WHAT IS ΑΩΑ?
Alpha Omega Alpha (ΑΩΑ) is the national medical honor society which seeks to recognize high educational achievement, honor gifted teaching, encourage the development of leaders in academia and the community, support the ideals of humanism, and promote service to others. Students are elected to ΑΩΑ in their third or fourth year of medical school.

WHAT ARE THE ΑΩΑ PEARLS?
Part of the UWSOM ΑΩΑ Chapter’s mission is to serve our medical school community. The Pearls represent our compiled advice—from current AOA members to you—about how to succeed in the preclinical years, clerkships, and residency applications. Check out the ΑΩΑ “Turkey Book” for more detailed clerkship advice.

A BRIEF NOTE
The pearls represent ΑΩΑ students’ opinions. They are intended to serve as a guide and not as prescriptive rules. They may or may not resonate with your experience in medical school.
FOUNDATIONS PHASE

What resources were most helpful during each block of Foundations?
- MCBD: Firecracker
- I&D: Sketchy Micro
- CPR: Kahn Academy, Online MedEd
- Blood and cancer: Pathoma
- Anatomy pin tests: Acland’s Anatomy Atlas, Teach me Anatomy
- All blocks:
  - Sketchy pharm
  - Pathoma
  - Uworld
  - Firecracker
  - First Aid
  - Studyblue for flash cards
  - USMLE Rx
  - Online Med Ed

Should I be studying for Step 1 throughout Foundations?
- The short answer is that it is up to you! Do what works for you. AOA members had highly variable responses. The goal for Step 1 studying is to minimize stress. If you think that studying for all of Foundations will help you do that, then that method will work best for you. If you think that taking things one step at a time and waiting to study until your dedicated prep time works best, then do that! There are many successful techniques and you just need to find what works best for you. Here is a breakdown of how the most recent AOA members chose to prep for Step 1:
  - 20% of AOA members studied for Step 1 consistently throughout Foundations
  - 40% studied a light amount, intermittently throughout Foundations
  - 15% began the summer between MS1-MS2 year
  - 25% of AOA members waited to study for Step 1 until their dedicated prep time after Foundations

If I do study for Step 1 throughout Foundations, what resources are the most useful?
- Firecracker
- First Aid- Best if you use this as a study companion to each block
- Uworld- study relevant questions for the block
- Sketchy micro and Sketchy pharm- best to use these as study companions for the appropriate blocks so that the videos are familiar once your dedicated study prep time comes around.

Do you recommend joining an interest group during Foundations?
- 75% of AOA members recommended joining an interest group. It is important to note that it isn’t mandatory to join interest groups! Interest groups can be a great way to make connections, learn helpful skills for clerkships, and help with career exploration. The biggest piece of advice AOA members had was to be selective in your commitments with interest groups. Don’t join too many groups, so that you avoid spreading yourself too thin.

What are the options for summer between MS1 and MS2?
- 50% AOA members completed RUOP
Try to get to know your community early and find out what the community’s specific needs are. If possible, find a project that would be actually implementable, as opposed to a “project in a box”.

- 25% AOA members completed MSRTP
  - Start looking into this early in medical school (fall of MS1) in order to be prepared for the application. In addition, if your project needs an IRB, this can take a long time so get started on this very early.
  - Find a good mentor early on in medical school.
  - Try to have a project with a timeline that is achievable.

- 10% AOA members completed the Global Health option
  - Connect with the global health office early. Know that the cost is large and the process can be burdensome, but it is doable. There is good support from past students and it is a worthwhile program that you can make a huge difference in.

**Additional advice from AOA members for foundations:**

- Find a study spot!
- Attend small groups and participate as comfortable.
- Don’t forget about the things you loved prior to medical school. Keep your hobbies, continue exercising, maintain your relationships and be collaborative with other students. These things all help to keep you grounded and will help you to succeed overall. Life outside of medicine is important to your health and your happiness.
- Take time during FCM to shadow in specialties you might be interested in. You’ll get this experience during 3rd year, but 4th year comes quickly and before you know it you’ll be submitting residency applications!
- FCM is mostly about building a strong foundation of knowledge that you will refer to and add to throughout your career, but it’s not necessary to 100% master all of the material. Don’t kill yourself by trying to get the highest test scores in the class! FCM is a good time to figure out strategies for handling the stress and overwhelming nature of medical training so that you have good habits early on.
- These months serve as an important foundation for your clinical years and future practice.
- Use the flexibility of the pass/fail system to learn the material well and to engage in extracurricular activities that are interesting to you.
- You may need to adjust your studying techniques to fit the subject matter. Prior students, the professor, the Director of Academic Support, and the learning specialists at your Foundation Sites are all good resources for tips on adjusting study habits.
- Almost everyone has a poor test performance at some point–don’t be discouraged!
- Don’t take Foundations of Clinical Medicine for granted. A good history and physical exam are key to succeeding in your clerkships.
- Stay happy and healthy. Carve out time for self-care by studying the most clinically relevant topics and not memorizing all extraneous information.
USMLE EXAMS

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

<table>
<thead>
<tr>
<th>Dedicated Study Time</th>
<th>Step 1</th>
<th>Step 2 CK</th>
<th>Step 2 CS*</th>
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<tbody>
<tr>
<td></td>
<td>Median: 6.5 weeks</td>
<td>Median: 3.5 weeks</td>
<td>Median: 2 days</td>
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<td></td>
<td>Range: 5-10 weeks</td>
<td>Range: 2-5 weeks</td>
<td>Range: 0-8 days</td>
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<td>Resources (% used)</td>
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<td>UWorld QBank (100%)</td>
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<td>UWorld QBank (100%)</td>
<td>First Aid (79%)</td>
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<td>Pathoma (87%)</td>
<td>Online MedEd free videos (71%)</td>
<td>Practice with others (14%)</td>
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<td>Sketchy Medical (84%)</td>
<td>Smackdown group (36%)</td>
<td>First Aid (48%)</td>
<td>The Director of Academic Support’s powerpoint (14%)</td>
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<tr>
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<td>Sketchy Medical (29%)</td>
<td>Kaplan book (11%)</td>
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<tr>
<td>Kaplan QBank (6%)</td>
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<td>The Director of Academic Support (6%)</td>
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<td></td>
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<td>Master the Boards Step 2 (6%)</td>
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*data from prior year

STEP 1:

Preparation
- Start studying during foundations phase and the summer.
- Consider getting through First Aid and QBank once during Foundations and again during dedicated Step 1 study time.
- Meet with the The Director of Academic Support during Foundations to develop a study plan and a calendar for ‘boot camp’ period (4-6 weeks before test).
- Make a daily schedule and decide how many hours you want to study each day (8-12 usually recommended).

Materials
- Pick a few resources and stick with them. If you use too many, you may not master them and it can be overwhelming.
- Don’t feel like you have to use a resource just because classmates are using it. Choose your resources based on how you learn best.
- Doctors in Training is most helpful for people who need built-in structure or are kinesthetic learners.
- Anki can be helpful to remember the finer details.

Practice Exams
- Follow the Director of Academic Support’s ‘mock block’ schedule, which recommends when to start doing hour-long QBank practice tests.
- Take full-length practice exams (UWorld self-assessments and NBME exams) at regular intervals to assess your strengths and weaknesses.
Smackdown
- 36% of AΩΑ members did Smackdown (N=25).
- Choose a group that you work well with and stay on a timeline.
- Consider doing smackdown early to ease into individual studying and identify weak spots, or you can do it in the middle of study period.

Studying
- Make sure your first two weeks of studying have built-in accountability (e.g. studying with others, incentives); if you get off track early on, it can be tough to get back on.
- Do a mix of questions and content review. For example, you could spend the morning doing mock blocks and reading through answers and the afternoon reviewing a subject and annotating First Aid / watching Sketchy / studying Pathoma.
- Start UWorld early, but don’t worry about the percentile until your 2nd time through.
- If weak in certain areas, consider doing Qbank questions on those first rather than going straight into random blocks.
- Take brief notes on the Qbank questions you get wrong or topics you find confusing. You can keep those in a notebook, write them in your First Aid book, or annotate within UWorld (which can be printed out) to look over the week of the test.
- Mark important diagrams in First Aid for quick reference and review.

Breaks
- Don’t burn yourself out early during the Step 1 study weeks; give yourself a couple of hours every day to do something fun and physically active.
- Always take one day off per week: go out for dinner, drinks, maybe even coordinate off days with friends.
- Try not to listen to what/how your peers are doing because this can cause unnecessary stress.
- Get lots of sleep so you can learn better.
- Consider treating dedicated study time like a job: study 8-5, then workout, make dinner, watch a movie, etc.

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

Test Day
- Don’t study the day before the test – do something fun/relaxing instead!
- After the exam, you will feel unsure of how you did; this is normal.
STEP 2 CK:

Scheduling
- CK must be taken by a specified date (previously was June 30th for E15s, though this should be checked).
- Of AΩA members, 70% took CK immediately after 3rd year, 30% took CK during the summer of 4th year (n=30).
- Several members took a week vacation before starting to study for CK.
- If you end your core clerkships with internal medicine, it can be beneficial to take CK a few weeks after finishing (the bulk of the CK is internal medicine).
- Try to take CK close to completion of 3rd year while material is fresh and you haven’t started more specialized training.
- You do not have to wait for your neurology clerkship before taking CK.

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

Materials
- Qbank is a highly recommended resource. Consider resetting it at the beginning of dedicated study time.
- First Aid for Step 2 is a little bit clunkier than for Step 1, but it can be helpful to annotate throughout third year and while studying for the test.
- Online MedEd videos are helpful to practice diagnostic frameworks for common problems and can be used to annotate First Aid.
- Do 2-3 full length practice test before taking the real thing to build stamina for the 9-hour test.
- Use practice tests to identify weaknesses and target those areas with studying, since your review is not starting from scratch (like it often is for Step 1).
STEP 2 CS:

Scheduling
- CS must be taken by a specified date (this date was August 15th for E15s) – you can schedule it for any time before this deadline.
- AΩA members were widely split between April and August for their CS date
- Many members took one month off soon after third year to take both CK and CS while the information was still fresh.
- Book CS as soon as you can – spots open up around January and fill up very quickly.
- Taking CS after the UW senior OSCE (typically in May/June) can be helpful.
- Consider getting CS over with early – scores take a long time, and some residency programs want CS scores before they offer interviews.
- Los Angeles is the closest location to Seattle and usually has the cheapest flights.
- Make a mini-vacation out of it if you have time.

Studying
- Don’t stress. Most people pass without a problem.
- However, grading criteria is becoming more strict – light prep is recommended (1-2 days).
- Take a day to flip through the First Aid CS book, the director of academic support’s powerpoint, and the NBME website to familiarize yourself with the format and specific things they look for (social history, expressing empathy, etc).
- Consider practicing a few First Aid cases with a partner to work on timing, check boxes (knocking, introducing yourself, patient ID, washing hands, etc.), differential, and additional testing.
- Timing is often the most difficult part.
- Practice any physical exam maneuvers that are tricky for you (shoulder exam, knee exam, etc.)
- Use a system or mnemonic to ask history questions (eg. OPQRSTAAA, PAMHUGSFOSS).
- Get fast at formulating a quick 3-4 item differential.
- Look at the list of common chief complaints for CS and make a list of differential diagnoses and tests you would order.
- Read the rules on the NBME website because there are a lot of weird rules about patient encounter specifics.
- Decide how you’re going to organize your blue sheet prior to test day to help avoid missing things (e.g. http://www.medicowesome.com/2016/04/step-2-cs-blue-sheet.html)

Notes
- Use the NBME website to practice the note-writing format before the test.
- Practice finishing in the time allotted because this can go quickly.
- Copy and Paste works, so don’t waste time rewriting things.

Test Day
- Be empathetic to the SPs.
- Don’t lie about physical exam findings - most often there won’t be any.
REQUIRED CLERKSHIPS

General Advice

What general advice do you have for students entering their required clerkships? If you had the chance to do this year again, what do you wish you knew, or what would you do differently?

- Feedback fatigue is real during third year, but try to remember to ask for feedback and take it in stride. Remember that the people you are working with are trying to make you a better doctor and they will be impressed if you integrate their feedback into your behaviors quickly. Ask questions and be curious; if you have a question or your attending has a questions, look up an original article and present it to them because it will show that you are curious and engaged.
- I think being on time, staying late and being enthusiastic are the most important things. In every clerkship act like that is what you will be doing for the rest of your life and you will get way more out of the clerkship. I can’t believe how many times I was told by attendings how refreshing it was to have a student genuinely interested and not just there to clock their hours and get out as soon as possible. I think that’s a waste of your time and their time.
- 3rd year is so much fun--you work hard but you also learn a lot! How much you learn or get out of a clerkship often is correlated with how much you put into it
- Have a great time - the best advice I got was from a surgery attending who said "for most of these clerkships, this is the only time you're going to be this type of doctor, so focus on learning as much as you can about each of these specialties."
- Try not to focus on the grade. They are so subjective sometimes and you'll drive yourself crazy trying to interpret what each preceptor thinks of you. Just try hard, show up on time, and express interest! I think preceptors can tell if you are genuinely interested in their specialty or just sucking up for the grade. Also, keep your notes from Step 1 (I wish I used OneNote to consolidate all my notes from Foundations because you will occasionally refer back to them when studying for the shelf exams). Listen to the Director of Academic Support regarding resources to study for shelf exams. For some, I used Case Files, others I used mostly Uworld.
- If you can anticipate what the residents/attendings need, and do those things, you will make the teams’ lives easier and they will really appreciate it. Shows motivation and knowledge
- Start studying early and regularly in the clerkship, it will really help raise both your clinical and exam grade. Asking questions does NOT make you appear unintelligent, you come off as curious and interested which is so important! No matter what you're going into treat every clerkship like you have everything to learn, because you do!
- 1) First impressions go a long way: the weekend before every rotation, spend a couple hours browsing the workup for the most common issues in specialty you’re about to start. 2) Follow every patient on your service (just by reading through their note summaries briefly), even if you aren’t assigned to them. You’ll learn more and will be more prepared for sub-i’s and internship when you are expected to take care of everyone. 3) Don’t stress about the final exams too much.
- Be a team player

What did you find was particularly helpful or unhelpful in getting feedback on rotations?

What was the most helpful feedback you received during 3rd year?
Some attendings will give you the canned "you're doing great, keep reading" when you ask for feedback, so it's important to ask more specific questions about your performance (such as - "can we talk about my assessment and plan in my note on XX patient from yesterday" or "can you give me feedback about the organization of my oral case presentation on the new patient this morning"). Integrating that feedback ASAP will be impressive to them.

Most helpful feedback entailed specific suggestions to improve on one or two skills at a time, rather than generalized suggestions that weren't specific to a patient or scenario.

Start off rotation by asking for expectations and what your role is. Be courteous but assertive in getting AT LEAST mid rotation feedback. Clearly ask for areas of improvement.

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

Ask for feedback EARLY in the rotation. "What can I do to get the most out of this clerkship?" Have 1 or 2 specific goals going in that you want to accomplish (i.e. master the neuro exam on neurology). Preceptors like it when you have specific goals or areas you’d like to work on. The most helpful feedback I received was to present my assessment/plan with confidence and specific rationale. Even if you’re wrong, you will remember it better if you commit to a plan. This can be hard to do at first, but helps build confidence and allows you to step into the provider role for your patients.

Learn to anticipate what residents/attendings need. Be confident.

Don’t be afraid to ask for feedback at any point, it demonstrates your interest in improving.

It’s often difficult to find the right time to ask for feedback! It’s good to ask for feedback early (so you can change). After writing the first couple notes, I asked my preceptor if there’s anything they wanted me to change. I’d also ask if they could observe a physical exam early on and give tips.

Make it a point on the first day to talk about feedback with your attending. Set aside a few minutes at the end of each day to get some feedback, and make sure to set aside time for mid-clerkship feedback. Have a form available to talk through, because otherwise some attendings won’t give you concrete feedback.

It worked well for me to ask casually for feedback: "anything I could have done better today?" "Any suggestions for the next time we’re on rounds / in the OR?" No one really likes formal feedback sessions, so doing a temperature check will help you stay on track without being awkward.

I found it was helpful to ask the clerkship contact at the beginning (when we were setting up the schedule) about when we would have scheduled feedback. I found that if it was planned and that there was a shared expectation that it would happen, it was more likely to happen AND the feedback was more well-thought-out. My most helpful feedback during 3rd year related to how I could find information each night about a disease/pathology I observed or helped treat during the day, which would encourage my continued reading AND would link my learning to real-life patient experiences.

I think it is helpful to go over the grading rubric on your mid-clerkship and ask specifically "How can I turn this 3 into a 4 or 5?" That way you have an idea of the scale your evaluator plans to use and you can make appropriate changes.

What is the schedule of 3rd year like and how did you manage clinical duties, rotation assignments, studying for the shelf, personal stuff, etc?

Third year is broken up into 12 week chunks of 6 week rotations so sometimes you will have a intersession between clerkships and sometimes you will have to change gears.
quickly to the next rotation. Each rotation will have assignments and an associated exam. Try to get the assignments done sooner rather than later and spend downtime during the clinical day to do UWorld questions. Your day to day schedule will vary depending on the rotation and the site.

- The advice from AOA members as a whole was to study for the shelf early and often. This helps you to be prepared for your clinical and to be prepared for your exam. You can do a set amount of UWorld questions per day or per week in addition to using one other clinical resource such as Step up to Medicine or Case Files, etc.

- Whether you are safari, track or TRUST - you will likely move multiple times during 3rd year. Try to go with the flow. It gets exhausting. Try to find a routine you can stick to no matter where you are living (both with studying, exercising, staying in touch with family and friends).

<table>
<thead>
<tr>
<th>ONE resource to use on the wards</th>
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<tbody>
<tr>
<td>-Pocket Medicine</td>
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<td>-Online MedEd</td>
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<td>-Up to Date</td>
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<td>-UWorl</td>
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<tr>
<td>-Enthusiasm and frequent check in's with attendings...honestly, they don't expect you to know everything, but enthusiasm for their field will get you far, always say &quot;I'll look it up!&quot; if you don't know something</td>
</tr>
<tr>
<td>-Having a note-writing / oral presentation template ready... there will be times when I didn’t feel &quot;ready&quot; to present a patient or write a note. If you have a template with you at all times, at least you have a guide!</td>
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### Family Medicine

<table>
<thead>
<tr>
<th>Exam Resources</th>
<th>Clinic Resources</th>
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<tr>
<td>-Online FM cases</td>
<td>-Uptodate</td>
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<td>-Dyna Med</td>
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<td></td>
<td>-AHRQ ePSS (electronic preventive service selector) Smartphone App</td>
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### Advice for clinical success
Ask questions, be engaged, take ownership of patients that you see in clinic (eg. call them about lab/imaging results)

Look up the schedule the day before, see why patients are coming in, and help jog the attending/residents’ memory about the patient when they arrive to clinic the next day.

Be good at prioritizing a problem list

Know preventative care

Seek out opportunities to participate outside the clinic.

Just do the Aquifer cases, also if it’s an early rotation you may dip into the resources for other clerkships if there’s a gap somewhere (e.g. OB for stages of labor, pediatrics for developmental milestones). Clinically, it is a great clerkship for solidifying your clinical knowledge but you do need to draw from IM/peds/OB/psych in order to succeed, and probably the best advice I can give is to be flexible and you’ll learn a lot.

Know the presentation, dx steps, differential dx, and treatment of the most common family med symptoms (fever, chest pain, belly ache, etc)

Really focus on the preventative aspect of care (national recommendations and guidelines), you’ll need to know it no matter what you go into.

Offer to be helpful in non-clinical ways...offer to push patients in wheelchairs to their cars, call patients with results, take care of stray children. Try to be somewhat cognizant of the schedule (and if you’re making them get way behind!) Look up the chief complaint on UpToDate prior to seeing the patient because sometimes there’s not much time after the encounter before presenting the patient.

Have a good attitude, work hard, get a good history and do a good physical on each patient, and always take a stab at an assessment and plan. If you have time before presenting to your attending, do some quick research on uptodate for a broader differential and treatment options.

Don’t think of this as an easy rotation. Work just as hard as you would on IM.

Clinical success: take an interest in your patients’ lives

Preceptors seemed to indicate honors students generally try and integrate the patient’s social situation into their plan. i.e. if the patient has no insurance or little cash, say I want to give them x antibiotic even if its not first line because its on the walmart $4 list and the first line is expensive.

Think about preventive care for every patient, even if it's not what they're in clinic for. Do they need vaccines? Colon cancer screening? Mammo? Also get good at being efficient by prioritizing patient concerns and limiting what you talk about.

**Favorite and least favorite parts of this rotation**

- Favorite part of the rotation - I never knew what types of patients I would be seeing that day (even if I reviewed the schedule the night before, sometimes patients didn't want to see a medical student or there was an interesting add-on case). Least favorite part - I worked with a bunch of different preceptors and everyone has a slightly different approach, which can be tough, but this isn’t just a problem in family medicine.

- I liked the scope of practice and switching gears between acute viral illness in a kid to chronic diabetes management in an adult patient. Your experience in any rotation can depend on the people who you are working with.

- Loved the holistic approach to medicine, wished the appointment times were longer in many instances.

- Least; long problem lists, most: procedures

- was in outpatient FM the entire time so that was my least favorite. my site did full scope FM
so i got to use my OBGYN skills to deliver some more babies

- Really nice culture among residents and attendings; a little challenging because the range of medical topics is so broad
- Least favorite was referring patients for most problems rather than completing diagnostic tests in clinic.
- Charting. My preceptor saw 17-18 patients daily. There is a LOT of note writing but you can get really efficient.
- Everyone is nice and good autonomy. same as internal med outpatient...
- Lots of patients, hard to feel that you're doing much because you only ever have time to address 1 maybe 2 problems. I loved counseling patients on preventative care, although it isn't always a fruitful or successful effort, it feels great to think that you might be contributing to someone living a healthier life.
- Favorite – seeing clinic patients multiple times, autonomy, good schedule, procedures (some clinics do lots of derm procedures). Least favorite - slow pace
- I did not love being in clinic all day. I really loved seeing patients of all ages.
- days can be long, patients are awesome
- Least favorite: nothing, I loved FM. Most favorite: the variety of patient presentations, ability to do small procedures (suturing, skin bx, IUD insertion, etc)
- Procedures are fun!
- least -huge patient volume with short visit times; most-living and working in a rural community for the first time
- Least favorite is falling behind in busy clinic, try to stay on schedule. Favorite part was hitting it off with patients I had a lot in common with.
- least favorite isolated in WY as the only med student, favorite: hours were easy
- Loved getting to know patients in clinic and hearing about their lives in a way that not many people get to hear. I also enjoyed getting to work with patients on making small steps toward healthier lives. My least favorite part was the difficulty in having to know such a huge range of information and never really being able to focus on a single thing - being somewhat familiar with IM, peds, and OB.

## Internal Medicine

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>-NBME Practice Exams</td>
<td>-Turkey Book</td>
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<td>-UCSF Hospitalist Handbook</td>
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Advice for clinical success

- Really use the inpatient portion to work on your notes, they love comprehensive notes in IM and it will give you a great chance to practice critical thinking. Know USPSTF guidelines for your patients in clinic.
- For your patients with interesting presentations/pathologies, research and present on that topic to your team frequently (1x/week)
- This is the highest yield rotation in terms of experience and knowledge growth. Make the most of it.
- Take ownership of your patients, build rapport, read about them, come up with your own assessment/plan and present it with confidence.
- If you are new to the game, use a template for morning pre-rounds so you don’t forget stuff to look up on the chart or ask your patient before rounds, and a template for admits. Know the workup and treatment for common inpatient issues (AKI, fever, etc). outpatient is like family med
- Show up early to give yourself plenty of time to round on your patients and prepare your presentations. Take the time to go back to see your patients multiple times throughout the day. Always be willing to pitch in and help with anything. Take initiative to call all the consults for your patients.
- study for the final exam during your outpatient weeks - your inpatient weeks will likely be very busy
- ace the case presentation and invest in learning this early, communicating about pts is key in this rotation
- READ. Read articles/treatment algorithms like your life depends on it. Make flow charts, quiz yourself, read extensively on a condition you see in clinic/wards to help make it stick. Volunteer to take the next admission, if you have enough time. This is the time to push yourself, because you have so much backup and support as a student. It will be beneficial for your future sub-ls/residency (and your attendings/residents will be appreciative) if you take on more than is expected and find a good workflow for yourself in terms of admitting, rounding, charting, etc. Take comments on your notes graciously, and incorporate changes in future notes. That will be noticed!
- be a team player, know your patients the best of anyone on the team (clinically and personally)
- To get honors, have a good plan, but try and be specific about dosing, integrate social situation of patient into plan, cite a study in your plan if relevant and if your attendings seem to like it. Pocket medicine tells you what to do for workup and also will have citations for studies that provide the evidence, so you can look them up through those references.

Favorite and least favorite parts of this rotation

- I loved the inpatient portion as I really felt like I was the main provider for the patients that I saw and got a lot of autonomy. The outpatient portion could be a little monotonous depending on if you are a person who loves clinic or not.
- Really enjoyed feeling responsible for my patients and independently proposing differentials/workups to attendings and then having discussions about the appropriate course of action.
- least: long presentation/rounds, most: interesting pathology
- LOVED this rotation; morning report, noon conference, and med student didactics are all
excellent; teaching rounds are fun; try and follow your patients to procedures they have

- Favorite part - it was the time in third year where I felt most like a doctor! Least favorite - the schedule on inpatient is ROUGH.
- Favorite – get to take ownership of patients on most inpatient rotations, can get procedures. Least favorite – there’s A LOT of Uworld questions to get through and a ton of content to cover
- I really liked inpatient medicine, but did not like clinic. I really felt like I was my patients’ main care provider during this rotation.
- least favorite: long rounds.... most favorite: starting to feel competent in working up a variety of issues
- least-call; most-rapport with medicine team, interesting cases
- Least favorite was fellow med students whose presentation were way to long. Rounding stinks, have good shoes you can stand in.
- least: rounds are really long, favorite: learned a lot!! You get pager so you could have more ownership of your patients
- Least favorite was Q4 call on wards. Most favorite was being able to think about diverse pathophysiology that IM covers.

### OB/GYN

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<td>-NBME practice exams</td>
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**Advice for clinical success**

- Be engaged, ask lots of questions during clinic/surgeries, look up operative procedures the night before and get a sense of what to expect the next day in the OR, be proactive while taking care of patients and do needed tasks without being asked
- Have fun and work hard! If you don't go into OB then this is your only opportunity to partake in deliveries and C sections!
- The qbank through ACOG will get you through the exam. I also read blueprints chapters to review for different services. Success in OB is super site dependent, I would recommend asking students who were at your site before how they succeeded.
- Know the differentials and treatment of most common issues (vaginal bleeding, incontinence, etc). For pregnant patients, know what needs to be done at each gestational week (when to do certain labs, exams, etc)
- Study hard early on--its easy to know most of the material earlier in the rotation so you can shine.
- Get your hands dirty! Do as much as you can, it's so amazing the breadth of clinical, surgical,
preventative, OB experience you can get on this rotation. If you're at all interested in OBGYN, do it at WWAMI site and then do a subi at UW.

- Blueprints (useful to look up patients’ conditions in your free clinic time), I made cheat cards with the weeks of pregnancy and the questions to ask / tests to run
- Take initiative. Show up to deliveries when it’s appropriate, stay through the completion of a delivery even if your day is over (if you can). The more you offer to do, and the more relaxed and warm you are around patients, the more comfortable your attending will be with letting you help. Read about c-sections at the beginning of the rotation, and gyn surgeries the night before they're scheduled (so you have a working knowledge of what’s going to happen and when). Review female pelvic anatomy. Don’t feel discouraged if patients don’t want you involved for something; use the time to study.
- Be enthusiastic, especially if you're a guy. Patients/Providers can feel your apprehension, so get in there!
- If you’re male, be prepared for patients to not want male providers. Use the time to study or do questions on u world. Show interest and find ways to contribute to patient care i.e. transporting patients or helping nursing, because as a male you may not always get the chance to show you know the medicine.
- Being present, and as a guy be prepared to be told you are not welcome in a room. Do that with a smile and people will respect you more and seek out other opportunities for you. Be nice as always to the OB nurses b/c they will set you up for success.
- Say yes to any clinical opportunity offered - this is how you get hands on practice and get better at procedures. Be familiar with pelvic anatomy.

Favorite and least favorite parts of this rotation

- I enjoyed the OB floor though it was high stress, take the opportunity to learn how to read and interpret fetal monitors.
- Enjoyed having a limited set of OR procedures to learn about as I felt this allowed me to understand them better.
- least: waiting for vaginal deliveries in the hospital, most: the gyn surgeries
- My site was high volume and I was the only med student so I delivered > 50 babies by myself.
- Taking part in vaginal deliveries and C-sections was an incredible experience.
- Delivering babies was actually really fun, even though I’m not interested in OBGYN at all. Lots of people have a negative attitude about this rotation but you can have a great experience!
- Favorite – delivering babies! Continuity of care, OR days. Least Favorite – waiting around for babies to be delivered
- Least favorite: long, quiet nights on L&D happen, and they’re not the most fun. Always have something to study, or see if the residents have a mannequin to practice deliveries. Favorite: I loved deliveries (both vaginal and c-section). They’re an amazing thing to be involved in, and are almost always worth the wait!

**Pediatrics**
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<td>- UWorld</td>
<td>- Developmental milestones and vaccination schedule for well-child examinations</td>
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<td>- Case Files</td>
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<td>- Bright Futures</td>
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<td>- Up to Date</td>
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**Advice for clinical success**

- Get good at pediatric physical exams
- know your milestones!
- Foster a relationship not only with the patient but also family.
- Again, do the online cases because that’s where the exam comes from.
- Master the common peds complaints, just like medicine, take ownership of your patients, build rapport with families and keep them informed. Also have the developmental benchmarks memorized for clinic.
- Helpful to have copies of the vaccine schedule and WCC benchmarks available.
- Be curious and as involved as you can, you’ll see a lot of cool pathology and initial diagnoses. Don’t let the well-child visits get you down!
- To study, I would use other resources besides just the assigned cases – they’re sufficient for the test, but not for the wards. Learn the developmental milestones using the interactive chart from the assigned cases.
- Learn the milestones. Learn and use different techniques for interviewing and examining kids of different ages. These are valuable tools for doing well on the rotation, as well as being able to better care for kids later on.
- stay on top of your assignments.. get them done early on. There is A LOT of busy work on this one.
- play with the kids, learn how to hold babies, be engaged with families
- Similar to IM; take initiative, push yourself to take an extra admission or read more about a condition you've seen. Practice appropriate interactions with different ages.
- learn to present to families, build rapport with patients
- To have a good shot at honors, know the medicine and have a good plan, but try and integrate patient social situation into plan. If at childrens inpatient, bring your patient their free book. Make sure your residents or attending see you do it.
- Be enthusiastic and open to any opportunity, know anticipatory guidance like the back of your hand. Before seeing a patient, it was helpful for me to review the age-appropriate questions I wanted to ask the parents.

**Favorite and least favorite parts of this rotation**

- I loved my experience on inpatient and in the PICU. It was sometimes stressful or sad, but it
was definitely a rewarding experience! Well-child examinations can get monotonous, but know the developmental milestones cold and have a resource to look up the vaccination schedule.

- I enjoyed learning how to navigate the family dynamic and how to explain workup and diagnoses to parents of the patients.
- most: the kids, least: stages of development
- Best- newborns Worst- clinic
- LOVED the inpatient part of pediatrics at Seattle Children's--I wish it was longer!
- Least favorite- Long inpatient hours, unfamiliarity with newborn care.
- Working with parents is hard sometimes, but rewarding. I hated ear exams, and crying kids that you had to examen, but when you did connect with a kid and get to joke around with them that was pretty great.
- Favorite – kids are super fun! Peds during wintertime is cool, lots of viral illnesses. Least Favorite – Well child checks can get really monotonous
- I did not love all the well-child checks. I enjoyed taking care of sicker kids with more pathology.
- least favorite: well child checks, most favorite: newborns and peds ICU
- Nonaccidental trauma and CPS are tough, it's ok to struggle with it
- Least favorite: serious pediatric illnesses can be especially emotionally draining/taxing. It is really challenging to see small children suffering; be sure to talk to someone if you feel like you need extra support. Favorite: well-child checks are SO FUN and it’s an excellent opportunity to educate/encourage/congratulate parents on doing a great job.
- Least/most favorite: least- sad cases of child abuse/neglect, most-cute patients and working with Peds hospitalists!
- Least favorite, well child visits. Favorite parts was seeing kids on inpatient service
- doing in a rural area means a lot of bread and butter and not much acute care.
- Least favorite - anticipatory guidance can get repetitive, and you may not get as much hands-on opportunity because people are protective of the patients. Most favorite - kids are hilarious and it’s fun to play with babies and toddlers all day.

**Psychiatry**

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<td>-NBME practice exams</td>
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**Advice for clinical success**

- Get comfortable with the psychiatry interview and psych exam, through observation of your
residents and attendings.

- I had minimal patient responsibility on mine, almost totally shadowed. So can’t provide a ton of feedback on the rotation. NBME tests give you a good sense of what to do study and there are some topics on the shelf that I wouldn’t have studied otherwise
- Remain calm and professional
- Don’t think of this as an easy rotation. Work just as hard as you would on IM.
- Closely observe your attending’s style of interviewing patients with different pathology, and do your best to identify some tricks you can incorporate in your own interviews. LEARN THE DRUGS and their side effects. Maintain appropriate boundaries and safety with patients, without sacrificing empathy.
- Be sincere and straight forward even with weird questions (Are you seeing anything right now that others might not see as well?)
- BE THOROUGH when interviewing - don’t be afraid to ask questions that make you uncomfortable
- Do your reading on the different psychiatric disorders and how to treat them. Learn and use different techniques for interviewing patients with psychiatric disorders.
- Try to see ECT! Write down good phrases during patient interviews to use later (especially with sensitive topics). Follow safety precautions, bring a chaperone if needed, leave the room if you feel unsafe.
- This is a great rotation for learning how to have tactful conversations with patients that are not straightforward, and also to employ a new depth of compassion for people who can be difficult to relate to. Psych is going to be a part of ALL OF OUR PRACTICES, take it seriously and learn all you can. Don’t forget your medicine, and always include 1-2 medical causes in your differentials.
- really know the DSM criteria inside and out
- Practice your motivational interviewing skills and therapeutic communication skills
- take time getting to know your patients
- Don’t be afraid to step out of your comfort zone and interview patients from day 1! Everyone has different styles, no one expects you to be a master of psychotherapy from the get go.
- Know medication side effects and indications/contraindications for a medication (eg if a patient has a history of seizures, bupropion is not going to be the choice for them)

Favorite and least favorite parts of this rotation

- Least favorite was feeling like it was too hard to positively affect patients through inpatient psych hospitalization. most favorite was focusing on functional status and giving people tools they could use to improve mental health.
- Least favorite = Outpatient psych...not much responsibility for med students to do at least at my site. turned into a few weeks of shadowing
- Least/most favorite: least- upsetting stories, most- lots of time to spend with patients, psychiatrists pay attention to how they treat their colleagues
- Try to avoid getting psychiatrically evaluated by your attendings or residents
- Least favorite: It was incredibly difficult to see patients committed involuntarily for severe psychosis, who would be stabilized and eventually released without housing or any other meaningful support. Favorite: For a large number of patients, inpatient treatment would
almost entirely correct the severe pathology they demonstrated on admission.

- least favorite: seeing how difficult it is to make progress with psych inpatients, most favorite: this rotation offered the most patient interaction of any rotation
- My least favorite part was when we weren't able to do much to help our patients. My favorite part was seeing the transformation of the patients we were able to help.
- Favorite – talking to patients during down time, seeing interesting pathology like schizophrenia and manic episodes. Least Favorite – we don't have a lot of tools to help with psych problems
- Favorite: great stories, lots of really deep topics covered, distinct way of thinking. Least favorite: No physical contact with patients.
- Often times the days seem long and uneventful, however this is a rotation where you will have more time for extracurricular activities
- lots of learning on the inpatient unit; cool to learn about pharmacology; sometimes interactions can be tough and uncomfortable--just try to roll with it
- Best- Motivational interviewing seminar
- least: the meds/side effects is a lot of memorization, most: getting to know your patients
- Enjoyed the continuity in patient care on the inpatient unit, enjoyed longer conversations with patients than I was able to have on other rotations.
- I liked the inpatient portion of my rotation doing consults in the hospital. Clinic appointments can be long in psychiatry so take the time to get to know the patient and think through their diagnosis.

## Surgery

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<td>-DeVirgilio book</td>
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### Advice for clinical success

- Practice knot tying and suturing in your spare time so that you are ready when they ask you to do it in the OR - it's always when you least expect it. Always be prepared for the cases you're scrubbing on - the surgical atlas with pictures is helpful for this. Don't take pimping/rudeness personally, use it as a learning opportunity.
- Practice suturing before starting. Learn how to palm your needle drivers...they will be impressed. Always be smiling and ready to do grunt work. Even if your attendings write short notes...you still MUST differential-ize in yours.
- Zollinger Surgical atlas to prepare for cases, Visual Body anatomy for review, be prepared (look up cases and clinic patients the night before), work as hard as you possibly can for 6 weeks, be present and eager to learn
- Read De Virgilios text! It serves as a more up to date and thorough version of Pestana’s and...
has better practice questions. I was pimped and tested on items that were found in this book and not in Pestana.

- **When in the OR:** When you walk into the OR, immediately introduce yourself (with a smile on your face, also better safe than sorry so I would always make sure to have a hat and mask on) to the OR nurse and scrub tech, say your name and that you are a medical student, and write your name on the white board!! If these people like you, your life will be easier. Ask if you can pull your gown/gloves for them. If you don’t feel confident opening them in a sterile fashion, ask the nurse for help, just don’t contaminate their table. Ask where the best place to stand is and rest your hands (lightly) on the patient or on your abdomen so that everyone can see your hands and they remain sterile.

- **Your chances to impress with sewing or driving the camera in the OR will be limited, recommend practicing knots and laparoscopy in WISH lab before rotation if you’re shooting for honors or wanting to do surgical residency.**

- **Recommend doing this rotation in WWAMI region, away from residents.**

- **Put your head down and grind it out. Anticipate needs and try to be helpful.**

- **Read about surgeries beforehand. Practice suturing beforehand, if you can. Practice gowning/gloving if you can. Be super aware of the sterile field, keep quiet when surgeries are tense, but make it clear that you’re interested and willing to help. One GREAT tip that will make your life in the OR so much better is to get on the good side of the OR nurses; introduce yourself before the case, ask if you can bring gloves/gown into the room, write your name on the board, etc. Offer to help prep the patient, and definitely help clean up the patient/prepare them for transport to the floor once the case is done. There are lots of little things that you can help with, don’t hesitate to do so. EAT BEFORE CASES!**

- **prep for the OR meaning know the pts HPI/presentation, know the relevant anatomy for the case, know the BASIC steps for an operation - you will not be asked the details - but it helps if you have an idea what the major steps and landmarks are that guides the case, this helps with questions in the OR and with having a general understanding of what is going on...Advice in addition to prepping for the OR, would be to be proactive in learning opportunities**

- **1) SURGICAL RECALL**

- **2) SURGICAL RECALL**

- **3) SURGICAL RECALL**

- **Be enthusiastic. Read the night before about the surgeries the next day, especially about the anatomy, because you will get pimped. Don’t get down on yourself if you don’t know all the answers when you are pimped, but go home that night and read over it so you know the answers for the next time.**

- **Learn all your knots before starting. You can ask to do closures if there’s time. If you can’t see, then the surgeon can’t see (tip for being a good assistant!) Try to anticipate what they’ll need next (e.g. if they are suturing, grab the scissors). There’s a huge range of work hours based on site, which can affect the amount of time you have to study for the shelf.**

- **Focus on anatomy, pre-surgical requirements and evaluations, and post-surgical complications. Demonstrate enthusiasm for surgery, but focus on caring for patients (you can do more on the floor and interviewing patient’s)**

- **be helpful but don’t get in the way. if assisting in OR be able to anticipate what you can do to move the case along (help nurses get patient ready in OR, help anesthesia get lines in, etc). know how to workup post-op issues (post-op fever, no stool, etc)**

- **Study the anatomy the night before a case so you’re familiar when you get pimped, practice
suturing (OR staff give me materials to practice at home). Don’t be afraid to ask how you can get more involved in the OR. Just by asking, the attending will realize your interested and perhaps allow you to play a more active role on the case.

- Work hard, learn about your patients, prepare for cases ahead of time by learning about relevant anatomy
- Prep for the surgeries the night before and read up on them; try to stay engaged with what’s going on and be observant even when you’re just watching
- Watch the procedure on YouTube so you’ve seen it before and don’t get lost with the anatomy and you have appropriate questions during the case. Learn to suture, even if you don’t want to be a surgeon.
- Know your patients in the OR, indications, potential complications, post op care for the surgery
- Look up procedures the night before to know what to expect in the OR, frame questions in such a way that shows you know something about the anatomy and/or the indication for surgery.

**Favorite and least favorite parts of this rotation**

- Least favorite - long hours, the OR can be stressful as a student who is new to the environment. Most favorite - getting to see anatomy in real life, helping with life-saving procedures.
- Least-early and long hours; most-incredible trauma surgeries
- Lots of fun!
- Long hours of grunt work. Seeing amazing anatomy and critical care surgery
- Least favorite: Long cases where you can't do much will happen. You can try and quiz yourself on anatomy you're seeing on screen (in a laparoscopic surgery) to keep your mind engaged. Favorite: any chance to drive the camera/suture/other procedural experience. Also, participating in traumas while on call was fascinating.
- Loved this rotation, OR is great and if you show interest I think that goes a long ways
- Least favorite: disenchanted residents/ the culture, most favorite: the OR is an amazing place where we can actually FIX something
- I enjoyed the surgeries--assisting and suturing was really fun. I did not enjoy clinic, as I felt there wasn't much for me to do, because most of the appointments were pre-ops and post-ops.
- Favorite – suture practice, interesting pathology. Least Favorite – rounding on patients after surgery (can get monotonous)
- Favorite: LOVE SURGERY and all the diversity. Least favorite: Hours and occasionally intense culture.
- Very long hours on surgery and hard to find time for life outside of medicine or time to study for the exam.
- Pretty amazing surgeries to scrub into (AAA, lap whipple), it’s a steep learning curve especially early on in the year but try to have fun!
- Least: long clinic sometimes favorite: the OR
- Enjoyed the personalities of the OR
REQUIRED EXPLORE AND FOCUS (4TH YEAR) CLERKSHIPS

EMERGENCY MEDICINE

Exam Advice:

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

Clinical Advice:

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

Exam Advice:

- **Key Points:** First Aid for Step 1 (not stand-alone), Case Files, Qbank, First Aid CK, and NBME practice exams.
- Neurology is a VERY broad field, so try not to get overwhelmed. Find a mental classification system that works for you. Dr. Kraus recommends thinking by level of the nervous system (brain, brainstem, spinal cord, etc.).
- Time management is really important on this clerkship - only 4 weeks to do weekly cases, a CEX, ethics write-up, presentation, and study for the shelf.
- This clerkship is good preparation for CK if you are able to take it before then.

Clinical advice:

- **Key Points:** Learn neuro exam well, have residents/attendings observe you, and ask for tips.
- A basic neurology text will be essential for reference during this rotation. Many are available online via the UW library portal. *Clinical Neurology* (Aminoff) is one text you could try out.
- There is a huge difference in sites based on whether the neurology is mostly inpatient or mostly outpatient - consider when ranking sites and rank according to experience you want.
- Ask residents/attendings to observe troublesome parts of your neurological examination and help you to hone these skills (same with grading reflexes).
- Read up on any abnormal clinical findings and use this knowledge to build your differential
SPECIFIC ELECTIVES

FAVORITE ELECTIVES: Dermatology, Anesthesiology (lots of intubations out in WWAMI)

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

CARDIOTHORACIC SURGERY
- Pros: They make the OR a priority and surgeries/anatomy are amazing
- Cons: The hours are long (think 80 hour work week) and may not get to do a ton in the OR

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

UROLOGY
- Pros: Nice people, you won’t find an unhappy one in the bunch. Call themselves “type B surgeons.” Lots of interesting cases with a learner-friendly OR atmosphere.
- Cons: Not for you if you don’t want a lot of OR time. Hours will be long.

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

OPHTHALMOLOGY
- Easier rotation with good flexibility during interview season

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

GYN-ONC
- Pros: Incredible surgical cases with lots of OR time, learn the management of sick patients on the floor, able to see chemo management at SCCA
- Cons: Some attendings offer tough-love, not for the thin-skinned, tough hours

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

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

AMBULATORY SURGERY (CHILDREN’S)
• Lots of learning about bread & butter as well as zebra pediatric cases; All clinic time and no OR

RADIOLOGY
• generally low-key
• helpful for reviewing relevant anatomy and physiology
• helpful in nearly all specialties to be able to read a chest radiograph correctly
• 2 week option: no test
• 4 week option: test is actually hard, study with online textbook they provide, but if trying to honors, you will need to supplement.

MICU
• Study with: Pocket Medicine, Step Up to Medicine, UpToDate, Course Website

GERIATRICS
• Study with: Pocket Medicine, Step Up to Medicine, UpToDate

INFECTIOUS DISEASE
• Study using MedBullets, Step Up to Medicine, UpToDate

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

DERMATOLOGY
• Study with AAD online curriculum, UpToDate sections

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

GAP YEAR AND RESEARCH YEAR

Gap year during medical school: 7% of AOA members reported taking a gap year, though this number varies every year

Reasons for taking a gap year:
● Research
● Master's in Public Health (Global Health)
● To have more time to decide on a specialty
● To build up my application for a competitive specialty
● Personal reasons

**Funding resources:**

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

**Mentorship and other resources:**

● Talk to A-300 as soon as possible (for paperwork)
● Feel free to look outside of UW for other opportunities
● Don't feel obligated to do things the “normal” way
● When picking a mentor: balance a mentor who is well-connected but may have less time for a student vs a newer mentor with more time. Be clear about your needs and find a mentor who can support your goals.

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**FREE TIME DURING EXPLORE AND FOCUS (MS4) YEAR**

**Moral of the story:** Have fun! Relax! Travel! Enjoy! Take a vacation!

● Consider leaving decompression time for the end of the year.
● Consider doing a helpful rotation to your specialty (elective, sub-I) in winter or spring quarter to refresh your memory closer to the start of residency.
● When choosing electives, go for ones that will either prepare you for intern year or allow you to experience an aspect of medicine you might not see again.
● Couples matching: expect to take off 2-2.5 months for interviews, without anything else scheduled during that time.
● Make sure to take enough credits per quarter to receive financial aid, but don't take more credits than you need. Rest and relaxation are also important!
● Plan interview time when building your 4th year schedule - know the interview-heavy months for your specialty.
● Build interviews into 4-5 day vacations if you want (Pro-tips: Skiplagged for finding cheaper flights, get TSA precheck).
● Consider taking summer C off to finish residency applications and take Step 2 CS without having to balance a rotation as well.
CHOOSING YOUR MEDICAL SPECIALTY

- AAMC is an excellent resource on 120 specialties; plus self-assessments investigating your personality and values, as well as choosing a specialty and residency program.
  - Careers website: https://www.aamc.org/cim/
  - Assessment URL: https://www.aamc.org/cim/specialty/understandyourself/assessments/
- Start EARLY—okay not to be certain, however early networking, being involved in interest group leadership and/or research early will increase your competitiveness
  - Career advisors for each specialty: https://www.uwmedicine.org/education/Documents/Career%20Advisors%20FAQ%202018%20-%20FINAL.pdf
- Follow your passion and be open to changing your path
- Pursue opportunities to experience different specialties (i.e., mentors, shadowing, electives)
- Ask residents or attendings both what they love about their specialty as well as what they dislike or find to be difficult
<table>
<thead>
<tr>
<th>Aspects of Different Specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anesthesia</strong></td>
</tr>
<tr>
<td>- Love physiology</td>
</tr>
<tr>
<td>- Technical skill with a lot of hands on procedures; connects basic sciences and clinical medicine</td>
</tr>
<tr>
<td>- Great flexibility in schedule</td>
</tr>
<tr>
<td>- Patient contact but no long term responsibilities</td>
</tr>
<tr>
<td><strong>Dermatology</strong></td>
</tr>
<tr>
<td>- Wide variety of skin disorders and patient populations (all ages and genders)</td>
</tr>
<tr>
<td>- Great hours, no night call</td>
</tr>
<tr>
<td>- Results of treatment are tangible/visible to you and the patient</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
</tr>
<tr>
<td>- Wide spectrum of patients/problems; hands-on</td>
</tr>
<tr>
<td>- Shift work lends to a nice lifestyle</td>
</tr>
<tr>
<td><strong>Family Medicine</strong></td>
</tr>
<tr>
<td>- Variety, ability to specialize later if desired</td>
</tr>
<tr>
<td>- Continuity, work with all ages</td>
</tr>
<tr>
<td>- Able to care for the WHOLE person (and maybe their family too)</td>
</tr>
<tr>
<td><strong>General Surgery</strong></td>
</tr>
<tr>
<td>- Fixing an acute problem</td>
</tr>
<tr>
<td>- Enjoy working with their hands and love the OR</td>
</tr>
<tr>
<td>- Quick thinking, team work</td>
</tr>
<tr>
<td>- Lifestyle can be demanding</td>
</tr>
<tr>
<td><strong>Internal Medicine</strong></td>
</tr>
<tr>
<td>- Complex pathophysiology, critical thinking</td>
</tr>
<tr>
<td>- Diverse career possibilities</td>
</tr>
<tr>
<td>- Working with adult patients</td>
</tr>
<tr>
<td>- Focus on education/teaching</td>
</tr>
<tr>
<td><strong>Neurology</strong></td>
</tr>
<tr>
<td>- Intellectual challenge and complexity</td>
</tr>
<tr>
<td>- Diagnostics via a detailed physical exam</td>
</tr>
<tr>
<td><strong>OB/GYN</strong></td>
</tr>
<tr>
<td>- Variety in clinical work (surgery, clinic, labor &amp; delivery) that is fast paced</td>
</tr>
<tr>
<td>- Broad field with many areas to sub-specialize</td>
</tr>
<tr>
<td>- Female patient population with intimate/critical health problems, could have long term relationships with patients</td>
</tr>
<tr>
<td><strong>Orthopedics</strong></td>
</tr>
<tr>
<td>- Continual advancements in the field</td>
</tr>
<tr>
<td>- Working with your hands and new tech, seeing immediate results</td>
</tr>
<tr>
<td>- Enjoy MSK anatomy</td>
</tr>
<tr>
<td><strong>Pediatrics</strong></td>
</tr>
<tr>
<td>- Value making connections with patients and their families</td>
</tr>
<tr>
<td>- Anticipatory guidance, preventative medicine, and health maintenance</td>
</tr>
<tr>
<td>- Working with kids who are resilient and bounce back from tragedy/illness</td>
</tr>
<tr>
<td><strong>PM&amp;R</strong></td>
</tr>
<tr>
<td>- Breadth of practice (it incorporates orthopedics, neuro, child development, sports med, etc.)</td>
</tr>
<tr>
<td>- Holistic approach with an orientation toward the patient rather than the disease</td>
</tr>
<tr>
<td>- Team-based approach to the patient</td>
</tr>
<tr>
<td><strong>Psychiatry</strong></td>
</tr>
<tr>
<td>- Interesting patients</td>
</tr>
<tr>
<td>- Emotionally challenging but quite rewarding</td>
</tr>
<tr>
<td>- Lifestyle is great</td>
</tr>
</tbody>
</table>
- Rewarding patient care experiences

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

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

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

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**Applying to Residency by Specialty**

General comments:
- **In general:** Most of the advice listed below can be used across many specialties. Generally speaking, doing well on clerkships, having mentors willing to write strong letters of rec, good step scores, and CV boosters (leadership, service, research), will get you far in all specialties!!
- **Away rotations:** For specialties requiring away rotations, the key is to apply EARLY. (fyi, sub-I is not necessarily an away rotation)
  - **Applying:** You apply through VSAS (but some programs have their own application procedures). When programs open up their applications (sometime January-March...all of them have different dates), apply first thing. It is important to submit your application on the day the program begins accepting applications. Some programs require LORs with your application, so check for program specific requirements on VSAS
  - Good resource for reviews of programs: SDN
  - **Date:** May-September. If you do it too close to September 15 (ERAS application due), it’s not enough time to put the grade and letters from the away into your application
  - **Location:** Try to do your aways at a program you want to end up at for residency. It’s a good way to get a feel of the program and seeing if it is a good fit. Aways can increase your chances of interviewing and matching at certain programs. It could be that the program is very prestigious and a letter of rec from there will boost your application.
  - **Letter of recommendation:** Secure a letter from your aways. Generally, try to get it from the chair or program director, unless the program does committee/standardized letters
  - **Interviews:** Some away rotations will include an interview, which will save you having to travel back there during interview season.

<table>
<thead>
<tr>
<th>Anesthesiology (n=1) updated 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes a strong applicant?</td>
</tr>
</tbody>
</table>
| NRMP data from matched applicants (2018 match) | Match rate: 96%  
Mean Step 1: 232  
Mean abstracts, presentations, pubs: 4.5  
Mean volunteer experiences: 6.4  
% in AOA: 10% |
| Helpful advisors?                   | **Dr. Michael L Hall** will connect with a departmental advisor |
| Sub-I recommended?                  | Must complete a home 4 week advanced anesthesia rotation by September of MS4 year |
| Away rotations?                    | Mixed advice. UW may discourage it but other schools may encourage. Some institutions explicitly state that if you do an away rotation at their institution, your performance will not be factored into their interviewing/ranking decisions. If there’s a program you are really interested in, maybe you should do an away (also consider making a good impression over 4 weeks vs just on interview day) |
| How important are board scores?    | Average weight; I did not see any absolute cut-offs on the program pages I looked at |
| Letters of recommendation?         | At least 1 letter from an anesthesiologist required, typically; good to have 2; also should have letters from medicine and any other clerkships where you really clicked with the attending and know she/he could write a strong letter; if you are applying for medicine pre-lim, will need a medicine department letter |
| How many programs did you apply to/interview at? | 24 applied; 14 interviews |
| When are interviews? When did you take time off? | **Late October to late January**: peaks in December. I took the month of November and the month of January; would recommend taking 8 weeks total if planning on also doing prelim/transitional year interviews (I ended up doing about 20 interviews total) |
| **What makes a strong applicant?** | --Great Step 1 score, clinical grades, volunteering, student leadership, LOR, research all beneficial  
--Although the stats associated with a typical derm applicant are intimidating, many programs will consider your application despite some "deficiencies". Strong clinical grades, tangible evidence that you have a true interest in the field of dermatology, favorable recommendations from away rotations, and some research (even if it’s not published or in the field of Dermatology) are all helpful ways to hurdle the initial screening barriers. |
| **NRMP data from matched applicants (2018 match)** | Match rate: 81.6%  
Mean Step 1: 249  
Mean abstracts, presentations, pubs: 14.7  
Mean volunteer experiences: 9.1  
% in AOA: 49% |
| **Advice for years MS1-4** | MS1: Reach out to Dr. Vary and Colven for networking and research  
MS2: focus on Step1  
MS3: continue research, do well on Step 2, apply EARLY to away rotations  
MS4: do well on derm rotation and aways |
| **Helpful advisors?** | **Dr. Jay Vary** is the med student advisor. He responds quickly to emails and will tell you the truth regarding your chances of matching. Can help you find research projects  
**Dr. Colven**, the program director |
| **Sub-I recommended?** | No real "sub-Is" in derm but you should complete the 4-week derm rotation at UW |
| **Away rotations?** | **Yes, at least one.** Many do 2. Do them in June-September. Get LORs!  
Away rotations are critical. A way to connect with programs to secure interviews and letters of rec.  
**Average score in 2016 was 249 and is only going up.**  
**Helpful to have great scores but not imperative.** My step 1 score was below average for derm. Despite this I still received interviews. |
| **Letters of recommendation?** | **3-4 LOR** from academic dermatologists (home and away). A few programs use a standardized letter they want you to have at least one of. If you get a letter from an away try to get from chair or PD  
If you have a strong Medicine letter (especially one that may be able to speak to who you are as a person), may be another option |
| **How many programs did you apply to/interview at?** | Applied to 80, received 5 interviews (2018 match)  
Applied to 70. Interviewed at 6. (2018 match) |
| **When are interviews? When did you take time off?** | **December-January.** Some into early Feb.  
**Prelim interviews start as early as October.** I took off mid-Nov to mid-Jan. |
| What makes a strong applicant? | Good clinical grades (especially EM and away rotation grades); good letters of recs from both home and away rotations; decent step scores; being a fun, good, and decent human being; being passionate about medicine; and having interests outside of medicine. |
| NRMP data from matched applicants (2018 match) | Match rate: 91.4%  
Mean Step 1: 233  
Mean abstracts, presentations, pubs: 3.7  
Mean volunteer experiences: 7.3  
% in AOA: 12% |
| Advice for years MS1-4 | MS1/2: Join EMIG leadership. Sign up for shadowing shifts. Consider research  
MS3/4: focus on core clerkships. Contact Alexis Rush in January to be assigned faculty advisor. Apply for sub-i early (Jan-Feb-submit when VSAS opens). Join EMRA before EM clerkship. Listen to EM-Rap C3 episodes. EMS grand rounds at HMC |
| Helpful advisors? | All the UW EM advisors are great (specifically named: Jamie Shandro, Dr. Jauregui); contact the EM department (Alexis Rush) and they’ll connect you with one. |
| Sub-I recommended? | Doing the home EM rotation as early in the summer as possible serves as the sub-I; then do one or more away rotations. |
| Away rotations? | At least one required. Start the VSAS process in Jan/Feb of 3rd year and try to get to a competitive program for your away. |
| How important are board scores? | Average weight. Clinical grades certainly matter more. Having great scores will always help you, but you can absolutely match with average scores. Certain programs and nice geographic areas are more competitive, and good scores may help you get a foot in the door in these places. |
| Letters of recommendation? | 3-4 LOR: 2x SLOE (Standardized Letter of Evaluation, from your home and away EM rotations); 1x EM faculty; 1x outside EM faculty (IM or Surgery preferred) |
| How many programs did you apply to/interview at? | -Applied 20, attended 10 interviews. Applied to 25 got 10 interviews  
-Applied 30, 25 offers, attended 10. Applied 50, 27 offers, 13 interviews |
| When are interviews? When did you take time off? | October-January. Majority Nov-Dec. Took off November and December. |
**Family Medicine** *(n=1)*  
*updated 2019*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes a strong applicant?</td>
<td>--Previous experience in family medicine (RUOP, prior work history, etc), long term commitment to volunteerism, thoughtful consideration of determinants of health, Gold Humanism likely more helpful than AOA, but AOA doesn’t hurt. --Passionate about service/community medicine/advocacy as exemplified through participation in extracurriculars, good LORs, good performance in clerkships</td>
</tr>
</tbody>
</table>
| NRMP data from matched applicants (2018 match) | Match rate: 95.3%  
Mean Step 1: 220  
Mean abstracts, presentations, pubs: 3  
Mean volunteer experiences: 7.7  
% in AOA: 7% |
| Advice for years MS1-4 | MS1/2: FM experiences-join interest groups, conferences  
MS3/4: do well on FM rotation |
| Helpful advisors? | All FM advisors great. Specifically mentioned: Jeanne Cawse-Lucas, Tomoko Sairenji |
| Sub-I recommended? | Yes, but not required |
| Away rotations? | Absolutely not required, and most people don’t. But you can do one if you’re really interested in that particular program. |
| How important are board scores? | --Moderately; a low or borderline score can many times be remedied by strengths in other places. But good board scores are definitely noticed |
| Letters of recommendation? | 3 LOR, it’s nice to request 4 just in case one falls through. One should be from a family medicine provider, the others can be anything. Mine were two FM (one of which was a program director), one IM, and one OBGYN. |
| How many programs did you apply to/interview at? | --Applied to 13, offered 12, interviewed at 9. |
| When are interviews? When did you take time off? | End October-Beginning of January.  
--I took off Nov-Dec |
### General Surgery (n=3) updated 2019

<table>
<thead>
<tr>
<th><strong>What makes a strong applicant?</strong></th>
<th>Determination, dedication, passion for surgery, team player, hard working, self-reflective and certain about surgery, strong awareness of what being a surgeon means; Good letters, Strong clerkship grades, research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NRMP data from matched applicants (2018 match)</strong></td>
<td><strong>Match rate: 84%</strong>&lt;br&gt;<strong>Mean Step 1: 236</strong>&lt;br&gt;<strong>Mean abstracts, presentations, pubs: 6.2</strong>&lt;br&gt;<strong>Mean volunteer experiences: 7</strong>&lt;br&gt;<strong>% in AOA: 19%</strong></td>
</tr>
<tr>
<td><strong>Advice for years MS1-4</strong></td>
<td>MS1/2: research, leadership, study step 1. Explore all the surgery specialties. Get OR time. Identify mentors early&lt;br&gt;MS3/4: do well on clerkships (honors in surgery and medicine) and focus on getting good letters</td>
</tr>
<tr>
<td><strong>Helpful advisors?</strong></td>
<td><strong>Dr. Hugh Foy</strong> (HMC), <strong>Dr. Roger Tatum</strong> (VA), Dr. Calhoun</td>
</tr>
<tr>
<td><strong>Sub-I recommended?</strong></td>
<td>Should do gen surg sub-i at HMC</td>
</tr>
<tr>
<td><strong>Away rotations?</strong></td>
<td>No required. Not unless you really want to take a closer look at a program, or if it is a more competitive “reach” program and you want a better chance of getting an interview. Most people do not</td>
</tr>
<tr>
<td><strong>How important are board scores?</strong></td>
<td>Only to get you within the range of applicants who are extended invitations to interview.&lt;br&gt;<strong>&gt;230 is preferred, few select programs have minimum cut-offs &gt;240+</strong></td>
</tr>
<tr>
<td><strong>Letters of recommendation?</strong></td>
<td><strong>4 LOR:</strong> 3 preferably from surgical mentors (big name &gt;&gt; knows you well) + Departmental letter (through Dept of Surgery). Can be research mentor Departmental Letter (written by Dr. Foy, signed by Chairman of the Dept).</td>
</tr>
<tr>
<td><strong>How many programs did you apply to/interview at?</strong></td>
<td>Applied 40, interviewed at 14; Applied 58, interviewed at 11&lt;br&gt;Applied 46, interviewed at 18</td>
</tr>
<tr>
<td><strong>When are interviews? When did you take time off?</strong></td>
<td>Start as early as late October and go until late January. Took December-January off</td>
</tr>
<tr>
<td><strong>What makes a strong applicant?</strong></td>
<td>--Caring, interesting in forming strong connections with other people, &quot;patient-centered&quot;; has had some leadership and/or volunteer experience; can explain why they want to work with adults; expresses a strong interest in pathophysiology and detail-driven, logical thinking/problem-solving; strong letters of recommendation and strong clinical grades --Strong performances and letters while coming from the University of Washington will make you competitive at most places. High board scores will help keep you in contention at the &quot;elite&quot; academic institutions. --Internal medicine can be extremely competitive at the top 5-10 institutions, however there is likely a great place for training for applicants of any strength</td>
</tr>
</tbody>
</table>
| **NRMP data from matched applicants (2018 match)** | Match rate: 97.9%  
Mean Step 1: 233  
Mean abstracts, presentations, pubs: 5.1  
Mean volunteer experiences: 6.8  
% in AOA: 17% |
| **Advice for years MS1-4** | MS1/2: join interest group based on your passion, leadership, volunteer MS3/4: do well on clerkship (honors in medicine), reach out to advisor early as there is specific advice regarding scheduling 4th year sub-I’s and electives |
| **Helpful advisors?** | **Dr. Paauw** (is the best), Kathi Sleavin |
| **Sub-I recommended?** | Not required. Definitely do one before interviews if you didn’t honor your 3rd year medicine clerkship. If you did, you should still do one but can wait until later in the year, just be prepared to be asked about why you haven’t done one yet on interviews (though came up less than I expected). MICU (MEDECK 620) is great if you want to get some experience there prior to intern year. |
| **Away rotations?** | **Not necessary.** |
| **How important are board scores?** | --Moderately. If you want to apply to a really competitive program then having board scores in the 240 range is helpful. Overall, many programs talked about how they pride themselves on being holistic in admissions and try not to reduce you to a single Step 1 score. |
| **Letters of recommendation?** | **3 LOR required.** You must have 2 and neither of them needs to be from a famous UW professor. You get a third departmental letter from an assigned IM advisor. There is a 4th optional letter that can be from anyone at all in any specialty who is going to speak highly of you and ideally brings a different perspective than your other 2 writers. |
| **How many programs did you apply to/interview at?** | Applied to 33, interviewed at 14; applied 26 interviewed 11  
Applied 19, offered 18, interviewed at 9; applied 20 interviewed 11 |
| **When are interviews? When did you take time off?** | **End of October to early February.**  
Most in November/December |
<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>Strong record in medicine and pediatrics. Good letters of recommendation. And then some other bonus on your CV - whether that is research, service, or other.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful advisors?</td>
<td><strong>Susan Hunt</strong> (she is Med-Peds trained faculty here at UW)</td>
</tr>
<tr>
<td>Sub-I recommended?</td>
<td><strong>Yes - for both medicine and pediatrics</strong></td>
</tr>
<tr>
<td>Away rotations?</td>
<td>Not needed, unless you are extremely interested in one program</td>
</tr>
<tr>
<td>How important are board scores?</td>
<td>Not extremely</td>
</tr>
<tr>
<td>Letters of recommendation?</td>
<td>Will need letters from the Chair of Pediatrics and Chair of Medicine as well as one IM letter and one peds letter</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>I dual applied in Med-Peds and Peds. 8 Med-Peds programs and 10 Peds programs. Got all my interview invites but ended up only interviewing at 5 Peds and 5 Med-Peds programs.</td>
</tr>
<tr>
<td>When are interviews? When did you take time off?</td>
<td><strong>October 20-early January.</strong> I took off Autumn B and C</td>
</tr>
</tbody>
</table>
### What makes a strong applicant?

Good step score and clerkship grades, strong letters from your sub-i’s, research

### NRMP data from matched applicants (2018 match)

- Match rate: 86.4%
- Mean Step 1: 245
- Mean abstracts, presentations, pubs: 18.3
- Mean volunteer experiences: 7
- % in AOA: 32

### Advice for years MS1-4

- **MS1-** connecting with research advisor/project if possible, focusing on studying and getting good grades. Sign up for AANS UW chapter to get mentoring from other students. **MS2-** continuing research project, study hard for Step 1 **MS3-** do well on clerkships, get VSAS ready, talk to advisors/other students about picking out sub I’s and where to apply and how to plan out 4th year scheduling, **MS4-** sub I’s, ERAS submission, have fun and enjoy your year!

### Helpful advisors?

Dr. Ellenbogen will be your faculty advisor, but I highly recommend getting connected with another advisor for research.

### Sub-I recommended?

Do neurosurgery instead of neurology rotation

### Away rotations?

Yes. 2-4

### How important are board scores?

Important

### Letters of recommendation?

**4 LOR:** all from neurosurgeons

### How many programs did you apply to/interview at?

Applied 70, got 30 invites, interview at 15

### When are interviews? When did you take time off?

Most in November and December. Some in October, January and February
<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>High clerkship grades in OBGYN, Family Medicine, and Surgery; good board scores; research or service work pertaining to women’s health or patient advocacy to differentiate yourself.</th>
</tr>
</thead>
</table>
| NRMP data from matched applicants (2018 match) | Match rate: 87.9%  
Mean Step 1: 230  
Mean abstracts, presentations, pubs: 4.9  
Mean volunteer experiences: 8.5  
AOA: 16% |
| Advice for years MS1-4 | MS1/2: OBGYN interest groups, some research in field, consider community involvement with some women’s health  
MS3/4: Honor in OBGYN rotation. Doing well in medicine and surgery too |
| Helpful advisors? | --MS3 OBGYN preceptor, Sub-I preceptor, Dr. Mendiratta, Dr. Prager  
--Alyssa Stephenson-Famy (UW OBGYN, MFM Division and assistant residency program director)  
--Dr. Urban for gyn-onc |
| Sub-I recommended? | --Yes - It will give you an opportunity for another strong LOR and ability to act as an intern. It also helped me clarify my career goals and make the final decision on OBGYN. Can do gyn-onc or MFM |
| Away rotations? | --Not required but many on the interview trail did do one.  
--If you want an interview at a specific program or high tier programs, this is helpful.  
--The advice from UW faculty is that it is not necessary unless there is a significant geographical limitation or some significant concerning issue with you application (e.g. failed a clerkship, failed Step 1, etc...). |
| How important are board scores? | Moderately important. As the specialty becomes more competitive, this matters more. The scores may dictate the number of programs you apply to or whether you look at more community vs. academic programs. Dr. Mendiratta can help you determine the #. |
| Letters of recommendation? | 3-4 LOR, with about third to half requiring a Department Chair Letter. Usually programs required two from an OBGYN.  
Speak to your OBGYN advisor about how to obtain a Department Chair Letter as they have a standardized way of going about it. |
| How many programs did you apply to/interview at? | Applied 45, did 12 interviews |
| When are interviews? When did you take time off? | Late October to early January.  
Most in November and December |
<table>
<thead>
<tr>
<th><strong>What makes a strong applicant?</strong></th>
<th>High board scores, strong clinical grades, research experience, ophthalmology-specific activities</th>
</tr>
</thead>
</table>
| **SF match data from matched applicants (2018 match)** | Match rate: 86%  
Mean Step 1: 245 |
| **Advice for years MS1-4** | MS1/2: Step 1, some research  
MS3/4: Honors, some research |
<p>| <strong>Helpful advisors?</strong> | Dr. Courtney Francis; Dr. Parisa Taravati |
| <strong>Sub-I recommended?</strong> | If you only did a 2 week rotation then yes; if not, there’s only the 4 week one available right now. |
| <strong>Away rotations?</strong> | Not required; but helpful to get a better view of programs and if you’re interested in a specific location |
| <strong>How important are board scores?</strong> | Most people have high scores, but like anything, there are exceptions |
| <strong>Letters of recommendation?</strong> | 3 LOR; at least 2 ophth |
| <strong>How many programs did you apply to/interview at?</strong> | Applied 70 programs, 16 invites, 11 interviews |
| <strong>When are interviews? When did you take time off?</strong> | Mid-October to mid-December; I was off that entire time. |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes a strong applicant?</td>
<td>Good step 1 score, honors on majority of clinical rotations, AOA, research within orthopedics, doing well on sub-I’s with good letters, being a down to earth person who would be fun to hang out with for 5 years of residency</td>
</tr>
<tr>
<td>NRMP data from matched applicants (2018 match)</td>
<td>Match rate: 82.4%</td>
</tr>
<tr>
<td>Advice for years MS1-4</td>
<td>MS1/2: Do well on Step 1. Get in touch early with faculty advisor</td>
</tr>
<tr>
<td>Helpful advisors?</td>
<td>Do trauma call and talk to the residents then, talk to other students who are ahead of you in the process, and reach out to <a href="mailto:taitsman@uw.edu">taitsman@uw.edu</a> to get connected with a departmental ortho faculty advisor</td>
</tr>
<tr>
<td>Sub-I recommended?</td>
<td>Yes. Definitely. Do one of the UW ortho rotations. Trauma is the classic UW sub-I, but also shoulder and elbow, VA, and joints are all good rotations as well.</td>
</tr>
<tr>
<td>Away rotations?</td>
<td>Definitely. Classic thinking is 2-4 away rotations. Think about the regions of the country you would like to end up in if not Pacific Northwest as well as the type of program (community vs academic; research powerhouse vs not, etc.) you think you would be happiest at.</td>
</tr>
<tr>
<td>How important are board scores?</td>
<td>Unfortunately very, and getting more competitive. If you don’t do well on step 1, take step 2 early and try to make up for that.</td>
</tr>
<tr>
<td>Letters of recommendation?</td>
<td>3-4 LOR. Preferred to be letters within ortho for the most part. Need LOR from chair. Occasionally a non ortho letter</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>79 applications, 16 offers, 14 interviews</td>
</tr>
<tr>
<td>When are interviews? When did you take time off?</td>
<td>For the most part, December and January with a few in November. I took off all of November-January but think I could have gotten away with only taking off half of November-January.</td>
</tr>
</tbody>
</table>

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**Orthopedic Surgery (n=1) updated 2019**
<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>1. Board Scores; 2. Research; 3. Good letters from known faculty; 4. AOA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-I recommended?</td>
<td>Must rotate at UW in Otolaryngology</td>
</tr>
<tr>
<td>Away rotations?</td>
<td>Controversial - Do them if: 1. There is a program you really want to be at. 2. You need to make up for a weak spot on you application. Otherwise, UW is a big enough name that you do not need to go elsewhere.</td>
</tr>
<tr>
<td>How important are board scores?</td>
<td>A lot! However, a mediocre score can be overcome with great letters, great research, and a faculty mentor who will pull some strings for you.</td>
</tr>
<tr>
<td>Letters of recommendation?</td>
<td><strong>3 LOR</strong> required. At least 2 from ENT but probably best to have all ENT letters.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>Applied to 70 programs. Going to 15 Interviews.</td>
</tr>
<tr>
<td>When are interviews? When did you take time off?</td>
<td><strong>Late November - January.</strong> Mostly December and January. Be aware that most programs interview in the first 2 weeks of December - Don't have a rotation then and be aware that scheduling during that time will become messy!</td>
</tr>
<tr>
<td><strong>What makes a strong applicant?</strong></td>
<td>Strong research experience and publications/presentations (especially if in plastic surgery), letters of recommendation VERY VERY IMPORTANT (plastic surgery is such a small field that everyone knows everyone...the more connected you are, the better your chances at matching)</td>
</tr>
</tbody>
</table>
| **NRMP data from matched applicants (2018 match)** | Match rate: 85.7%  
Mean Step 1: 249  
Mean abstracts, presentations, pubs: 14.2  
Mean volunteer experiences: 7.5  
AOA: 45% |
| **Advice for years MS1-4** | MS1/2: Get in touch early with faculty advisor. Shadow (gets you face time with attendings and residents). Research (Dr. Keys hosts an annual research meeting where the attendings talk about what projects they have and which ones need med student support)  
MS3/4: Do well on clerkships especially plastic surgery sub-i. |
| **Helpful advisors?** | Jeff Friedrich (program director), Kari Keys (assistant program director) |
| **Sub-I recommended?** | Yes, required. 4 week rotation at all sites: UW, HMC, Children’s, VA |
| **Away rotations?** | Most do 2-4 |
| **How important are board scores?** | A LOT--used as filter by many programs, cutoff can be at 240 |
| **Letters of recommendation?** | 3-4 LOR. 3 from plastics faculty and 1 from someone who knows you very well (eg, research advisor). Try to get a letter from a senior well known faculty at your home school (the more famous the better). Starting this year they started the committee letter written by Dr. Gougoutas, signed by him, Dr. Vedder, and Dr. Friedrich. You can try to get a letter from an away rotation, try to go for the PD or chair |
| **How many programs did you apply to/interview at?** | Applied 50, invited to 16, interviewed 13  
May need to have a back-up plan in case you do not match into plastics, general surgery is a popular alternative. >13 ranked programs almost guarantees a match, median number with successful match is 8. Talk to your faculty advisors to get advice -- they have really great insight! |
| **When are interviews? When did you take time off?** | Late -- usually starts in late November (right around Thanksgiving), with the majority being in **December and January**, and goes until late January (with a few stragglers even into early February). Interview dates are set by programs and posted here: [http://acaplasticsurgeons.org/interview-dates/?s=all](http://acaplasticsurgeons.org/interview-dates/?s=all). Interview offers come late for plastic surgery -- they started at the very end of October and most were in the first 2 weeks of November. |
### Pediatrics (n=2) updated 2018

<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>--Demonstrated interest in the field; strong clinical grades are important but what's said in the comments and in your letters of recommendation makes an even greater impression; you want to be seen as hardworking, kind, a good communicator, team player, and overall enthusiastic person. --Extra-curricular activities, particularly a commitment to community service and some sort of leadership role are important to your application (probably more so than research or test scores) --I also found that having passions in other things whether community service, advocacy, or a favorite hobby came up often during interviews.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful advisors?</td>
<td><strong>Dr. Sherilyn Smith</strong> is great for the nitty gritty logistics and details; <strong>Dr. Jordan Symons</strong> provides great help in creating a program list to apply to, providing more assistance in exploring factors that matter on a personal level. --Also peds attendings who I connected with during my peds rotation.</td>
</tr>
<tr>
<td>Sub-I recommended?</td>
<td>--Yes, but this can take the form of any high level pediatric elective as well --Not necessary, but can be helpful.</td>
</tr>
<tr>
<td>Away rotations?</td>
<td>Absolutely not necessary unless you already know you are especially interested in a particular program and want to express that interest.</td>
</tr>
<tr>
<td>How important are board scores?</td>
<td>--Not very important. Pass. Do your best. --Didn't seem super important. Were not mentioned on any of my interviews. Average board scores should be adequate. This site was helpful for looking at board scores and how many programs one should apply to: <a href="https://www.aamc.org/cim/480052/applysmartpeds.html">https://www.aamc.org/cim/480052/applysmartpeds.html</a></td>
</tr>
<tr>
<td>Letters of recommendation?</td>
<td><strong>3 LOR at baseline</strong> --Dr. Stapleton has written everyone a department chair letter in the past so that is a good one to get (especially if you want to match at Seattle Children's). Get another from a pediatrician on your sub-I then two others from any specialty you want. --<strong>4 LOR - Two from pediatrics, one internal medicine and one chair of department.</strong></td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>--Applied to 21, offered 19, interviewed at 13 --Applied 14, invited to 14, interviewed 12. Advised to interview at 10, but I couldn't decide where I wouldn't want to go!</td>
</tr>
<tr>
<td>When are interviews? When did you take time off?</td>
<td><strong>October to January</strong> --I fit everything in taking off the mid-October to mid-November block with a couple stragglers to do during rotations and over Christmas break. --Most were in November and December. Took time off from the first week of November to January 1st (two weeks of this were holiday break with no interviews scheduled); scheduled 1-2 interviews per week.</td>
</tr>
<tr>
<td>Are there any students I can contact to learn more?</td>
<td><strong>Caroline Jackson, <a href="mailto:cvjack@uw.edu">cvjack@uw.edu</a>; Kelsie Hedlund, <a href="mailto:kelsieh7@uw.edu">kelsieh7@uw.edu</a></strong></td>
</tr>
<tr>
<td><strong>Psychiatry (n=1) updated 2019</strong></td>
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<td>----------------------------------</td>
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<tr>
<td><strong>What makes a strong applicant?</strong></td>
<td>Genuine interest in the human condition and mental health which can be demonstrated by research and/or volunteer experiences, and rotations</td>
</tr>
</tbody>
</table>
| **NRMP data from matched applicants (2018 match)** | Match rate: 84%  
Mean Step 1: 226  
Mean abstracts, presentations, pubs: 4.8  
Mean volunteer experiences: 7  
AOA: 7 |
| **Advice for years MS1-4** | MS1/2- volunteer in health clinics geared towards serving underserved populations; gaining an understanding of the unique risk factors and health disparities these populations face that predispose them to mental health and behavioral issues. If possible, conduct either bench, clinical, or community research related to mental health as this will really help you stand out from the applicant crowd.  
MS3- Continue volunteer experiences/research, show enthusiasm and initiative to learn during your psych rotation |
<p>| <strong>Helpful advisors?</strong> | <strong>Anna Borisovskaya, MD</strong> - runs an informal mentorship group for those applying into psych. Dr. Buchholz |
| <strong>Sub-I recommended?</strong> | No |
| <strong>Away rotations?</strong> | <strong>Not required.</strong> Unless you are eyeing super competitive program or specific region |
| <strong>How important are board scores?</strong> | Somewhat important (though becoming more important each year) |
| <strong>Letters of recommendation?</strong> | 3-4 LOR, at least one Psych. Some programs request 3 LORs, some request 4. |
| <strong>How many programs did you apply to/interview at?</strong> | Applied 35 interviewed at 17 |
| <strong>When are interviews? When did you take time off?</strong> | <strong>Late October - January</strong> - Most were during Nov-Dec, with a few in early Jan. |</p>
<table>
<thead>
<tr>
<th><strong>Radiation Oncology (n=2) updated 2018</strong></th>
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<tbody>
<tr>
<td><strong>What makes a strong applicant?</strong></td>
</tr>
<tr>
<td>Research (rad onc or any kind of oncology, publications and presentations preferred), letters, clinical grades, and good board scores</td>
</tr>
<tr>
<td><strong>Helpful advisors?</strong></td>
</tr>
<tr>
<td>Ralph Ermoian (pediatric radiation oncologist, med student advisor)</td>
</tr>
<tr>
<td><strong>Sub-I recommended?</strong></td>
</tr>
<tr>
<td>Yes, do one rad onc rotation at UWMC as early as possible, before doing away rotations</td>
</tr>
<tr>
<td><strong>Away rotations?</strong></td>
</tr>
<tr>
<td>Yes! Most people do two aways, you should do at least one. Do one where you think you might want to match, do one in a top 10 program, try to spread them out geographically if you are interested in interviewing broadly</td>
</tr>
<tr>
<td><strong>How important are board scores?</strong></td>
</tr>
</tbody>
</table>
| -Some programs have cutoffs, but they aren’t as high or as important as they are in derm or ophtho.  
-Probably need to meet some reasonably high cut-off (ask Ermoian) to get interviews at top programs |
| **Letters of recommendation?**        |
| 4 LOR (what I did: one UW rad onc, one away rad onc, one research mentor, one internal medicine). A lot of people submit 4 rad onc letters. |
| **How many programs did you apply to/interview at?** |
| -Applied to 43, scheduled 10  
-Applied to all 80 programs, most recent data says 9-10 interviews gives a good chance of matching. |
| **When are interviews? When did you take time off?** |
| -Interviews are mostly late Nov-late Jan. I took off mid-Nov to mid-Jan.  
<table>
<thead>
<tr>
<th><strong>Radiology-Diagnostic (n=1) updated 2019</strong></th>
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<tbody>
<tr>
<td><strong>What makes a strong applicant?</strong></td>
</tr>
</tbody>
</table>
| **NRMP data from matched applicants (2018 match)** | Match rate: 88.9  
Mean Step 1: 240  
Mean abstracts, presentations, pubs: 6  
Mean volunteer experiences: 6.4  
AOA: 16 |
<p>| <strong>Advice for years MS1-4</strong> | Join the interest group, look into research mentors, perform well on tests/rotations |
| <strong>Helpful advisors?</strong> | <strong>Gautham Reddy, Jonathan Medverd</strong> |
| <strong>Sub-I recommended?</strong> | Do four weeks of radiology in Seattle (either the 695 or 694 elective). Medicine or surgery sub I not needed if you got honors in those rotations, but needed if Pass/high pass when applying for intern year In medicine or surgery or a transitional year. |
| <strong>Away rotations?</strong> | Only if you have a specific interest in one program or geographical region. |
| <strong>How important are board scores?</strong> | Moderately. They can be compensated for by strong application elsewhere, but it doesn’t hurt for getting interviews. Diagnostic radiology is becoming more competitive due to the overflow of interventional radiology applicants, so this may change. |
| <strong>Letters of recommendation?</strong> | 3-4, need a department radiology letter |
| <strong>How many programs did you apply to/interview at?</strong> | Applied 40, 38 invites, 16 interviews |
| <strong>When are interviews? When did you take time off?</strong> | <strong>Late October to the end of January.</strong> Mainly in november and december |</p>
<table>
<thead>
<tr>
<th><strong>Urology (n=1)</strong> updated 2018</th>
</tr>
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<tbody>
<tr>
<td>What makes a strong applicant?</td>
</tr>
<tr>
<td>Helpful advisors?</td>
</tr>
<tr>
<td>Sub-I recommended?</td>
</tr>
<tr>
<td>Away rotations?</td>
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<tr>
<td>How important are board scores?</td>
</tr>
<tr>
<td>Letters of recommendation?</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
</tr>
<tr>
<td>When are interviews? When did you take time off?</td>
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</table>
Residency Interview FAQ's

“Seriously, the most important thing at these interviews is to get to know the residents and figure out your gut feeling about how you would fit in there.”

The best parts of the interview process?
- It’s FUN! You can really enjoy it. Other than arranging all the traveling, the process isn’t actually very stressful
- Incredibly more enjoyable than med school interviews
- Meeting people! You get to meet other applicants (who you may become colleagues) as well as leaders in the field that are inspiring
- Finding the right fit - once you realize that the programs aren’t trying to make you miserable/stressed on interview day but rather just find the right fit, it’s fun to try programs on and see what might work!
- Seeing different parts of the country
- Trying new food!
- Visiting family and friends

Surprising parts of the interview trail
- The little details on your ERAS application like your hobbies section often dominate the conversation/questions
- The program you love best may be the one you intended on doing just as a practice interview--your rank list may change drastically as the season progresses, THAT’S OK!
- Changing from your suit into comfy plane clothes often occurs in cars, trains, and airport bathroom stalls with several near-misses of your shirt sleeve in the toilet...
- The cost of Uber/Lyft can really add up, do your research to find the easiest/cheapest means of transportation
- The importance of location over prestige while ranking. Think about where you might want to live long term
- Traveling from home bases outside of Seattle are far more expensive (i.e. flying out of rural WWAMI regions)

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

**What should I wear to an interview?**
- No way around it: you’ll need a suit (Black, grey, navy are standard, but if you wear it confidently you can get away with pretty much any color suit)
- GQ may argue that men should only wear black suits to a wedding or funerals, the safest is a navy or charcoal suit with neutral shirt in white or blue
- Don’t be that person who stands out because of your flamboyant clothes, stand out by being your awesome self!
- Men: Button-down shirt and tie (or bow-tie), comfortable but polished shoes in black or dark brown
- Women: Pant or skirt suit (but be wary of skirt length!), flats or a conservative heel--plan on LOTS of walking

**What do I wear to a pre-interview dinner?**
- Generally, clinic appropriate, business casual. Dress up and you'll get a feel after 2-3 of them of how/where you can dress down
- Rely on the email communication from the coordinator on specifics, if not assume business casual will be safest
- Often west coast you can wear jeans

**What should I bring on interview day?**
- Be minimalistic if possible
  - It's not comfortable nor professional to be lugging around a giant tote/messenger bag all day.
○ Bringing luggage is acceptable, just contact the coordinator about specifics, most programs will indicate the accommodations for bags and coats in pre-interview communication

● Many will bring a leather folio and pen to take notes. Do this only if you feel the need, it’s not required! Most programs provide a packet of information where you can jot quick notes
● Be ready with questions for the Program Director and residents--lots of them!
● You can carry your cell but silence it! Some programs do not tell you about your interviewers until that morning. A quick google search during a bathroom break can be helpful!
● By no means do you need to bring a copy of your CV. If someone out there is saying you need to, they are wrong!

What should I know about cancelling interviews?

● It is common (93% of AOA members in 2014 cancelled at least 1 interview)
● Why cancel?
  ○ Finances
  ○ More appealing offers
  ○ Interview fatigue/limited time/conflicting schedule
  ○ Not a good fit for student/partner
  ○ Ask yourself if you truly need that interview and whether it is likely to be ranked highly
● How much notice to give?
  ○ UW advisors will advise, most say at least
  ○ AT LEAST 3 weeks. Sooner if possible so they can move students off the waitlist.
  ○ DO NOT simply fail to show up. That burns the bridge at that program for future UW applicants.

What were the most memorable interview questions you were asked?

● Most common questions:
  ○ Why X specialty?
  ○ Where do you see yourself in 5 (or 10) years?
  ○ Tell me about yourself
  ○ What questions do you have for me? (EVERYONE will ask this)
  ○ What are your strengths? Weaknesses?
  ○ What are you looking for in a program?
  ○ Why our program?
  ○ How serious are you about moving here?
  ○ You initially planned on a career in X, why did you make the switch to Y?
● Most difficult or interesting questions
  ○ Teach me something
  ○ Tell me about a mistake you’ve made
  ○ Tell me about a time when <difficult situation> and how you learned from it
  ○ Tell me about X deficit in your application
  ○ The ONLY interview question was “what questions do you have?” (having to prompt the entire conversation for 30 minutes!)
  ○ Tell me about a secret that someone told you, which you were then pressured to tell someone else - what did you do?
● Weirdest questions
What is your spirit animal?
What is your favorite kitchen utensil?
Would you rather be born without knees or elbows?
Draw a cat

- Remember that behavioral questions are not so much about the answer itself (often there is no right answer) but are intended to discover your process of reasoning and how you perform in such a situation
- If you truly do not have any more questions you should not feel pressured to make up a poor or ill-thought out question. A good reply may be “None that you and the others have not already answered for me.”
- Asking about the “vision or future of the department” and “stability of its leadership” etc. may not be important questions, however often times do not truly affect you as a resident

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

- **Training program structure/opportunities**
  - Where do residents get most of their learning?
  - “Tell me about the...” (just like open ended questions for patients, it’s good to do the same thing with faculty)
  - International medicine opportunities- Is it supported? Financed?
  - What community involvement opportunities are there?
  - Is research supported? Statistics help?

- **Career prospects**
  - What do residents go on to do?
  - What career/fellowship options do you feel are/aren’t open to you as you graduate?
  - What is your fellowship match rate for the past 5 years?
  - (ask the chief): Do you feel ready to be a solo-practicing attending?
  - What career development programs are in place?
  - What distinguishes graduates from this program?

- **Getting to know the residency program’s people**
  - Tell me “your story”
  - Describe the ideal resident that would be best served by your program-i.e. What type of person thrives here, who do not?
  - Tell me about how you value diversity
  - How do people get along?
  - What do you do for fun?
  - Where do you live?
  - Are residents typically married/single/kids/pets?
  - What LGBTQ resources are available and what have residents’ experiences been?
  - How comfortable do you feel with attendings?

- **Program strengths/weaknesses**
  - What drew you to the program?
  - Are you happy? if so, what makes this place great?
  - What is it about the program that you are most proud of?
  - What is the most frustrating part of your day to day life as resident?
  - What do you see as weaknesses of the program?
  - What was the best and worst day of residency so far?
  - What do you wish you had known about this program before coming here?

- **Mentoring**
o Does it exist?
  o How are mentors paired with residents?
  o How do you teach residents how to teach?
  o How do you find mentors or research project leaders?
  o To faculty: Why do you like working with residents?

● Programs view on, and ability to, change
  o What changes have occurred in the program as a result of resident input?
  o How are residents involved in determining the future of the program?
  o What are some quality improvement projects current residents are working on?
  o What changes do you see coming down the pipeline?

● For surgical/procedural specialties
  o Volume of procedures? What percentage are done by residents? OR first starts? ICU months?
  o CALL SCHEDULE!
  o Quality of community-based OR experiences?
  o Strength of the trauma experience?

● Other
  o Have at least 5 questions specific to the program at the ready
  o “You’ve been in my shoes as an interviewee, what factors were most important to you as you were comparing programs?”

Any things you definitely should or should not do in interviews?

● Travel & Logistics
  o Allow enough time for traffic and getting lost. To be safe, look at the ETA from google maps or other GPS app and nearly double it
  o Use a carry-on if at all possible. You’re less likely to lose your suit!
  o Always double check your schedule the night before--it’s easy to confuse details when you’re doing multiple interviews in a week.

● Pre-interview dinner
  o Generally AOA member felt the dinners were integral to making a decision as it allows you to get a better feel for the fit for a program
  o Don’t get drunk at the dinner!
  o Try to find people you know going to the dinner to carpool with to save on uber/cab

● Do not be on your phone if at all possible
● If you are truly interest in a program, try and get information for prior UW graduates or residents with similar interests. Seek these people out and ask questions, show interest!
● Do not talk negatively about other programs with applicants
● Try not to bring up politics or religion

Extra Interview Day Tips

● Be kind to the program coordinators --they’ve worked hard to organize this and their input about their impression of the applicants may be worth something to the PD
● Always put your phone on silent and don’t start facebooking while on the tours!
● Think about how you’re going to answer some of the difficult questions and try to practice them before your first interview. Some tips on ways to practice:
  o Answer questions in front of a mirror
  o Have your friend/spouse/partner ask you questions
- Do a mock interview
- Write out your answers to tough questions (but it’s best to practice aloud)
- Remember, a program’s culture is in its residents, NOT the other applicants that day
- Try to be yourself. If you are faking your interests and personality during your interview, you may inevitably end up somewhere that is not the best fit
- Don’t chat with co-applicants about what other programs you loved while at the lunch/dinner for the interview you’re actually on
- Ask other applicants of their impression of their home program if you want. Obvious advice: be wise about where/when you ask it--in your shared uber drive is great, at a table of current residents at a different program is not so great.

**Specialty Specific Comments:**

- **IM**
  - Interviews are generally laid back, but you do get a variety of questions and while some interviews can be very conversational, others will be a little more intense. It’s worthwhile to prepare a little before each interview so that you feel ready
  - Everyone is very nice during interviews, so much better than med school interviews! If you relax a little bit, you’ll see that these interviews can be kinda fun actually. Take advantage of the interview day/interview day food. And really do think about if you can see yourself living and working in that location
  - Interviews are generally laid back. Read your application and have a short response prepared if they ask about x,y,or z activity and the impact it had on you. Have several specific patient anecdotes/examples of a time you were challenge/failed/empowered/inspired. Tell a story!

- **Dermatology:**
  - Prepare for some behavioral questions. Some programs had a list of standardized questions with behavioral questions that they asked every applicant. Some programs were very conversational interviews without any behavioral questions, but always best to prepare.
  - You will likely be interviewing with most faculty if not every faculty member since dermatology departments are generally fairly small. Depending on the program this can make for some long interview days with different formats (e.g. one-on-one, two-on-one, panel interviews). Go into every room with a deep breath and big smile and put your best foot forward.
  - Prepare to answer the following questions at basically every interview - tell me about yourself (keep it brief with where you’re from, a little bit about your family, and maybe include why you like dermatology/how you got into it), why dermatology (this should be easy to answer), where do you see yourself in 5 years (I found that most programs were very receptive to me saying I wanted to be a dermatologist in my home state eventually, though maybe some still expect everyone to want to be an academic dermatologist. I think honesty is the best policy here and if you are passionate about your future plans, it shows and I think it can only reflect well on you), tell me about an interesting patient.

- **EM**
○ Most programs are relatively equivalent in training, so if that is a concern you can interview at programs with other attributes you value highly, i.e. location, 3 vs 4 year.
○ Interviews are very laid back overall. You occasionally get an intense interviewer, but most just want to get to know you. A lot of the interviews end up being just chatting with the interviewer. They already know you are qualified to be in their program from an academic/clinical perspective, and now they are just trying to see if you would be a good fit or not. Just be yourself and you will have a good idea if you could see yourself there next year or not.

● Ophthalmology
○ Try to bring up who you know in their related subfield. If you worked with a retina attending and you’re interviewing with a retina attending, name drop. For sure.