Hello future residency applicants!

This is your U of M graduating class speaking – from the other side of the application cycle. We’ve spent this past “season” excited, anxious, in debt, and often times confused. While we can’t provide you loans, we can at least clear up some of the confusion!

On behalf of the Career Advisory Board, our representative asked us for the most helpful tips possible. Why make you struggle to find out what we’ve already discovered?

So please, use this guide as a reference before and during the process. Be sure to take all advice with a grain of salt as everyone’s experiences are different!

As the years go on, please keep this updated for future generations of Michigan grads.

And most importantly, call us up and ask for advice if you’re ever considering our specialties or visiting our programs!

For today, goodbye. For tomorrow, good luck. And forever, go blue.

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*Please note: Each "-" you see below represents a specific quote from an M4 student. These are only opinions, not facts. Not all advice is applicable to everyone. Various opinions are listed so that you can find ones that resonate with you. This does not replace asking advisors, mentors, peers, etc for advice!
Choosing a Specialty

Breakdown of Match outcomes by specialty:

- Stay open minded during your M3 year. Even if you think you are destined to become a general surgeon, you will enjoy family medicine rotation more (and may even fall in love with it) if you keep your future goals flexible.

- Everyone approaches their decision based on slightly different prioritizing of various specialty characteristics. That is to say--some people decide that, for example, Internal Medicine is not for them because they hate the style of rounds. Others may not love long rounds, but they feel it's not that bad, and they feel it's worth some long mornings in exchange for a broad range of pathology and having more time with patients than in Surgery (for example). I would encourage people to figure out what things are most important to them when choosing a specialty, and sticking to it. Just because other people made career decisions for other reasons doesn't mean your reasoning is weird or wrong.

- Keep an open mind. You may end up choosing that specialty you said had a "zero percent chance" at the beginning of 3rd year... (happened to me!). Also, if you're interested in a non-required specialty (derm, anesthesia), I think it's a good idea to meet with docs from those fields and chat about exactly what they do, and/or shadow them during 3rd year so that you have a clearer picture of the field prior to signing up for 4th year electives.

- You do NOT need to know at the start, middle, or even end of your 3rd year. However, if you aren't sure at the end of the year, be sure to schedule the start of 4th year accordingly so you can figure it out. Keep an open mind throughout the year and talk to the residents and attendings as you go. You also do NOT need to tell every resident and attending that you are choosing their field – let them know you have an open mind and are considering it but would appreciate advice on various options. Once you do choose, find some mentors to help get you geared up to apply.

- Keep an open mind in all your clerkships, despite what your pre-conceived notions are, or what your friends say.

- Try to picture yourself in 5-10 years...really picture yourself. What are you doing? Think about your clerkship/sub-I experiences and ask yourself, "could I be doing this in 5-10 years. More importantly, will I be happy?" This is how I chose my eventual specialty - Internal Medicine. During third year and fourth year, I found that I liked ALMOST everything and it was really tough to figure out what residency to apply for. I was torn between two specialties for a while until I reflected back on my clerkships and sub-Is. It was during these experiences that I was most happy and really, truly loved what I was doing.

- When trying to decide what to choose, also consider what else you want to do throughout your career. For example, I really want to become involved in medical education. I want to teach medical students and residents someday in the future, and for me, I found Internal Medicine would be a perfect avenue for me to do so.

- In the preclinical years, go to career talks, outside lectures, etc.

- Spend time in other departments (e.g. going to radiology or pathology on your medicine rotation to see what they do).

- Talk to lots of people (faculty and residents), including those that will may give you opposing opinions. Ask real questions about why you should NOT choose a given specialty. Remember that your life as an attending will be markedly different than your life as a resident. Make sure you like the attending life.

- Think about what you *can't* live without doing for the rest of your life. Talk to people in the field at different levels (residents, attendings) and see which group of people you feel like you fit in more with. Ask tough questions about the things they hate about their specialty. While we're all driven to do what we enjoy, dealing with the downsides is also a big part of whatever we choose.

- This is tired and trite advice, but only because it's dripping with truth: go with your gut. I struggled mightily for a long time trying to decide what to do. One specialty would look outstanding on paper, but when I did my M4 rotation, I just didn't feel fulfilled. It was hard to admit that. I tried for a long time to avoid this inconvenient fact and even spent an extra year getting a dual degree and doing research in the field (which I do not regret in the slightest) before I ultimately went with my gut. I can honestly -- honestly -- say I could not be happier having done this. You will always have some doubt, but you will also have a gut feeling that you ultimately have to trust. If you're having trouble identifying what that gut feeling is, when looking at a specialty, make sure the residents and attendings you work with are "your people" -- if they are, you'll know what I mean.

- Considering work-life balance when choosing a career does NOT make you lazy. Wanting to spend time doing things besides medicine is totally acceptable. When choosing a career, try to imagine the life of an attending (not a resident).

- I didn’t make my decision until August of M4 year. I was interested in two, very different areas. I loved them both - I knew I could be happy doing either. In did a couple rotations back to back. In end I made my decision based on what I would miss.
Letters of Recommendation (LoR)

- Ask people who know you best! (Although if you’re applying to a competitive field, someone who may not know you that well but has a big name is sometimes beneficial.) Ideally, they will be people you worked with in multiple capacities or over multiple years. It’s okay to ask an attending from early on third year but keep in touch and have them write it closer to the application cycle. Either way, ask letter writers in advance (whether in person or email) and ask if they would feel comfortable writing you a strong LoR.

- Once you have access to ERAS, you will need to add your letter writers into the system in order to generate LoR forms (contains instructions and individual codes). Once you enter their name/title it is finalized in the system. This doesn’t mean you need to use that letter but you can no longer edit their title (if you somehow messed up, create another form). If you’re getting a form for a chair, be sure to check the box for Chair when generating it.

- Set up a meeting and bring the specific LoR form as well as your CV, Personal Statement draft, and list of potential schools – they’ll likely give you good feedback. I also found it helpful to print off their comments from my evals so they could remember all of the great things they said about me ;) Also, even the most enthusiastic letter writer is very busy and it will likely take them a while to write the letter. Send them reminders, particularly as it gets close! “Just checking in to see if you had any questions or needed more information” is often an easy way to remind them. You can view whether they’ve been submitted on ADTS (top right corner by Logout). You can assign different letters to different programs if you prefer.

- Ask early!! More time is always better. That said, I did end up doing an away rotation in August and asked for a letter with just two weeks to spare. That was an exception (and was not a letter I actually needed – I had already gotten the necessary number for my specialty). Also, if you are asked to start a letter draft on behalf of one of your letter writers, googling recommendation letter templates helps :)

- It’s okay to send a gentle reminder to a letter writer if the deadline is approaching. They have a lot of various projects on their plate and won’t be annoyed if you send them a quick email reminding them of your letter.

- I think meeting with your letter writer in person is a good way to sit down and have a conversation about your interests. It’s okay to ask someone you don’t know very well if they’re in the field you want, and if you sit down with them, they’ll get a better picture of what you’re all about. Be prepared to give/send them a resume as well - they usually like one to help them write your letter. I didn’t have a personal statement ready before meeting with any letter writers, so I didn’t offer it to them. However, I did use two of them as editors, which was very useful. Some programs wanted chair letters specifically. I think it’s hard to know that way in advance, so maybe just look up letter requirements from your top few programs to make sure you’re getting what they want. Usually, they only want 3, and they can’t ask for more than 4. Generally, at least 2 needed to be from within that field. I asked an attending for a letter a few months after my rotation with her, so in the email when I asked, I copied and pasted the comments from my evaluation to remind her how awesome I was.

- Faculty you had as an M3 are fair game for letters of recommendations, but be sure that they remember you. If a faculty particularly likes you, you should keep in touch and build good relations so that when it comes time M4 year, you can approach them easily.

- Be thinking about who would be a good letter writer during third and fourth year. Try to keep in touch with attendings you like throughout the year so you aren’t asking for something out of the blue. Do rotations during M4 year early enough to secure letters (periods 1-3). Be sure to check letter requirements of the schools you plan to apply to early since some may require more than others.

- If you have an idea of what specialty you are going to pursue, look up the particular LoR requirement first. For example, should I have all letters from a particular specialty, or one from a different one? I obtained two letters from third year attendings I worked closely with, one from my EM rotation, and one from my gen med Sub-I rotation (during fourth year). I also had to obtain a Chair’s Letter. You can only submit 4 LoRs to a program but you can pick and choose which ones to send, so I had five just in case.

- Ask your career advisor or other trustworthy person what specialties to ask for letters from (e.g. for IM you want mostly IM letters but for some of the more sub specialized residencies like radiology, derm, etc, they prefer not to get too many letters from just that specialty). Ask early and give them a way out so you don’t get a hastily written letter.

- Don’t be afraid to just ask! There’s a chance it will feel awkward, or that they don’t know you that well, but if they are an important person in regards to your training/involvement in academia (ex. research mentor, sub-I attending) their letter counts and they won’t write you a bad one!

- Ask for letters of rec during or soon after your sub-I’s, even if you plan on taking a year off. When you approach someone, ask if they can write you a “strong letter of recommendation.” People will usually be honest if they don’t feel they’ve had enough interaction with you. Work with the administrative assistant to get on someone’s calendar. The earlier you schedule appointments, the more likely you are to get them when you want. Faculty can be very busy, with both clinical and personal responsibilities.

- Meet with the faculty member and tell him or her your “story.” You may not have finished your personal statement this early, but just be able to explain what you want to do. The letter won’t focus on that and should be about your clinical performance, but it helps the faculty member get a better sense of who you are. The letter may or may not include a few sentences on your long-term goals. Follow-up with the assistant to make sure the letter is submitted on time.
- Get them as soon as possible! If you hit it off with an attending, even if in your M3 year, ask them to write you a letter immediately after your rotation. You may never use it, but you’ll have it just in case! It’s better to have too many letters than not enough and scrambling at the last second.

- Just ask people who can actually say something about you. If you’re picking a competitive specialty, it might matter more that you get a letter from a Professor vs an Assistant Professor -- find out if that's the case by talking to an advisor in the field.

- I can't believe it’s been [X AMOUNT OF TIME] since I worked with you in [X ROTATION]; but I wanted to ask you if you feel that you could write me a strong letter of recommendation as a part of my application. (Since it has been so long, I included your eval comments below, and attached the PDF of my evaluation.)

- Once you have obtained your LoRs, be sure to stay in touch with the letter writers as a courtesy. Plus, they love to hear your progress and often times will reach out to programs to help you obtain an interview!

Getting Advice from Faculty

http://www.med.umich.edu/medstudents/student_services/career_dev/advisors/

- I think that it can be difficult to find an advisor who is both knowledgeable about specific programs and who understands what you’re looking for from a program. I would recommend that you try out a few FCAs, and ask them about who else might understand your particular career goals. It's better to have too many perspectives rather than feeling like you never found the right advisor.

- What Dr. Grum tells us M3 year is true -- the specific advice you should follow will vary by specialty. The advice you get about the importance of away rotations will vary depending on if you’re going into orthopedics versus ophthalmology versus internal medicine. Because of this, once you've narrowed down your interests, you should try to seek advice from faculty in that area. When possible, try to set up a meeting with the program director or someone else involved in the residency you're interested in. Make a list of questions to ask this person to make the meeting productive.

- The only advice I found to be helpful/applicable came from docs who were on residency program committees in my field of interest. The rest of the advice was mostly logical guesses.

- The more the merrier – just be sure to take it with a grain of salt since everyone has his or her biases. I felt my letter writers were particularly helpful for guidance as were attendings and fellows in the field. Take advantage of connections people have to their former institutions or former colleagues!

- Stay in touch and ask them questions whenever they come up. They are here to help and are more than happy to debrief with you.

- Email faculty/FCAs often - even if it's to touch base. Tell them where you stand, your plans, etc. and ask for any tips/advice. Sometimes it's nice to meet in person and they may even buy you lunch! :) They love to hear how you're doing!

- Spread the net wide, set up many meetings with young and older faculty.

- Establish relationships before 4th year if possible. Meet with different folks - chair, residency program director, m3 clerkship director.
Choosing Where to Apply

- I found the class counselor, letter writers, FCA, residents, and recent grads to be most helpful. I created a list of potential programs and had it on me during my 4th year rotations. If I worked with a resident I related to, I’d ask him or her to go over the list with me. They interviewed not too long ago and had a lot of helpful insight. I also found the program director and chair to be very helpful. Remember, take everyone’s advice with a grain of salt – what works for them/is important to them may be different for you! There are also new Doximity rankings with US News and World Report for residency programs -- these may be biased so just view them in general categories (tiers vs literal rankings) and also check out boards pass rates for programs.

- The cost per program increases the more programs you apply to (there are categories – first 10 are a certain price, next 10 are a little more, and so on). I found applying broadly and being more selective with interviews to be the safer approach for me. I also added a few extra reach schools since who gets offers is often arbitrary – I figured I worked this hard till now, what’s another $100 and an extra chance at great programs? Once interviews did come in however, it was very difficult to choose which interviews to decline (from all ends of the spectrum).

- If you know you may want to pursue a fellowship, talk to a fellow or attending in that specialty and find out the scoop on certain programs’ departments. Even if you’re not set on the fellowship, it is nice to know the program has good volume with strong faculty and opportunities.

- Recent graduates who matched into the field to which you are applying are probably the best resource. The process and their interviews are fresh in their mind and they are typically more than willing to provide insight. Try and contact someone who shares similar values and interests as you.

- I applied based on location. Thus, I literally applied to every program in the general area. I ended up throwing in some programs closer to home (on the other side of the country), but I think this was a waste of my money. As long as you have applied to the number of programs that you, the dean, and your faculty advisors feel is safe given your scores, location preference, specialty, etc, then stop there. If you wouldn’t be willing to fly to the interview or rank the program, don’t bother applying to begin with.

- Be aware of your own competitiveness. Ask your FCAs and other mentors for suggestions of what schools would be appropriate for your scores and grades.

- In competitive specialties, apply very broadly! (especially derm and plastics). If you can afford it, apply to as many programs as you can. However, there are certain forums online where you can see which medical schools most of the residents come from for a particular specialty (ex. LSU derm only takes LSU med students) so if you do a little research you can save money by not applying to those programs.

- First you should meet with someone from within the specialty to which you are applying to, to get advice on programs to apply to based on your credentials. It’s important to have realistic expectations so that you don’t be disappointed come Match Day.

- When compiling your list of programs, think about program reputation, curriculum, post-residency plans, and geography. If it’s important to you, consider applying only to programs in areas you actually want to live or where you wouldn’t be unhappy. My initial list was quite long, but I cut it down by about 10 programs based on asking myself: "Do I really see myself living here?"

- Doximity now ranks residency programs. I’m not convinced that it is entirely accurate but gives you a rough estimate of what are top tier programs and what might be considered safeties. I applied to 25% reach, 50% achievable programs, 25% safety. Apply to places you think you would be happy going to (location, program etc). Sometimes you don’t know until after the interview, but if you’re a big city person you already know you’re probably not going to like a rural program so don’t waste the time or money applying there. That being said, you may need to be a little flexible depending on how competitive your chosen specialty is, whether you’re couples matching, etc. You can always cancel interviews but it is very hard to add programs later; a lot of them don’t offer interviews to people who apply after the first week. Suck it up and apply to more than you think you’ll need. Sometimes weird things happen and you don’t get interviews at places you thought you would. Some years, programs get more applicants than average and whereas in previous years you would have gotten an interview this year you don’t quite make the cut.

- Getting feedback from residents and faculty members within the field is probably most important. I was couples matching with someone in a competitive specialty, so I was even considering cities where I hadn’t heard about any of the programs. For those, I used Doximity and also asked my advisor to connect me to contacts that she had in the area who could speak a little bit about the programs. On the interview trail, you will meet other applicants who will ask you if you applied to various programs that you have never heard about but which turn out to be excellent programs. Don’t freak out, chances are that you already applied to (and interviewed at) other programs that you would rather go to anyway.

- Use FREIDA to search for residencies. Try to find Umich alums.

- For Ob/Gyn, Dr. Johnson will tell you point blank where you are competitive and what back ups to choose based on your geographic preference. Hopefully all specialties have someone like that! In the initial period, it doesn’t hurt to apply broadly in ERAS as the prices are reasonable up to 30 programs (then increase significantly).
- Careful how seriously you take people's advice on which programs are “malignant.” If they know people there, they may be 100% correct. I found that reputations can sometimes get perpetuated for years even after there is new program leadership etc and do not always hold true. Basically, if your heart is set on a location, give it a chance before deleting it just based off of a person’s comments.

- Dr. Grum was very helpful. Don't be afraid to throw some "reach" schools on there - but then "safeties" as well. Sometimes it can seem random where you get offered interviews and what schools don't offer you anything. Better to apply to more and cancel interviews if you get too many offers.

- Make sure you include a good mix of reach schools and also places that may end up seeming like "back-ups" at the time. You may be surprised by the quality of the program once you visit them. And don't be too skimpy! You can always cancel offers. Now isn't the time to restrict on the nominal price of applying (as compared to traveling to places).

**Transitional vs Preliminary Year**

- Sometimes required for Radiology, Dermatology, Rad Onc, Ophthalmology, Anesthesiology, Neurology, etc.
- Can also be used as back-up if someone fears they won't match into a competitive specialty.
- You can rank them differently for each categorical program (i.e. If I get this Derm program, this is my TY/Prelim rank list)

- In terms of picking TY vs. Prelim, that’s very much up to you. TYs are more competitive to match in because they tend to be a little bit easier w/ regard to hours and also offer elective months such as pathology or infectious disease. Prelims are strictly Internal Med, Surgery, Peds, or Ob/gyn. Based on what specialty you’re going into, you can decide which prelim might be best. For these, you will be treated just like the other internal medicine/surg/etc. interns at the hospital, so they are notoriously harder. However, these programs tend to be in better locations and at major universities. Recommend applying to ~16, or more if you’re unsure where you want to live in the country.

- If you ask the faculty, they can anecdotally give you information on what programs people like or don't like. I like to go to the source and talk to alums who have gone to different TY and prelim programs. Dr. Grum in IM can give you some assessment of prelim programs, but there is not a great way to assess competitiveness. Also, note that some prelim med programs require a Medicine chair letter… I did not read websites closely and frantically added one in November for one program I really liked. Also, I hear there is a database you can access for free via the American College of Physicians that has great info on prelim programs.

- A lot of specialties require that you apply for an intern year separate from your chosen specialty. The options are to choose a preliminary year in surgery, a preliminary year in medicine, or a transitional year. Preliminary years are a full year of medicine or surgery while transitional years are generally a mixture of medicine, surgery, emergency medicine, ICU, outpatient, and elective months. Depending on your chosen specialty, you may choose a prelim year, but most applicants choose a transitional year so that you get a broad experience and because you get to pursue elective months in the specialty that you will start in your PGY-2 year. You can apply to these programs through the ERAS website and will find out what you are going to be doing during your PGY-1 year on the same match day as everyone else in March.

- For anesthesia, be aware of the number of categorical vs. advanced spots for each program. University of Michigan is predominantly categorical (24/30), which fooled me into thinking most others were too and that I could avoid the hassle of applying to transitional years. However, some of the more competitive/ desirable Bay Area and Boston schools are closer to 50/50. If you plan on ranking them high, consider applying to transitional years.
Using the Electronic Residency Application Service (ERAS)

https://www.aamc.org/students/medstudents/eras/

- You will be emailed instructions regarding when and how you can register when the time comes. In 2014, it opened in May and you could submit in September.
- Works best with Firefox and Internet Explorer
- For iPhones, access with Puffin Free Web Browser

Experiences Section:

- Fill out ERAS early! Print out the instructions and be sure to proofread your application several times. Have others read your application! Anything you put on here is fair game, so be ready to talk about it if you list it.

- This is the bulk of your application that lets them see what you've done. Take the time to really go through what truly matters, and try not to overload them with too many small things so that it dilutes out your major accomplishments. Undergraduate accomplishments are fair game (especially if you have continued a project until medical school as well, i.e. research).

- You cannot use bullet points in ERAS. Instead use paragraphs but remove subjects when possible to make it very concise. For example, “Developed ___. Focused on ___. Met weekly to ___.” I was able to copy and paste my CV directly – think short and sweet, unlike med school applications. Choose only your highlights from undergrad (leadership roles, projects, etc). Ask a counselor or FCA to help you choose which items to include.

- Everything that isn’t research or paid work goes under volunteer activities. Don’t bother figuring out hours/week unless it was a job or easy to calculate!

- I HIGHLY recommend fixing up your CV over December break during M3 year. It will make the application process much easier.

- Consider including activities that you deem as unimportant or routine at UMich, because it may be seen as unique by other institutions.

- I asked the dean writing my letter. We went through my resume (that I've built up since college) and literally said yes or no to each item. I ended up with a more concise list of research, volunteer, and work experiences. I think it’s better to be short and to the point, put your big things in there, and then stop. They will ask you about these on interviews, so don’t put that 1 time you volunteered at the shelter because you won’t be able to talk about it for long. Also, YOU CANNOT DO BULLETS ON ERAS. It will combine any line breaks you try to make. Thus, you have to keep the descriptions in paragraph form, but you can cut out subjects and just start each sentence with a bold verb (Led, Founded, Initiated...)

- Type it out all in a separate document for better writing and proofreading. Don't list every single experience - choose the salient ones to avoid reader fatigue.

- In general, you don't want these to be too long, but you do want to give reviewers a description of what you did. ERAS does not let you use bullets or dashes to make lists. I think paragraph forms work better with using numbering in square brackets as above if needed. Generic examples below:
  1) For a leadership activity: "Elected as Co-Chair of X organization’s committee. Helped organize lunch talks and discussions of health policy topics such as passage of the recent healthcare reform legislation."
  2) For a research activity: "Worked on several projects, including [1] a retrospective cohort study characterizing the association between X and Y, and [2] development of a forecasting tool to help determine appropriate testing intervals for Z patients. This work is ongoing but has thus far led to a poster presentation at a national conference and a manuscript which has been submitted for publication."

The Rest of ERAS:

- Do this early. You will thank yourself later.

- Though minor, these sections can be important. I have definitely had interviewers ask about minute details in my application that I never thought they would. For example, almost half of my interviewers have asked about my summer job in a lumber mill 8 year ago. If you don’t know what to include, the counselors will go over this section with you personally.

- You can fill out the entire application and print out versions of what it will look like prior to Sept 15. You should do this. This includes uploading your Personal Statement, having all your rec letters uploaded, and having your programs queued with the checkboxes pre-clicked (for each program, you have to individually click to send your photo, transcript, USMLE transcript [Step scores], and which rec letters you want). Then, when Sept 15 comes along, all you have to do is hit "Submit" on your app, and then "Apply" to your programs (you can highlight them all at once from your queue and then pay for them all at once). Make sure you have your credit card that day.

- Make sure when you paste in your personal statement, you do it from a plain text format. It IS possible to switch it to this after creating it in a
Word doc. If it looks weird when you paste it into the ERAS text box, try using a different browser (it didn’t work for me on Chrome, but worked fine on Firefox - I have a Mac).

- Once your app is submitted, you cannot change it. However, there is a profile tab in the top right of the webpage that you can update through the season. You can put a current address (I put the one where I was staying during interview season, in the state where I want to match, and I’ve been asked about it in almost every interview). This is also where you indicate AOA status. You can upload a new personal statement, but if the program has already downloaded your application, you would have to alert them about the new document. You can check whether/when a program has downloaded your app with the ADTS button in the top right of the screen.

- If you get a new Step 2 score after submitting your application, you MUST resubmit your USMLE transcript by going to Documents > USMLE transcript > "Retransmit". Your programs will be alerted about your new score.

- Try to submit as close to Sep 15th as possible! Submitting involves sending in your application as well as selecting programs and assigning each of them your PS, picture, USMLE scores, and letters before paying for them.

- Careful with periods, particularly with publications since ERAS adds some in. When listing awards etc, you can’t separate them by lines so try adding a few dashes between them.

- Make sure you edit the profile on the front page so you can get your mailing address, citizenship, etc entered. You don’t need to enter your NRMP ID when you submit. Enter it later on after you can register for it.

- Hobbies and interests are literally just things you enjoy doing for fun – but be aware they may ask you about one!

- The website is clunky and there are many bugs. Fill it out then print it out in the PDF form and CV form - double check for any errors or inconsistencies in what you typed. Have everything uploaded and ready to go so you can simply it “submit” the day it opens.

- Print your app from the main page and read it over a hundred times! Ask your friends and family as well.
Personal Statement

- It alleviates anxiety to start jotting down ideas early. Feel comfortable rewriting. Of course, take advantage of all your friends who are skilled writers, and ask them to provide feedback! You know who would be able to give you the most thoughtful and constructive advice.

- Start as early as possible, give yourself lots of time to think and rethink, and then send it to all the people you know. Once you have a good finalized draft, bring it to your specialty’s program director (PD) and ask her/his opinion.

- Don’t feel discouraged if your first draft is torn to shreds. Obtain feedback from a variety of people - your class counselor, your faculty career adviser, a dean of your choice, your letter writers, other med students, your family, your college roommates, the mailman, etc. The more the better! That said, keep in mind that you don't have to take everyone’s suggestions, especially towards the later drafts.

- Come up with a list of topics and try to start writing. If you find that you get stuck on one or can’t stop writing for another, it may give you a pretty good idea on which personal statement you’ll be writing.

- Start writing early. It may not be the most important aspect of your application, but you don’t want to be stuck making changes when you could have submitted already.

- One of my letter writers asked me, "What is your passion?" I started talking about helping people and she seemed bored and asked me about a non-medical passion. And then my answer wasn’t so boring. If you’re writing about something you’re really interested in, the piece is going to be more fun and meaningful. You can make any analogy to get back to your field of medicine, so don’t worry about that in the beginning. Use the passion to set the tone, answer the question of why that field, and incorporate where you want to go. If you want to do research and a fellowship, you can say it (even if that changes in 6 months). If you want a good program that’s near your family, tell them you’ll be able to give 110% every day because your social support is so strong. I was told that the statement is supposed to be “vanilla”, in that it shouldn’t stick out and just be gently pleasing but no more. I was also told my statement “wasn’t vanilla.” I’ve gotten a lot of compliments on it, people who know me say it gives a good picture of who I am, and most importantly, I like it :)

As for feedback, I started with two of my letter writers. I knew them a bit personally, so I wouldn't be hurt if they hated it but I thought they'd give better feedback initially than friends and family. I had to completely scrap draft 1. I incorporated some edits from them for a while until I got to about draft 7 and then sent it to my other two letter writers, who were big wigs in my department and on the residency committee. I got a yay and a nay and decided to stick to my guns because I liked it and I was tired of changing it. Then I saved it and DIDN'T LOOK AT IT AGAIN. It’s not a HUGE deal because many interviewers don't or barely read it, so once you've got something solid, just leave it alone and go do something else.

- These are tricky. You will get frustrated and scrap drafts, but it will all work out in the end. Really reflect on what made you choose that specialty. Feel free to start early in the summer (I did and it was nice not having to worry about the bulk of it later when I was dealing with the rest of the application). Don't turn your PS in to a CV. It's okay to use experiences that are meaningful to explain aspects of yourself but don't just list them. Remember, while you want to make it clear you think it's a great field you should also be focusing on why YOU would be great for it! What are experiences that help show that? What are ways you'll add to the program? It’s nice to incorporate what you’ll bring to the program and what you’re looking for in a program. Try to give them an idea of what you’d like to do in your career as well – you don’t need to explicitly say whether or not you want to do a fellowship (although you can if you’d like!) but make it clear what types of cases or patient interactions you enjoy or what setting you may want to work or train in. You can try to draw them in at the beginning with an anecdote – don’t open with something too cheesy like a quote. Stay away from colloquial language. Try outlining your major points to each paragraph to help you stay on track. Keep elaborating on the outline until you have paragraphs.

- Keep it less than a page. Save it as a .txt before copying it to ERAS. Ask a bunch of people to edit it! Probably just a couple at first while you get your bearings – like a family member, class counselor, faculty mentor. Once you have a decent draft, start sharing it with other mentors, letter writers, trusted classmates, etc. and then put it down for a while! I found that I made the most improvements after a couple weeks away from it (which is why starting early worked well for me). You realize what doesn’t seem natural and what doesn’t flow. Also, make sure your opening points to each paragraph actually have to do with what ended up being discussed in that paragraph.

- Find a cafe, sit down, and dig deep. Who were the most inspirational patients in your field of choice? What is the essence of your chosen specialty that draws you in such that you can’t imagine *not* being in it? Dig even deeper - what are the formative experiences that make you who you are? What values drive you? What do you seek in life? You need to know yourself really well to be able to write a concise, compelling personal statement and also tell your “story” in an interview.

The first draft can be long and disorganized - get all of your thoughts and components of your story on paper. Then you can edit and cut from there to keep the most compelling parts. Get sample personal statements from others in the field and have friends and residents edit in the first few rounds. When you are getting closer to ERAS submission, float your essay by your faculty advisers, mentors and maybe even letter writers.

- Keep writing drafts. I literally went through 4 or 5 iterations of completely starting over until I was satisfied with what I had. Your mentors can also give you great feedback in terms of what they think works well and what doesn't.
- Ask your faculty career adviser and class counselor to get specific good advice. Ask family members, other med student friends to proofread for small errors.

- Yes, you want your personal statement to be good, but don't fret over it too much. The best advice I got was that you don't want to attract too much attention to it. 98% of personal statements are good and will suffice for residency interviewers. But be careful if you find yourself in the extremes. You don't want to find yourself in the 2% that causes an interviewer to say "Hey guys! Look at what this person wrote!" because it could be either really good or really bad. Being TOO unique may end up hurting you. Just make sure that you are honest about what you write and there are no glaring errors. Have your letter writers read drafts, have your friends read drafts, have your parents read drafts. Read it backwards. Again, your goal is to write something decent that won't attract too much attention.

- While it is good to show it to a lot of people, take everyone's advice with a grain of salt. You can't please everyone all of the time. I think the best strategy is to be bland but well written so it appeals to the majority of program directors.

- Make sure that you visit the sites of the programs that you are applying to. Sometimes, they have additional requirements or specific things that they want you to speak to in the personal statement. (You can create multiple personal statements in ERAS and assign them to particular schools.)

- Write SEVERAL drafts until you're really happy with it - it's worth the time. Read other people's statements, but don't mimic them. Have people who know you well, faculty in your field and the dean read it, take feedback with a grain of salt.
- Make a spreadsheet of all the places you applied so that you can keep track of the responses! Reply as soon as you can requesting dates. If you aren’t sure if you really want to interview there, put it in January and consider cancelling later. Use the MHost alumni program (http://alumni.medicine.umich.edu/host-program) for housing if you can’t find a friend (or friend of a friend) or free hotel. Try to hold out on booking flights until closer because your schedule changes quite frequently! Make a google doc with your friends to try to coordinate rides/hotels. Try to reach out to past students who are residents there, even if you’ve never met them! Ask them how they like it. Don’t be afraid to ask a mentor or person of power if they would reach out to a program on your behalf (whether for an interview or matching). Attend the happy hours when possible because that’s where you really get to know the residents best.

- PREPARE for your interviews! Find example questions online and in resources Michigan provides. I created a word document with a bunch of questions and bulleted ideas of answers. Memorize the obvious ones — tell me about yourself, why do you want to go into that specialty, why would you be good at it — but be able to say your answers as if you’re just naturally gifted at answering questions on the fly. Practice/brainstorm with a close friend. It can help with ideas for strengths/weaknesses, past stressful situations, etc. Also, come up with a few talking points that you’d like to get across during your interview and make an effort to somehow mention those in your answers. Interviews often go in the direction you take them.

- Women: wear a suit (grey, navy, black), non-revealing shell, flats or heels, neutral make-up, professional hairstyle.

- Take notes after! Write down stuff about their curriculum, highlights, residents, etc because it will ALL blur together. Make sure to write your “gut impression” since that’s what you’ll likely go off of at the end. Thank you notes are up to you. Feel free to email them (handwriting is not necessary). I found it natural and helpful to send them and usually got nice responses in return (although I’ll admit, I got lazier as the year went on). Ask for their contact information when leaving the interview.

- They’re not kidding... if you don’t respond to an interview request ASAP, it could be gone by the time you get there. I responded an hour later once and then was waitlisted (as in, all spots gone when I responded). I also responded ten minutes later once and got waitlisted. It’s a cold cold world. DEFINITELY push emails to your phone so it pings you as soon as emails come in AND make sure you have a browser app that can open the ERAS website (Puffin Free works well on iPhones) so that you can access the Message Center (some programs use this to communicate, meaning you get an email saying “You have an ERAS message!” and then you have to login to the website to see it). ERAS was screwy this year, and sometimes the Message Center would not alert you by email that there was a message, but hopefully that’s fixed by next year. I think the biggest lesson I learned was to RANK ALL THE DATES they offer for interviews unless you REALLY can’t make it. I usually listed 2-3, as I was coached, but if those filled up, then in the amount of time it would take me to exchange emails with the coordinator, the other dates would fill up as well.

- Southwest Airlines, rescheduling is free. I had to burn $92 I spent on an American Airlines flight because of a last minute schedule change. This makes me very angry.

- Be courteous whenever you contact a program (via email or phone). You will be judged at all times and how you act will be noticed by the residency committee.

- Be sure to read up on the program before you go so that you have a general idea of what they’re about. Often times the program director will spend some time going over the program details so it seems unnecessary to prepare in advance, but I say.. "better safe than sorry!"

- If you get an offer and don’t intend to schedule, it is polite to let them know that you are declining the invitation. If you have already scheduled a date, cancel it as early as possible. Know that you might have to make multiple trips to the same area. It sucks but happens to most people.

- For those applying to several programs (couples match, competitive specialties), I found it useful to create an "ideal" schedule, so that when programs started replying, I knew that I was planning on being on the west coast during a certain couple of weeks. This prevented me from having to take multiple plane rides.

- Definitely feel free to call programs to reschedule if you want to try to consolidate travel. They were all very open to helping.

- Interview dinner attire: avoid jeans!

- There is an app for keeping track of programs called Prism - The Match. It has a points system if you’re into that.

- Don’t underestimate the power of connections and persistence. I have a friend who’s friend connected her with a program director after interviews were closed, convinced her to interview her, and then ultimately matched there.

- Check ERAS message board separately from your email, as programs may contact you via one or the other. Keep an excel spreadsheet to track which programs have extended invites and how/when you contact programs you haven’t heard from. And yes, there is a game to play. Track SDN to see what places have started sending invites. If there is a place you REALLY want to be that has sent invites but not to you, pull all of the strings. Talk to Michigan alums (search the match list from past 4 years) in the program for informational interviews and see if they can tell the program
director about your interest. Ask your faculty advisers if they can make calls for you. Also email the program director yourself indicating interest, who you have spoken to in the program that impressed you, etc. Follow-up with a phone call in a few days and ask if any supplemental materials might be helpful. It’s a very tiring task, but following-up and using connections is unfortunately part of the game.

- The app “Tripcase” is really helpful for keeping track of all your flights! You just forward your confirmation emails to the app address and it stores them for you!

- Student Doctor Network forums can be helpful but know yourself and your anxiety levels before checking. They are most helpful for seeing whether programs have begun giving out interviews. If they haven’t, then phew! No wonder you didn’t get one! If they have, then DON’T sweat. It takes forever to get through applications and you still have just as good of a chance to get one down the line!

- Schedule right away once you get the email. If you have a smart phone, I would turn on push notifications for email starting in September so that you’re alerted right away when you get an email that may contain an interview offer. You want to have your choice of interview dates, and the best way to ensure that is to pick as soon as you get the invite. Over schedule in the beginning and once you’re pretty sure you’re not going to go to one of the interviews, let the program know right away by emailing the program coordinator. Do this pretty quickly, as it’s bad form to hold onto an interview that someone else in the country could have. I generally do NOT recommend using sites like Student Doctor Network as I feel it’s a hotbed of anxiety. However, during interview season, there is a thread for each specialty that’s created which lists when particular programs begin releasing interviews.

- I write thank you emails within 24-48 hours then sent thank you cards to the Program Director only. I told most programs that “while I am early in the interview season, I have no doubt this is an ideal place to train” or something like that to indicate interest.

- Always suck up to the program coordinator. A lot of school allow them to pass on a “veto power” if someone is very rude to program coordinators.

- While you’re in town for a few days for a school you’re set on, it may be worth trying to meet with other faculty while you’re there. The more people you know/that know you the higher the odds you’ll match there.

- You can use the Alumni Program’s Doximity search tool to find physicians in the area where you are interviewing and potentially get info/network! [http://alumni.umich.edu/members/physicians](http://alumni.umich.edu/members/physicians)

- Urology Applicant: Several programs interview in early October, but most are late October through mid December. I submitted my application on September 15th and started to hear from programs in late September or early October. There was a spreadsheet on urologymatch.com made by one of the applicants that tracked interview offers by programs if you are completely neurotic and interested in that. One piece of advice that really helped me: around the time you submit your application, email every program coordinator (if you applied to 40 programs send 40 different emails) and ask what dates they have interview days on. Most programs only do 2-3 days total. This is a lot of work but it was essential for a couple of reasons. First, I wrote down all the possible dates on a calendar and was able to identify days where multiple interviews might overlap (some days had 7-8 programs I applied to interviewing, so I could pick a more flexible day) and you can schedule sometimes dates close together in a particular city or region. Second, most programs send out more invites than they have spots available, so if you know exactly which dates work for you, you can get that day without hesitation. It is also best to have your phone on auto-update mode for emails and attached to your hip. True story, once I forgot my phone while walking my dog for 30 min and missed an interview invite that filled up while I was out. It’s stupid, and ridiculous, but for whatever reason it’s how they do it. Accept every offer you get initially, even if it conflicts with other days. It is commonplace to cancel interviews as long as you give them enough advance warning (ideally, 2 weeks), so this way you can be more flexible as your schedule gets tighter. I ended up cancelling 6-8 interviews when I was confident that I had enough. Even though you should initially accept all interview invites, most people end up doing 15-20 just because it has been competitive as of recently. Logistically and financially, doing 20+ is a stretch.

A lot of good information at urologymatch.com. Most programs will do a dinner the night before or after the interview. Attend if you can, don’t sweat it if you can’t. Especially if the dinner is the night of the interview, this might mean an extra night in a hotel, which can further increase the financial burden. These dinners usually are just with the residents, so it’s a low stress environment where you can ask questions like where they live, call schedule, info about the city, etc. Usually the residents have little if any say in a program’s rank list, but on the other hand it’s best to not get drunk and vomit on someone. Otherwise, interviews for urology were very similar to medical school interviews. I interviewed almost exclusively at Midwest programs, and most were very benign and conversational. I never had to tie knots and was never pimped. Some programs will ask you a few standardized, ethical scenario-type questions but it is pretty obvious what the correct answer should be (eg, is it ok to operate on someone intoxicated?). Generally, you do anywhere from 5-10 fifteen minute interviews with various faculty members and this always includes the program director and the chairman of the dept. Thank you notes are another topic of debate. I usually do three per program—one to the program director, one to the chair, and one to the program coordinator (person who sends the emails, schedules, etc.). Other people have sent to everyone they interviewed with, others yet just didn’t do them. I have no idea if it makes a difference or not. I did mine handwritten, but some do email. Either way is probably fine.
**Ranking Programs**

How the Match Works:

Match Data:

- Go with your gut.

- Don't try to be political with this. Rank the programs in order, in your honest opinion, of where you think you will be the happiest. The match is designed to be in the applicant's favor, however mystical it seems.

- Rank programs based on YOUR preferences, not based on how you think programs will rank you.

- The Match algorithm goes down your list until you get a match (not a program’s list).

- Some people prefer to use a rank system to help them out – there are examples online as well as on the PRISM App.

- I used the PRISM app through the NRMP to organize my interviews and jot a couple of notes down about each program after I went. But honestly, I trusted my gut. I’m a strong proponent of making your choices based mostly on “feel” and then using “logistics” to break ties.

- From past years, some programs contact you re: ranking, some don't. I've also heard to float your rank list by faculty advisers and Michigan program director of the specialty and ask him or her to ask your top few choices about you to see where you might be ranked with them. I've also heard from multiple people to use the words "you are my #1 choice" with your true top choice and different phrasing like “you are a top choice” for number 2 and 3.

- Once I had finished interviewing, I emailed my favorite program to say that they were my #1 choice. I then emailed my other top programs (#2/3/4) saying something along the lines of thank you again for interviewing me, I still love your program because of XYZ, and I would be honored to match there. I got very positive responses from each and know that it only helped me/reminded them that I exist! I’m applying for pediatrics but imagine this applies to other fields too!

- Programs care how deep into their rank list they have to go to fill their class. Therefore, telling a program they are your #1 choice (assuming they actually are) will usually work in your favor. It can’t hurt to be clear! However, do not lie – for many obvious reasons but also in case you end up wanting to do fellowship there!

- Networking can help – get to know faculty and residents with similar interests. You can learn what the program has to offer you while also making your interest clear.
**Taking a Year Off & Dual Degree Programs**

- Taking a year off is an awesome opportunity to really reflect on why you’re going into the field of medicine. Depending on which degree you pursue, it allows you to take an outsider’s perspective on healthcare and gives you a different approach to problems, which doesn’t get taught in medical school. Finally, getting a dual-degree is a really nice change of pace. You’re devoting the rest of your life to medicine. This is your last chance to really immerse yourself in something else. Why not take it?

- Taking a year out for research/dual-degree ended up being the best decision. I think it really set me apart in a specialty that is super competitive.

- Only do it if you are truly interested in pursuing the degree. Simply getting a second degree will not necessarily make you more competitive for residency.

- If you feel you would benefit from a year off, then totally do it! Just make sure you are doing something worthwhile, interesting and meaningful because you will talk about it a LOT on the interview trail.

- Work closely with financial aid to make sure you understand tuition, fees, and your financial aid disbursements. Ask about scholarships, including the financial aid departments in the other program. The med school may not be aware of some opportunities.

- Denise Brennan emails out about year-long research opportunities. One important thing to note, “If you will be applying for Year-Long Research and need a Letter of Support/Recommendation, the letters are composed by the Dr. Ben Margolis, Director of Student Biomedical Research and are co-signed by: Dr. Ben Margolis, Director, Student Biomedical Research Program and Dr. Rajesh S. Mangrulkar, Associate Dean for Medical Student Education.”

**MBA**

- The application period for the MD/MBA program is during the winter of your M3 year. You will need to take the GMAT prior to applying. Personally, I checked a few GMAT prep books out of the Ann Arbor library and did some practice questions/tests and ended up feeling more prepared than I anticipated. The test is a lot like the ACT or SAT, so get ready to relearn geometry and probability. You should plan to take this when you find gaps in your schedule and the earlier the better. You don’t want to be worrying about this during winter break of your M3 year. Personally, I studied for it and took it during a CFM week in the winter of M2 year. You’ll also need to apply for endorsement from the medical school during your M3 year. The rest of the application process is pretty straightforward and more information can be found here: http://med.umich.edu/medstudents/curRes/dualDegree/pdf/md-mba.pdf

- I did an MBA outside of Michigan. It was much more difficult and more effort to execute than an MBA at Ross but I wanted a different network and new life experiences. If you are thinking of an MBA, I would take the GMAT before 3rd year starts (I did so during M2 winter break). Otherwise the spring time is focused on Step 1 and once you’re in hospital, it will be hard to study anything more than what you are doing for the shelf. Start brainstorming essays as early as possible in the summer so you have a lot of time to hone your story, get rec letters, and prepare your application for Round 1 deadlines in the fall.

**MPH**

- If you’re looking to take a year off to earn a Masters in Public Health, it’s usually completed during your M4 year. You’ll apply in the Fall of M3 year, where a personal statement, CV, and letter of intent is due to the medical school on November 1st to receive official endorsement. You’ll then spend the month of November filling out SOPHAS (School of Public Health Application Services, the AMCAS of Public Health) and asking for letters of rec. I would also suggest contacting the dual degree liaison in the department you’re interested in (EHS, EPID, HMP, HBHE, Biostats). The HMP liaison is Professor Richard Lichtenstein (lichto@umich.edu). You hear back about your official endorsement from the med school in mid-to-late November and SOPHAS is due for Umich on December 15th. Each school has a different deadline so make sure you look it up if you’re planning to complete your Masters at a different institution. It takes about 4-6 weeks for your application to be verified by SOPHAS (I submitted mine on 12/5 and it was verified on 1/8). I received a confirmation from Umich on 1/21 that they had received my application and was accepted on March 1st.

As for when you actually take time away from med school, I would suggest you complete 4 months of M4 year prior to starting the MPH (May – August) and take Step 2 on a chill rotation like path or outpatient ortho (no need to take a vacation month). This way you’ll be considered as a full time Fall semester student for both Med School and MPH, which means that you get the Fall semester of your Masters free of charge. In addition, you’ll only need to complete 4 more months of M4 year upon returning from your Masters. You can split this up as 1 month/3 months for Fall/Winter semester or 2/2, but try not to do all 4 months in one semester when you return to med school since 4 months in one semester is considered full time and part time tuition in each semester ends up being much cheaper (~$2500/month part time in state, whereas it’s ~$15000 for full time one semester). Total for in state in 2013-2014, the masters ended up costing me about an additional $7000 in tuition.

The main differences between MICHR and an MPH are that MICHR is much more research heavy and you take fewer classes over the year. If you’re at all interested in research, I would recommend you at least apply for MICHR since tuition is free and they pay you a stipend. I believe you’ll still be able to take a couple elective courses, but otherwise your course load is more research-focused. I personally chose to pursue a Masters degree in Health Management and Policy since I wanted to learn more about how the healthcare landscape is evolving and how I could play a role as a future physician leader in administration or policy. Hope this helps!
Michigan Institute for Clinical and Health Research (MICHR):
- The following images are from 2014, dates and information will likely change. Logistics generally updated in July/August.
- Please contact Shannon Marshall (MICHR Student Services and Admissions Coordinator) for more information at marshsm@med.umich.edu.

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**Master’s Degree in Clinical Research (MSCR)**

**Application Due: December 16**
- 1-year (12 month) program
  - September - August
- MS degree in Clinical Research from School of Public Health and Rackham Graduate School
- 9 students funded annually
  - More can be admitted
- Funded students receive – Full tuition support, stipend, and travel & research funds
- 38 credit hour degree program
  - classroom & mentored research

**Application Questions?**
Shannon Marshall,
marshsm@umich.edu

**Application Requirements**
Apply to:
- Epidemiology: Clinical Research MS
  - Rackham Graduate School
$75 Application Fee

**Letters:**
- 2 Letters of recommendation
- 1 Letter of release from Medical School
- 1 Letter of support from mentor

**Essays:**
- 1 Statement of Purpose – Describing your interest in the program.
- 1 Personal Statement – Describing your background and life experiences.

**CV**

**Undergraduate Transcripts**

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**Masters in Clinical Research**

The Master of Science in Clinical Research (MSCR) is designed specifically for U-M students in professional degree programs to complete an intensive, year-long program in clinical research.

*The highlight for me was the opportunity to gain hands-on experience. I was privileged to work on a clinical study involving patients with schizophrenia.*

- Quoc Nguyen, Pharmacy (right)
  - MSCR Program Participant
  - Pictured with mentor Vicki Ellingrod, PharmD

**Who is eligible?**
- Students enrolled in a U-M professional degree program.
- Students who are a U.S. Citizen or US Permanent Resident.

**Program Components:**
- A core didactic curriculum
- A research practicum
- Personalized course electives

**What do you get?**
- Students who are admitted to the MS in Clinical Research program receive a graduate degree from Rackham Graduate School and the School of Public Health.
- Full funding is available for up to 9 scholars and includes: living stipend, full tuition for the MSCR program, and research funds.

[http://www.michigan.edu/education/](http://www.michigan.edu/education/)

Application LIVE November 1 - [http://www.rackham.umich.edu/](http://www.rackham.umich.edu/)

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**Summer Research Program**

MICHR offers a summer research program for pre-doctoral students in health-related professional degree programs at U-M as well as other U.S. institutions studying in these fields. The 10 week full-time program is designed to introduce students to research early in their courses of study, and provides hands-on research experiences in health disparities or clinical research. Students will learn the fundamentals of research methods through individualized and team-based learning experiences. The program may serve as an internship for students who need to fulfill such requirements. Participants will receive a summer stipend to support their full-time commitment.

**Who is eligible?**
- Students enrolled in a pre-doctoral health professions degree program such as medicine, dentistry, pharmacy, nursing, social work, biomedical engineering, public health or kinesiology.
- Participants must be a US Citizen or US Permanent Resident.

**Program Components:**
- Orientation and required training in the protection of human subjects and the responsible conduct of research.
- Work with a mentor (35-38 hours/week) on an on-going, funded research project.
- Classroom work
- Team projects
- Various experiential learning requirements

[http://www.michigan.edu/education](http://www.michigan.edu/education)

Apply Here: [http://goo.gl/HLtuQB](http://goo.gl/HLtuQB)

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**Need more Information?** Contact: [MICHR-EDU@umich.edu](mailto:MICHR-EDU@umich.edu) | Shannon Marshall, Admissions Coordinator | Brenda Eaklin, Pre-Doctoral Programs Designer
Michigan Institute for Clinical & Health Research (MICHR) | 2800 Plymouth Road, Building 406 | Ann Arbor, MI 48109-2900
Step 2 CK:

- Schedule these tests early and take them as early as you feel confident doing so. You've been practicing all M3 year, so you definitely don't need to devote nearly as much time to them as you did to Step 1. As always, UWorld will become your best friend and worst enemy.

- The best way to study is to learn the material throughout the year. If you’re someone who feels like they need to do very well on Step 2 to make up for a low Step 1 score, study hard for shelves throughout the year. Also try and take it early M4 year while clinical material is fresh in your mind. The best book in my opinion is Step up to Step 2, then First Aid for Step 2. Step 2 Secrets contains high yield facts and is a quick read, but is by no means comprehensive. And questions, questions, questions!

- I wish I had done path during Step 2 CK studying so I didn’t waste my vacation... but it was nice going home to study. I did Step 1 style studying (regimented, all day, redid Uworld) for about 2.5 weeks and came away with a good score.

- For CK, I made a schedule assigning a topic to each day like I did for step 1 studying. Your major goal should be getting through Qbank. I started off reading a little about the scheduled topic (First Aid, Step 2 Secrets) and then doing a question set on that topic. The rest of the day I would do random question sets. After the first week, I stopped reading and just took the time to read the Uworld explanations. It’s much less stressful than step 1 studying. I dedicated 3 weeks of my vacation month and spent most of each day studying. By making sure I got through qbank (and barely reading), I went up 24 points from an okay step 1 score to a great step 2. Take it before applying if you want it to help your app. If you rocked step 1, feel free to put it off until later in the process. Most people leave the exam feeling horrible but then doing WAY better than they expected. Also, it’s easier to take it closer to M3 year when you still remember things!

- Most people do significantly better on Step 2 compared to Step 1 so having that good score to report to the programs certainly doesn’t hurt!

- Most people don’t take time off to study for CK. I did the UWorld bank as an M3. I then went back through during early M4 year on easier electives (prob over 2-3 months). I didn’t use first aid. I took it early in my vacation month so I was well rested, which is important since it’s so long.

- For Step 2 CK, I studied lightly for one month while on a pathology rotation. I actually did all of the USMLE Step 2 questions with each rotation then reset the qbank for my official Step 2 CK studying. By then, I developed pattern recognition, which helped a lot.

- Do it early. Step 2 CK is easier than Step 1 and people typically do about 10 points better. Personally, I did a little bit worse because I had heard it was so easy that I just didn’t study that hard. It IS easier, but don't do what I did.

Step 2 CS:

- Get it out of the way as early as humanly possible. CS spots also fill up super fast (especially Chicago) so even if you aren't going to be able to take it till later M4 year, you still need to schedule early, like Feb/March if possible.

- For CS, take it as close to 3rd year and CCA as possible! It’s literally the same thing as CCA and takes zero extra preparation. I took it 2 days after CCA and felt great afterwards. Just skim through First Aid Step 2 CS. Memorize differentials for things like chest pain, shortness of breath, abdominal pain, etc. That way when you see the chief complaint while outside the room, you can take 30 seconds to write down your differential before meeting the patient and have that to go off of in the room. I felt much more comfortable leaving the room knowing I didn’t forget any key questions because of the list I jotted down before entering. Always empathize. Ask before you examine them. If they mention someone passed away, say “sorry about your loss.” You can never have too much empathy with a standardized patient. CS is really just a test of English proficiency.

- The Step 2 CS Chicago location is NOT downtown. It is about 1hr by train outside the city. Keep this in mind if you plan to take public transportation to Chicago, as this will likely drop you off downtown. Also keep in mind that the afternoon slot gets out around 10-11pm (starting at 3pm), so public transportation could be tough at that time. Try to schedule this around the CCA or after a clinical month (family or internal med would be best) just so you’re not out of practice when you do it. Slots fill up quickly and you don’t need any kind of extra knowledge to take this test, so sign up as early as you can (even during M3 year - it may actually go better during this time!) and just get it over with.

- Doing emergency medicine before CS was really helpful.

- Taking step 2 CS after the CCA was helpful as it gives you a rough idea of how the test works. Step 2 CS is exhausting (you’re traveling and the day itself is long) so I would recommend taking it when you have time off (e.g. a research month or vacation) rather than cramming it into a harder elective. First aid was semi-helpful.

- Step 2 CS is not difficult at all and I did it after not seeing a patient for 6 months. I role played scenarios with a friend. It's not really testing your knowledge, so it's ok to miss things on the differential (as I definitely did). If your 4th year is front-loaded, don't worry about taking CS till later.

- If you have to reschedule or schedule too late and the location isn't available for the timing you want, you can set up an alert to be notified by email if a opening becomes available (you set a desired date range). You still have to be pretty quick about responding still because the spots can go quickly, but I was able to switch from Huston to Chicago within a week of having the alert set up.
Domestic Away Rotations

- These are VERY specialty dependent. Some specialties practically require them while some do not expect them at all. Talk to people and figure out where your specialty lies. There are pros and cons to away rotations. Pros: exposure if you’re heart is set on a location/program, networking, seeing how you like the work environment there, learning other ways of practicing, possible letter of rec. Cons: can be a hassle and/or expensive, some say it feels like an “audition,” takes a while just to get the EMR down, etc. Away's tend to be more common in surgical fields. Ask around.

- Contact Cindy Murphy for questions (camurphy@umich.edu). “Please remember that all outside rotations (domestic or international) require you to submit a course description and an acceptance letter with your outside elective form. The acceptance letter must state the dates you are accepted, the rotation you will complete, and who you will report to during the rotation. You will need to send all these materials to me and I will forward them to the appropriate UM Clerkship Director for approval.”

- They are a great way to check out a new city/program!
  1. In January of third year, check the website of the institution you are interested in visiting to find out their application process for away students because not everyone uses VSAS. The application will not likely be open, but you will be able to see the requirements from last year’s application.
  2. Start gathering your application, especially immunization records and appropriate TB testing, they can be very picky about these things
  3. Be patient while waiting to hear back from the program. But while you are waiting, fill out the university of Michigan forms needed so they are ready to go when you get a response because it might be close to the deadline.
  4. Bring all you application forms with you to the rotation!

- Budget 2-3 months to secure one.
  1) Determine if it’s VSAS or not by searching VSAS database and looking the schools' website. if VSAS, your schools' admin has to register you and give you tokens
  2) Based on #1, look at all of the requirements needed and get on it: i had to get titers drawn, varicella vaccine, BLS cert etc etc. this can be a huge pain and is very time consuming
  3) Apply at least 2 months before you want to start
  4) Follow up a LOT. every school has a different preferred method - some have one point person for the entire school. Email, if no response, call. Other places have different people for sites and if you email the wrong one, they will just ignore you. It’s important to follow up also because sometimes VSAS shows application as received but it wasn’t "Released" to the right department so that causes delays...or the post office misdelivers an application package...both of these situations happened to me.
  5) After all materials are received and being processed, if you don’t hear back, call every week, especially since Michigan has forms and deadlines.
  6) Even if dates don’t match ones you want, apply anyway, you can sometimes negotiate.

- Ob/Gyn applicant: Now that I am in the interview season, I realize that I underestimated the impact that away rotations can have on your interview offers despite the fact that most specialties don't require or even highly encourage "audition" rotations. I certainly was not strategic in choosing where to do away rotations other than personal desire to be in a specific city. I know one girl from a non top-10 medical school who rotated in schools on both coasts and* get rec letters, and she has secured more competitive coastal interviews than anyone I know. So, if you’re trying to break into the West Coast and have no ties there, doing an away might be helpful. And if you did do an away, discuss that in the interview!

- Urology Applicant: Most urology folks do 1 or 2 away rotations. I could probably write 10 pages on away rotation rumors, conjecture, etc. There is some great advice on urologymatch.com, and some equally shitty advice, so the following is my experience. Away rotations are probably necessary for most people unless there are exterminating circumstances (eg, had a baby). At some programs, you are more likely to match you if you rotated there. Michigan, for instance, has matched 1-2 away rotators the past two cycles. A couple of ways to go about deciding where to rotate: prestige, geography, different training philosophy. Talk to the faculty, particularly Dr. Hafez, about where you should rotate. As a program director, he knows what is best for most folks. Some will say that you should rotate at a top-tier place and try to get a letter from a big name, usually the chairman of the dept. Certainly this will help you if it’s a good letter, but I don’t think this is necessary. Also, beware of some of the prestigious places because they tend to generate a lot of interest and may have a lot of Sub-Is rotating with you, which will decrease your exposure to faculty. It’s best to shoot an email to the program coordinator prior to applying and ask about number of rotators, etc. I rotated at Mayo Clinic in Rochester, MN and they cap the number at 4 per month, which is great because they have huge volumes so I never felt like I was competing with anyone. Geography is another reason to select a sub-I. Doing a Sub-I in a region where you have no ties and have never lived can “open up” that region when it comes to interview offers etc. In my experience, at my interviews outside of the Midwest programs seemed skeptical in your interest if you didn’t have ties to the region or rotated in the region. Applying to away rotations is a pain, plain and simple. Most programs use VSAS, but I applied to a few in the Midwest (Mayo and Wisconsin) that didn’t. I heard back from Mayo before VSAS even opened for the other programs I was interested in, so decided to just accept the invite. I’ve heard from other applicants I’ve met on the trail that they didn’t hear they were accepted to a program through VSAS until a very short time before they were supposed to start (eg, sometimes less than one week), so beware of that. Again, away rotations are where knowing a few faculty members can really pay off. Dr. Palapattu wrote me a letter (Mayo required for their away rotation) without ever working with me clinically, and other faculty have made calls for some of my classmates applying. One other pertinent thing is the timing of the rotation—it’s best to do it no later than August, in order to have any letters received by the ERAS deadline in mid-September. In general, best to give your letter writers at least one month to complete.
**International Rotations**

- Get in touch with local/international contacts.
- Coordinate with Cindy Murphy for scheduling (camurphy@umich.edu) and Yi Mao for Global Reach funding coordination (yimao@med.umich.edu).
- Cindy Murphy will get approval for your rotation from the clerkship director for that field.

International Activity Survey to find past projects:
https://www.umms.med.umich.edu/globalreachsurvey/

- Instructions: Enter survey site → Search → Look for Faculty or Student Surveys

Forms and Information: (http://globalreach.med.umich.edu/education/students/elective)

- Complete the M4 International Elective Grant Application (Available in M-Compass)
- Submit a host institution acceptance (Upload this documentation into M-Compass in PDF format, no other formats will be accepted) <-- for this I printed an email the doctor had wrote confirming my rotation.
- Read and sign the Travel Reimbursement Policy
- Read and sign the Scholarship Verification Statement

**Funding:** Apply for Global Reach Funding in Fall of M4 Year (If granted, covers up to a certain amount of rotation related expenses – flights, transportation, housing, insurance, etc – save receipts to be refunded.) They have relationships with certain countries and will provide more funding for those.

- Buy HTH Health Insurance before you leave for your trip. You can reimburse it with your funding later on.
Couples Matching

- My fiancé and I are doing an orthopedic/pediatrics couples match (both from Michigan). This isn’t a common combination, so we had very little advice given to us before we started this process. Here are a few things I have learned about the couples match.

1) Interview seasons are NOT necessarily at the same time: for example, as a future pediatrician, I heard back from most programs within the first few weeks of submitting my ERAS application and started interviewing the first week of October. I scheduled and attended many of my interviews without knowing what my fiancé would be doing. Orthopedic surgery sends out many of their invites the couple weeks before and after Thanksgiving and most do not start interviews until early December, when pediatrics is deep into their interviews or even hosting their final interview days. There isn’t much we can do about this, however it is something to keep in mind so that you aren’t disappointed when spending extra money to go to interviews that your fiancé/significant other/spouse may not ever be invited to. Just do some deep breathing and realize it’s all worth it in the end!

2) You absolutely CAN use the couples match to your advantage! There have been times when I have secured an interview for my fiancé and vice versa! There is no harm in being clear that you will be participating in a couples match... you never know what deals you can work out for each other.

3) Although it seems like you’ll never cross paths on the interview trail, try to work something out: Once my fiancé started hearing back from programs, I would call my programs to see if I could switch my interview day in order to travel with him. Programs want you to have the best experience possible and they know that having your significant other there is a huge part of your happiness. If you are participating in a couples match in which one person is interviewing with a program with many interview dates, see if you can switch into a date that matches up with the other! Although most ortho programs only have 1-3 interview days total, my pediatrics programs were so incredibly accommodating and most were able to help me rearrange my schedule in order to travel with him! In fact, nearly half of our interviews overlap!

Stay calm and remember, you’ll be together in the end and that is the most important thing!

- Couples matching advice is very specific to the fields you’re both applying to which means that talking to advisors in the appropriate departments early in the process is super helpful. They can provide specific guidance regarding where to apply based on both applicants. We also met together with Eric Middleton, who is a good person for general advice and can pass along the fact that you’re couples matching to others in the administration. We both applied to internal medicine, which is unusual because people are usually applying to different fields but this seems to make the logistics much easier. In terms of choosing programs, we picked a few bigger cities and applied to basically all of the programs in those cities. Then we picked others based on our own preferences for geography/other factors and applied to them as well. We have a broad range of geography (city vs. not, on the coasts vs. not) and competitiveness. Then, most programs invited us to interviews at the same time or within a day or two of each other. If only one of us received an invite, we scheduled the interview right away then emailed the program coordinator a few days later thanking them for the invitation and mentioning that we are couples matching and asking if we could check the status of the other person’s application. This only really happened a few times, and programs usually invited the other person as well. All of our interviews are on the same day except a few where only one of us is interviewing at a program - and we are only doing those because they are programs in cities/near other programs where we are both interviewing.

- Our couples match was in ObGyn and Emergency Medicine. The process really varies depending on the specialties in which you are applying, but our top piece of advice would be to make sure you communicate throughout the process. First and foremost, discuss your couples match with your respective departments’ program directors/chairs/clerkship directors. They can advise you early on regarding the number of programs to which you should apply, how many interviews you should attempt to go on, etc. You should organize your list of programs applied to based on geography and the previously mentioned department contacts can help you refine your list based on programs that provide good options for both people. Additionally, your program directors/chairs/clerkship directors are integral to helping you navigate what to do when one of you receives an interview from a program and the other one doesn’t. In our case, we were advised that the applicant that had not received an interview should email the program coordinator at that program to indicate their interest and to let them know that their significant other already received an interview offer. This worked for us several times, but not all the time. In general, programs that “stand alone” in a certain geographic area are more likely to accommodate than programs in a large city with multiple institutions (which is why you should both apply to several programs in a given city, where possible). Secondly, make sure all the programs you interview at know that you are couples matching and whether or not your spouse has already interviewed there or not. I had a PD tell me once that “couples matches are negotiated, they don’t happen by chance,” so communicate early and clearly and don’t be afraid to advocate on behalf of your partner.
**Early Matches**

**SF Match (Ophthalmology):**

- The SF Match is a similar website/matching program to ERAS, only this is used for those applying to specialties that are considered “early match.” SF Match is different in quite a few ways. First off, you need to get your application together EARLY, most of the programs I applied to for ophthalmology had deadlines in mid to late August. This is important because SF Match requires you to gather all of your documents (undergrad transcript, med school transcripts, letters of rec in signed and sealed envelopes etc) and send it to them via snail mail. I would highly recommend getting delivery confirmation on this and putting your SF match ID all over the envelope. I would also give them at least 2-3 weeks to “process” these documents, so really start to plan this process early – especially with your letter writers.

On the website itself, there are a few different areas to put experiences specific to your interest in the specialty you are applying to and other areas set aside specifically for work and research. The major annoyance about the SF Match is that it has a character limit for these “fill in the blank areas” so you may have to be brief with describing your experiences. But you do get to preview your app before submitting it and so you can see how the programs will view your application. You can pretty much personalize it, by picking to italicize, bold or underline any text you choose. Just make sure to save a lot of times along the way! Sometimes when I was filling out my app online, the SF match website would either refresh on its own or proceed to the next step of the application without saving my work, so try to frequently hit the “save” button.

One of the nice things about the SF match website, in comparison to your colleagues using the ERAS website, is that you can use pretty much any browser to view it (ERAS only really works on Firefox as far as I know) which makes it easier to check your application on any device. Also, the majority of programs email you in addition to sending a message to the SF match website, so you don’t need to check in to the website as frequently as you would with ERAS.

When selecting the programs you wish to apply to, it is best to apply to them all at once, because with SF match they have brackets – ie the first 1-10 is $60, the second ten is $10 per program etc. If you do not pay for them all at once, you will end up paying $35 for any additional program.

Lastly, SF match has its own match process apart from NRMP, so that means you get to find out mid-January where you match!

**Ophthalmology requires a TY or Prelim Year.** You may choose a prelim year, but most applicants choose a transitional year so that you get a broad experience and because you get to pursue elective months in the specialty that you will start in your PGY-2 year. You can apply to these programs through the ERAS website (separate from the SF match site) and will find out what you are going to be doing during your PGY-1 year on the same match day as everyone else in March.

**Urology Match:**

There is a great resource, urologymatch.com, that was created in part by one of the faculty members at Michigan, Todd Morgan. There are articles and resources from actual academic attendings around the country, and it gives a great overview of the entire process, advice from program directors, etc. Much better than what I will briefly do here. Be warned, however, that there are forums much like SDN with complete misinformation, so take everything you find on the site with a grain of salt. I’ll assume if you are reading this that you are interested in urology so will try to lay this out chronologically. As you’ll see, I’ve had a ton of help along the way and am happy to pay it forward.

**BIG DIFFERENCES TO KNOW ABOUT VS. OTHER SPECIALTIES:** Urology is early match, which means you’ll interview late October through mid-December, submit your rank list in early January, and match in late January. However, the rest is largely the same as the other specialties. You also use ERAS, and the submission deadline is the same as your other colleagues (usually mid-September). Intern year is general surgery, and spots are held by Urology programs for their incoming classes, so you don’t need to apply for those separately. In other words, when you are matched at a program you’ll have PGY 1-5 years lined up, however, in most cases the program still need to be ranked through NRMP because all PGY1 slots must be filled through the NRMP match.

**Late M3 / early M4 year:** It is important to reach out to the Uro faculty at UM and let them know you are interested in Urology. Dr. Hafez, the program director sat down with me in the spring of my M3 year and went through my board scores, grades, research experience, etc. and gave me a very candid appraisal of what my chances are to match, and what areas I could improve. I met with 4-5 different faculty members prior to the start of M4 year just to get to know them a bit. Several ended up writing letters for me. The faculty are very approachable and want to help students match wherever they want to go, even if it’s not Michigan. My mentor made several calls on my behalf for away rotations, etc. and it was incredibly helpful. As much as it sucks, Urology is a very small field and programs you apply to are going to weight letters from people they know more heavily, so it pays to get to know the faculty. Dr. Bloom (Dept. Chair) and Dr. Hafez are awesome, and they are happy to write you a letter if (1) they know you and (2) if you can construct a complete sentence. Impressing them in the OR or some crap like that really isn’t required.

**SUB-I at Michigan:** Schedule your urology sub-I during period 1 or 2. Do the one of the main hospital - the one at VA are more for folks going into primary care that want a more general experience. They start accepting away rotators during periods 3 on, so you won’t have to be climbing over other people to get to scrub on cases with Hafez and Bloom. Again, while it is important to know pertinent surgical anatomy, complications of the
procedures, indications of the operations and alternatives, it is more important just to be interested but not annoying, and hard-working but not a gunner. The residents are easy to get along with and want to help you. There is a 15-minute Grand Rounds presentation you do at the end of the rotation. This will be in front of most of the department, so just practice a few times out loud, etc. Best to do it on a focused clinical question that you personally saw in clinic or the OR, and do a good literature review. You’ll have a mentor that can help you with it during the rotation. Your main objective of the Sub-I is to get letters. Bloom and Hafez write a joint letter, so try to get at least one other one, two others is best. Again, no one expects you to have a resident-level command of clinical urology, so just show interest and initiative and faculty members will be more than happy to write a letter for you.

ERAS: No special application service for urology. Use ERAS just like all the other non-ophthy folks. However, one thing to note is that you have to register with the American Urological Association (AUA) on their website to get a registration number. This is $75 and you need it prior to submitting your ERAS application. Also have to register for an NMRP number for intern year, which is $50, but you don’t need to do this until after you match in January. As I said before, while intern year is largely general surgery, these spots are held by the urology department at most places, so you don’t apply to these separately.

(For advice on urology away rotations and interviews, see respective sections above)

**Resources**
- See [www.med.umich.edu/medstudents](http://www.med.umich.edu/medstudents) M4 column and your class page on Ctools

Global Reach Instructions: [http://globalreach.med.umich.edu/education/students/elective](http://globalreach.med.umich.edu/education/students/elective)
International Activity Survey: [https://www.umms.med.umich.edu/globalreachsurvey/](https://www.umms.med.umich.edu/globalreachsurvey/) (Enter survey → Search → Faculty or Student Surveys)

Faculty Career Advisors: [http://www.med.umich.edu/medstudents/student_services/career_dev/advisors/](http://www.med.umich.edu/medstudents/student_services/career_dev/advisors/)


Electronic Residency Application Service (ERAS): [https://www.aamc.org/students/medstudents/eras/](https://www.aamc.org/students/medstudents/eras/)


FREIDA Program Search: [https://www.ama-assn.org/go/freida](https://www.ama-assn.org/go/freida)

AAMC Careers in Medicine: [https://www.aamc.org/cim/](https://www.aamc.org/cim/)


Dean Gay’s “Preparing Your Residency App” PDF: [http://www.med.umich.edu/medstudents/curRes/M4/docs/Preparation_Your_Residency_Application.pdf](http://www.med.umich.edu/medstudents/curRes/M4/docs/Preparation_Your_Residency_Application.pdf)

Dean Gay’s “Interviewing for Residency” Video: [http://recording.umms.med.umich.edu/rossmedia/Play/892c0fffa97b4bdca208d02baeb560d91d](http://recording.umms.med.umich.edu/rossmedia/Play/892c0fffa97b4bdca208d02baeb560d91d)

UM Alumni Doximity Search Tool: [http://alumni.umich.edu/members/physicians](http://alumni.umich.edu/members/physicians)

MHost Alumni Hosting Program: [http://alumni.medicine.umich.edu/host-program](http://alumni.medicine.umich.edu/host-program)

UM Match Database: To be released soon! Check the Med Students Homepage.


UMMS Commencement: [http://med.umich.edu/medschool/commencement/index.htm](http://med.umich.edu/medschool/commencement/index.htm)

Email Accounts for Outgoing M4s: [https://sites.google.com/a/umich.edu/umms_m4_exit_help/](https://sites.google.com/a/umich.edu/umms_m4_exit_help/)

**Contacts**
- Further thoughts on advising can be provided to your Career Advisory Board representatives and Dean Tamara Gay
- If original document lost, please contact: Jessica Bloom at jesbloom@umich.edu (class of 2015)