



APPNA

Association of Physicians of
Pakistani Descent of North America



APPNA YPC GUIDE TO US RESIDENCY

RESOURCE HANDBOOK FOR GRADUATE MEDICAL EDUCATION
IN THE UNITED STATES

3rd Edition, 2023
By APPNA YPC

www.appna.org

PRESIDENT’S MESSAGE



Dear APPNA Family,

APPNA’s core mission is to promote excellence in healthcare, research, and medical education. Towards this end, the Young Physicians Committee (YPC) has been doing a wonderful job.

The organization is most proud of the work YPC has been doing in mentoring medical students and young graduates. This year, under the dynamic leadership of Dr. Nauman Ashraf, the YPC has taken its efforts to new heights.

The YPC Guide is an excellent project of the YPC. We aspire that this residency guide will serve as an all-encompassing resource for new and prospective medical graduates. The guide contains a plethora of resources ranging from exam preparation, residency applications, residency interview preparation, and information on matching with the residency program of your preference.”

Once again, my most sincere thanks to Dr. Nauman Ashraf and all the members of the YPC for all the hard work they have been doing. Dr. Ashraf has proven himself as a capable leader. The organization expects him and the members of the committee to continue to shine in leadership roles in the future as well.

Arshad Rehan,
President 2023



ACKNOWLEDGEMENT FROM THE EDITOR AND CHAIR OF APPNA YPC 2023

Dear APPNA Members,

The goal of the APPNA YPC is to assist young physicians in navigating the complicated and often overwhelming process of obtaining US residency and fellowship positions. YPC conducts regular monthly online webinars and workshops for the applicants to guide the young physicians in every aspect of their journey to becoming competitive candidates for the training spots in the US.

It has been an honor and pleasure working on this project with a group of dedicated volunteers who have put in countless hours from their busy schedules to contribute to the current updated edition of this guide. I would like to acknowledge the efforts of all previous contributors to the first and second editions of the APPNA YPC Road to Residency Guide. Their contributions have provided a framework that has helped us improve and update this edition. Our contributors have updated several sections of the guide and added two new important sections on Road to Dentistry, and Diversity, Equity and Inclusion.

APPNA YPC members would like to dedicate this endeavor to our families, especially our parents, who have been our support pillars. I would also like to acknowledge the assistance provided by my Co-Chairs, Dr. Sarah Makhdoom and Dr. Tamour Tareen, and all the members of the Committee of Young Physicians in this undertaking. I am indebted to Dr. Gulrayz Ahmed for providing invaluable help in reviewing multiple sections of the guide and serving as a proofreader for this guide.

I appreciate and thank all my selfless committee members, volunteers, and advisors. I am extremely thankful to the APPNA President, Dr. Arshad Rehan, the APPNA Board of Directors, Nicholas Suh, Tipu, and Laiq Siddiqui, for all their support throughout this year!

Sincerely,

Nauman Ashraf, MD

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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.

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1. 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
1st and 2nd year	Study and boost your resume with extracurricular activities. 2nd 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.
5th year (first half)	USMLE Step 2 CK
5th year (second half)	Take OET, apply for ECFMG certification and work on your residency application – NO TIME TO LOSE!

The 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.

The first and second years of medical school are the best times 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.

1.1: Timeline for a US Residency Aspiring Candidate

June:

- Start working on your ECFMG Pathway application, please visit ECFMG website for latest updates on pathways.
- Buy ERAS token.
- Start gathering funds because Match process is expensive and make sure you will be ECFMG certified prior to Match application submission i.e., Step 1, Step 2 CK and OET are completed.
- Start working on your Personal Statement (PS), Curriculum Vitae (CV), and program list.

July:

- While working on the above identify your Letter of Recommendation (LOR) writers and notify them that you will be going for this year's Match and would like the letter by mid-August.
- Would also recommend reaching out to programs to be in their inbox/ getting more info, especially the ones you are interested in.

August:

- Get your PS and CV reviewed by seniors and mentors. Start entering/ transferring this information into ERAS portal.
- You will also have to upload a photo of yourself as part of the application. Professionally done looks better.
- Send the requests to LOR authors to be uploaded by August end or first week of September, as LORs take time to release.
- This is also a good time to network with seniors to get your Association of American Medical Colleges (AAMC) ID.
- Start preparing for Step 3 if not taken and try to get done by December/January.

September:

- Get everything finalized and the fee ready to apply for the Match. Take a few days breather and start preparing for interviews.

October – January:

- Get good internet connection, prepare for virtual interviews.
- Send Letter of Intent (LOI)/ Interest emails, call program coordinators, reach out to seniors/mentors for recommendations.
- Buy NRMP token.

February – March:

- One last LOI for rank order list (ROL), submit ROL and wait for the Match Day. We also recommend watching videos on how Match Algorithm works? Available on NRMP YouTube page.
- Participate in Supplemental Offer and Acceptance Program (SOAP) if you go un-matched.

March:

- Enjoy the joyous time with your family and start preparing for visa.
- If unmatched, reach out to your support system and mentors to strategize for the next match. Start focusing on how to improve your CV and networking. Take a short break, gather yourself and get on with the mission again.

April-June:

- If you still haven't Matched, start paperwork for onboarding and visa, get an appointment for visa and schedule it by mid of May or start of June.

June-July: is when you will start your residency! Good luck!

During all this time, would highly recommend being clinically active - Observerships, Externships, House Job, Research Positions, Medical Scribe - whatever you can afford. It looks good on your CV and gives a lot of talking points during interviews and your dedication to the profession.

1.2: STEP 1- M2/M3 (Experiences shared by Medical Students):

It's been said before, but I think the key to doing well on step 1 is to do well in classes. There simply is not enough time during your dedicated study time, or after graduation to learn things for the first time while also trying to learn all the details that you need. You **absolutely cannot cram First Aid (FA) in 2 months**. Start as early as you can and cover the content along with your classes and profs.

I began my preparation as soon as I had made up my mind that I wanted to pursue the U.S. residency. I started in the mid of my second year of med school. It was the perfect time as I didn't have to attend wards. I also knew and had a solid grasp on Anki before coming into med school which helped me out a lot.

I started by doing **Zanki deck** and adding my own cards from different resources that I will touch upon in the next section. At the end of my preparation, I had almost 30,000 cards which quickly became too overwhelming to review. I started reading FA and Pathoma along with my university lectures to pass profs. I covered all the basic science content once from **First Aid, Pathoma and Sketchy** and then I started my USMLE World (**UW**) **and Boards and Beyond (BnB)** videos in the mid of my third year of med school. It took me around **6 months**

to finish my first pass of UWorld. then I started reviewing my incorrectly marked answers after starting 4th year of med school. I finished my second pass in May 2022 and booked my exam for Sep 2022.

In between May to September, I mostly focused on revising UW charts and doing NBMES and UWorld Self-Assessment (UWSA). I gave them with a break of at least one week in between. I skimmed through First Aid and Pathoma during my last week of dedicated and gave my Free 120 along with an NBME to prepare myself for 8 hours of nonstop reading.

RESOURCES:

Below is the list of all resources recommended for STEP 1 preparation:

USMLE World (Uworld): It is the best resource out there if you want to ace your exam. I wish I had started it early. Try to really understand the explanations they give you, especially for a question you got wrong. I tried to make Anki cards for basically anything I saw in UWorld that I had never seen in Zanki and ended up making 10,000 cards that I never actually got to go through before the exam. However, I think just making the cards helped. If you're not doing a complete Zanki deck, I would recommend making your own UW cards and doing them properly. Be careful because it will be very difficult to revise loads of cards.

Pathoma: even though it's old now, it's still the best summary book for pathology out there. Almost all of the concepts covered will show up again and again, regardless of how much step 1 changes. The first 3 chapters are extremely important.

First Aid (FA): One of the oldest and most trusted resources for STEPS. The summary and equation section at the end is a must to go over before the exam.

Sketchy: basically, everything you need to know for microbiology +- pharmacology. It was one of my favorite resources that paired so well with Zanki. All the microbiology I had was tied in with Sketchy, and this made everything stick so much better. Anytime I was doing any microbiology-related concepts on practice questions and the real thing, I would think about the relevant sketchy picture, and it would almost always lead me to the right answer. If you do microbiology and pharmacology from Sketchy and Zanki, it will help in Step 2, too.

Amboss: The best thing out there for medical students if they want to quickly look up any pathophysiology and management without opening the books. It's a condensed and toned-down version of UpToDate. Use it as a reference whenever you're confused or need more information.

Boards and Beyond (BnB): I watched over 90% of the videos, and they really helped me nail down some tough concepts. The cardio section is gold, as Dr Ryan himself is a cardiologist.

Kaplan/RX Qbank: Overall, the questions could be better, but you'll see stuff here and there that needs to be covered in First Aid. It's honestly good extra practice, but it would be a waste if you are short on time. Since Step 1 is now pass/fail, BnB is a better resource and saves time, too.

Wikipedia: lowkey the most useful resource ever. Any time I saw something I didn't fully understand or needed more clarification on, I would try to find more info on Wikipedia. I replaced it with Amboss later in my dedicated

preparation time. I think it's super important to try to learn and understand concepts rather than memorize random facts. It is not recommended if you have a better source, such as FA or Amboss.

EXAM DAY:

I'm not the type to just take an entire day off before my exam. It would've made me too anxious. So, I reviewed my Anki flashcards, watched a few Pathoma videos on topics I struggled with, and then, in the late afternoon, I called it a day and just relaxed.

On the exam day, I divided my break in to three blocks, break, another 2 blocks, break, last two blocks. I attempted my question by 1) reading the prompt, 2) skimming the answer choices, 3) skimming the question and creating the basic idea of the answer, then 4) reading the question to verify. I am a very fast reader, and my greatest strength is probably reading comprehension, so this plays to my strengths.

Be prepared for a hard exam, unlike any of the NBMEs or UWSAs. I was shocked by the difficulty and the ambiguity of so many of the questions. The questions were very similar in style to **Free 120** but felt far vaguer. On half the questions, I was able to narrow it down to two choices but felt like I was guessing when I selected an answer. I think I marked close to 10 questions every block. I felt good walking out of Prometric Center as I was simply happy to be done with the toughest exam, I have had the pleasure of taking in my entire med school.

FINAL THOUGHTS:

- Be flexible. Have a schedule but use it as a guide. Mine is mapped out hourly, but I certainly did not stick to the timings. Use a goal-based approach (I want to complete A, B, and C today) instead of a time-based approach.
- Have a catch-up day. It's inevitable to fall behind. And that is completely okay.
- Don't isolate yourself. I studied independently in the presence of friends, and that made a huge difference. Intense studying can make you feel alone. As long as it is not distracting, it is good to occasionally be in the presence of others also studying so that you're reminded that you're not alone.
- Balance content review with practice questions. Naturally, we may gravitate towards one over the other but don't neglect either. Use them jointly as needed. And recognize when one is needed more than the other.
- Recognize when you need a mental break and take it. There is no point in shoving information into your brain if you are not retaining it. Just as important as it is to work hard, it is equally important to recognize when you need to step away from that.
- You'll never feel like you know everything you need to know. Even the day before the test. Especially the day before the test. And that's perfectly okay and normal.

1.3 STEP 2 Clinical knowledge - MS4 -MS5 (Experiences shared by Medical Students):

My study plan was based on a lot of advice that I drew from my seniors, social media, and medical blogs on the internet. **I feel this advice will be most helpful for incoming/current MS3-MS4 with ample pre-dedicated time, as I attribute most of my success to what I did during that time.**

I began the whole process in mid of my 4th year of med school immediately after taking step 1, and I attribute most of my success to this. The bigger the gap, the more difficult it gets. I booked my eligibility period even

before I bought UWorld. This could have easily backfired if I hadn't been serious about my goal of taking the exam before graduation. I began my preparation by binge-watching all BnB videos. It was Netflix and Hell. I couldn't retain much, but I think it was something that helped me get a broad picture of what was being tested on the exam.

I started putting aside an hour or two each day while taking down important notes and copying the common algorithms on Google Docs. Personally, the videos were all quite interesting, and I think they did a good job bridging the gap between foundation and clinical medicine. However, I would not recommend going through the videos if you are tight on time, as the contents taught are very rudimentary and sometimes even outdated. Would only recommend going through the videos if you have plenty of spare time and if you find the videos interesting to watch.

Now comes the important stuff. After completing the BNB videos, I began my first pass of UWorld at the end of my 4th year of med school. I went through one or one and a half blocks per day on mixed and tutored mode as I wanted to try out all the different settings before I could settle down with one. I eventually decided to **stick with the tutor and untimed mode, covering the organ systems** and reviewed all the questions and answer choices. Random mode felt way too cluttered, and I couldn't form a mind map or link the stuff together. For me, the review itself is more important than the block. It is important to go through the explanations of every single answer choice because they are all relevant to step 2.

In addition, I would add all the high-yield questions or content that I had not seen on my Google doc. Finished first pass with **70% correct** at around June/2022. Since I had plenty of time to spare until my exam, which at that time was scheduled for Nov/2022, I went through all my incorrect questions with an average score of upper **80s**. This was reassuring to me as it meant I was able to retain most of the information through my study.

My dedicated study period was around **8 weeks (Oct/Nov 2022)**. During my dedicated period, I kept doing UWorld, and I focused mostly on the algorithms and the charts offered in UWorld. I started my NBMEs and UWSA, and I gave them a gap of at least one week each. **I gave my free 120 with NBME 12** 3 days before my exam to get used to the pace and length of the exam, and in hindsight, it was extremely helpful.

RESOURCES:

Below is the list of all the resources that I used and glanced over, beginning from the ones I found the most helpful to the least.

UWorld: Used during my rotations throughout my final year of med school. Enough has been said about this one. This will be the backbone of your preparation. Make sure you review answer explanations well, especially for the first pass. If you have time, try looking at all the incorrect answers and try to learn to ask yourself, "What would have to be different about this question to make that the correct answer?". Try to save the charts and graphs that you see in Uworld and revise them thoroughly at least once before your exam.

NBME: Do not sleep on these. They will help you understand how the NBME thinks and what topics are important to them. The last week before my exam, I quickly clicked through the new NBMEs again to review them. They represent the way test makers think and what concepts they're trying to test. Specifically, the new ones (9, 10, 11, and 12) are most similar to the real deal, with free 120 being the closest.

CMS forms: As I said before, doing Qs is the best way to learn or solidify the concepts that you have already learned. An active way of learning. But they're not really that useful. I found them straightforward, not representative of most step 2 questions, but useful as a review of some types of questions (best next step, best

diagnostic step, 1st line of treatment, etc.). You can skip this if you don't have time. If you have time, I recommend the latest 2 of all subjects.

Amboss: It was very useful for practicing the concepts that I already knew and seeing different clinical vignettes and presentations for multiple diseases, with some new concepts here and there. I always say that doing new questions is much better than reading a book or solving the same Qbank again. You're exposing yourself to new questions with challenging stems and actively trying to learn, similar to spaced repetition, which is the holy grail of active learning. This is much more important than any other passive learning method (reading books, writing notes). I used to do questions all the way during my dedicated prep and didn't really read my notes much.

Anking: Unlike Step 1, I couldn't finish the whole deck as I didn't have much time, but it helped me in learning some concepts. It was great for reviewing and reinforcing concepts via spaced repetition.

Divine intervention podcasts: I really think I owe a huge part of my success to these podcasts. During dedicated prep, I reviewed the whole podcast notebook 3-4 times. He helped me nail down some basic concepts which we tend to overlook which makes the difference between a good and a great score. There is a list of high-yield podcasts that everyone should listen to.

Ethics/QI: These questions are brutal on the real deal, hence a specific section dedicated to them. I did UWorld, Amboss, Divine, and Dirty USMLE to cover them, but I still think it wasn't enough, as I was guessing on half of my ethics and QI questions. Take time to do these well and read through the QI article in Amboss. It was a game-changer.

BnB Videos: As I mentioned earlier, there is not much to say here. It's a good resource to give you a broader perspective, but it barely grazes over the content you need to learn to do well on the real deal.

Step 1 Content: I revised Step 1, First Aid and Pathoma, during my dedicated prep time and would highly recommend doing so if you have time, as Step 2 CK also tends to cover some basic pathophysiology.

Miscellaneous:

1. Heart sounds: some questions will have vignettes that you can use to guess the murmur, but most will not. During the last week of your preparation, listen to murmurs from the YouTube channel "Medzcool." Really helpful.
2. Chest X-rays, CT scans, and images: Use the Amboss library for these topics and google images for common conditions, like intussusception, duodenal atresia, TB, ARDS, etc.
3. ECGs: Most people find them very daunting. Only common ECGs are tested, e.g., myocardial infarctions, bundle branch blocks, and heart blocks. Use the Amboss library for ECG and save all ECGs that UWorld tests for revision.
4. Vaccination and Screening: They are heavily tested on the exam. Again, use the Amboss library and Q bank for these topics. For very high-yield ones, I would recommend going through USPSTF. Do not ignore any question on this topic from UWorld or NBMEs.

EXAM DAY:

Despite all my efforts, as the days led up to my exam, I began to feel like I knew nothing like information was leaving my mind. I tried to calibrate my biological clock so that I wake up every day in the early morning and be active during the morning hours on the days leading up to the exam. The night before the exam, I felt so upset; imposter syndrome kicked in, and I felt like I hadn't really learned anything over the last 4 months. and kept waking up every 10-15 minutes to check the next step in management for some random illness I remembered.

On the test day, I woke up at 6 am and prayed. I had a light breakfast as I didn't want to have a sugar crash in the middle of my exam. I drove to the testing site and felt anxious. It's a long haul, but if you made it through Step 1, you know the drill. The 9 hours went by quickly, but they were brutal as I had a hard time processing information during the last couple of blocks. I pulled myself together and finished the last 2 blocks before taking a sigh of relief. During my breaks, I ate some chocolates, a few snacks and drank coffee. Coming out of the Prometric Center, I literally felt like I had messed up big time, just blown my entire career, but didn't have the guts to share that information with anyone else.

The test was extremely challenging. It consisted of a bunch of questions and answer choices I had never seen before, and I ended up marking around 5-10 questions each block. However, through the process of elimination, I could usually narrow the answer down to 2 choices. The difficulty level was consistent throughout each block, apart from blocks 4 and 5. I did 3 blocks back-to-back and took a small 5-minute break in between each but didn't leave the room as the checking counter was pretty occupied. I went for a big break of 15 minutes after my 3 blocks, during which I had my lunch. After that, I did another 3 blocks back-to-back, taking a small 5-minute break in between. Left my seat again after being done with 6 blocks and then came back to finish the last two.

Overall, I think the test was challenging due to its vagueness; however, with proper knowledge foundation and good flexibility, one could definitely narrow down the answer choices.

FINAL THOUGHTS:

Below are some of my key pieces of advice if you wish to break the 260s barrier.

- Know your screening, vaccinations, and post-exposure prophylaxis. They will test the nitty gritty stuff about whether the patient even needs vaccination. Sometimes, the answer can be no. Do the Amboss vaccination chart. It's better and much more comprehensive.
- Remember, the NBMES are not trying to trick you. It's not UWorld. Suppose it seems like the right answer. It probably is.
- Sometimes, you won't need to know the right answer. You just need to master how to rule out the options. There will be clinical vignettes in which you will be clueless about what they are talking about, but answer choices make it easier to rule out the correct options.
- There will be clinical vignettes that will be 10-15 lines long. Read the last line. Glance at the options. Know what system and pathophysiology you need to target when reading the vignette from the beginning. It will save you the hassle of rereading everything again.
- Instead of prioritizing biostatics, spend more time on ethics and quality safety. My exam had at least 4-5 questions in each block. NBMES likes to go the extra step and make things much more complicated. You will be able to narrow it down to at least two options.
- The exam is extremely lengthy, but test-day anxiety will help you grind through it. Just make sure you time your breaks in a way that you have appropriate breaks.
- Know your risk factors. When going through a block of UWorld, try to learn about the risk factors and the next best step in the management of every disease.

- The next best in management should always start from the basics and least invasive (blood culture, IV fluids, imaging) to most invasive (surgery) except in trauma, perforation, impalement, etc., cases where these steps might take priority. Just try to think how you can save the patient's life in that instance.
- Risk factors can be specific to the patient. For example, if a patient with chronic pancreatitis/insufficiency is consuming alcohol, it doesn't mean it's that specific risk factor in that patient. The patient might have a moderate alcohol intake with a history of cystic fibrosis.
- Bits and pieces of step 1 pathophysiology here and there. Go through it if you have time.
- Understand the difference between what the next best step in diagnosis is vs which step is most likely to make the diagnosis vs. what's the next best step in management.
- Multiple military questions cover different pathophysiology, but you don't have to worry about it. Just focus on the bigger picture. Just because he is from the military doesn't mean it has to be some obscure pathology.
- Learn and relearn UWorld algorithms, but also keep in mind that sometimes NBME doesn't follow them exactly, and it's a bit more nuanced than that.
- Know every disease's epidemiology. It will help you rule out at least some of the options. Such as choanal atresia present in neonates, whereas obstructive sleep apnea presents in infancy.
- Sometimes, only vitals are enough to rule out or rule in a disease process. Keep an eye on them.
- Amboss and Uworld ethics/QI/safety/communication questions felt like good enough preparation for the real exam. Biostats test your conceptual understanding more than it does your memorization of formulas, so make sure you understand key concepts like bias, confounding, effect modification, and the hierarchy of clinical evidence from preclinical models to meta-analyses. You can revise the formulae from FA and watch Randy Neil videos from YouTube if you find Biostats difficult.
- Divine seems to have the best read of the NBME's headspace these days. I listened to a lot of his podcasts, and I think I even got a few questions only from his podcasts and no other resources.
- Don't forget your basic science completely. With Step 1 becoming pass/fail, I think the NBME is making Step 2 more like Step 1. It does not expect as much as Step 1 did in this regard, but it does pop up. Try to remind yourself of pathophysiology and mechanisms while you study rather than just memorizing associations and algorithms.
- Questions are the most important component of your preparation. I would confidently say that your score correlates proportionally with the total number of new questions you do. Use NBMEs, UWSA, AMBOSS, or CMS to go through as many questions as you can.
- Be comfortable with making an educated guess. It's not uncommon to answer a question you have no clue about.
- It's okay not to be confident walking into your test. Step 2 is known for its ambiguity/ vagueness. You're never confident with the material, as in step 1! You will always feel like a toddler, with much uncertainty. It's okay. You'll do fine. Just trust your prep!
- Everyone is different. Everyone has their own way. Different study methods have achieved all kinds of success and all kinds of scores with different people and different backgrounds. Customize your own method that works for you! Don't stress yourself out if you're doing anything differently than anyone who scored high just because he did! You can do it using your own unique way. Just make sure to make yourself comfortable with the way you study. Just find what suits you best and go for it.

1.4 ECFMG Pathways for ECFMG Certification

This section is adopted from the ECFMG Website and is being written for 2024 pathways. Please refer to the ECFMG website for updated pathways for each year.

General Eligibility for All Pathways

Applicants who are eligible to pursue ECFMG Certification based on one of the Pathways include those who:

- Have not already met the clinical and communication skills (CS) requirements for ECFMG Certification.
- Are not barred by ECFMG from pursuing certification.
- Have submitted an Application for ECFMG Certification.
- Have previously been registered for a USMLE Step or Step Component.

This means that if you have never been registered to take a USMLE Step or Step Component, you must apply for and be registered for a USMLE exam before you can submit a Pathways application.

Applicants who failed Step 2 CS one or more times must apply to **Pathway 6** in order to meet the clinical and communication skills requirements for ECFMG Certification, regardless of whether they meet the eligibility requirements for other Pathways.

Assessment of Communication Skills, Including English Language Proficiency

As with the 2023 Pathways, all IMGs who pursue one of the six 2024 Pathways will be required to achieve a satisfactory score on the Occupational English Test (OET) Medicine as part of their Pathways requirements. All Pathways applicants, regardless of citizenship or native language, must satisfy this requirement. Applicants to the 2024 Pathways must have attained a satisfactory score on OET Medicine on or after January 1, 2022.

The Pathways

There are 6 Pathways identified by ECFMG for certification. You need to meet the above general eligibility as well as a satisfactory score on OET prior to being eligible for any of the pathways below.

Pathway 1	Pathway 2	Pathway 3	Pathway 4	Pathway 5	Pathway 6
<ul style="list-style-type: none"> •Already Licensed to Practice Medicine in Another Country 	<ul style="list-style-type: none"> •Already Passed a Standardized Clinical Skills Exam for Medical Licensure 	<ul style="list-style-type: none"> •Medical School Accredited by Agency Recognized by World Federation for Medical Education (WFME) 	<ul style="list-style-type: none"> •Medical School Participates in U.S. Federal Student Loan Program 	<ul style="list-style-type: none"> •Medical School Issues Degree Jointly with a U.S. Medical School Accredited by Liaison Committee on Medical Education (LCME) 	<ul style="list-style-type: none"> •Evaluation of Clinical Patient Encounters by Licensed Physicians

Most applicants from foreign countries use Pathways 1, 2, and 6.

Pathway 1 is for applicants who currently hold or have recently held a license/registration to practice medicine without supervision. For the 2024 Pathways, applicants to Pathway 1 must currently hold or have held a full, unrestricted license to practice medicine issued at any time on or after January 1, 2019. The date of initial licensure/registration may be prior to January 1, 2019, but the license/registration still must have been valid on or after January 1, 2019.

Pathway 2 is for applicants who do not meet the eligibility requirements for Pathway 1, but who attend or have graduated from a medical school that administers an OSCE specifically required for medical licensure by the medical regulatory authority (MRA) in that country. The medical school must meet certain ECFMG requirements, and the applicant must have successfully completed the OSCE. For the 2024 Pathways, applicants to Pathway 2 must have a medical school graduation date on or after January 1, 2022.

Pathway 3 is for applicants who are from a medical school accredited by an agency recognized by World Federation for Medical Education (WFME).

Pathway 4 is for applicants who are from a medical school accredited by an agency that has received a Determination of Comparability from the National Committee on Foreign Medical Education and Accreditation (NCFMEA).

Pathway 5 is for applicants who are from Medical School Issues Degree Jointly with a U.S. Medical School Accredited by Liaison Committee on Medical Education (LCME).

- Pathways 3, 4, and 5 are for applicants who do not meet the eligibility requirements for Pathway 1 and are students or recent graduates of a medical school that meets eligibility requirements established by ECFMG for Pathway 3, 4, or 5. For the 2024 Pathways, applicants to Pathways 3, 4, and 5 must have a medical school graduation date on or after January 1, 2022.
- **Pathway 6** is for applicants who do not meet the eligibility requirements for Pathway 1, 2, 3, 4, or 5. To meet the requirements for Pathway 6, the applicant's clinical skills must be evaluated by licensed physicians using ECFMG's Mini-Clinical Evaluation Exercise (Mini-CEX) for Pathway 6. Applicant's clinical skills must be observed and evaluated by licensed physicians in six real, in-person clinical encounters using the ECFMG Mini-CEX. Each individual physician evaluator may evaluate no more than two of the applicant's six encounters. An electronic ECFMG Mini-CEX for Pathway 6 must be submitted to ECFMG for each clinical encounter by the evaluating physician through ECFMG's Clinical Skills Evaluation and Attestation Portal. For all six clinical encounters, the applicant must obtain an acceptable score in each of the four clinical skills components evaluated using the Mini-CEX for Pathway 6: Medical Interviewing Skills, Physical Examination Skills, Professionalism/Communication Skills, and Clinical Reasoning and Judgment.

The fee to apply to the 2024 Pathways will be \$925. For more details on individual pathways and the ECFMG certification process, please visit www.ecfmg.org and click on pathways

1.5 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 with a case report or a Letter to the Editor (LTE), 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 U.S. is also a very good option. However, with a drawback of a prolonged (at least 9-12 months) commitment requiring staying in the U.S., This might be difficult if you are still in medical school, but achievable if you have already graduated and have adequate financial means. Some U.S. 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 U.S., 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 the majority of 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 alumnus 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), and Educational Institute and Research Center (AEIRC), are great resources to utilize when it comes to research. Reaching out to faculty in leading universities in Pakistan can also direct you to potential research opportunities. On a side note, some individuals come to the U.S. 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 U.S. medical residency programs now rank research as an integral part of an individual's application therefore requiring appropriate efforts invested early in the timeline.

1.6 ELECTIVES

What are the goals of an elective rotation?

An elective rotation in the U.S. 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 healthcare system. This includes a wide variety of exposure to elements such as bedside manners, the use of the latest technology for diagnosis and treatment, and much more.
2. **Letters of recommendation (LORs):** This document holds a lot of weight in an individual's residency application. An extraordinary LOR paves the way for adequate interviews and potential placement for

residency. An LOR reflecting that you worked at par, if not better, with an American medical student in the U.S. 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 (MS4) with an aim to schedule the electives at the start of your fifth year (MS5). 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 the mid-fourth year (MS4).

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 to only one department further limits one's options.

It is, however, recommended that one secures an elective in their field of interest as this adds value to the LOR as well as the residency application.

If you are still looking for the right electives or are unsure of your field of interest it wouldn't harm 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 (VSLO is currently not accepting any new registrations from international schools). Many

U.S. 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 your respective alumnus members in the US and Pakistani faculty directly and request them to grant you 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 U.S. can only be done after your graduation, as medical students are not allowed to do Observerships.

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, and UPMC, will require you to have STEP 1 passing 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.

Securing an elective is no reason to rush STEP 1 in the fourth year. It is important to understand that your STEP failure can lead to a red flag in your application.

When to apply for a visa?

An elective rotation is commonly executed on a B1 visa. A few hospitals, such as Baylor, require an 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, the 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 nominal rent.
3. Alumni: You can reach out to the respective alumnus member 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 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 time 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 an 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 the 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 the holiday season.

1.8 OBSERVERSHIPS:

Observership in the USA for internal medicine residency or other specialties can be a valuable experience for candidates who have graduated and want to gain clinical experience and improve their chances of matching into a residency program in the USA.

How is observer ship different from elective and externship?

Electives may be a hands-on experience while Observerships are not. In Observer ship you are allowed to shadow a physician. You can learn from observing your preceptor and being familiarized with the American healthcare health care system. You will not be allowed to examine a patient or access the electronic medical record system. In electives, **as you have malpractice insurance**, you get hands-on experience.

Similarly, an externship is a hands-on experience and would require you to be on a certain Visa or be non-visa requiring to externship. You are eligible to do an externship only after you have graduated from medical school.

What are the steps to get an Observership?

- Identify potential programs: Do your research and homework to find internal medicine residency programs that offer Observerships. There are private clinics as well where you can get Observership opportunities. APPNA can also help you to connect to physicians who are accepting observers.

- If you are reaching out to the hospital, reach out to the program coordinator and enquire about specific requirements.
- Have the required documents ready, including medical school transcripts and CV. USMLE scores, proof of health insurance, and visa status.
- Apply: some places may have an application fee. Usually, accommodation and cost of living have to be managed by the candidates themselves.

How should I make the most of the experience?

Take the opportunity to learn from the attending physician and residents. Ask questions, observe procedures, and be prepared to participate in patient care as appropriate. Follow hospital guidelines and respect patients’ privacy. Network and seek feedback on your performance. This can help you improve your clinical skills and make connections that may be valuable for your residency applications.

1.8 EXPENSES RELATED TO THE US RESIDENCY PROCESS

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

Step 1: \$1195

Step 2 CK: \$1220

OET: \$455

Step 3: \$915

ECFMG Application for Certification: \$925

Electives:

Visa fee: \$185

US return ticket: \$1500 (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; depends 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	\$19 each
21-30	\$23 each
31 or more	\$27 each

ERAS Token: \$165

Residency Interview Trail Expenses:

This expense depends on the number of interviews you secure and whether you can find free accommodation in various cities. Reaching out to your alums is often very helpful in terms of accommodation. Plan geographically by clustering interviews; for instance, you can schedule interviews from NY, Philadelphia, and 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: \$1500

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.

2. RESIDENCY APPLICATION DETAILS AND PROCESS

2.1 ERAS TOKEN:

The ERAS token serves as an 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. The ECFMG will begin issuing ERAS tokens for the 2024 season on June 28, 2023.

2.2 DOCUMENTS REQUIRED BY ERAS:

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

1. Letters of Recommendation (LORs): Applicants cannot upload their LORs directly. Instead, an online request is sent to the faculty whose LOR you want to be uploaded. Attach your CV and personal Statement, 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 the personalization of your LOR. Please 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.

2. Your picture: 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 professional 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 Transcripts: Your medical school uploads your transcript in PDF format with file size of less than 1200KB. It may take a few days to be processed and uploaded. In certain circumstances, you may need to remind your respective university staff to get the paperwork done in a timely manner.

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 a USMLE transcript request.

5. Medical School Performance Evaluation (MSPE): A replacement of the Dean's letter, MSPE is transmitted to programs 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.

However, the experience of MSPE varies across different medical schools. Medical schools with an extensive prior history of making these evaluations allow you to 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 USMLE scores, electives, etc., write about your sports achievements and co-curricular or extracurricular activities. Different medical schools take different times to create your MSPE. Please submit the request as soon as possible.

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.

2.3 PROGRAM SEARCH AND APPLICATION SUBMISSION:

You may submit your final application to the programs from the 6th of September 2023. Use the month of August to research programs. Choosing the residency programs to apply to is one of the most cumbersome 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. A 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. Cut-offs for their USMLE step scores.
4. Cut-offs for the years since graduation from medical school.
5. Requirement for U.S. Clinical Experience (USCE).
6. Visa sponsorship policy.
7. ECFMG certification policy.
8. Any additional requirement, e.g., ACLS, ATLS, or BLS certification.

Following 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. Still, 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 shortlist 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 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 the 6th of September 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.

2.4 PERSONAL STATEMENT

Your Personal Statement (P.S.) 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 P.S. is outlining their academic career, making it a mirror image of their resume.

Your P.S. is an avenue to portray your individuality as a person, with interesting details that set you apart from the rest of the applicants. In most cases, the P.S. is not used as a criterion to shortlist, 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 P.S.

Topics that you may mention in the P.S. 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 P.S. is also a good medium to explain any negative entity on your resume, including very low USMLE 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 P.S. 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 plagiarism-checking software. Program directors read hundreds of personal statements and can easily pick up lines that were copied from elsewhere. Prior to submission, have at least three people review your P.S. to omit any grammatical errors or typos.

2.5 LETTERS 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 U.S. 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 U.S. 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 LOR should give the residency program director a clear picture of your current skills and clinical ability, in addition to your characteristics such as professionalism, leadership, and interpersonal skills both in the clinical setting as well as with hospital staff. Letters from research mentors or principal investigators can speak to your passion, timeliness, turnaround time, and personality in general. It is perfectly fine to request and upload a letter from a clinician whom you worked under as an intern in your home country. 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 P.S. 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 to participate 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.

2.6 Pre-Interview Period:

Congratulations on making it this far. This is the phase where you will be doing a lot of thinking. So, with that in mind, let's think about what exactly to think about. Remember that programs interview multiple candidates, and it is always a comparative analysis of candidates. If you have been invited for an interview, you have already proved yourself on paper.

Now, the program wants to see if you are a good fit. So, compatibility is what they want to establish with a candidate. You want to put your best foot forward. Interviews are not all just about the profession. It is a conversation where they want to see if you are likable or not. Following are some pearls:

Preparing your CV:

- Understand that whatever you have put in your CV can be a conversation starter in your interviews. So, know your CV inside out and be prepared to answer questions about your experience at XYZ Hospital or any research project you have put in there.
- Have someone review your CV.
- Ensure there are no grammatical mistakes in your resume.

- Hobbies are a crucial part of your CV and a conversation starter. It is not uncommon that you may share hobbies with your interviewer, and that becomes your connection with that person. If you are lucky, they may even remember you based on that conversation. Consider the following scenario:

Interviewer: So, you like to cook? What cuisine?

Interviewee: Oriental is my personal favorite, but I can do Thai and Pakistani-style cooking as well.

Interviewer: Oriental is my favorite, too. What do you like making most?

Interviewee: Manchurian with cauliflower or chicken.

Interviewer: That sounds delicious.

And so, the conversation goes on. It is okay to describe your hobbies in a paragraph instead of bullet points.

Personal Statement (P.S.):

P.S. is a very important piece of paper that can help you stand out. The points you place in your P.S. can be conversation starters. It is always a good idea to re-read your P.S. the night before the interview.

When applying to multiple specialties, it is common sense to write a different P.S. for each specialty. In that situation, re-read your P.S. before the interview.

Recommendation Letters (LOR):


In addition to the above section on the LORs, the two cents on how letters can manifest during your interviews. It is not uncommon for candidates to have 4 plus letters at the time of submission, and you must choose which ones to assign to a particular program. If you are applying to multiple specialties, please ensure that the letter you assign doesn't recommend you for a different specialty. If an interviewer brings this up during the interview, just be calm and politely say you are not sure why this is so.

Next, we will discuss:

- How to prepare for an interview?
- What questions are commonly asked in residency interviews
- Understanding logistics and preparing accordingly?

-How to Prepare for an interview:

Before I present a list of commonly asked questions, I want to touch up on 'how to prepare' yourself for answering questions in an interview:

 Rule number one: Know the Language. Yes! There is a difference in 'medical jargon' and day to day spoken English. The day you decide you want to pursue a career in another country, start working on your spoken language skills for that particular country. There are two parts to a conversation: **Conveyance** and **Convergence**. Conveyance is what you are saying, and convergence implies that the other person understands what you intend to say. Browse documentaries wherein renowned leaders have been interviewed and learn from them. Utilize resources like English movies and novels. There are very many English accents in the U.S., and it is okay to have an accent. However, since our purpose is to outshine everyone else in an interview, we must put in an effort to improve our spoken English. Grammatical mistakes are unpleasant. Please know where to use 'Do,' 'Did,' 'Does,' 'Don't,' etc.

- Practice answering questions in front of a mirror.
- Practice with a trusted individual (does not have to be a physician).

- Practice having a slight smile on your face.
- Practice sitting upright as you answer.
- Practice speaking while wearing your interview dress so you are comfortable in it.

-Commonly asked interview questions: (Please watch the YouTube video on this topic as well on the APPNA channel).

Tell me about yourself:

- Your salesman pitch should be ready for this one, at the very least. Avoid starting with your place of birth (and how you believe it is an under-resourced place since it's cliché).
- Why this specialty?
- Why did you choose us?
- How was your experience at XYZ Hospital? (This may come up if your CV shows you were recently or are currently working at XYZ place. Be prepared to answer).
- Give an example where you were in a pickle with a co-worker and how you resolved it? (I have worded this very plainly. However, this question can be asked in many ways. The basic idea is the same. They want to hear you talk about conflict management and resolution.)
- Where do you see yourself 5 years from now?
- Your scores are excellent! (A comment to which your reaction matters). Politely say thank you.
- Your scores aren't that high (A comment to which your reaction matters). Remember, you are your best advocate. Politely say something along the lines of, 'Unfortunately, that is the case, but that alone does not define me. I am passionate about this field, and I know I can prove myself given the chance to.'
- If your interview is a result of a recommendation from a current resident in that program, you may be asked how you know that person.
- What is your weakness? (**Never say I do not have any weakness**)
- What is your strength?

-Questions you may ask in an interview:

The interview is a two-way communication. However, asking unintelligent questions can hurt your chances of matching at that program. Look at the program's website the night before your interview so you have an idea. Usually, programs provide an interview itinerary a day or two before that shows which faculty members you will be interacting with on the day of the interview. You can find the scope of practice/expertise/interest of each faculty member on the website. If you do not have a question in mind, it is okay to politely say, 'I don't have a question in mind just yet, but I'll definitely ask when I do.'

- What are you looking for in a matchable candidate?
- What will it take to succeed in this program?
- How does a call work? (Save that for chief resident or other residents)
- How does vacation work? (Save that for residents or coordinators).
- Is there meal money? (Save that for residents)
- Is parking free? (Save that for residents)
- Where do residents mostly live around here? (Save that for residents).
- Are there reasonably priced and safe apartments within walking distance? (Save this for the residents).
- Is there a stipend for books? (Usually, the coordinator can best answer this question).
- Can I present at, and attend conferences?
- What do you do for leisure? (Save this for residents)

3. THE INTERVIEW TRAIL

This is an exciting time of your life. While the worries of securing a match are real, enjoying this phase is also important (more so if the interviews go back to the old in-person format). The competition is fierce but be mindful to avoid negative competition. Somebody else's loss is not your win, and vice versa.

Stay Connected:

- Form a WhatsApp group of match applicants. It is always better to be connected to people during the season. The best way to utilize this group is to get help with logistics (for in-person invites) and gain insight regarding an interview day if someone already had it before you at a particular place. People often share where they received invitations from. What you strictly should not do is call or write to that program requesting an invitation because they invited so and so applicants. That does not look good at all and will not increase your chances of matching.
- You will always find someone who will not be willing to share where they received invites from. It is okay! Be mindful of their privacy.

Requesting Help from Your Alumni:

- Many seniors from your alumnus may be willing to vouch for applicants in their program. There is an etiquette of requesting a senior for such a favor. Write a proper draft and have it proofread by friends.
- If that person is your classmate or junior to you who was not very close to you previously, please respectfully request help with interview invites.
- In case of an in-person invite, it is common to request alumnus for logistics. If you do happen to stay at a colleague's place, please be mindful of cleaning after yourself after using the bedroom, bathroom, and kitchen. Do not leave dirty dishes behind. Always offer a hand with cleaning and other household chores. If you are not sure how to work certain equipment, e.g., kitchen appliances or an iron etc., please ask them for help.
- Please do not take anything from their house without their permission.
- If you are staying with a friend, they may give you spare keys to the property. Be careful not to lose those.
- Please do not expect that because you are from the same medical school or country, you are entitled to a certain welcome or special treatment. Everyone's life is busy, and everyone has plans for their free time. If they give you their time, express appreciation. It is a gift of our culture that we welcome our country mates into our house in times of need and share our food and shelter with them. Please do not abuse it.

Managing Current Commitment

Many applicants are in research positions or doing Observership during the interview trail. Always give your supervisor a heads-up about your upcoming interview and if you require time off to prepare for it.

Ensure that you do not appear extremely distracted because of the invitations or lack thereof. You are still obligated to give your best to your current commitment.

3.1 The Attire

One of the most exciting things on the to-do list for an applicant is *'what to wear for the big day.'*

It's a relatively easy answer: 'Dress for the job you want, not for the job you have.'

With that in mind, the business attire in the U.S. is dress pants with ties for men and dress pants or skirts for women. The hijab is perfectly fine.

When it comes to dressing, comfort is of paramount importance. So, whatever you choose to adorn, make sure you are comfortable in it.

3.2 Pre-Interview Dinner

If you receive a pre-interview dinner invite, the following logistics must be on your list.

- Time of arrival in the city.
- Accommodation: If you have reached out to someone for accommodation, confirm with them. If you are staying at a hotel, double-check confirmation emails. If you are arriving late at night, call the hotel desk and inform about your late check-in.
- Double-check the route and time it takes to get to the dinner venue.
- Be comfortable with using Uber and Lyft to get you across.
- Taking a guest with you: Sometimes, programs inform you that you are welcome to bring along a guest. You can also ask the coordinator yourself if that is permissible. If so, you may take your significant other with you. You can also ask a friend to accompany you who works at the same hospital. If your significant other is already working at the same program, it is okay for them to accompany you if the program allows a guest.
- Be in comfortable business casual attire. You may ask the chief resident or coordinator about the dress code the night before to see if jeans are okay. If you are borrowing any piece of clothing from a friend, be mindful not to spoil it.
- At the dinner table: This is very much part of the interview. Do not let your guard down. Be respectful while conversing with the senior residents. The residents will be showering a lot of questions on you like where you are coming from, how was your flight coming in, where you are staying, how long are you staying for etc.
- At the end, shake hands and thank all the residents.

3.3 The Interview – The big day:

Embrace yourself! The day has arrived.

Virtual Interview: Do's and Don'ts:

- Log in and be ready 15 minutes before the start time.
- Usually, the coordinator is the first person you speak to.
- Let them finish talking.
- Thank them for the invitation.

- If you are not sure how to say a particular interviewer's name, ask the coordinator how best to pronounce that person's name. Practice with them three times at least until you get it right.
- Your eyes should be on the camera, not the screen. Check the camera angle.
- Sit up straight.
- Do not lean back in your chair.
- Do not check your cell phone.
- If you are expecting a call or a text from someone that is absolutely crucial (e.g., someone is admitted to the hospital and you need to know how they are doing), give a heads up to your interviewer that so and so is in this situation and that you are expecting a text or a phone call.
- If you wish to take notes, politely ask, 'Do you mind if I take notes as we speak?'
- Always have a polite smile on your face.
- It is wise to do a practice run with a friend or record your own Zoom session and view it prior to the interview.

In-person Interview: Dos and Don'ts:

- Be at the location 15 minutes ahead of time. No excuses!
- If you are flying out of the city on the same day, you can take your luggage to the hospital with you. It is okay to request the coordinator for a place to store your stuff.
- If you are offered breakfast, be very careful not to spill coffee or anything on your dress.
- Greet everyone with a smile and offer a handshake.
- When directed toward an office door to meet a faculty member, politely knock on the door. Please do not punch the door or enter without knocking.
- Mannerism is important on both sides. They will ask you to sit and wait till they do so.
- Introduce yourself as you shake hands. Consider the following scenario:

Interviewee: 'Hi (shakes hand), Sara.'

Faculty: Hi Sara, I am Jay (First name). (Alternatively, they may introduce themselves with their last name). It is safe to address the faculty with Dr.'s Last Name unless they request you to use their first name.

- If your interviewer happens to be from the same medical school or country as you, please do not jump to bring it up. Chances are they already know.
- ***Do not assume someone's gender straight up.*** Worse is to assume that the 'female' appearing person in front of you has a male partner or husband.
- As you leave the room, always thank the interviewer.
- Thanking the coordinator is crucial.
- If you are invited for lunch, and still have an interview with a faculty after lunch, take all measures to not spill food on your clothing.
- At the lunch table, refrain from offering judgmental comments on others' food choices. If you see someone from your religion or country consuming a product that you believe is religiously prohibited, please do not make any remarks. It is not your place to comment.
- Avoid any religious or political conversation, good topics to talk about are weather, sports and food.
- Your interview is not over until you have left the premises. So, do not let your guard down with anyone.
- Please watch the YouTube video on the APPNA YouTube channel for more on this.

3.4 Post-Interview follow-up

- It is okay to send a thank you email the day you interviewed, to your interviewers and express your interest in the program.
- Please do not send thank you cards or thank you gifts.
- Close to finalizing the Rank Order List (ROL), you may send another email stating your interest in the program and that you are ranking them amongst your topmost choices.
- Please do not lie about ranking a program as number one if you are not actually doing so. People have started to take this to Twitter (and other social forums), and it reflects badly on you. If someone studies a pattern that people from a particular medical school or country repeatedly offend the Program Directors like this, it will only go against you and those who follow you.
- If you know someone in that particular program where you wish to match, politely email and communicate your interest to them. Again, do not say you are ranking that program number one if you are not. It is embarrassing for residents and other faculty to vouch for someone who is actually not ranking that program number one. Be honest. It goes far.

Lastly, this is a wonderful journey wherein you challenge your fate, and the results are amazing either way, Match or not. How you sell yourself in an interview at any point in life depends on how much you have reflected upon your journey.

Reflection is not just a crafty word meant for diary keepers; it is a necessity. Wherever you are on your journey right now, sit back and think over your past interactions. Have you been quick to judge? Or have you given grace to those around you to fight whatever fights they are fighting at personal levels? Have you been brutally judged by friends and family? Do you see yourself as an underachiever, someone incapable of achieving something as big as a residency match in the U.S. (because it certainly seems very, very big from afar)? Good reading helps immensely because then you experience life from all these characters' perspectives, which helps you understand yourself and those around you. Highly recommended: *Outliers* by Malcolm Gladwell.

4. 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 of matching at a program. The NRMP's matching system works in the favor of the candidates more so than the programs. For a 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 even if the number of programs is more than 20, and you have to pay the extra fee.
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 are often regretted later. There have been incidents when the internet system encountered glitches, and people missed 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.
7. Program name: While making an ROL, the program name is the most important thing if you are planning for the fellowship. In a fellowship match, the first thing which they will ask you is the name of your residency program. Although all the residency program training is standardized under ACGME, few programs are better than others, and in-house fellowships always help.
8. Visa: the second important thing is the visa. H1 visa is better than J1 as it will provide you with more job openings, and you will be able to get a green card in almost 1-2 years. In comparison, on a J1 visa you will be able to get a green card in 3.5 years, and the job openings are less as compared to an H1 visa. Now, J1 visa waiver jobs are getting easier for hospitalists or primary care, but still, it's difficult to find a good job for subspecialties like Interventional cardiology.

5. 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.

6. 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 2023, SOAP took place from the 13th of March to the 17th of March.

Why does SOAP exist?

The computer algorithm that 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

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 10 am EST 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 that 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 is offered on a first-come-first-serve basis, so it is suggested that applications be sent out as soon as possible. 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 virtually. This process goes on from Monday to Wednesday.

On Thursday at 8 am EST, the 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 11 pm for round one to finish.

If you have not run out of your forty-five program limit, you can apply to more programs prior to the next round after consulting the updated list of unfilled programs.

Round 2 begins at 11 am EST and finishes at 2 pm EST. Again, if you have not run out of your forty-five program limit, apply to more programs.

Round 3 begins at 2:55 pm EST and finishes at 5 pm EST.

The cycle continues until the last round, which is Round 4, which begins at 5:55 pm EST and ends at 9 pm EST. This concludes SOAP. The remaining list of unfilled programs after SOAP will be available to candidates till the 1st of May. Once SOAP concludes, you will be able to reach out to any program that has unfilled positions and try your luck.

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.

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 be prepared mentally to participate in SOAP. Having said that, 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 applicants use 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 Preliminary 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!

7. 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 on 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 U.S. away from our families, and gain USCE/research experiences. At the end of this arduous process, remaining unmatched takes its toll. Here are a 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 never goes in vain. 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 the 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: Many programs 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) Improvise: This is not easy. If you have decided to stay and practice in the U.S. 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 setup. Another opportunity is via 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 a 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.

8. COUPLES MATCH: Everything you need to know

"Any two applicants can participate in a Match as a couple" NRMP

The National Resident Matching Program (NRMP) allows residency applicants to participate in the Match as a couple as the matching algorithm considers a couple as "paired rank." This means that two applicants can choose to have their Rank Order Lists (ROLs) paired together before they are placed in their preferred programs, usually in the same geographical location. While this is common among AMGs, it appears to be a lesser-known option among IMGs. One of the reasons for this might be the confusion that surrounds Couples Matching. Therefore, many people do not venture into something 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 documentation showing 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 their most desired program?

Unfortunately, yes, this is one of the drawbacks. Since applicants are most likely to pair in the list based on geography, applicants' most desired programs might get pushed down the list and may go unmatched.

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 make 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. An 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.

Who can couple?

According to NRMP, there is no specification of who can be matched as a couple, as any two people can couple, including friends, spouses, partners, siblings, and so on.

Is it possible to pull out of the Couples Match after applicants have paid the additional fee and paired applicants' programs?

Yes. Applicants can choose to "uncouple" the applicant's list till the ROL submission deadline. However, the \$25 fee each applicant had paid earlier will not be refunded.

Do we need to tell the programs where we interview that we are applying for the Couples Match?

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

Can programs be duplicated?

No, once ready to submit and certify ROL, the list should be checked for duplicates, as duplicated pairs must be removed from both applicants' lists. To do this, click the "Check for Duplicates" button on the ROL Compare tab in the R3 system.

When can couples submit the list?

After both applicants' lists are reviewed, and duplicates are removed, one partner certifies their list, followed by the second partner.

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 applicants are uncertain if they will be Couples Matching or not.

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

Applicants can inform the programs at any time during the interview trail. Applicants may inform during the initial contact, during the interview, or the post-interview communication. Having applicants' partner interview in the same program/hospital can sometimes help applicants get ranked at that program, since it indicates a higher likelihood of applicants ranking that program high as well.

Additionally, if an applicant receives an interview call from a program, they can 'pull' an interview call for their 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 they applied to, it wouldn't make a difference.

How does the couple-matching process work?

ROL for a couple's Match is a long and complex process. Please watch the NRMP's video on couples and the matching algorithm: <https://applicantstu.be/K2aJKrzYK8k>

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
2019	1076	2152	993	59	24	95.0
2020	1224	2448	1128	84	12	95.6
2021	1224	2448	1089	108	27	93.4
2022	1222	2444	1095	100	27	93.7
2023	1239	2478	1095	114	29	93.0

Source: NRMP

As we can extrapolate from the numbers above, the success rate for Couples matching has stayed over 93% for the past 7 years, with the 2018 Match having the highest success rate for this duration.

9. 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. It is no different for Internal Medicine (I.M.) or combined Internal Medicine and Pediatrics (Med/Peds). The process of matching is becoming increasingly difficult every passing year for Foreign Medical Graduates (FMGs). A few reasons that are obviously contributing to it include an increased number of applicants, especially from the Caribbean medical schools, and recent administrative changes to visa policies and issuance.

The silver lining to this is that the number of positions has also constantly increased over the years. Historically, I.M. is the field where the bulk of IMGs match. Having high scores, a medicine-directed CV, strong Letters of Recommendation (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.

I.M. (as well as 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 are 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 research the programs beforehand. It is highly advisable to apply broadly, especially if your scores are low or if you are an old graduate. The majority of 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-October to the end of January. It is a cyclic process where programs send out an initial round of invites to their preferred pool and then do further rounds depending upon the 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-or-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 at 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 the 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 indecisive about what they would prefer to do in the future and hence makes it more difficult for IMGs. The majority of applicants apply to Med/Peds as a backup 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."

10. ROAD TO NEUROLOGY:

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

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

Scores: USMLE (Step 2 CK) score is 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; this will help them out, 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. Please 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 U.S. faculty references if you have any. Applying to career portals at different institutions' web pages 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 an LOR based on your clinical skills, too.

Try making contacts along the way with the people you work, and work on maintaining them.

Step 3: USMLE Step 3 is not a requirement for a 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 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, and be kind and receptive to others' ideas. Work hard, and things will eventually fall into place.

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

11. ROAD TO PATHOLOGY:

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 exams 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 out the 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 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 Ph.D. 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) that 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 M.Ds) 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 an intraoperative diagnosis in the form of frozen sections or formalin-fixed specimens from clinicians.

Pathology is broadly divided into anatomical pathology (A.P.) and clinical pathology (C.P.). A.P. is basically surgical pathology (S.P.) and cytology. S.P. 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. C.P. is a broad field that includes transfusion medicine, hematopathology, clinical chemistry, and 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 to review a frozen sample.

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

Good luck!

12. ROAD TO PEDIATRICS:

Several factors contribute to your chances of getting into a pediatrics residency. To start off, being a fresh graduate helps a lot. Some programs **strictly prefer recent graduates**, which is why; ideally, we would recommend taking STEP 1 by the 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.

Scores:

Step 2 CK score is an important factor in getting interviews. 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.

USCEs:

As far as USCEs are concerned, it would be best if you have at least two one-month rotations 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.

Research work and publications:

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.

Volunteer work:

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 U.S. and talked about in detail during interviews.

Contacts:

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 to as many programs as you can afford 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 the U.S., or just traveling the world. Stay positive, and let positivity attract you!

13. ROAD TO PSYCHIATRY:

Psychiatry is an amazing and booming field in the U.S. As mental health awareness increases, there remains an acute shortage of skilled professionals 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 make this an exciting time to pursue a career 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 most common mistakes that applicants make is to apply to Psychiatry as a backup option while applying to multiple other fields. Those days are long gone, and it is imperative to cater one's CV specifically oriented towards psychiatry.

A program will only select you if you demonstrate a genuine love and passion for psychiatry. Experienced programs can easily discern the difference between someone half-heartedly applying versus a candidate with a sincere interest in the practice. Here are a 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 a long time since the year of graduation, a failed attempt in any USMLE, or a low score. Program Directors are concerned about the ability of International Medical Graduates (IMGs) to pass board examinations. Passing STEP 3 reassures them that you can still do well academically and will not face unnecessary hardships with any examinations during the residency period.
- Psychiatry externship that includes both inpatient and outpatient experience.
- Research with publications (it is preferred that the research is in psychiatry, but any research is better than none). 1st authorship is excellent, but not often possible. Seek to get your name out there in any way you can. Submit abstracts, present posters, and 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 U.S. 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 the 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 to gain more experience and make connections before applying with an improved CV.

14. ROAD TO RADIOLOGY:

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, IMGs 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 IMGs to match into any U.S. 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, all exams should be passed on the first attempt strive for scores >250.

Electives: During your last year of medical school, you should try to get electives in Radiology in the U.S. 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 to get 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: The 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. Securing 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 or 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 commencement. This could be either a preliminary medicine year, a preliminary surgical year, or a transitional year (T.Y.), 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 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 the intern year starting in 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 from alums or people who have 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/T.Y. 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/T.Y. 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 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 ROL 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!

15. ROAD TO SURGERY:

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.

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 250, 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.

USCE's: The reason we emphasize giving your STEPS early in your medical school 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 U.S. (lots of surgeons know other surgeons), so if an attending notices your efforts during a rotation, their LOR/call can go a long way.

Researches: Research (which is highlighted in more detail elsewhere in this book) is very important. This is probably one of the most underrated 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. Suppose you want to go into certain competitive specialties (i.e., Plastics, surgical oncology, pediatric surgery). In that case, 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, thus decreasing your chances significantly). According to the NRMP Match Data for IMGs 2018, the average non-US IMG who had been 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: 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 this 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, 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 C.T. surgery trained in other countries, orthopedic surgery trained (already in a categorical I.M. program), multiple years of research at Mayo/Cleveland Clinic, all U.S. Citizens, C.V.s and experience much more competitive than mine. Still, I had

esteemed surgical oncologists and the President of the 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 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 the categorical spot.

Best of luck! Surgery is a long journey, but it is worth every single effort you put into it.

16. ROAD TO DENTISTRY:

According to the U.S. News & World Reports, dentistry is ranked #4 in "Best Healthcare Jobs," #10 in "100 Best Jobs," and #11 in "Best Paying Jobs". The average unemployment rate for dentists is less than 0.5%, and number of jobs available is more than 7700 per annum. These statistics provide a glance into the shimmering sea of opportunities for prospective dentists intending to practice in the U.S.

Over the last decade; there has been a shift in the trend for Pakistani dental graduates towards exploring dental career opportunities in North America versus the traditional gravitation toward the U.K. A major influx of dental students and graduates from Pakistan is now seen in dental schools across the U.S., be it for licensure or post-graduate programs. I graduated from the BDS Program at the University of Karachi in 2012 and, in 2014, was fortunately accepted at Boston University for a 2-year Advanced Standing Program. I graduated in 2016 with a DMD degree. In the same year, I passed my regional licensing exam. Since then, I have been registered as a general dentist in the states of Massachusetts and New Hampshire, where I work as a general dentist and Managing Clinical Director for Aspen Dental.

Compared to Pakistan, the license to practice dentistry in the U.S. is regulated by individual states, and complying with the application requirements of a particular state grants one the privilege of practicing in that state only. Although it might appear restrictive, this system finds the basis of different pathways through which an individual can get licensed in the U.S. to practice dentistry. On one hand of the spectrum, we have the traditional Advanced Standing or International Dentist Programs, which run for 2-3 years, the culmination of which yields in the awarding of a U.S. Dental Degree (DMD or DDS).

Moving along the spectrum, another pathway for licensure in the U.S. is to graduate from minimum-2-year advanced general dentistry programs, such as Advanced Education in General Dentistry (AEGD) or General Practice Residency (GPR). Certain states, like Texas and Virginia, allow graduates of these programs to appear in licensing exams and then register themselves with the respective dental boards to practice general dentistry in those states only. The graduates of these programs do not hold a basic U.S. dental degree but are allowed to practice dentistry nonetheless. However, not all States allow individuals to practice dentistry without a basic DMD/DDS.

Therefore, thorough research is required into the requirements of an individual state where one wishes to reside and practice in. At the other end of the spectrum, a pathway is present for an individual to attend a dental specialty program such as Prosthodontics, Endodontics, Pediatric Dentistry, Radiology, Pathology, Oral Medicine, and others. These programs confer the status of a "Dental Specialist," and some states may grant the individual dental specialty licensure upon graduating from these programs. But, as previously stated, some states might still require the applicant to be a graduate of a U.S. dental school with a DDS/DMD degree.

Another issue faced by the applicants to dental specialty programs is that not all programs are open to FMGs, and some programs require the applicant to be a DMD or DDS. One such instance is specialty training programs for Oral and Maxillofacial Surgery. In the U.S., graduation from a program does not provide one with the privilege to practice dentistry. For that, the applicant takes regional licensing examinations, either while they are enrolled in the program or post-graduation. In the U.S., the states are roughly divided into various examination jurisdictions, and one exam might suffice for applying to various states only if those states consider that examination valid and acceptable.

Some of the basic requisites for applying to various programs include a basic dental degree (i.e., BDS), TOEFL scores, a pass in the National Board of Dental Examination (iNBDE), Letters of Recommendation, and opportunities to shadow or extern as a foreign student/graduate in U.S. dental schools or clinics. House-Job/Internship is not a requirement of U.S. programs. However, the completion of an internship definitely adds to the CV/Resume of an applicant. Applications to the programs are centralized. For applicants in the Advanced Standing DMD/DDS programs, the application is called CAAPID (Centralized Application for Advanced Placement of International Dentists). PASS (Post-Doctoral Application Support Services) is the centralized application for applying towards AEGD, GPR, or dental specialty programs. It is prudent for an individual to research the application requirements for each individual program and state for complete information.

17. 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) D.O./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.

Scores: 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 D.O. student applying to a program that has not traditionally accepted D.O.s.

When taking boards in the case of D.O. 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 experience: 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 about 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 in 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.

Contacts: 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.

18. DIVERSITY, EQUITY, AND INCLUSION

“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.”
-Martin Luther King, Jr

In recent years, terms “diversity”, “inclusion”, “equity”, and “belonging” have entered the mainstream discourse in medicine. “Diversity” refers to having a range of people with various backgrounds. “Inclusion” is used for calling them in and “belonging” means cultivating secure relationships in which they feel valued. Therefore, diversity and belonging exist on a continuum.

“Equity” is different from equality as it considers the unique circumstances and context of individuals and then allocates necessary resources for equal outcomes. This implies that individuals who are from disadvantaged backgrounds might need more resources than those from privileged backgrounds to have equal outcomes.

These concepts are now being recognized as central to the practice of medicine. Data has shown that individuals from minority and minoritized backgrounds such as women, people of color, LGBTQ+ individuals, people with disabilities, and socio-economically disadvantaged individuals are at a greater risk for poorer health outcomes. Physicians, despite the best of their intentions, can harbor implicit and explicit biases just like any other group of people. However, their biases, if not recognized and attenuated translate into poorer health outcomes for their patients. Therefore, it is important for young physicians to be aware of their biases.

Our patients from minority and minoritized backgrounds are also impacted by institutional, individual, and interpersonal “-isms” and “phobias” such as racism, sexism, able-ism, transphobia, homophobia, and xenophobia. When biases are built into institutional policies and practices, they create structural discrimination. This manifests in differential access to stable housing, income, education, nutrition, and healthcare. It also manifests as differences in policing and exposure to violence and adverse childhood experiences. Adverse childhood experiences have the potential to impact long-term physical health outcomes (such as risk for cancer and cardiovascular events), mental health outcomes (such as mental illness and substance use), and educational and occupational attainment. Therefore, all of these factors, whether it’s a physician’s own implicit bias or structural discrimination have an impact on our patients’ and communities’ health. This is also recognized in medicine under the umbrella of social determinants of health. It is therefore important for physicians to recognize that we operate within systems that are flawed and capable of enacting harm on minority and minoritized patients. As physicians, it is incumbent upon us to advocate for our patients by constantly reflecting on our own practice and identifying ways in which we can deliver equitable care for all our patients.

Similarly in a work setting, physicians are called upon to work in multi-disciplinary teams. Multi-disciplinary

teams in the US are comprised of individuals from a variety of backgrounds. It is important to stay vigilant of the ways in which our biases can impact our dealings with our team members. Some common examples include mistaking women physicians for not being physicians and addressing them by their first name while calling their male colleagues with their titles and last names. We must stay aware about our own privilege and positionality in our dealings with others. Privilege implies the advantage that is conferred to us based on group identification. We carry multiple identities at a time and some of our identities confer privilege while others confer disadvantage. This is called intersectionality of identities. For example, if someone identifies as male and immigrant, their male identity gives them advantage over another group (that is women) and their immigrant identity confers disadvantage compared to another group (that is non-immigrants). However, the sum of these identities is dynamic.

Given how pertinent these concepts are to the delivery of healthcare, our dealings with others, and our understanding of our place in the world, it is important for all young physicians to educate themselves further in these topics. The principles of diversity, equity, inclusion, and justice are an aspirational way of being. They are not a destination.

Resources:

Test:

Harvard Implicit Bias Test: <https://implicit.harvard.edu/implicit/takeatest.html>

Books

1. How to be an antiracist by Ibram Kendi
2. White Fragility by Robert Diangelo
3. So you want to talk about race by Ijeoma Oluo
4. Me and white supremacy by Layla F. Saad
5. The sum of us by Heather McGhee
6. Immigration and identity by Salman Akhtar

Papers:

1. Jordan A, Shim RS, Rodriguez CI, Bath E, Alves-Bradford JM, Eyler L, Trinh NH, Hansen H, Mangurian C. Psychiatry diversity leadership in academic medicine: guidelines for success. *American Journal of Psychiatry*. 2021 Mar 1;178(3):224-8.
2. Osserman J, Wallerstein H. Transgender Children: From Controversy to Dialogue. *The Psychoanalytic study of the child*. 2022 Dec 31;75(1):159-72.
3. Akhtar S. A third individuation: Immigration, identity, and the psychoanalytic process. *Journal of the American Psychoanalytic Association*. 1995 Aug;43(4):1051-84.
4. Menon A. Sexism and sexual harassment in medicine: Unraveling the web. *Journal of General Internal Medicine*. 2020 Apr;35(4):1302-3.
5. Yedidia MJ, Bickel J. Why aren't there more women leaders in academic medicine? The views of clinical department chairs. *Academic Medicine*. 2001 May 1;76(5):453-65.

About APPNA

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 with a member strength of almost 4000 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.

For more details visit www.appna.org

For suggestions, please contact us:

@ ypc@appna.org or @ <https://www.facebook.com/groups/308140919099/>.

YouTube: https://www.youtube.com/@appna_org

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