# TABLE OF CONTENTS

1. Introduction ........................................ Page 3  
2. Role of the Advisor ................................. Page 4  
3. Senior Scheduling ................................. Page 6  
4. The Match ........................................ Page 11  
5. Letters of Recommendation ...................... Page 14  
6. Transcripts ........................................ Page 15  
7. The Dean’s Letter ................................ Page 17  
8. Conclusion ......................................... Page 18  
9. Appendix A: Advisor List  
10. Appendix B: Senior Calendar
INTRODUCTION

This guide has been developed in order to assist you as you advise students during their residency selection and application process. Although I have attempted to cover many of the critical aspects of this process, if you run into a situation or question with which you need assistance, consult your departmental educational leadership or contact me directly. The Dean’s Office is very grateful for your willingness to advise our students during this busy and important stage of their medical career.

Best Regards,

W. Scott Schroth, MD, MPH
Associate Professor, Department of Medicine
Associate Dean for Curricular Affairs
ROLE OF THE ADVISOR

Role of the Advisor:

We request that each student pick one faculty member to act as a formal advisor during their final year at GWUSMHS. The advisor should be able to provide the student with advice about medical careers in general, specific advice about their own specialty, suggestions for appropriate scheduling of their senior year (see below in “Senior Scheduling”), and guidance during the residency application process. The advisor may also write the student a letter of recommendation, though first hand knowledge of the student’s academic performance during medical school will make such a letter substantially more valuable.

When do students pick advisors?:

Since most of you are actively involved in advising several students each academic year, we specifically prohibit current junior students from choosing an advisor until March 1st so that you are able to give your full attention to the current seniors up until they have completed their match entry process. On the other hand, we never discourage any of our students from seeking the advice of faculty members at any time; they simply cannot ask you to be their “formal” senior year advisor until March 1st.

After March 1st you may commit to act as the advisor for any number of students that you feel comfortable with, although 3-4 students is probably a reasonable maximum for most of you. If too many students approach you, please refer them to other members of the faculty or to my office for consultation in regard to choosing an advisor (the current list of suggested faculty advisors is attached as Appendix A).

Career Advising:
By March of their junior year, many students have settled on a career choice with which they feel comfortable. For such students, you should be sure that they have an appropriate and realistic understanding of the career path to which they have committed. You may suggest that they speak with several other physicians (particularly community physicians) in order to get a better perspective on what life is like for practitioners in the field both within an academic environment as well as outside the university setting (unfortunately, many of us on the full-time faculty lead lives that may bear little resemblance to the usual physician!). In addition, you should try to gauge whether or not the student is competitive for the specialty area that they have chosen and, for students who may be unrealistic about their prospects, give an honest appraisal of their potential. I would also be happy to see such students early in the process to add my advice in regard to residency selection.

For students that have a realistic understanding of their residency choice and are appropriately targeted given their academic record, you may then begin focusing more intensively on strategies for residency program selection and senior year scheduling.

For students who are very uncertain of their career path, you should offer as much general advice about medical careers as you feel capable of providing. Probe them about what aspects of medicine they particularly enjoy as well as those that they may wish to avoid. Be sure that they have a realistic understanding of the advantages and disadvantages of various career paths. Suggest that they seek advice from several faculty members or community physicians in the fields that they may be considering (the more advisors the better in some cases!). Senior scheduling may be particularly important for these students as they may want to gain additional exposure to two or more specialty areas early in the senior year to assist with their residency considerations (see below). There are a host of career counseling resources available in the library or the Dean’s Office, so feel free to suggest that they meet with me early in the process to get additional guidance.

In addition to the materials and personnel available in the medical school, several organizations offer opportunities for students at any stage of medical training to gain additional information about career options. The American Medical Student Association (AMSA) is a good source of information. The Medical Society of the District of Columbia sponsors a “career night” every spring. Several departments in the medical school offer career nights in the early spring or summer each year (usually coordinated through my office).
SENIOR SCHEDULING

A key role of the advisor is to assist the student with scheduling for their senior year. Please be assured, however, that Dean Haywood or I meet individually with every student after they receive their first schedule from the computer scheduling system in April. We can frequently make modifications or adjustments in the schedule to meet preconceived needs or changes in thinking that may have occurred between when the student entered their schedule in March and when they receive it several weeks later.

Senior Requirements:

Senior students are required to take a number of specific courses as well as a certain number of weeks of free choice elective courses during the year.

I. Required Courses

A. Acting Internship-

All students must take a one month “acting internship” in either internal medicine, pediatrics, or family medicine.

Many students are convinced that they must take their acting internship in July or August in order to “get it on the transcript and into the Dean’s Letter” in time for their residency applications. Another reason for desiring an early acting internship is the desire to get another faculty recommendation letter. Obviously, not all 155 students can take acting internships during the first two months of the year! Each year I must spend a great deal of time convincing the large number of students who don’t get an acting internship in July or August that their medical career is not over. There are several reasons why the timing of the acting internship is not relevant for most students.
First, for many specialties outside of medicine and pediatrics, the acting internship is not considered a particularly relevant selection criteria for residency. Second, most of their “competitors” from other schools also do not have acting internships done early enough to impact the residency application process. Third, most residency programs look with greatest interest at the student’s third year core clerkship experience. Fourth, other rigorous medicine and pediatric electives such as subspecialty consultation services or critical care clerkships carry weight equal to that of an acting internship. Finally, most students, if they spend a few minutes thinking about it and if they have remained alert and involved during the third year clerkships, usually have several appropriate faculty contacts from whom letters of recommendation can be requested. Other rigorous electives may offer equal or superior opportunities to work with faculty and potentially garner a final letter of recommendation.

There is one group of students who should try to get an acting internship early in the year. This group consists of students that desire to enter medicine, family medicine, or pediatrics who have performed poorly during their required core clerkships in one or more of these specialties. Another group of students who may benefit from early acting internships are those who are uncertain of career choice. However, I go to great lengths to explain to these students that making a career decision based on what they do and see during an acute care acting internship may be a big mistake if they are planning a career as a primary care physician or as a subspecialist in medicine or pediatrics.

IN SHORT, I AM SIMPLY ASKING THAT YOU DON’T CONVince EVERY STUDENT THAT AN EARLY ACTING INTERNSHIP IS A “MUST” FOR SUCCESSFUL RESIDENCY APPLICATIONS. THIS WILL SAVE YOUR ADVISEES (AND ME!) A GREAT DEAL OF MISPLACED ANXIETY AND PANIC IN APRIL AND MAY OF THEIR JUNIOR YEAR.

B. Neuroscience-
Each student must take at least four weeks of a neuroscience elective. These include neurosurgery electives or neurology electives (adult or pediatric).

C. **Anesthesia**-

Each student must take two weeks of anesthesiology. This is usually done through the anesthesia department at GWUMC, although students interested in pediatric anesthesia may be able to arrange to spend the two weeks at CNMC.

D. **Emergency Medicine**-

Each student must take four weeks of emergency medicine. This can be fulfilled by taking the four week elective at GWUMC or GWUMC/Prince Georges or the four week elective at CNMC.
E. Didactic Course-

Each student must take a two week didactic course. The purpose of this requirement is to reintroduce material, frequently of basic science orientation, back into the curriculum at a time when they can even more fully appreciate its importance. There is a long list of such courses, all of which can be identified by their “500” level course numbering (exceptions are Idis 351 and Anat 279). In some cases, with faculty sponsorship, students may arrange special credit for attending and reporting on medical conferences.

F. Practice of Medicine IV-

All students must attend the two week POM IV class in March. This course is scheduled to coincide with “match day” when all students are in town. The course contains a series of modules reviewing key clinical problems that may be faced by housestaff in a format that introduces them to the appropriate use of clinician specialists as consultants. The course also contains a number of sessions reinforcing key medical decision making skills in the areas of screening, prevention, risk assessment, and cost-effective medical care emphasizing the application of these skills in the acute care or inpatient setting.

G. Substituting “Away” Electives for Required Courses-

Some students may request to substitute an elective taken at another institution for one or more of their required courses. This will only be allowed with the permission of the faculty director of the relevant required course and approval from the Dean’s Office.
II. Free Choice Electives-

All students must take a minimum of 16 weeks of free choice electives. These electives can be taken in any specialty. Approved electives at other institutions may be applied towards this requirement. In general, international electives, or research electives will be counted in this category.

Please be sure your students are aware that we limit their elective time in any specific specialty to 12 weeks. For instance 12 weeks of otolaryngology would be considered a maximum although a combination of otolaryngology, general surgery, and trauma surgery that exceeded 12 weeks would not bring the “12 week rule” into play. Similarly, 12 weeks of cardiology would be considered a maximum, while a longer combination of cardiology, gastroenterology, and hematology/oncology would not violate the “12 week rule”. Students may choose to take more than 12 weeks in a given specialty area, but weeks above 12 will not be credited towards their graduation requirements and will thus effectively reduce their available vacation time.

In general, international electives and research electives will be limited to

10 weeks.

III. “Away” Electives-

Students frequently desire (or may be encouraged by you!) to attend one or more other institutions for “audition” electives. The value of such auditions is controversial and varies substantially from specialty to specialty and even between programs within a given specialty. We limit such electives to two months of the senior year (unless special permission is obtained from the Dean’s Office) and the “12 week” rule applies fully to such electives.

Therefore, the value of auditions may also be limited by the restricted number of such electives that are allowed or that can feasibly be scheduled in an otherwise very busy
year. Consequently, when advising students about away electives, I strongly encourage them to consider the following points:

- Choose the location carefully

- Choose programs that they are particularly interested in and at which they (or their advisor) believe that they are competitive but where the “enhancement” of an audition may strengthen their chances of matching (“auditioning” at programs where the student has no realistic chance of matching is usually not helpful, nor is spending time at a program to which the student is almost sure to match).

- Away electives can also be valuable opportunities to “check out” programs that the student may be interested in, but about which they know very little.

- Away electives are a major logistical hassle in most cases. They are difficult to set up and may be offered or denied at the last minute. They are usually expensive in both time and money, and, depending on the time of year, may take the student away from campus at critical periods of the fourth year (such as the Fall when applications, letters of recommendation, and the Dean’s Letter are all being finalized).

- Finally, students need to be aware that during away electives they may be “competing” against students familiar with the institution and thus may look “worse” by comparison as they struggle to adapt to unfamiliar systems and surroundings.

IV. Vacation-

All students are given a minimum of 11 weeks of “vacation” time during the 4th year (not including a week between the end of the year and graduation in May). Three weeks of this time are “fixed” including the very first week of the year (the week between the end of the third year and the beginning of the fourth year) and the two weeks at Christmas and New Years. That leaves each student with 8 weeks of “vacation” time to schedule flexibly as necessary for interviewing or other events during the fourth year. Most students will need a minimum of 4 weeks of unscheduled time in either December or January for interviewing (earlier for the early matches). Unfortunately, very few programs will interview over the Christmas and New Year’s holiday making this
time unsuitable for such purposes. Students that are looking into programs in widely dispersed geographic regions and/or who are planning to interview at many programs should schedule 6 weeks of free time during the relevant interviewing period.

We strongly discourage students from planning to interview while they are participating in required or elective courses during the fourth year. They absolutely cannot interview while attending their acting internship or other critical care clerkships where they have primary patient care responsibilities. In some cases, programs will not offer the student much flexibility in regard to interviewing schedules. If the students are asked to interview while attending a senior course they may do so with prior faculty permission, but they may be required to make up missed work or attend additional days at the discretion of the course director.
THE MATCH

I. The National Residency Matching Program (NRMP)

With a few exceptions (see below) all residency programs participate in the NRMP. The initial application for the NRMP is due in mid-July each year. The students will receive all of their application instructions from the Dean’s Office in early June. All students, even those participating in early matches or military matches, must register for the NRMP (most early matchers will need preliminary programs or “back up” programs that are only matched through the NRMP, while those in the military may be seeking to defer to civilian programs or may be deferred against their wishes by their service branch). During June, July, and August students should be researching residency programs in which they are interested. An exhaustive list of all residency programs is available from the AMA in the “green book” (on reserve in the library and Dean’s Office) or an on-line service known as AMA-FREIDA (students will be given the Internet address for FREIDA in early June, but it is available from the Dean’s Office at any time).

Most programs are now utilizing the Electronic Residency Application Service (ERAS) from the American Association of Medical Colleges. Students will receive complete information about this program from the Dean’s Office. The entire process is electronic. They will complete their application and select programs on-line. Additional materials (letters of recommendation, Dean’s Letters, transcripts and photos) are downloaded from the Dean’s Office to ERAS and then to the selected residency programs.

Students in the NRMP should target to complete their application materials no later than (and preferably earlier than) November 1st, when the Dean’s Letter is released. Some programs will have their own deadlines in September or October so be sure that your student advisees are keeping abreast of their application materials.

In February, all students participating in the NRMP will have to enter their rank order list (ROL) on-line at the NRMP web-site. They will receive extensive instructions about the ROL in advance and they will likely be interested in getting your input on their ROL. The following comments about the Match are critical to remember when advising students about their ROL:
The matching algorithm is now an “applicant proposing” algorithm rather than a “program proposing” algorithm. The practical implications of this change are extremely small, but, in short, the new algorithm will improve the ultimate match for about 6 out of every 10,000 applicants while it will worsen the match for about 2 out of 10,000 applicants (compared to the previous algorithm).

There is only one rational ROL strategy: the student should rank the programs at which they interviewed in the exact order of their preference. Ranking highly competitive programs at which the student is less likely to match above less competitive programs absolutely cannot hurt their chances of matching into one of those less competitive programs lower on their list. No other student ranked lower by a given residency program can be matched into that program ahead of them unless our student matches to one of their preferred programs (that is, if our student matches into one of their preferred, more highly ranked programs, they will “drop off” the match list of programs lower on their list. However, they cannot “drop off” a program’s match list unless they match to a more preferred program).

Shortening a match list in an effort to “game” the system is a ticket to disaster. No student can know enough about what various residency directors are doing with their match lists and what other candidates are doing with theirs to successfully “game” the system. The student should rank all the programs that they would be interested in going to in the exact order of their preference. However, they should never rank a program that they would not want to attend.

Don’t believe anything that a residency program tells them! First, residency programs are not supposed to say anything specific about their rank order list of candidates (such as, “We are definitely ranking you number 1!”). Even if they do, the applicant should still follow the strategy recommended above. If a less favored residency program promises to rank the student “#1” that student will still match to that program even if the student ranks 20 other programs ahead of it, assuming that the student did not match into one of those 20 preferred programs first. If they match into one of their 20 preferred programs, they will drop off the list of the less preferred program and the “#2” candidate will rise to the “#1” position on that program’s ROL. They cannot lose by ranking programs in their most preferred order, regardless of what the residency may suggest about their position on the program’s ROL. Students should also remember that the algorithm works precisely the same way for the residency programs in that the only rational strategy is
to rank all the candidates in the exact order that the program prefers them.

- The ultimate “match” that an applicant receives is equivalent to a contract to attend that residency program. They cannot plan to back out of their commitment if they are unhappy with the match. Therefore, they should only include programs on their ROL at which they would be “happy” to train (knowing, of course, that they will be “happier” at some than at others).

- About 85-90% of our students match into one of their top three choices. However, some students go as deep as 12-15 programs into their list (depending on the exact mix of the candidate’s competitiveness, the competitiveness of the specialty, and the type of programs targeted by the candidate). Therefore, even those programs towards the bottom of the list should be “better than not matching”.

“Match Day” is usually in mid-March. The Dean’s Office receives information about unmatched students two days prior to match day so that we can notify this handful of students and find them a residency position on “scramble day”, the day just before match day when unfilled residency positions negotiate with unmatched candidates. If one of your advisees fails to match, they may contact you for advice or assistance on “scramble day”. Although the Dean’s Office runs a highly sophisticated and organized program to secure them a position on “scramble day”, your input, advice, and advocacy for the student can be very helpful on this stressful day (hopefully none of your advisees will fail to match!).

II. Early Matches

Neurology, neurosurgery, ophthalmology, and urology all have “early” matches that are run separately from the NRMP. Information about these programs and their earlier deadlines are available from the Dean’s Office in the late winter or early spring.

The military programs also have earlier matches which are complicated by the multiple possible outcomes for the student. The student can:
• request a deferral to a categorical civilian program and receive one

• request a deferral to a categorical civilian program and be matched into a categorical military program or a preliminary military program

• request a categorical military program and receive one

• request a categorical military program and be matched into a preliminary military program or deferred to a civilian preliminary program

The probability of receiving a deferral or matching into a categorical military program varies dramatically from year to year, from service branch to service branch, and among the various specialties within a service branch. In general, student should pursue their most preferred pathway, but be prepared for any of the possible outcomes! Don’t worry, military students receive extensive counseling from their service branch and from the Dean’s Office, so you don’t have to be concerned that you will somehow give them “bad” advice!
LETTERS OF RECOMMENDATION

All students will need several letters of recommendation for their residency applications. Acquiring these letters is among the most anxiety-provoking aspects of the student’s residency application process. Here are a number of key points to make when discussing letters of recommendation with your advisee:

- First, reassure them that most faculty members write many letters every year for students. The faculty will not be “surprised” or “put out” by their request. This may allay a great deal of their anxiety about approaching faculty members for letters.

- Most residency programs will request 3 letters of recommendation. It is usually important that at least one of these letters come from a faculty member in the specialty area in which the student is applying. In some areas, additional letters should also be from faculty in that specialty or in closely allied specialty areas. In general, assuming that the student has one or two letters from faculty in the area of their interest, it is more critical that additional letters come from faculty who know them well and can make substantive observations about the student’s clinical skills regardless of the faculty member’s specialty area. All other things being equal, residency programs most like hearing from people that they know, people with major responsibility for many students, and more senior faculty.

- If the student is going to request more than 3 letters, be sure that the additional letters are going to add something of substance that cannot be gleaned from the required letters. For instance, letters from research supervisors, clinical faculty in community medicine sites, or other faculty or non-faculty members with whom the student has worked closely on special projects or events may be suitable additions to a collection of letters that otherwise focus predominantly on their clinical performance and personal characteristics. Letters from family members, friends, rock stars, elementary school principals, and politicians are generally useless.

- When approaching a faculty member to request a letter of recommendation, the student should be prepared to set up a time to discuss the recommendation and should provide a copy of their CV, personal statement (if completed), and instructions regarding where to send the letter (to the Dean’s Office for ERAS users or to the SFMatch or AUA match for the early matches). The student should ask a prospective recommender if he/she feels comfortable writing an enthusiastic letter. This will
allow the faculty member to decline if they feel unable to provide a positive letter of support.

- Be sure that you remind the student to write thank you notes to their recommenders after the Match. Most faculty enjoy hearing about the success of the students and appreciate an appropriate show of gratitude.

TRANSCRIPTS/BOARD SCORES

I. USMLE Board Scores

Many students will be concerned about how to handle USMLE Step I and Step II board scores. In ERAS, students have an option to release Step I and Step II scores to programs (practically speaking, they have to). ERAS has an electronic link to the NBME for score reporting. If a non-ERAS participating program requests board scores, the student must contact the NBME in order to have an official copy of the scores mailed directly to the program. The Dean’s Office cannot send confirmation of board scores to residency programs.

GWUSMHS requires all students to take and pass both Step I and II of the boards in order to graduate. Currently, all students will have taken and passed Step I before arriving in your hands as an advisee. However, many are concerned about when to take Step II during their senior year. Step II is now a two-part examination including the traditional, one-day computerized multiple choice exam and the new one-day clinical skills exam. Step II can be taken at any point during the year. However, students are strongly encouraged to take both parts of the exam before December 31st to ensure adequate time for a re-take prior to graduation in the event that they fail Step II on the first attempt. All students should take the exam about 6 weeks prior to graduation to ensure that we receive their score in time.

Students are usually concerned about whether to take Step II early so that scores can be transmitted to residency programs, in November or later. There is no “rule of thumb” in
this regard. Some programs may be very interested in Step II scores, particularly for applicants that did not fare so well on Step I. For such students, good Step II scores can be a major boost to their application. On the other hand, weak Step II scores can be a major problem. Therefore, since Step I scores are the best predictor of Step II scores, such students should weigh the advantages and disadvantages of taking Step II early very carefully. Usually, for students applying in more competitive fields, I strongly urge an early attempt at Step II. They are unlikely to do worse than they did on Step I, and a big improvement on Step II may be very beneficial. The most likely outcome, of course, is that they will have scores comparable to their Step I scores that will neither hurt nor enhance their chances. For students who have performed very well on Step I, some residency directors advise against taking Step II early on the rationale that the student can only hurt their chances by having a “bad day” and reporting lower Step II scores!
II. Transcripts

All residency programs will require an official copy of the student’s transcript from GWU. We provide the student with an unofficial copy early in June so that they can check for errors and missing grades. **Official transcripts can only be obtained from the registrar’s office of the university.** The Dean’s Office cannot send copies of the transcripts for the students (the exception is ERAS users for whom we can electronically transmit an official copy of the transcript).
MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

AKA: THE DEAN’S LETTER

Each student will have a Medical Student Performance Evaluation (MSPE) prepared and delivered to their residency programs. The MSPE is simply a new nationally standardized version of The Dean’s Letter. The MSPE is a formal evaluation of their academic performance, clinical skills, and personal characteristics. It is not a letter of recommendation and, thus, may contain both positive comments about the student’s qualifications as well as “negative” or cautionary comments about aspects that need improvement. Obviously, we believe that all of our graduates will be competent to practice medicine in their post-graduate training program, but the MSPE offers an exhaustive summary of their medical school experience in an effort to honestly inform residency directors of the student’s potential in both an absolute sense and in comparison with their peers at GWUSMHS. Due to the hard work and scrupulous attention to detail of my predecessors in this office, the Dean’s Letter from GWU is generally considered to be a reliable and honest measure of a student’s potential. I have worked hard to maintain this standard of honesty since, overall, it will be to the greater benefit of all our students. Nevertheless, some students will be unhappy with their letter because of the inclusion of “negative” comments. They do have an opportunity to review their letter and negotiate with me over the contents, but the Dean’s Office has final control over the letter. In some cases, although I may be sympathetic, I simply have to say “too bad” if their performance in some areas has been less than “outstanding”!

By agreement, the MSPE’s from all U.S. medical schools are not released prior to November 1st.
CONCLUSION

- *Push students to be honest with themselves about their aspirations.*

- *Encourage them to keep to a schedule and work efficiently towards their residency goal.*

- *Encourage them to set their sights high, but help them to be realistic and “safe” in their matching strategies.*

- *Be encouraging, but don’t simply tell students what they want to hear. Honesty up front may save a lot of problems for the student further down the road.*
APPENDIX A

ADVISOR LIST BY DEPARTMENT
APPENDIX B

SENIOR CALENDAR