs to be uploaded via OASIS and may also take a few days to be processed and uploaded. There is a one-time fee of \$80 for USMLE transcript request.
5. **Medical School Performance Evaluation (MSPE):** A replacement of Dean's letter, MSPE is transmitted to programs on October 1, approximately 15 days after the application deadline. This is also usually uploaded by the medical school itself. MSPE allows applicants to include noteworthy characteristics they want the programs to know about them, not otherwise covered in the application. But the experience of MSPE varies across different medical schools. Medical schools with extensive prior history of making these evaluations allow you to even edit and include things that are relevant to your medical school years. Utilize these few lines to make yourself stand out. For instance, instead of mentioning your STEP scores, electives etc., write about your sports achievements, co-curricular or extracurricular activities. Different medical schools take different times to create your MSPE. Please submit the request at the earliest.
6. **CV:** ERAS lets you create your CV online by simply filling in the relevant information in the boxes as they appear. This can be surprisingly time consuming as it is a rather long form that you are required to fill. Important points to remember: Recheck the CV for any grammatical, spelling or punctuation errors. It is helpful to have your seniors, friends or mentors review it as well. Think carefully about what you want to put in the *Hobbies and Interests section* of the CV as interviewers use this to build on conversation during your interaction with them. Once the CV is submitted, the only changes allowed are in the demographic section, so please do not rush to submit it. Take your time reviewing it and making sure you covered all the important things you want the programs to know about you.

## **PROGRAM SEARCH AND APPLICATION SUBMISSION**

You may submit your final application to the programs from the 5<sup>th</sup> to the 15<sup>th</sup> of September. Use the month of August to research programs. Choosing the residency programs to apply to is one of the more difficult and time-consuming tasks, so start early. It will cost to send your application to the programs that you select therefore it is important to make sure you meet each program's eligibility criteria. Few details to keep in mind are:

1. Is the program IMG friendly (to make sure of this, check the current residents on their website, programs may also disclose their AMG/IMG Ratio on Freida)
2. Whether anyone from your medical school has ever matched/interviewed at that program
3. Cutoff for their USMLE step scores
4. Cutoff for the years since graduation from medical school
5. Requirement for US clinical experience
6. Visa sponsorship policy
7. ECFMG certification policy
8. Any additional requirement for e.g., ACLS, ATLS or BLS certification

This is a good website and may be used while searching for programs: <https://freida.ama-assn.org/Freida/>

Another option is to ask your immediate seniors who matched the previous year to share their lists, but it is highly recommended to do your own research as your profile may differ from other applicants. Also, of note, there are new programs that are accredited every year and hence might not be reflected in that list.

Once you short list the programs that meet your requirements it is a good idea to email/ call residency coordinators of the programs to confirm whether you meet their criterion or not and ask for any additional requirements that they may have. Many a times the programs neglect to update their website on their current requirements. You will find that there were at least a dozen programs on your select list whose criterion you now fail to meet. It is pointless to waste your funds on these programs.

Submitting applications to programs may take four to five hours depending on how many programs you wish to apply to. Do not put this off for the last day as the process may become extremely slow around September 15<sup>th</sup> due to increased online traffic on the ERAS website. Once you have submitted the documents to different programs, make the online payment. After this, you patiently wait for the programs to send out interview invites.

## **PERSONAL STATEMENT**

Your personal statement (PS) is simply another opportunity to sell yourself. It should not exceed a page in length. Most programs like personal statements that are about 500-750 words.

The most common mistake applicants make while writing their PS is outlining their academic career, making it a mirror image of their resume. Your PS is an avenue to portray your individuality as a person, interesting details that set you apart from the rest of the applicants. In most cases, the PS is not used as a criterion to short list and most program

directors will likely not read it until the night before the interview. You may, however, be surprised at how many times your interview will revolve around your PS.

Topics that you may mention in the PS include (but are not limited to) the following:

1. Your strengths as a person and what you would bring to the program
2. What got you interested in medicine
3. What you are looking for in the residency program
4. The reason behind your interest in the specialty that you are applying to
5. Future goals, namely your plans for Primary care/Hospitalist/fellowship etc.?
6. Interest in research and teaching

Your PS is also a good medium to explain any negative entity on your resume, including low scores or extended gaps in the resume. It is important to make the content flow with the idea of making it your strength. Start working on your PS as early as you can, so you can have time to improvise and improve. Your final draft will likely be a lot different from the first draft, so allow ample time for this important aspect of your application. Once you are done editing, run it through a plagiarism software. Program directors read hundreds of personal statements and can easily pickup lines that were copied from elsewhere. Prior to submission, have at least three people review your PS to omit any grammatical errors or typos.

The book, 'First Aid for the Match' has good sample personal statements for many specialties. It is recommended for applicants to use it as a reference while writing your personal statement. Copying should be strictly avoided.

### **LETTER OF RECOMMENDATION**

Strong LORs are an essential part of your medical residency application. Most residency programs require three or four recommendation letters as part of a residency application. It is best that you send three letters from your rotations in the US and one from your medical school, but if you do not have three US LORS, attaching two from your medical school mentors/professors you have personally worked with is acceptable. Most US residency programs request that one of the LORs be written by the department chair in that program's specialty at your medical school. It is generally recommended that you send one letter from your medical school even to those programs that do not specifically ask for a letter from your medical school.

Your LORs should give the residency program director a clear picture of your current skills and clinical ability, in addition to your personal characteristics such as professionalism, leadership, and interpersonal skills both in the clinical setting as well as with hospital staff. Submitting LORs that are substantive in content will provide the program director with information pertinent to the recruitment and selection process.

You should select your letter writers carefully and consider asking for LORs from clerkship directors in the specialty to which you are applying. Ideally, you should request a letter at the end of the third week of your four-week elective/observership rotation. You should meet with the letter writers and discuss specific instructions before the letter is composed and submitted. You should inform them about your educational goals and to which specialty or specialties you plan to apply. It is also a good idea to provide the letter writers with a copy of your resume as well as personal statement for reference purposes.

All your LORs ‘must’ be waived. Moreover, you should request your letter writer to mention the fact that your letter was waived, in the content of the letter.

It is your responsibility to follow up with letter writers to ensure that LORs are ready in time to be uploaded to the ERAS portal. Uploading to ERAS can take up to 7-10 days and the time frame increases as you get closer to the application submission deadline. Ideally, you should inform your letter writers about your intention of participating in the upcoming match in June. This way, as soon as you obtain your ERAS token/AAMC ID in July, your letter writers can write the LORs and upload them.

If a letter writer has recommended you for a position in a specific specialty, it is not advisable to use that LOR to apply for positions in other specialties. If your goal is to secure a training position in any specialty, you should inform your letter writer of this or you can request a general letter applicable to all specialties.

### **PRE-INTERVIEWS PERIOD – BOOSTING THE CALLS**

First and foremost, make sure your application is complete and perfect from every angle including your personal statement, LORs, photograph, etc. Your application should be submitted on September 15th. Currently, ERAS allows you to submit your application earlier, starting on the 5<sup>th</sup> of September and it is highly recommended to apply early as there are reported glitches in the system during the last days due to increased load on the website.

It is recommended to start calling the residency programs to inquire about the status of your application two weeks after submission.

A sample phone conversation is as follows:

“Hi, I’m Dr. XYZ from ABC Medical College. I submitted my application to your program and am calling to inquire about the status of my application.”

The response that you will likely get is: “We are still in the process of going through the applications.”

You may reply, highlighting your accomplishments briefly: “I understand you must be very busy. I just wanted to express my interest in your program. I am an honor student from my school, my scores are XXX and YYY. I also have clinical experience and recommendation letters from ABC and XYZ. I have heard great things about your program – many of my seniors highly recommended your program to me. I will highly appreciate it if you can pull out my application and put an annotation on it that I called and that I am extremely interested in your program.”

It is advisable to call each program at least once every other week. Leaving messages on the answering-machine does not help that much but there’s no harm in trying! Of note, there are very few programs that have zero policy for phone calls therefore it is highly recommended to not call such programs.

Persistent enthusiasm works like a charm so if you sit passively, you are likely to miss out on opportunities. Email or call the program at every opportunity, for example when a USMLE score report is available or if your research is selected for publication, etc. If you receive a rejection email from a program, it is advisable to stop calling the program.

## **THE INTERVIEW TRAIL**

Interviews with each residency program may include a pre-interview dinner. The main interview is the next morning, followed by lunch and a tour of the hospital.

## **ATTIRE**

For the pre-interview dinner, men should wear formal pants with a button-down shirt or a sweater (no need to wear a tie or jacket). Women should wear formal pants with a sweater or a formal shirt. In terms of jewelry, stud earrings are fine as the idea is to look professional and not overdo it.

On the day of the interview, both men and women should wear a suit. Solid colors like blue, black and grey are okay but black is the preferred color. For men, accessorizing the suit with a nice tie, a watch, nicely polished shoes and a folder should complete the look. For women, a suit with a button down or silk shirt, hair nicely pulled back, and minimal jewelry (no bracelets or necklace, and make up should be very light). Comfortable shoes are a plus as hospital tours, at times, can be very long. Heels are best but flats can also be worn. Always carry a folder and a pen.

Tip: Men shouldn't have any trouble finding a good suit in Pakistan. However, for women, even though you can get a tailor-made suit for yourself in Pakistan, formal suits from Macys or Express (in the US) fit better.

## **PRE-INTERVIEW DINNER**

There may be an informal dinner with the current residents at a local restaurant a day before the interview. It is ok to be casual but within the boundaries of professionalism. Be inquisitive about the residency program and the area where the program is located. This allows you to get an idea about the right questions to ask attendings, the next day. It is advisable to interact with the residents to allow them to see your sociable personality. A good way of striking up conversations is by asking questions such as: 'How do you like living in San Antonio?' 'Do you guys' hangout often after work?'

Be on time and try to enjoy the free food!

## **INTERVIEW**

Just so you have a clear idea of the time that the commute will take, use google maps to ascertain the location and travelling time. You should also visit the program's website and know what kind of a hospital the program is affiliated with, what the strengths of the program are, what residents do after graduation, where they match for fellowship, what other hospitals the residents rotate at, the inpatient/outpatient system they follow (X+Y/4+1, Conventional/PM clinics) and what the specialties of the chief of medicine, program director and the associate program directors are. You want to be knowledgeable about the program. Remember, the program will be knowing quite a lot about you from your application and one way you can keep pace is by knowing a bit about them. Information that is publicly available should not be inquired about, such as the programs' board passing rates.

On the day of your interview it is best that you reach the hospital approximately ten minutes before your scheduled time. It is recommended to bring a folder, pen and spare paper pad but this is not necessary. The residency coordinator will meet with you at the start of the day and brief you regarding your schedule for the day which also includes people you will be interviewing with. You will be interviewing with two to four attendings which can also include chief residents as well

as current residents. At most programs, the day starts with ‘Morning Rounds for residents’ followed by presentations by the Program director and Chairperson of Medicine. Every program is different. Some programs directly start the day off with presentations and take you to noon conference whereas some might have no formal participation in educational activity. Morning activities outlined above are followed by a hospital tour and lunch.

Keep the following points in mind during the interview:

1. When you meet with the program director or attendings, address them with their surnames (Good morning, Dr. XYZ).
2. Your hand shake says a lot about your personality, so make sure your hand shake is firm.
3. Always keep eye contact.
4. First listen to the question, give a pause, think and then answer.
5. Don’t cross your legs; don’t lean too far back in the chair. Sit comfortably, crossed ankles, back erect and hands on the lap.
6. Always keep at least two or three questions handy that you will ask at the end of the interview as it shows your level of interest in the program.
7. At the end of the interview, acknowledge warmly that it was a pleasure visiting the program – Remember, good manners go a long way!

You will most likely be a little anxious during your first interview, thus it is a good idea to schedule the least important interview at the start of your trail.

### **FREQUENTLY ASKED QUESTIONS AT THE INTERVIEWS**

These are the questions that you may run into repeatedly:

- Tell me about yourself?

This is a difficult question, so always have a little speech prepared for this question but make sure you do not deliver it like you crammed/parrot learned it. Practice with someone or in a mirror to maintain a natural delivery.

- What got you interested in internal medicine (or surgery)?

- Why do you like cardiothoracic surgery (or any subspecialty that you mentioned in your application or personal statement)?

- They may ask you questions about your research projects.

- They may ask you how your experience was during your elective rotations.

- Do you plan to go back or stay here after completing your residency?

- What are your long-term goals?

- Why do you want to do your residency in the US?

Tip - Speak the truth!

- What have you done since graduation?

Do not say that you were studying for your steps. This is not a good enough answer! If you wrote your exams after graduating from medical school then make sure you fill in the gap (from graduation to matching into residency) with research work, volunteer work or anything substantial. You can keep it as light as you want so the preparation of USMLE exams isn't compromised. This allows you to justify your time spent studying for the USMLE with another ongoing project, concurrently.

- Why did you apply to our program?

They are not looking for a generalized, repetitive answer. Instead, highlight the strengths of the program, reiterate the positives you may have heard from your seniors who may have trained at the same program.

- They may comment on or discuss any hobbies or interests that you mentioned in your personal statement or application.

- What sets you apart from other candidates? (Tip - Be humble when answering such questions.)

- Surgery programs may give you some simple clinical scenarios (for example, how will you manage a patient with chest pain?) Most of the internal medicine or pediatric programs usually do not ask clinical questions.

- Describe an interesting case?

- What are your strengths and weaknesses?

- Do you have any questions for us?

Never say that all your questions have already been answered. Always ask questions.

Be confident (or at least pretend to be) and speak the truth. Foremost, be yourself!

### **AFTER THE INTERVIEW**

After the interview, it is best if you send a 'Thank you' email to the program director, all the attendings who you interviewed with and the residency coordinator within 48-72 hours of your interview. This shows your level of interest in the program.

It is also a good idea to send a New Year's/Season's Greetings card (e-cards are also fine) to the program director as well as the residency coordinator followed by another thank you letter right before the rank order list submission deadline. In the final thank you letter you should place emphasis for the last time on your immense interest in matching at the program.

### **SAMPLE THANK YOU EMAIL**

This is a sample 'Thank you letter' to be used as a reference only. It is also a good idea to include in your letter if there was something about the program that particularly caught your eye. You can make the email more personal by quoting something that you discussed during the interview. If there was something that you wished you had mentioned during the interview, here's your final chance to say it. Keep your thank you emails short and simple. Take this opportunity to reiterate your interest in the program, your enthusiasm for the position and to sell yourself as the ideal candidate. Spell check and proof read your email before sending it. There is no harm in asking a friend to proof read it for you.

Dear Dr. XYZ,

It was a pleasure to speak with you about ABC residency position at the KLM program. I greatly enjoyed meeting with the residents. Thank you very much for the hospitality – the wonderful lunch and the hospital tour.

During my visit, I was especially impressed with \_\_\_\_ skills of the residents. It was also great to see the emphasis that your residency program placed on getting involved in research. I neglected to mention during my interview that I had worked for two summers as a research assistant at XYZ University. That experience greatly helped me in developing my research skills.

I would be delighted to have the opportunity to train at the KLM program. KLM hospital is a level 1 trauma center and has tremendous research opportunities for a resident. I strongly believe that your program is a very good match for my skills and goals of becoming a trauma surgeon. I will bring my assertiveness and enthusiasm to your prestigious program.

I look forward to hearing from you.

Sincerely,  
Your Name  
AAMC ID  
Contact

### **RANK ORDER LIST**

Starting mid-January, you are likely to be finishing up your interviews and can start working on your Rank Order List (ROL). At this time, it is important to weigh all the pros and cons for each of the programs you interviewed at to help with how you will rank the programs. The NRMP has an application called PRISM (available for all mobile platforms), which can also be beneficial in helping you decide which programs better suit you. This application allows you to rate multiple factors associated with each program and come up with an average rating based on your experience. When making the ROL, keep the following things in mind:

1. Your ROL should reflect your prioritization of the programs and should not be based on what you believe your chances are on matching at a program. The NRMP's matching system works in the favor of the candidates more so than the programs. For better understanding of the match process, please watch a short video "How Match Works" on the NRMP website.
2. For an applicant, matching in a residency program is the ultimate goal. It is, therefore, important to rank all programs unless you have more than 20 interviews and there are a few programs that you absolutely did not like. In this case, you can consider not ranking them as to avoid extra fee associated with an additional ROL.
3. Discuss your rank order list with seniors/mentors.
4. Stay away from last-minute changes – changes made in the end are impulsive and they are the ones that are often regretted later. There have been incidents when the internet system encountered glitches and people missed on the opportunity to certify their ROL before the deadline. Submit early!
5. Make sure you certify the ROL each time you make a change. You may make changes and recertify the list until the submission deadline. If your ROL is uncertified, it will not be used in the match.

6. If you pre-match, do not forget to withdraw from the main match (NRMP) before the rank order list deadline. If you have submitted a rank list and you do not withdraw, you are legally obligated to accept the appointment made to you by the main match, even if you have accepted a prior pre-match.

### **THE MATCH**

This is your big day! At the beginning of the Match week (Monday) you will find out whether you have matched or not. For those that have matched, they will find out their respective programs at the end of the Match week (Friday). Send thank you notes to all your letter writers and mentors to inform them where you matched as a professional courtesy.

### **SUPPLEMENTAL OFFER AND ACCEPTANCE PROGRAM (SOAP, formerly known as Scramble)**

#### **What is SOAP?**

SOAP allows applicants who did not obtain a residency in the Main Match to apply for available positions that were not filled in the Match. Think of it as a period when both the programs and the applicants are ‘scrambling’ to find the best fit for each other.

#### **When is SOAP?**

While the exact dates for SOAP vary from year to year, SOAP itself takes place during Match Week. It begins on Monday morning after the results of the Main Match come out and concludes on Thursday afternoon. For example, in 2019, SOAP took place from March 11<sup>th</sup> to March 14<sup>th</sup>.

#### **Why does SOAP exist?**

The computer algorithm which matches applicants to programs cannot create matches where none exist! For example, if a program only ranked 10 people for 5 positions, and all 10 of those applicants matched elsewhere, that program is bound to go unfilled. SOAP exists to alleviate this problem by allowing programs to ‘manually’ select and extend offers to interested candidates.

#### **Who can participate in SOAP?**

Most people who participate in SOAP can be categorized as:

1. Applicants who applied for the Main Match but did not receive any interviews
2. Applicants who applied for the Main Match and received interviews but failed to match
3. Applicants who did not apply for the Main Match and want to directly participate in SOAP

Regardless of your circumstances, the NRMP will let you know on Friday before the Match Week whether you are *eligible* to participate or not. The precise eligibility criteria can be found on [www.nrmp.org](http://www.nrmp.org)

#### **Do I need to create a new application for SOAP?**

No. Just like the Main Match, you apply to programs participating in SOAP using your ERAS portal. Your ERAS application, CV, LORs, and personal statements should all be there. You can also make changes to the non-certifiable portion of your application (e.g., upload a new personal statement) before submitting it to SOAP-participating programs.

## **How exactly does SOAP work?**

At 11 AM on Monday of Match Week, NRMP releases a list of unfilled programs to unmatched applicants. It is your job to scour through this list and find programs which are of interest to you. You can only apply to a total of 45 programs during SOAP, therefore it is important to choose carefully. This includes both new programs and re-application to previously applied programs.

Once you have decided on your programs of preference, log-in to your ERAS portal and submit your application. Please do not attempt to contact the programs in any other way (email, phone) as it will violate NRMP rules and possibly ban you from participating.

After your application is submitted, pray! It is now up to the programs to review your application and contact you if they are interested. It is a good idea to make sure your email has pop-up notifications and your phone is not on silent. Due to time constraints, physical travel is not possible and hence, most SOAP interviews are conducted over the phone or skype. This process goes on for Monday and Tuesday.

On Wednesday afternoon (12pm), first round of SOAP begins. If you were interviewed by a program and the program decided to extend you an offer, you will see it in your R3 NRMP system. You have exactly 2 hours to accept (or decline) this offer. If you accept, you are signing a binding contract with the program and have essentially matched. Congratulations! If you did not receive an invitation, wait until 2pm for round one to finish.

If you have not run out of your forty-five program limit, you can apply to more programs during 2pm-3pm after consulting the updated list of unfilled programs. Round two begins at 3pm and finishes at 5pm. Again, if you have not run out of your forty-five program limit, apply to more programs. Round three begins on 9am Thursday morning and finishes at 11am. This concludes SOAP.

## **Is SOAP just a myth for IMGs or do I have a chance?**

Although the chances of matching in SOAP are less than the Main Match, there is no harm in trying. In fact, there are IMG applicants who match into residency programs using SOAP every year. It is also important to note that the application to 45 programs during SOAP is completely free and will not incur additional financial burden. All you need to do is apply, hope, and pray.

## **How can I increase my chances of matching in SOAP?**

Regardless of whether you had interviews or not, or how well your interviews went, you should still mentally be prepared to participate in SOAP if it comes down to it. With that said, here are a few practical tips to improve your chances of matching during SOAP:

1. Make your search of relevant unfilled programs faster by searching geographically (i.e., IMG friendly states first)
2. Inform your family, friends, and teachers that you are participating in SOAP and help get the word out

## **FindAResident: (<https://services.aamc.org/findaresident/>):**

This is another website that is used by applicants during scramble. It takes around \$30 to register at their website if you have an active ERAS application, otherwise the fee is \$75. You can import all your application material from ERAS and make an updated application on it. We have not heard many success stories through this website, but this is a very useful tool for finding PGY-2 positions especially for people who matched prelim first year.

Post-match does work! It is rare but it has worked for some applicants in the past. You should enter the match with the confidence and enthusiasm that it will work for you too. You **MUST** remain positive and you must give your full effort. No time to lose!

### WHAT IF I DON'T MATCH?

First and foremost: it will not help you to stress. In fact, relax, take a deep breath and stay calm. As IMGs, matching in the first attempt is extremely challenging considering the number of applicants applying every year. We all work tirelessly to go through medical school, take USMLE exams, come to the US away from our families, gain USCE/research experiences and at the end of this arduous process, remaining unmatched takes its toll. Here are few strategies that we recommend as they have helped applicants going through this phase:

- 1) Do not lose hope:** Always remember that everything happens for a reason. Wherever you are at any given moment in time, it's because you are meant to be there. Always pray and have firm faith because if you lose faith then you lose hope.
- 2) Work hard and smart:** There is no replacement for hard work and hard work in the end always pays off. As the match process becomes tougher with every passing year, it is not inappropriate to begin thinking of Plan B early in the process in case you do not match. The biggest advantage of this thought process is the fact that during the match season a lot of candidates (with multiple interviews) vacate research/observership spots. There is always work that needs to be done and someone must do it. That someone can be you. This way, if you don't match, you already have a research or an observership position that you're embedded in and won't waste time looking for an opportunity that all the unmatched candidates will be fighting for.
- 3) Do your homework and spend time wisely:** Starting June/July, shortlist most of the programs and start emailing program coordinators just to build a rapport with them. Most, if not all coordinators do respond to emails as they have already been through match and have free time at their disposal. You can simply email them saying that you're interested in the program for the upcoming match and would like to know more about it. This will help you during the match season as you can email them using the same thread and they will remember you. This is also the time when you need to work on your resume and make necessary improvements to compensate for any shortcomings in your application.
- 4) Look for loyal programs:** There are many programs that strongly consider you as a potential candidate if you spend time in the program doing observerships or research; this may seem time consuming but at the end of the day it is rewarding. We are familiar with many candidates who have taken this route.
- 5) Improve:** This is not easy. If you have decided on staying and practicing in the US and have been unsuccessful multiple times, then think of switching to a more IMG friendly residency discipline where not a lot of AMGs or IMGs apply. For example, neurology or pathology to name a few. This will mean that you start looking for volunteer opportunities in that particular discipline and basically re-construct your resume. Again, not easy but doable.
- 6) Finances:** This is one of the biggest challenges if you're on a B1/B2 visa. One recommendation is to stay with relatives or friends who have already matched to save on accommodation and food. If you have a green card or an EAD then look for jobs and remember no job is small, even if that means driving Uber, if it helps you sustain yourself. Also, get in touch with your friends in residency programs as they can help you find paid research positions, or work as a medical assistant in a private set up. Another opportunity is via [scribeamerica.com](http://scribeamerica.com) where they can hire you as a medical scribe; this way you stay in the medical field, make contacts, and learn the EMR, which is big plus on your resume.

**7) Networking:** This is instrumental especially if you have low scores. Always build contacts and continue networking. This may not get you a position but through these contacts you may at least get interviews. Remember, it only takes one interview to match.

Believe in yourself, pray, have faith, and be persistent!

*A river cuts through rock, not because of its power but because of its persistence - Jim Watkins*

### **COUPLES MATCH**

The NRMP allows residency applicants to participate in the Match as a couple. This means that two applicants can choose to have their ROLs paired together before they are placed in their respective programs. The primary objective of doing this is to increase the odds of two people ending up as geographically close to each other as possible. While this is common amongst AMGs, we have come across many examples amongst IMGs who participated in this process. One of the reasons for this might be the confusion that surrounds Couples Matching. For this reason, many people do not venture into something that is relatively unknown and sometimes even hard to understand in one go. The purpose of this section is to clear any misconceptions about the Couples Match and explain how it works to the best of our knowledge.

#### **What constitutes a ‘couple’?**

Any two people who wish to pair their ROLs can be called a ‘couple’.

#### **Is there a need for documentary proof of marriage in case a husband and wife appear in the Couples Match?**

No

#### **Does Couples Matching decrease one’s chance of getting matched?**

If done properly, no. In fact, the odds are the same as applying for the match alone.

#### **Does applying for Couples Match mean that either both or none of the partners will match?**

No. Both partners can match, only one can match, or both can go unmatched. It is not an all-or-none algorithm if done properly.

#### **Does Couples Matching decrease one’s chance of getting matched in his/her most desired program?**

Unfortunately, yes. This is one of the disadvantages. Since you are most likely to pair your list based on geography, your most desired programs might get pushed down the list.

#### **Do the two partners need to apply in the same specialty?**

Absolutely not!

#### **When should the decision to apply for the Couples Match be made?**

It can be made any time before the ROL submission deadline. However, we encourage applicants to take this decision early in the interview trail so that they can plan accordingly.

#### **Is there any additional fee that needs to be paid in order to apply for the match as a couple?**

Yes. The additional fee is \$25 per applicant (\$50 in total). This is in addition to the \$85 NRMP registration fee. If one/both applicants rank more than 20 programs, the NRMP charges \$30 for each extra program ranked. Additional fee is also charged for rank order lists with 100 or more ranks. However, this is true even when someone appears in the match alone.

**Is it possible to pull out of the Couples Match after you have paid the additional fee and paired your programs?**

Yes. You can choose to “uncouple” your list till the ROL submission deadline. However, the \$25 fee you had each paid earlier will not be refunded.

**Do we need to tell the programs where we interview that we are Couples Matching?**

You are not bound to tell the programs. If your partner is in the same specialty, telling the program might work in your favor as this might help pull an interview call for your partner as well. While some programs encourage Couples Matching, others don’t. Therefore, it is important to research the programs and understand the preference of each program.

**Does the ERAS application ask us if we are couples matching?**

Yes. However, that space is not an imperative step and can be left blank if you are not sure if you will be couples matching or not.

**If we do choose to tell the programs, when should we do so?**

You can tell them at any time during the interview trail. You can tell them when contacting them initially, during the interview, or during the post-interview communication. Having your partner interview in the same program/hospital can sometimes help you get ranked at that program, since it indicates a higher likelihood of you ranking that program high as well.

Additionally, if an applicant receives an interview call from a program, he/she can ‘pull’ an interview call for his/her partner as well. This is more likely if both applicants have applied in the same specialty and have similar credentials.

**Do the two partners need to rank the same number of programs in order to apply for the Couples Match?**

No. Even if one partner ranks only one program, while the other ranks all the programs that he/she applied to, it wouldn’t make a difference.

**What do the numbers say about Couples Matching?**

Year	Couples	Individuals	Both Matched	One Matched	Neither Matched	Match Rate %
2012	878	1756	804	54	19	94.6
2013	935	1870	868	54	23	95.2
2014	925	1850	843	56	26	94.2
2015	1035	2075	950	62	23	94.8
2016	1046	2092	971	61	14	95.7
2017	1,125	2,250	1,040	66	19	95.4
2018	1,165	2,330	1,082	67	16	95.8

Source: NRMP

As we can extrapolate from the numbers above, the success rate for Couples matching has stayed over 90% since the past 7 years, with the 2018 Match having the highest success rate for this duration.

### **ROAD TO MEDICINE AND MED/PEDS**

The previous sections have thoroughly covered the process of how to take your steps, build on your application and go into the match and it is no different for Internal Medicine (IM) or combined Internal Medicine and Pediatrics (Med/Peds). The process of matching is becoming increasingly difficult every passing year for foreign graduates. Few reasons that are obviously contributing to it include increased number of applicants especially from the Caribbean medical schools and recent administrative changes to visa policies and issuance. On the upside the number of positions has also constantly increased over the years. Historically IM is the field where bulk of IMGs match. Having high scores, a medicine directed CV, strong letter of recommendations from either core internal medicine or sub-specialties, some research experience and strong communication skills are deemed to be the key to a successful match. IM (also pediatric) programs look for candidates who can build rapport with their patients and their families, because core medicine is all about communicating and connecting with patients. Whether it be taking history from patients or leading family meetings for code status discussion, everything comes down to how you communicate. After reviewing your CV programs ascertain that you are an able candidate but your communication skills, attitude and how you carry yourself is assessed on the interview day.

Historically people apply to anywhere from 70 – 250 programs during the match process. Remember, each program you apply to increases your application fee. Start early and do research on the programs beforehand. It is highly advisable to apply broadly especially if your scores are low or if you are an old graduate. Majority programs have a 5-year graduation cut-off. After applying stay active during the match season, stay in contact with seniors and friends and try contacting the programs to make sure your application is reviewed. On average programs receive anywhere from 25-40 applications for each position they offer, and a lot of applications are never opened. Staying in touch with friends can help you understand which programs are sending out interviews and you can prioritize those programs for establishing contact (email or phone) to get your application reviewed. Interviews are usually sent out from mid of October to the end of January. It is a cyclic process where programs send out initial round of invites to their preferred pool and then do further rounds depending upon cancellation of interviews or not finding candidates of their choice. This is a dynamic process, so keep reaching out to programs till you have a formal rejection from them or they clearly say that they are done with the interview process.

Interview days are your make and break. We have seen a lot of candidates with fantastic scores not matching due to their poor interview skills. Each interview invite gets you a shot at a residency position, so take it very seriously. It does not matter whether you interview at a program in the start of the season or end, your chances of matching remain the same. If possible, schedule the best programs for the end so that you have more confidence in carrying yourself. Be courteous, humble and confident. Remember there is a fine line between being confident and over-confident. Practice your answers and see if there is anything you can improve on. See how you deliver them in a mirror and adjust your facial expression. Try to always keep a friendly demeanor. Post interview communication as mentioned in the previous sections of the guide should be initiated and try remaining in touch with the program throughout the season. Be professional at all levels of correspondence and never let your guard down.

Med/Peds is a 4-year program where you spend time working in medicine as well as pediatrics. There are less than 80 programs and many of them have no more than 2 positions. It is very competitive and majority of them are not IMG friendly. This field is interesting as it gives you an opportunity to take Internal Medicine as well as Pediatric boards and you can specialize in Adult or Pediatric sub-specialty which makes this a very attractive option for IMGs who are undecided on what they would prefer to do in the future and hence makes it more difficult for IMGs. Majority applicants

apply to Med/Peds as a back up to medicine, which is not inappropriate. One thing that needs to be considered before applying is that your application has some Pediatric experience in it too and that you also attach at least one letter from previous pediatric experience or a mentor.

Follow the above guide along with the tips and tricks shared in this part and hope for the best. Things are getting difficult but as it is said “when the going gets tough, the tough get going”.

### ROAD TO NEUROLOGY IN US

In recent years, Neurology residency has become a lot more competitive than it was before. Programs are looking for dedicated Neurology applicants and can tell from your resume if you applied as a backup. In this section, we will discuss how to approach the Neurology residency match based on experiences of successful candidates.

Here is a list of things that can help you become a competitive applicant:

**Scores:** USMLE scores are the MOST important factor. It helps you screen through a program’s filter making sure that your application is being reviewed. Neurology programs do look at the resume in its entirety and dedicated candidates with low scores are also considered for interviews.

**Electives (undergrad), externship (graduate):** Almost all Neurology programs are very clinically oriented and want to see you clinically involved. It is best if you start early and find electives in Neurology as an undergrad. If you did not decide until you graduated you can always do externships (hands-on clinical experience), but make sure you have the right visa for that. You cannot do externships on a B1/B2 visa.

While you are doing your externship/elective, make sure to spend the maximum time at the hospital. Arrive early, round on your patients, try to stay until the residents sign out and help the residents with notes if possible. Read up literature on the cases that you are following and try to present it to your team. Do not wait for the attending to tell you to present a case, volunteer yourself. The residents do not have time to review literature, so it will help them and that might help with patient management too. Your aim should not be just to get a good LOR, but to leave a good impression on your team overall.

**Research:** This is another important part of your resume. People have conventionally done research at programs that are IMG friendly and have been able to get into residency after working a year there. But I would like to point out the possibility of working at big programs here. You might not be able to get into residency at the same program but working at those programs will definitely help you get more interviews and eventually get into residency. Sometimes just having the name of a renowned faculty on your resume helps too. Make a commitment of at least 6 months (a year is ideal). Also, make sure that your research is clinical where you can go through patients notes and screen them for trials. Whether you can interact with patients depends on your visa status. You might get unpaid research first but looking for paid positions is not unrealistic. Emailing faculty at programs is the way to go. Divide your attention at emailing the faculty of a certain subspecialty (e.g. stroke, movement disorder, neurophysiology, headache) so that it gives an impression of you being focused. Then switch to another subspecialty in another round. Give at least a week before you send a follow up email. Read up on the people you are emailing and mention how their work interests you and can help you widen your horizons on the subject. You must keep your emails precise and if possible, include your US faculty references if you have any. Applying on career portals at different institutions webpage might also help.

Not everyone has the temperament for research but once you get comfortable with it, you will enjoy your time. You do not have to be a hardcore biostatistician for this but learning the basics would only help you. While you are at it, make

sure you get publications out of that position, interact with the residents and fellows and see if you can help them with their manuscripts. Submit your work to conferences and go to meetings even if you are not presenting. Your work in research and your publications would make for a great conversation during your interview trail too.

Following are a few programs that offer research positions and are open to sponsor visas on a case by case basis;

- UT Houston
- UPenn
- Thomas Jefferson
- Cleveland Clinic
- Case Western
- Baylor
- UPMC
- University of Massachusetts
- Harvard
- UNM

If you are unable to get clinical experience (rotation or research), you have the option of doing bench research which mostly involves working in a lab. You can work with faculty there and possibly do an observership/rotation with the same, if they are clinical or with their fellow physicians. This way you can have a LOR based on your clinical skills too. Try making contacts with people and work on maintaining them.

**Step 3:** USMLE Step 3 is not a requirement for Neurology match. If you do not have it in your resume, it will not hurt your chances for the main match. However, if you do poorly on the exam, it will certainly raise a red flag. Unless you are confident and have passed your previous exams with good scores, it might be better not to take it. It is advisable not to rush this exam at all.

**Work Etiquettes:** Whatever it is that you end up doing, it is important to present the best version of yourself on a personal and professional level. Build a good rapport not only with your attendings and fellow coworkers, but with the non-clinical staff too. As cliché as it might sound, hold the doors/elevators for people, offer your help where needed, be kind and receptive of others' ideas. Work hard and things will eventually fall into place.

Neurology residency match is getting very competitive each year, but it is totally doable if you plan ahead and play smart. Best of luck!

## ROAD TO PATHOLOGY IN US

Every field is getting competitive these days and pathology is no exception. Many applicants approach Pathology residency with the mindset that they want to apply to pathology because they have children, or they are married and do not want to work long hours, or they feel that they do not have good scores and want to keep pathology as a backup. This section will clarify any questions in this regard.

**USMLE scores:** In general scores do not matter much but if you are applying to bigger academic centers, they do have filters for high scores. You can have multiple exam attempts and still get into a good program if you pass all your steps before applying. Step 3 is almost becoming a must for most programs. They prefer someone who has passed step 3 in a second attempt over someone who hasn't taken it at all.

**Work experience:** For some reason IMGs love to keep pathology as backup and pathology programs hate that. Programs would rather go unmatched than take someone who isn't interested in the field. Your work experience and CV will clearly reflect your interest or lack thereof in the field, so avoid wasting your time and money applying to pathology if your work experience is primarily in a different field. It is very difficult to find observerships in pathology but not impossible. It depends on how much effort you put into it. The best approach to this is to decide on a specific area or city and visit programs websites located there. Find details on faculty members affiliated with the department of pathology and send out emails of interest to them with your goals of eventually doing pathology. Keep the emails short and precise. This has worked for multiple applicants in the past. Most big academic centers have observership programs for IMGs. Work experience is very important because pathologists' world is tiny. Everyone knows everyone so once your letters show up they can easily call up a friend to ask how you did.

**Contacts:** Like every field in the world, contacts help a lot. As mentioned above, the world of pathology is very well connected. When you work with someone make sure to put your best foot forward. Don't just kill time to get an average letter of recommendation. This will not only help you to get interviews but also help you during residency as well as later when you apply for fellowships.

**Applying after several years of graduation:** Pathology is a great field for people who are applying years after graduation. However, no program is awaiting your arrival so make sure you show work/research/observership/extra degree for during the time after graduation. There are people from other countries including India and China who apply several years after graduation, but usually do an MPH or PHD before applying.

**Research:** Pathologists love research which gives you an advantage over other candidates who lack this on their CV. However, there are pathology programs in community hospitals (very few though) who do not care about research. Research does not mean case reports. For pathologists, case reports are only worth publishing when they represent the first ever case or at most the second or third. Do not bother writing something that has been published multiple times already. Plus, research jobs are a good way of getting into the system if you aren't getting observerships. They're also good for people who can't work more than a few hours a day.

**What is pathology all about:** Since pathology is a field we hardly ever see or appreciate in medical school, I often get questions about how much lab work or lecturing it includes. It's neither lab work (which is the job of lab techs not MDs) nor is it lecturing in medical school, unless you sign up for an academic position. Pathologists diagnose what is processed in a lab whether it is intraoperative diagnosis in the form of frozen sections or formalin fixed specimens from clinicians. Pathology is broadly divided into anatomical pathology (AP) and clinical pathology (CP). AP is basically surgical pathology (SP) and cytology. SP has subdivisions of each organ system such as GI/GU/DERM and so on. Cytology is the study of fluids and is useful in both oncology as well as non-oncological cases. CP is a broad field which includes transfusion medicine, hematopathology, clinical chemistry, microbiology.

**Work hours:** Many people write to me saying that they can't put in a lot of clinical hours and that's why they want to pursue Pathology. Honestly speaking, as a trainee the work hours are the same as any other field of medicine. There might be smaller community programs that I'm unaware of that have shorter work hours but for the most part all good places with good training have long hours including night pager calls and weekend calls. You can be called in the middle of the night for reviewing a frozen sample.

Not every candidate is perfect, and everyone has some deficiencies, but we hope that this serves as a guide for future applicants as there is not much guidance with regards to pathology.

Good luck!

## **ROAD TO PEDIATRICS**

There are several factors that contribute to your chances of getting into a pediatrics residency. To start off, being a fresh graduate helps a lot. There are some programs that strictly prefer recent graduates which is why ideally, we would recommend taking STEP 1 by final year or soon after. Having said that, we personally know people who were old graduates, yet they ended up matching at top programs across the country.

A glimpse at the 2018 NRMP match charting outcome report shows that the average step 1 and CK scores of non-U.S. IMGs who matched were around 230s-240s. Not everyone gets the ideal scores, but one can always make up the deficit by remaining proactive throughout the entire interview season. It helps a lot if you call and email the programs every few weeks.

As far as USCE is concerned it would be best if you have at least two one-month rotation in peds or its subspecialties. However, you can still apply (and match) if you have one peds rotation, provided you can justify it. For example, if you have one rotation in peds and the rest in adult medicine, this could be explained by stating that given the limited choices you had for rotations as an IMG, you took whatever opportunities that were available (adult medicine) and made the best of your circumstances.

When it comes to research and publications, any kind of experience is valued. Getting a few publications in peds would not only look good on your CV but would also show your commitment and dedication to the field. Plus, it improves your chances of matching into a university program. Publications serve as a strong point to discuss during your interviews especially in academic centers. Furthermore, the importance of volunteer experience cannot be emphasized enough. Actively taking part in organizations like FRIP, SOCH and PWA is not only a great way to highlight your personal attributes like leadership, compassion and ability to work in a team with real-life examples, but also shows your devotion to the field from an early stage. We have noticed that volunteer experience is highly regarded in the US and talked about in detail during interviews.

Talking about contacts, we would urge everyone to reach out to seniors and attendings who could help put out a call on your behalf. Having people who vouch for you certainly helps. Also applying widely is highly recommended just because of the increasing competition.

At the end of the day, I believe the key to success in this entire journey is gratitude. Be humble and grateful for whatever you have achieved thus far, whether it be your step scores, rotating through state-of-the-art centers across US or just travelling the world. Stay positive and let positivity attract you!

## **ROAD TO PSYCHIATRY**

Psychiatry is an amazing and booming field in the US. As mental health awareness increases there remains an acute shortage of skilled professional to suffice the extra demand. Psychiatrists not only practice medicine but also combine it with neurosciences and psychology to treat multifaceted disorders. The growing recognition of the impact of mental illnesses and the great advances in treatment options makes this an exciting time to pursue a carrier in psychiatry.

To maximize your chances of matching with your first-choice residency program in psychiatry, you must become well informed as early as possible. You need to know the criterion residency programs use to select residents. This is because psychiatry is very different from other fields, and most applicants do not seek psychiatry specific experiences during their clinical rotations and externships before applying. One of the commonest mistakes that applicants make is to apply to

Psychiatry as a backup while applying to multiple other fields. Those days are long gone, and it is imperative to cater one's CV specifically towards psychiatry.

You will be selected by a program if you demonstrate a genuine love and passion for psych. Experienced programs can easily discern the difference between someone half-heartedly applying versus a candidate with sincere interest for the practice. Here are few Dos and Don'ts for Psychiatry applications:

### **Do's:**

- Other than ECFMG certification, passing USMLE Step 3 increases your chances of matching, especially if your application has any 'red flags' like long time since year of graduation, failed attempt in any USMLE or low score. Program Directors are concerned about the ability of International Medicine Graduates (IMGs) to pass board examinations. Passing STEP 3 provides them with reassurance that you still have the capability to do well academically and will not face unnecessary hardships with any examinations during residency period.
- Psychiatry externship that include both inpatient and outpatient experience
- Research with publications (it is preferred that the research is in psychiatry, but any research is better than none). First authorship is excellent, but not often possible. Seek to get your name out there in any way you can. Submit abstracts, present posters, go to any psychiatry conferences you can. Often Program Directors will be present at these conferences, and it is easy to build connections once you've met in person.
- Sequence is important; ECFMG Certification, minimum 3-6 months of hands-on US clinical experience (Externship) with 2-3 recent and waived LORs, passed Step 3, research, poster presentations and publications.
- Educate yourself on some of the newer treatment options for various conditions (ECT, TMS, etc.). Learn about the health disparities in various demographic groups receiving appropriate psychiatric treatment. All this knowledge allows you to make excellent impressions on psychiatrists you meet.

### **Don'ts:**

Psychiatry was often treated as a 'backup' specialty, but not anymore. Do not waste your time and money if you do not have enough experience to show your interest in the field. It is better to wait a year, gain more experience and connections before applying with more weightage to your CV.

## **ROAD TO RADIOLOGY IN US**

Diagnostic Radiology residency is considered amongst IMGs as one of the most competitive residency programs to apply to. While part of it is true, part of it has been a myth for ages. As per ERAS stats, IMG's have been applying for Internal Medicine, Family Medicine, Urology and General surgery residencies in the same order for more than 5 years with radiology being well in the bottom tier. With the passing years it is getting more difficult for IMG's to match into any US residency program. It is especially even more nerve racking for graduates hoping to match into advanced specialties, like radiology, with the fear that it is too difficult to be a successful applicant. Contributing to this is the fact that IMGs don't know where to look for guidance since it is so apparently absent in these particular specialties. We hope through this guide, we can clear some misconceptions as well as help you with your application process.

We will start from the basics. The first step towards Radiology is to believe that you can match into this specialty. Do not let others define or tell you what you can or cannot do. You are the only one with the ability to define your strengths and your capabilities. The best thing you can have throughout the whole Match process is hope, so do NOT let anyone take that away from you.

**Scores:** For radiology, STEP 1 scores are the most important. They would consider your CK scores as well, but STEP 1 stands out the most so do not compromise on that. This is unlike medicine in which CK holds equal if not greater weightage. We cannot stress enough on how important the STEP 1 score is. Take your time preparing for it and give the exam only when you think you are ready. While most AMG radiology residents would have 220-230 step scores, for IMGs we need to strive for scores >240.

**Electives:** During your last year of medical school, you should try to get electives in Radiology in the US. It is better to start searching for them 12 months in advance because most of them require an application, at least 6 to 7 months, before your desired date. As it is difficult getting electives for every field of medicine for IMGs, observerships are also important. For medicine and other fields, electives hold a far greater weightage than observerships. This holds true for radiology as well but does not impact radiology that much since most radiology electives also require shadowing. It is better to get a general radiology elective compared to a subspecialty one. Electives are formal programs and you would have to apply through a proper path through the website or a common application portal after contacting the program coordinator. We would also like to mention that you should also be looking to seek at least one elective or observership outside of radiology either in medicine or surgery, as most of the programs have that requirement. More on that later in the article.

**Research:** Importance of research holds the same value as in any other field. It builds your CV, helps you in acquiring contacts and makes you a well-rounded applicant. It also works as an alternative on your CV if you are not able to get good scores on your USMLEs. Committing to research for a year or two, would open a lot of contacts and good LORs which will eventually lead you into a strong residency program. To secure a research is a different process than an elective. For research, mass emailing helps. If you already know someone who can be your mentor, all the better. Pick up a hospital, a subspecialty and email their faculty members. Most of the emails would not be responded to, but eventually you may get a positive response. This requires a lot of patience so, again, start early. Read up about the person and their projects or areas of expertise before emailing them. The email should be to the point, with a small introduction about yourself and your credentials, as no one likes to read long emails. You can attach your CV as a reference. Once you do get into a research position, try to get as much as you can out of that time experience.

**ERAS application:** Coming to the application part, most of the radiology residency programs are advanced programs. Advanced programs are ones that require one intern year prior to its starting. This could be either preliminary medicine year, preliminary surgical year or a transitional year (TY) which is mostly medicine based with a mixture of other rotations as well. That means you will be applying to a radiology residency program and to a preliminary/intern year program in the same match season. For example, if you are applying in the ERAS 2020 season (applying in 2019 for matching in 2020), you will have to apply for a radiology position for 2021 and for the intern year starting 2020. In order to secure a radiology residency, you must match into both programs. This means if you match into a radiology advanced program but not into an intern year, you will lose that radiology slot as well. On the other hand, if you just match into a prelim and not a Radiology program, you can do your intern year but will have to reapply in the next season and repeat the process all over again. There are a few of the Radiology residency programs that are categorical which include the intern year within the same program.

A good-sized Radiology program has 5-8 seats per program so consider this number and apply broadly. There is a higher chance of getting more interviews from the East Coast for IMGs however, there are still those who manage to secure residencies outside of this region, so you never know where you might end up interviewing. There is no safe number on the amount of programs to apply to. Use guidance of alumni or people who matched into radiology. Contacts help a lot! Ask your friends, seniors or family, regardless of their specialty to put in a word for you in whichever program you applied to. As we mentioned previously, you will be applying to radiology and prelim/TY at the same time. This also means writing two personal statements. It is funny yet true that it is relatively easier to get radiology interviews but

harder to get prelim/TY interviews. Like most international medical schools, American medical schools also do not provide great exposure to radiology for students. Therefore, most programs require only one to two radiology LORs. The rest should be from medicine or surgery or any other medical school rotations. In fact, some programs have a requirement of at least uploading one or two non-radiology LORs. This is where your medical school faculty or outside radiology electives or observerships would play a role.

**Interview:** Getting an interview means your application successfully cleared all the filters. It's just the interview standing in the way of your residency. Radiology interviews are very laid back. They mostly want to make sure you are someone of a reasonable character that they can work with for four years. Follow the usual interview ethics and attire and just be yourself. A few commonly asked questions are: 'Tell me about yourself', 'Why Radiology?', 'What do you do in your spare time?', 'Tell me about your strengths and weaknesses' and the rest are mostly from your CV, research and personal statement so read it thoroughly before going. Do not ask a question just for the sake of asking a question. Do not ask questions related to the program that you already asked one interviewer. Safe questions to ask would be: 'How has your experience been working here so far?', 'Tell me one thing that you would want to change about this program?'. Send out thank you emails after the interview later during that day or the next day. Reinforce this by sending out an email before the rank order list if you are ranking the program high. After all the interviews, make a rank order list best suited to you and catch up on necessary relaxation time until the MATCH day which I hope, will be well worth the effort.

Hopefully, this guide should be thorough enough to get you through the whole radiology residency application process. However, you should know that this perspective is not set in stone and everyone's application and experience will be different. You should strive to attain the best combination of every aspect of your CV. Work on the things that you feel you might be lacking in. We cannot stress this enough; bad scores do not mean a bad application. Similarly, a good collection of scores, although very helpful, might still not be enough to get you through. So, make a successful strategy and try to put your best foot forward in the form of your application and, if fate has it, you should be all set.

Best of luck and happy matching!

### **ROAD TO SURGERY IN US**

Ideally you should be planning out your pathway into surgery by the third year of medical school. Start studying for your USMLE exams early on during your basic science years. Ideally you should have given your STEP 1 by the third or fourth year and aim for >240/250.

USMLEs will be one of the most important factors in getting into surgery. It is a highly sensitive screening tool. If your USMLE scores are below 240, do have a backup. We have noticed many AMGs failing to get a categorical surgery position due to low USMLE scores despite having great personalities, being hard workers, being fresh graduates and even having some research. Your scores CANNOT be emphasized enough. These scores, furthermore, will play an important role when you apply to competitive surgical specialties (they WILL look at your USMLE Step 1 score).

The reason we emphasize on giving your STEPS early is that it allows you to do some clinical electives and observerships in surgery. In some cases, it may even sway you away as you will get an idea of the lifestyle of surgery which is very important. Getting US clinical experience is a must when it comes to surgery. There has not been an AMG we have come across who has not done at least 2-3 sub-internships (essentially behaving as an intern). Attending recognition is essential during these clinical electives. Fortunately, the world of surgery is very small in the US (lots of surgeons know other surgeons), so if an attending notices your efforts during a rotation, his/her LOR/call can go a long way.

Research (which is highlighted in more detail elsewhere in this book) is very important. This is probably one of the most under rated and underestimated factors when it comes to getting a residency spot in surgery. Not only does research show your dedication to the field, it also allows you to work with an attending for a prolonged period which in turn allows them to observe your personality, work ethic, etc.

Getting publications makes your CV look more competitive. If you want to go into certain competitive specialties (i.e. Plastics, surg onc, peds surg) you should try to dedicate at least 2 years of research prior to pursuing residency (as you may not get time off to do it later and thus decreasing your chances significantly). According to the NRMP Match Data for IMGs 2018 the average non-US IMG who matched for surgery has a mean number of 15 abstracts/publications/presentations which equates to anywhere from 1 to 3 years of research. Try to get into surgical research at programs that have well-esteemed attendings and have a record of graduating research fellows into categorical surgery residency programs. Apds.org is something you should be checking three times a day. It has all the latest research/residency positions advertised.

Contacts—Something so crucial it can potentially trump all the other factors. Dr. Humayun who has helped us write this article shared his personal experience in the regard. He said, “When I applied for general surgery last year in 2018, I had 11 categorical interviews which statistically is enough to match for a foreign medical graduate applying, but I did not match. One of the reasons was that I kind of expected the merit system to get me in and did not feel that making calls was necessary, which is obviously wrong. When I applied to the current program I am in, I was competing with candidates who were CT surgery trained in other countries, orthopedic surgery trained (already in a categorical IM program), multiple years of research at Mayo/Cleveland Clinic, all US Citizens, CVs and experience much more competitive than mine but I had esteemed surgical oncologists, and the President of American Burn Association to vouch for me which made all the difference.”

Finally, specifically for general surgery, one of the most important things you can do if you do not get a categorical is to scrub into a preliminary surgery year. It is essentially a year-long interview, in which you must work much harder than your categorical counterparts, and ACE the in-service exam (ABSITE) which correlates with the surgery board pass rate. This test is so important to study for that we can almost guarantee that if you score above 80th/90th percentile on your in-service exam and have great USMLE scores you have at least a 90% chance of getting into categorical spot. Best of luck! Surgery is a long journey, but it is worth every single effort you put into it.

### **ROAD TO RESIDENCY, AN AMG/DO’S PERSPECTIVE**

If you have read through the previous text in this book, most of the information included in this section will not be new. The road to residency for American Medical Graduate (AMG) DO/MDs is fairly similar to what has been described for IMGs. However, one advantage that AMGs have over IMGs is that residency programs will give first preference to AMGs. At competitive residencies, this does not always apply, and one can expect the same standard for all applicants.

The single most important thing when applying for competitive residencies or a residency in surgery is board scores. Residency directors and residents who sit in interview committees resonate one thing: without high enough board scores, applicants are not even considered. Many programs will have filters that will cut off applicants below a certain score range regardless of an impressive resume. Depending on the program you are applying to and the specialty you are considering, the first thing to focus on would be to be above the average board score for your preferred residency, and well above the average if you are a DO student applying to a program that has not traditionally accepted DOs.

When taking boards in the case of DO candidates, you may hear from several sources that after the merger you do not have to take the USMLE and program directors will consider your COMLEX score. If you take the USMLE and COMLEX, you increase your chances of being accepted into programs that prefer the USMLE over the COMLEX since that is the exam, they are familiar with and can compare you to other applicants. A surgical residency assistant director in Arizona recently said that they do not understand the COMLEX scoring system and will not consider applicants without the USMLE. It is therefore in your best interest to take both exams to be eligible for a wider range of programs.

Research is heavily weighed second to board scores when considering applicants for a residency. Programs like to see that you are interested in furthering medical knowledge. Some current residents have described weighing research work in measures of papers published. The more the better. It is also important – but not necessary – to have research work in the specialty of your choice. It is better to have some research work than to have none because you couldn't find a research project in your field of interest. Even if you are not able to get any publications, it is better to have the experience so that you can talk about it in your interviews. Similarly, it is better to have recommendations from doctors in your specialty of interest since they can speak better on how well you fit into the field.

One of the ways to find research is to look for projects your professors are working on in your own school. This would allow you to work on your projects during the school year and have a longer work experience. Most schools have some ongoing research projects to which you can contribute. Many students also publish case-reports during their third and fourth years from interesting cases they see during rotations. For this, it is important to stay connected with your attending. Since most of them are busy and don't have time to write, you will most likely have to do most of the writing, but at the end it will count as a publication. If you are unable to do research or are not interested in it, consider applying to community programs instead of academic or research-based programs.

Lastly, connections matter. It is not just what you know, but who you can impress with what you know. At the same time, do not be the gunner that everyone hates. As one of the chief residents described it, be the silent gunner. Be ready to answer every question. Do not be the first person to jump to answer the question, give others a chance, but when asked a question, know the answer. Be very personable. Reread the last sentence. That will set you apart from other people rotating with you. This also means that it is important to rotate at sites that have residency programs. If you impress the right people, you might just get an immediate shot at an interview for that program. Choose your audition rotations wisely and pick spots that will respond to you. The applications are costly, the rotations may be costly, so you do not want to spend your money where you do not stand a chance.

Take it easy. Not everything will be a victory, but there are victories in failures as well.

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2821 N Ballas Rd., C-64, St. Louis, MO 63141

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# RESOURCE HANDBOOK FOR GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

## 2ND EDITION, YEAR 2019



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The Association of Physicians of Pakistani Descent of North America (APPNA) is an American nonprofit organization headquartered in Westmont, Illinois, United States. It is the third largest medical association in the United States after American Medical Association and the American Association of Physicians of Indian Origin with a member strength of almost 3000 Physicians. Its missions include supporting scientific development and education in Medicine, and delivering better health care, regardless of race, creed or gender. It was founded in 1976 under the name "Association of Pakistani Physicians of North America", and was formally incorporated in 1977. APPNA is one of the largest ethnic medical societies in North America, representing more than 17,000 physicians and health care professionals of Pakistani descent in the United States and Canada.

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