

Residency Application Preparation

Erin McKean, MD, MBA
Assistant Dean for Student Services
M3 Intensive – April 5, 2024

I have no outside relationships with industry.
Currently, I do not serve as the PI on any industry supported research projects.

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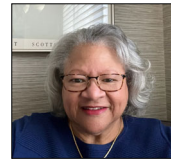
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Introductions



Residency Support Staff

- Pamela Beatty Cupitt, MLS
- Barbara Sharp, BBA



Counselors

- Stephanie Chervin, PhD
- Tu'Rone Elliott, MS
- Eric Middleton, PhD
- Amy Tschirhart, MA



Connect to FCAs, review personal statements and apps 2

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Topics

- Review pertinent topics covered in prior meetings
- Medical Student Performance Evaluation (MSPE)
- Components and processes of the Electronic Residency Application Service (ERAS)



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Faculty Career Advisors

- Volunteers, specialty-specific info (different than your BA)
- Listed by specialty: [Faculty Career Advisors | Med Students Gateway \(umich.edu\)](https://umich.edu/faculty-career-advisors)
- Schedule initial/follow-up meeting(s) with FCA(s) in spring of the year prior to your Match – **i.e. now**
 - Provide: grades, Step 1 P/F and plans for Step 2, drafts of CV, personal statement, concerns (does there need to be a concerted strategy?)
 - Plan on meeting periodically throughout M4 year



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Program Types:

Advanced or Categorical



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Who requires a Prelim Year?

Some or all programs in these specialties

Anesthesiology
 Dermatology
 Neurology
 Ophthalmology
 Physical Medicine and Rehabilitation
 Radiation Oncology
 Radiology-Diagnostic
 Radiology-Interventional (Integrated)

PGY1 Support Programs:

Surgery-Preliminary (Dr. Aubrey)
 Medicine-Preliminary (Dr. Grum)
 Transitional

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Early Match Disciplines

- **Urology** (Uses ERAS to transmit application materials to programs)
Read information at: www.aunanet.org/
- **Ophthalmology** – www.sfmatch.org/
- **Military**

Moves the process up by about 6-8 weeks - so need to know about programs sooner - work with Faculty Career Advisor (FCA)

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CV and Personal Statement

- **Helpful/expected** to bring CV and Personal Statement to FCA meetings
- **Required:** send draft CV and Personal Statement with MSPE survey
- **CV:** Expect it to be relatively brief (1-2 pages for many students)
- **Personal Statements:** A *one page* essay that describes your motivation, qualifications, expectations, and special attributes for **residency training** in your chosen field
 - Why the specialty is right for you and why you are right for their training program/specialty
 - NOT what the specialty is (they know that better than you)
 - Different tone for different specialties
 - Have *at least 2* faculty from specialty review!

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Letters of Recommendation

- How many?
 - ERAS allows **four** letters to be sent per program
 - **3 or 4** - at least two from your selected field for most (ask FCAs)
 - SLOEs (EM required; variable use in OBGYN, IM, Derm, Ortho, Rads, Oto)
 - A “chair’s” letter is necessary and counts as one of the “3 or 4” LORs for *some* fields
- Who do you ask?
 - Faculty members who know you well, and can write a supportive letter that praises clinical skills and unique strengths
 - Senior faculty who are recognized in their field may have more clout, especially in smaller fields

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Letters of Recommendation

- Meet with the faculty member and provide the faculty member with:
 - CV, personal statement
 - Why the specialty for you and why you for the specialty
 - Important preferences/needs *if* you feel comfortable sharing (e.g. couples matching, geographic restrictions, etc)
 - Step plans, grades, and representative clinical comments
- Do not ask for extra faculty letters
- OMSE Deans or staff **cannot** review and select the best letters for you
- You will be waiving the right to see your letters

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Characteristics of Good Letters

- Address clinical skills, fund of knowledge, professionalism, and any outstanding or unique characteristics
- Research mentors alone (without clinical context), basic science faculty, bosses from previous work, etc., may not be highly desirable letter writers unless a unique situation or MSTP mentor (ask your FCA for your chosen specialty)(obviously good for PSTP)
- Remember some of you will be applying to 2 different specialties - need to clarify with letter writers

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Components of SLOE (or SLORs)

- Background info (# rotations at institution in specialty and which, grade(s))
- Qualifications (their comparison of you with peers; work ethic, patient care, professionalism, all competencies)
- Global assessment (top 10%, top 1/3, middle 1/3, bottom 1/3)
- Written comments (whatever they want, usually very brief)

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A. Background Information

1. How long have you known the applicant?

2. Nature of contact with applicant: (Check all that apply)

Know indirectly through others/evaluations Extended, direct observation in the ED
 Clinical contact outside the ED Advisor
 Occasional contact (<10 hours) in the ED Other:

3. a. Did this candidate rotate in your ED? Yes No
 b. If so, what grade was given?
 Honors High Pass Pass Low Pass Fail

4. Is this the student's first, second or third EM rotation?

What dates did this student rotate at your institution? (mm/yy)

5. Indicate what % of students rotating in your Emergency Department received the following grades last academic year

Honors %	<input type="text"/>
High Pass %	<input type="text"/>
Pass %	<input type="text"/>
Low Pass %	<input type="text"/>
Fail %	<input type="text"/>
100 % Total	<input type="text"/>

Total # students last year:

EM is a required rotation for all students at our institution? Yes No

B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

- Commitment to Emergency Medicine. Has carefully thought out this career choice.
 Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)
- Work ethic, willingness to assume responsibility.
 Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)
- Ability to develop and justify an appropriate differential and a cohesive treatment plan.
 Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)
- Ability to work with a team.
 Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)
- Ability to communicate a caring nature to patients.
 Above Peers (Top 1/3) At level of peers (Middle 1/3) Below peers (Lower 1/3)
- How much guidance do you predict this applicant will need during residency?
 Less than peers The same as peers More than peers
- Given the necessary guidance, what is your prediction of success for the applicant?
 Outstanding Excellent Good

C. Global Assessment

- Compared to other EM residency candidates you have recommended in the last academic year, this candidate is in the:

Ranking	# Recommended in each category last academic year
<input type="radio"/> Top 10%	<input type="text"/>
<input type="radio"/> Top 1/3	<input type="text"/>
<input type="radio"/> Middle 1/3	<input type="text"/>
<input type="radio"/> Lower 1/3	<input type="text"/>

 Total Number of letters you wrote last year:
- a. Are you currently on the committee that determines the final rank list? Yes No
 b. How highly would you estimate the candidate will reside on your rank list? (see instructions if questions)
 Top 10%
 Top 1/3
 Middle 1/3
 Lower 1/3
 Unlikely to be on our rank list

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Otolaryngology—Head & Neck Surgery Residency
Standardized Letter of Recommendation Form

Applicant's Name: AAMC ERAS ID No.:

Reference Provided By:

Present Position: Email:

Institution: Telephone Number:

BACKGROUND INFORMATION

1. How long have you known the applicant?
 Less than one month 1-6 months 1-2 years
 1 month 6-12 months 2-5 years
 More than 5 years

2. Nature of contact with applicant: (Check all that apply)

Extended direct clinical contact (> 20 hrs) Met with applicant 1-3 times to discuss application
 Extended direct research contact (>20 hrs) Know indirectly through others/evaluations
 Limited direct clinical contact (<20 hrs) Other (Please describe):
 Limited direct research contact (<20 hrs)

QUALIFICATIONS FOR OHNS. Compare the applicant to other medical students (including those entering other specialties) by indicating with an "X" on the scales below where you rate him or her.

1. **Patient Care** – Ability to develop and justify an appropriate differential diagnosis and a cohesive treatment plan.
 Top Middle Bottom Cannot assess

2. **Medical Knowledge** – Level of general and otolaryngologic medical knowledge.
 Top Middle Bottom Cannot assess

3. **Professionalism** – Quality of work ethic, altruism, professional appearance and willingness to assume responsibility.
 Top Middle Bottom Cannot assess

4. **Interpersonal and Communication Skills** – Ability to interact with others on the health care team and communicate in an effective and caring manner with patients.
 Top Middle Bottom Cannot assess

5. **Procedural Skills** – Ability to perform surgical tasks.
 Top Middle Bottom Cannot assess

6. **Research** – Ability to identify a question and to formulate and execute a cogent research plan.
 Top Middle Bottom Cannot assess

7. **Initiative and Drive** – Ability to stay oriented to a goal and see tasks to completion.
 Top Middle Bottom Cannot assess

GLOBAL ASSESSMENT

1. **Commitment to Otolaryngology—Head & Neck Surgery** – Thoughtfulness in choosing his or her career path compared to other medical students you know.
 Top Middle Bottom Cannot assess

2. **Commitment to Academic Medicine** – Likelihood of pursuing a research/academic career after residency.
 Extremely likely Neutral Highly unlikely Cannot assess

3. **Match Potential** – Likelihood of the candidate matching in otolaryngology.
 Extremely likely Neutral Highly unlikely Cannot assess

WRITTEN COMMENTS: Please include any unique features about the applicant that are not covered in the rest of the application. Attach additional pages as necessary.

Signature: Date:

The applicant has waived his or her right to see this letter.

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USMLE Step 2

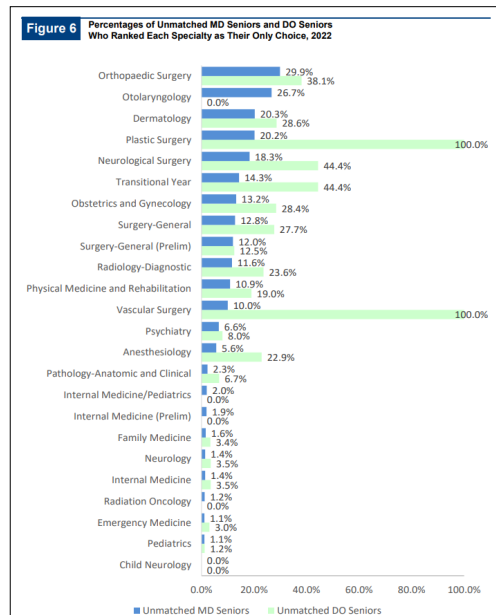
- Some programs will want/require Step 2 scores prior to including you on their Rank Order List (ROL)
- All students are required to *take* Step 2 exams before December 1st
 - Recommend taking Step 2 early
 - Some programs want Step 2 scores early in their evaluation process
 - **Schedule early, spots fill up!** Registration questions go to the Registrar's Office by emailing regassist@umich.edu.
- How will you do on Step 2?
 - Shelf exam performance best predictor (for us at UMMS)
 - Consider meeting with learning & accessibility manager, JT Sangsland, and/or interns* to discuss how best to prepare.



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“Parallel” Planning

- AAMC's term for a process to dual apply
- More work, but increases chances of matching if desired specialty is a reach for an applicant (or if extreme geographic restrictions, etc)
- I recommend this wholeheartedly for many people



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About your M4 Schedule

- You'll have time & opportunity to make a good decision
- Away or “audition” rotations are NOT standard, required, or expected for *most* fields
- Away rotations can be beneficial in highly competitive specialties or if you have major restrictions
- M4 *necessary* schedule changes are relatively easy to make
 - *And...* your poor planning is not my emergency
 - Prior approval needed for ICU, subI, EM change <30d by me
 - Prior approval for elective change <14d by counselor
- Pay attention to all deadlines for schedule changes (!)

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Btw... Future Meetings

- Two Drop-In Sessions (**July 9 and August 13**):
 - ERAS Application, Personal Statement, other match questions
 - Will get notification from Denise Brennan
- September - Residency Interviewing
- January – Preparing Rank Order Lists

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UMMS 2024 Match Data

- 93.8% Match Rate (national rate is 93.5%)
- 34% primary care matches
- 21% Class of 2024 matched at Michigan Medicine
- Excellent Matches, with representation of ‘top’ programs throughout the country
 - Top to me = where you want to be, where your values align

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US Seniors Match Data


2020-2024 UMMS vs National Match Rates

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>
UMMS	98.2%	98.2%	98%	96.2%	93.8%
National	93.7%	93.7%	92.9%	93.7%	93.5%

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2024



UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
MICHIGAN MEDICINE

TOP 5 SPECIALTIES

- ① INTERNAL MEDICINE
- ④ FAMILY MEDICINE
- ② OB/GYN
- ⑤ EMERGENCY MEDICINE
- ③ PSYCHIATRY
- ANESTHESIOLOGY

GO BLUE AND BEYOND

MATCH RATE
93.8%
(NAT'L MATCH RATE 93.5%)

PLACEMENT RATE*
99.4%
*Post-Supplemental Offer & Acceptance Program

(See nrmp.org for details)

34%

ENTERING FIELDS THAT LEAD TO PRIMARY CARE CAREER

REMAINING IN STATE OF MICHIGAN


33%

PGY1

MATCHING AT MICHIGAN MEDICINE

21%

OTHER TOP STATES: CA, IL, NY, PA




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DUAL DEGREES

- 16 MD/MASTER'S OF BUSINESS ADMINISTRATION
- 9 MD/MEDICAL SCIENTIST TRAINING PROGRAM
- 7 MD/MASTER'S OF PUBLIC HEALTH
- 5 MD/MASTERS OF SCIENCE IN CLINICAL RESEARCH
- 3 MD/ORAL AND MAXILLOFACIAL SURGERY

OUR GRADUATES MATCH ALL OVER THE COUNTRY



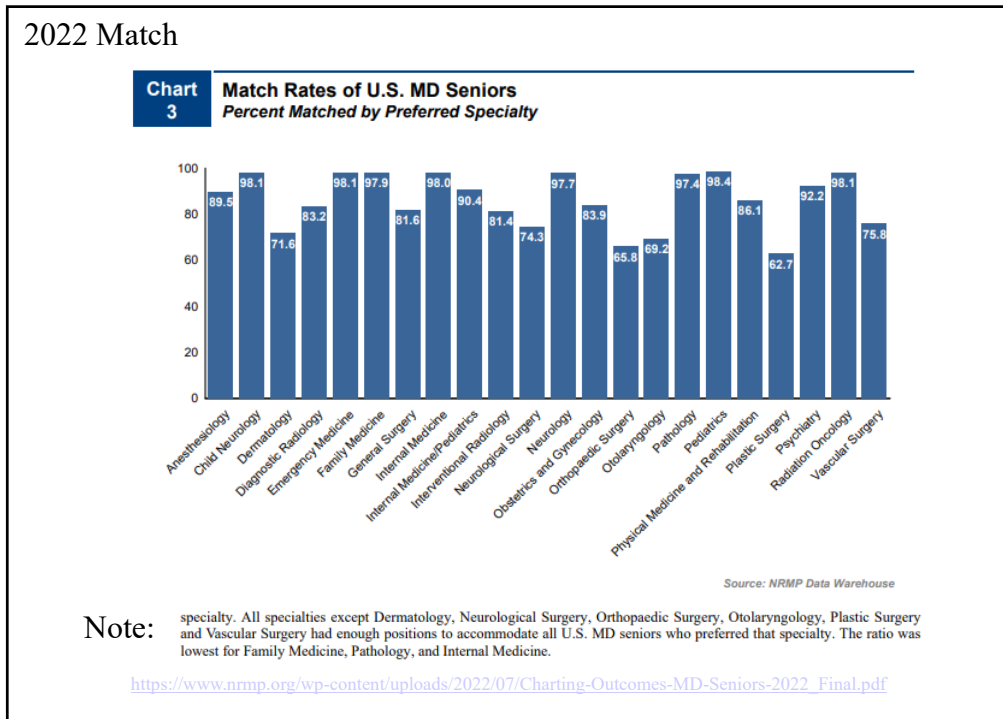
25% WESTERN MATCHES

52% CENTRAL MATCHES
(INCLUDING U-M PROGRAMS)

23% EASTERN MATCHES

LEARN MORE ABOUT MATCH DAY AT MICHIGAN
michmed.org/gobluematch

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2023:

Specialty	Max # of Signals	Signal Home Institution?	Signal In-Person Clinical Sub-Internship or Away Rotations?
Adult Neurology	3	Yes	Yes
Anesthesiology	5	Yes	Yes
Dermatology	3	No	No
Diagnostic Radiology and Interventional Radiology	6	Yes, unless the home program tells you not to.	Yes
Emergency Medicine	5	No	No
General Surgery	5	Yes	Yes
Internal Medicine (Categorical)	7	No	No
Internal Medicine/ Psychiatry	2	Yes	Yes
Neurological Surgery	8	Yes	Yes
Obstetrics and Gynecology	18	Yes	Yes
Orthopedic Surgery	30	Yes	Yes
Pediatrics	5	Yes, unless the home program tells you not to.	Yes
Physical Medicine and Rehabilitation	4	Yes	Yes
Preventive Medicine	3	Yes	Yes
Psychiatry	5	Yes, unless the home program tells you not to.	Yes

Preference Signaling

- Started with IM, Surg, Derm 2021-22
- Expanded (plus Oto runs outside of ERAS - started 2019-20)

2024:

Specialty	Number of Program Signals
Anesthesiology	5 (gold), 10 (silver)
Dermatology	3 (gold), 25 (silver)
Diagnostic Radiology	6 (gold), 6 (silver)
Emergency Medicine	7
Family Medicine	5
General Surgery	5
Internal Medicine	7
IM & Psych	2
Interventional Radiology	6 (gold), 6 (silver)
Medical Genetics	N/A
Med-Peds	N/A
Neurology	3
Neurology (Child)	3
Neurosurgery	25
Obstetrics & Gynecology	3 (gold), 15 (silver)
Ophthalmology	(interview cap of 15)
Orthopedic Surgery	30
Otolaryngology	25
Pathology	5
Pediatrics	5
Plastic Surgery	5 in FSCA, none in ERAS
PM&R	5
Preventive Medicine	3
Psychiatry	5
Radiation Oncology	N/A
Thoracic Surgery	3
Urology	30
Vascular Surgery	N/A

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Failed Ophthalmology pilot... variable use in OBGyn, Anesthesia, Surgery (?)

What is the CASPer exam like?

- On the CASPer exam, there are 15 scenarios
- For each scenario, you will be asked three questions
- You are asked to respond to these questions by creating your own answers
- The CASPer is NOT a multiple choice exam
- There are no "right" answers
- The scenarios may be presented to you in the form of either a video or text
- The open response is required to either be typed or recorded as a video
- In an attempt to capture your "authentic" responses, this is a timed test, and there is significant time pressure
- For a typed response, you will have about 90 seconds
- For a video response, you will have 60 seconds

ALTUS SUITE

WHAT IS THE ALTUS SUITE?

The Altus Suite is a multi-level assessment that can be used by some schools to evaluate the suitability of applicants for professional programs. CASPer, being the most well-known part of this multi-level assessment, was the first component to be introduced to the public. A few years later, the CASPer Snapshot interview was introduced. The Altus Suite assessment has also added the Duet – a value-alignment evaluation that claims to compare applicants' and programs' values.

COMPONENTS OF THE ALTUS SUITE:



The CASPer test



The CASPer Snapshot



The Duet



Completing all three parts of the assessment is not necessarily time-consuming. Altogether, they will take no more than 2.5-3 hours. Compared to your medical school personal statement, which takes weeks to write, the Altus Suite may seem like less of a commitment. However, preparing for all three parts of the assessment will take you months.

The CASPer test alone takes at least 6 to 8 weeks to prepare for. Preparing for the Snapshot interview takes no less than 6 weeks, but it would be better to dedicate at least 2 months to build your confidence and practice your answer strategy for each question type. Additionally, research of schools and browsing of the MSAR database can take weeks before you note down all the skills and experiences you want to emphasize in your application and include them in your Duet assessment.



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Medical Student Performance Evaluation

formerly known as “Dean’s Letter”

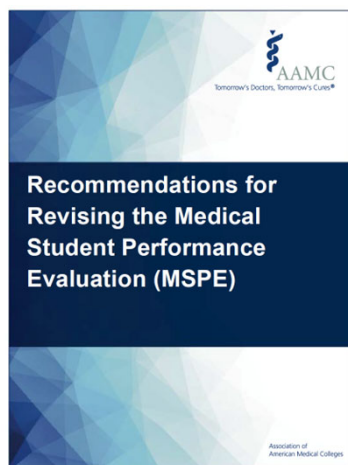
AAMC Statement of Purpose

“The purpose of the MSPE is not to advocate for the student, but rather to provide an **honest** and **objective** summary of the student’s personal attributes, experiences, and academic accomplishments based, to the greatest degree possible, on verifiable information and summative evaluations...”

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MSPE – AAMC Principles



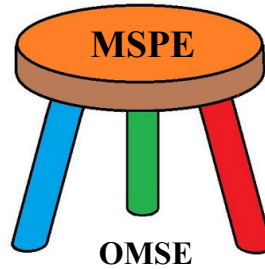
1. **Supplemental** value to the info already in ERAS application, transcripts, and LORS
2. **Standardization** and **transparency**
3. **Comparative** info on applicants
4. Info about applicants’ standing on **competencies** required to be successful in residency
5. Increased opportunity for program directors to examine applicants **holistically**
6. Qualitative and quantitative **assessments** of applicants in an **easy to read** format

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Constructing the MSPE

A Partnership



**Medical School
Data Sources**



**Student Information
Survey**

Elaine Holleran, MSPE Coordinator

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Medical Student Performance Evaluation

- Summarizes the student's medical school performance; serves as the official medical school review of the student
 - Includes evaluation of both academic/clinical performance, as well as professionalism
- It is not a letter of recommendation
- Released to Programs on [September 25, 2024](#)
- You will review your completed MSPE before it is released – for **accuracy**, *not* for editing or to change style

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UM MSPE 2024-2025

Components

- **Identifying Information**
- **Noteworthy Characteristics from Medical School:** *“what do you do that is unique, hard to copy and adds value over time”*
 - *Written in 3rd Person Narrative; 2-3 (COMPLETE) sentences (8-line deep maximum)*
- **Academic History** (dates of matriculation and graduation, dual degree programs, leaves, repetition of coursework, adverse actions)
- **Academic Progress**
 - Professional Performance
 - Communication
 - Preclinical Coursework (Scientific Trunk)
 - Clinical Clerkship (Clinical Trunk)
 - Post-Clerkship Rotations (Branches) - through P6 of **M4** year (6/3/24-6/30/24)
 - Capstone for Impact
 - CCA performance (after initial assessment, or one round of remediation)
 - OPTIONAL - Co-Curricular Programs (Path of Excellence)
 - OPTIONAL – Awards (Clinical Skills, AOA, Gold Humanism)
- **Summary**

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Highlighting 4 Components

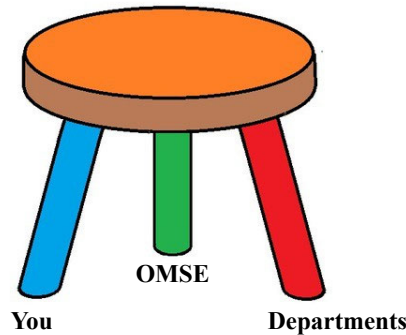
- Noteworthy Characteristics – **will require you to write for MSPE survey!**
 - *“A bulleted list of no more than 3 characteristics that were noteworthy about the student, designed to help a residency program selection committee review applicants holistically”*
 - *“What do you do that is unique, hard to copy and adds value over time?”*
 - Again: **2-3 complete sentences** (leadership, service, education, innovation, etc)
 - Written in 3rd Person Narrative (8-line deep maximum)
- Clerkship and Elective rotation summaries
 - Created in partnership with clerkship directors along with very brief representative comments from faculty evaluations
 - (Post-clerkship) Elective Summaries – Comments **thru Period 6 (June 3 – June 30)** of M4 year can be included
 - Includes grade distribution for your cohort for core clerkships, in addition to grading components
 - Final clerkship class qualifier is reported to reflect core clerkship grades
 - Performance in the clerkships are weighted by length of clerkship, summed and divided by the number of clerkships for an overall Clinical Trunk GPA
- CCA results/table
- Summary
 - Brief statement indicating student has completed all requirements to date

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Supporting your journey

Another 3-legged stool



Your **25-minute** MSPE letter meeting has 2 Goals:

- MSPE itself
- Offer *preliminary* help with your pursuit of a residency position (**connect you with FCAs, can even serve as a mini practice interview**)

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MSPE Letter Editors

- The Associate Dean's office oversees the creation of every MSPE (final signature). Letter editors include Assistant Deans &/or OMSE faculty leaders- more details will be shared in the next few weeks.
- A template and professional writer assure uniformity of MSPEs.
- Email will come from Elaine Holleran - eholler@umich.edu – in the very near future with instructions on how to sign-up for an appointment and prepare for your meeting.
- Appointment Sign-Up will **close after 1 week** (respond promptly!)
- Leave of Absence – If you **KNOW** you will be taking a LOA and not graduating in 2025, do not sign up for an appointment until the next MSPE cycle. BUT if your LOA is in question, you **must sign up** for an appointment and complete the requested information.

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Student Information Survey

- IMPORTANT:
 - An email will come from Elaine Holleran explaining the SIS process
 - The SIS Due Date is **Monday, April 22**, prior to the start of MSPE meetings, noted in Elaine Holleran's email
 - Career planning are not shared outside of OMSE without consent
- Sign into Survey using your UM unique-name ONLY
- Once submitted, you will receive a unique email confirmation with a link that allows you to go back and edit your survey. PLEASE SAVE THIS CONFIRMATION EMAIL (it cannot be retrieved).
- In addition to providing your medical school activities, it asks about: specialty choice(s), mentors and FCAs, LOR writers, Couples Match plans, geographical restrictions, publications/abstracts, etc.

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Electronic Residency Application Service (ERAS)

- Requires on-line entry of demographic and curriculum vitae information
- Plan ahead for costs of applying (your best estimate).
Check the financial aid office for help.
- Registration is separate for ERAS and NRMP

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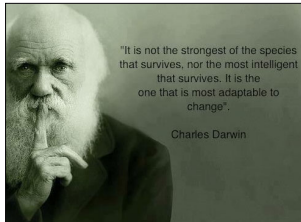
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ERAS Timeline

- **June 5 ERAS season opens:**
 - Applicants may begin working on their applications
- **September 4 begin submitting MyERAS applications:**
 - Certify your application and apply to programs
 - Assign Personal Statement, LORs, photo and USMLE transcript to individual programs
- **September 15:**
 - Register for NRMP
- **September 25:**
 - MSPE's released to programs through ERAS
 - Programs can begin accessing your materials

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ERAS changes



Current MyERAS Application	MyERAS Application for the 2024 Cycle
Undefined number of experiences.	Up to 10 experiences.
Not available.	Enables applicants to self-select their top three most meaningful experiences (of up to 10 experiences).
Collected <i>limited</i> descriptive information about each experience entry (e.g., position, organization, timeframe, location).	Collects <i>more</i> descriptive information about each experience entry (e.g., position, organization, timeframe, location) as well as frequency of participation options (e.g., one time, daily, weekly, monthly, quarterly, annually).
Not available.	Allows applicants to better define the experience type (e.g. volunteer, work, professional organization, hobby). This helps programs to easily identify and review specific experiences that align with their mission(s).
Not available.	Offers additional multiple-entry questions to capture mission-focused characteristics of each experience entry: focus area, key characteristic, and setting (e.g., rural, suburban, urban). This helps programs complete holistic review.
Undefined Experiences Description field.	Includes short descriptions focused on critical information for programs: roles, responsibilities, and context for all experiences entries.
Hometown captured in a free text, non-standardized format.	Uses standardized fields to collect all location information across the application (country, state, city, postal code, and setting) including hometown and addresses for experiences and education.
Not available.	Provides applicants with the option to share their geographic preferences with programs. The new questions will capture applicants' preferences for different parts of the U.S. and their setting preferences.

ERAS Changes for 2025

Application fee structure:

Will move to a 2-tier structure. First 30 applications will be reduced by \$11 each, then all applications over 30 will increase to \$30 per application.

Change is the only constant.

Heracitus

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ERAS changes

2025 ERAS Program Signaling Timeline

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ERAS Categories (Summarized)

- General Information
- Work Experience
- Examinations
- Volunteer Experience
- Medical Licensure
- Publications
- Medical Education
- Language Fluency
- Honors/Awards
- Hobbies/Interests
- Undergraduate Education
- Other Accomplishments

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ERAS Categories Information

- Don't worry if you don't have something in every category
- Use short paragraph descriptions of experiences – ERAS accepts plain text best - avoid quote marks, bullets, italics, etc.
- The content should be **factual** and not embellished

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ERAS Publication Categories

- Peer Reviewed Journals/Abstracts
 - ❖ Peer reviewed other than published – submitted, accepted
- Peer Reviewed Book Chapter
- Scientific Monograph
- Other Articles
- Poster Presentations
- Oral Presentations
- Peer Reviewed On-Line Publications
- Non-Peer Reviewed On-Line Publications

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ERAS Pitfalls

- Unclear/Incomplete Contact Information
- Failure to follow ALL Instructions received from ERASCommunications@aamc.org
- Missing Information
- Chronological Gaps
- Lengthy Narrative Responses
- Grammar or Spelling Errors
- Overstated or Exaggerated Responses

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Career Decision and Application Process Spring/Summer 2024

- Med Students Gateway:
<http://medstudents.medicine.umich.edu/> under Student Support – Residency Resources
- Going forward **focus** on making a good final decision and **preparing** your application
- Add to your calendar some time in May/June: review this again! (Recorded sessions in Med Student Gateway)
- Don't worry about interviewing yet – there will be a session in September on Interviewing and Evaluating Programs (along with info/opps for practice interviewing)

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Fall/Winter Timeline

September

- Submit ERAS Application September 25th
- NRMP (The Match) registration opens

October - January

- Take Step II exams by December 1st deadline
- Interview (withdraw from programs you no longer are considering, if any)
- Write thank you notes/emails
- Late fee for NRMP registration – after January 31st

February - March

- Develop and enter Rank Order List online via NRMP

March

- Match Day – **Friday, March 21, 2025!**



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Helpful OMSE Contacts

- Questions about ERAS, NRMP or Early Match:
 - Pamela Beatty Cupitt, MLS
pcupitt@umich.edu or 936-3697
 - Barbara Sharp, BBA
bajeshar@umich.edu or 763-2380
- Questions about Career Choice, At-Risk, or Special Situation:
 - Your FCAs and also you Counselor/Advisor:
 - Tu'Rone Elliott, MS Eric Middleton, PhD
 - Stephanie Chervin, PhD Amy Tschirhart, MA
- Questions about At-Risk or Extreme Situation:
 - Erin McKean, MD (appointments thru Denise Miller:
denisecm@umich.edu)
- Discussions regarding Step 2 Prep
 - JT Sangsland, Learning & Accessibility Program Manager



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Career and Match Resources

- AAMC Careers in Medicine website: <https://www.aamc.org/cim>
 - Enter your AAMC user name and password
- NRMP website: <http://www.nrmp.org>
- Charting Outcomes in the Match: https://www.nrmp.org/wp-content/uploads/2022/07/Charting-Outcomes-MD-Seniors-2022_Final.pdf
- FREIDA website: lists all U.S. residency programs
<https://freida.ama-assn.org/Freida/#/>
- Texas STAR Dashboard: *will re-open mid-April 2024*
- Journals - active issues in the field

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2025 Match Success

- Remember, it's a MATCH:
 - Give yourself **broad** and **realistic** options
 - LISTEN closely to others' assessments of you
 - Have a Parallel Plan
- Do your homework:
 - Learn about the field(s)
 - Prepare a strong application
 - Apply to enough programs, with different tier representation
 - Practice interviewing... more to come on this...
 - USE your resources (FCAs, Student Services, Branch Advisors, other mentors, Texas STAR)

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Questions

Questions can be emailed to the appropriate OMSE contact:

- **ERAS:** Barbara Sharp - bajeshar@umich.edu
- **NRMP:** Pamela Beatty Cupitt – pcupitt@umich.edu
- **MSPE Sign-Up and Student Information Survey:**
Elaine Holleran – eholler@umich.edu

Thank You! And...

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M4 Student Experts

- **Rachel Blaustein** - Family Medicine at Thomas Jefferson Univ - PA
- **Maya Hammoud** - General Surgery at Western Michigan Univ Stryker SOM
- **Hannah Kimmel Supron** - Family Medicine at University of Colorado SOM
- **Bela Parekh** – Internal Medicine at Thomas Jefferson Univ - PA for Preliminary and Ophthalmology at Wills Eye Hospital Residency Program at Jefferson
- **Julia Schroeder** - Internal Medicine at UC San Francisco - CA
- **Omar Sohail** – Anesthesiology at University of Alabama Medical Center - Birmingham
- **Nick Zugris** - Radiology – Diagnostic at Campbell University - NC Transitional Year and Duke University Medical Center - NC

Not present but willing to answer questions:

- **Sophia Gutterman** – General Surgery at University of North Carolina Hospital (sgutte@med.umich.edu)

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