
The George Washington University
School of Medicine and Health Sciences

Guide to the Transition to Advanced Clinical Practice

✓ Everything You Need to Know about Senior Year and Successful Residency Matching

Prepared for the Class of 2020 by
The Offices of Student Affairs & Curricular Affairs

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Introduction

Most of you have already started to think about what your career as a physician will entail. During the next several months, you will begin to make important choices about specialty selection, residency training, and beyond. The process of making these decisions is exciting and challenging, and this manual can help guide you. The guide is by no means an exhaustive source of information. There are many sources of more specific information, and you should take advantage of everything available to you. The time and attention that you invest in this process has invaluable dividends. Get organized early, make note of important dates and deadlines and keep an eye on your email!

Timetable

It is critical for you to understand the timetable involved in planning residency applications. The schedule below should serve as a guide as you plan your approach to the process. Please note that many of the websites mentioned will update information for the upcoming residency application cycle in the next several months, so visit the sites often. Students interested in Ophthalmology and Urology should realize that the match process for these specialties occurs early. Additionally, students in the Military Health Professions Scholarship Program participate in an early match.

Third Year	
Winter Break	1. Reflect on clinical experiences and interactions with faculty and residents during the clerkships as you begin the process of specialty selection. All students have received ERAS tokens, and can begin formally requesting letters of recommendation (LORs) from potential writers. LOR writers can upload completed letters directly to the student's ERAS file.
	2. Revisit the Careers in Medicine website (link) hosted by the AAMC (Use your AAMC ID to login).
	3. Review the AAMC publication, Roadmap to Residency (link), Understanding the Process of Getting into Residency.
	4. Review FREIDA online (link), This is a searchable electronic database of all residency and fellowship programs in the U.S.
	5. Review the National Resident Matching Program publication, Charting Outcomes in the Match (link). This report casts light on how applicant qualifications affect match success.
	6. Military Students: Start planning Active Duty Tours
January 2019	1. Be sure to attend specialty night events with faculty in the areas of your interest. This may include faculty at other institutions. Connect with current fourth year students in the areas of your interest; they have completed applications, are on the interview trail, and have lots of valuable information to share.
	2. Review the Clinical Course Catalog (link) and plan your fourth year schedule. Use this guide and the "Self-Assessment" scheduling guide in the Appendix. It may help to discuss this with your Career Advisory Dean or a specialty advisor early in the process.
	3. Enter your fourth year schedule requests into the web-based lottery system.
	4. Consider fourth year electives at outside institutions and investigate deadlines for these applications. Many medical schools will use the Visiting Student Application Service (link). Become familiar with the process.
	5. VSAS Authorizations are issued
February 2019	1. Select an official GW Faculty Advisor (beginning on February 1) from the list provided by the dean's office (you can have more than one if you are considering multiple specialties).
	2. Lottery results emailed to students
	3. All students meet individually with their Career Advisory Dean to review and modify schedules. You will be assigned a time and date for this required meeting.
June 2019	1. Electronic Residency Application Service (ERAS) opens. Review the ERAS website (link) and take note of all deadlines.
	2. Complete the web-based biographic information form for used to help your Career Advisory Dean write your Medical Student Performance Evaluation (MSPE; aka Dean's Letter) by June 15. Your letter cannot be written without this!
	3. Early Match (Ophthalmology and Urology) begins registration. <ul style="list-style-type: none"> • See Ophthalmology target dates at: https://www.sfmach.org/ • See Urology target dates at: https://www.auanet.org/education/urology-and-specialty-matches.cfm
Fourth Year	

July 2019	Complete draft of personal statement by July 1
August 2019	1. Complete application materials
	2. Review transcripts for accuracy
	3. Military students complete application
September 2019	1. Interviews for students interested in Ophthalmology and Urology begin. (These are early Match specialties)
	2. Other programs begin downloading ERAS applications on September 15
	3. Transcripts are uploaded to ERAS by the dean's office.
	4. Registration for NRMP starts September 15 at noon.
October 2019	1. Interviews for students participating in the NRMP begin and continue through January 2019
	2. MSPEs for all students are uploaded to ERAS on October 1
November 2019	Complete the Student Affairs Interview Questionnaire
December 2019	Military Match complete
January 2020	San Francisco Match (Ophthalmology and Urology matches) complete
February 2020	NRMP Rank lists due
March 2020	1. SOAP (Supplemental Offer and Acceptance Program) for unmatched students
	2. NRMP Match Day

Career Decision-Making

What Should I be Doing/Thinking?

It is difficult to plan a fourth-year schedule effectively without having a fair amount of the third year under your belt and some sense of your ultimate career direction. By January, you should begin to think about your career direction. While it is premature to try to identify formal advisors in January (they're still busy with fourth year students) there is no harm, and it is very helpful, to talk with the more senior physicians with whom you work (residents, attendings, etc.) about their career decision process. How did these people choose their specialty? What did the house staff and seniors do as electives? What really helped? Many third-year students feel confused with regard to career selection. Next year by this time, almost all of you will have a very firm grasp of where you are and where you are going. Those of you who already "know" ought to be a bit concerned: Have you come to a conclusion prematurely and without reviewing all of the options?

Considerations in Specialty Choice

Role of Core Rotations: While you are beginning to talk with people about career choices, you must firmly keep in mind that your third-year rotations will give you an exposure to predominantly hospital-based medical practices. You can certainly get some sense of a specialty by looking at what you see in our hospital clerkships, but you have to be very careful not to assume that the life of the practitioner is similar to that of a third year clerk, the resident staff, or even the full-time faculty on that service in the hospital. Also, remember that most of the housestaff primarily have experience with in-hospital medicine. While it is appropriate and important to talk with senior students and residents - they are closest to you and closest to having made career decisions -- practitioners are a more reliable and valid source of information.

Therefore, it is important to talk with experienced physicians, particularly those in practice, to get some idea of what the various generalists/specialists do in the "real" world. Don't hesitate to stop attendings whom you know (and even some you don't know!) and ask questions. Talk to as many people as possible. Most of them will understand your quandary and be delighted to share their points of view with you. While the primary care clerkship is not a perfect representation of office experience, it is much closer to routine medical care than what you see in a hospital. (Recall that only about 5% of an average physician's patients have problems needing hospitalization in a given year, much less in some specialties.) Keep your ambulatory experiences in mind!

Stereotypes and Biases: Stereotypes of practitioners in the various specialties must be recognized as having some real basis, but many exceptions exist. For example, it is possible to be a very patient and long-term care oriented surgeon, and conversely, a procedure-oriented and intensivist internal medicine physician. The kinds of people with whom you feel most comfortable are likely to be the people with whom you will be most happy training with for long and grueling hours. If you think you love a specialty but hate the physicians practicing it, you had better be careful; the process of socialization throughout residency training is incredibly powerful. You need to consider the duration of training: Are you able to postpone goal achievement sufficiently to tolerate a seven-year residency?

Lifestyle and Income: Many of you may want to consider the practice style and income of practitioners in various specialties: Academicians tend to be paid less than private practitioners, pediatricians usually make much less than surgeons. How important are these considerations to you to your spouse? All doctors work fairly hard and most of you when applying to medical school said one of the attractions was that medicine was not in the "9 to 5" mentality. Have you changed? Are you willing to make sacrifices for the needs of your patients? How much control of your time do you demand? Are you willing to limit your practice to a certain patient population or age group (e.g., childbearing women, children, adults) or do you want to care for all people?

Personal Development: Another facet of this conundrum that you need to keep in mind is that we change over time!

Many students and residents enjoy being at the "cutting edge" of their field. Many like intensive/critical situations.

However, many physicians will tell you that their substantial joys during mid- practice years come from being of service and making a difference in the lives of their patients. How can you know how you will feel in 15 years? You probably can't but you ought to be aware of this common change in older physicians.

Steps to Determine Final Choice: Finally, if you have narrowed your choice down to two or three options but don't seem to be getting any further, try a little exercise. Decide on one choice ("I'm going to be an obstetrician") and live with that choice for a week. See how you like being an obstetrician. How does your spouse like it, your family and friends? During the day and evening try to picture how you would be spending your time, what your patients would be like. After a week, try another choice ("I'm going to be a neurologist") and live with that for a week. This will help you focus on one at a time rather than having to constantly weigh one against another. In addition, scheduling early experiences in your fourth year in a variety of specialties may give you further insight that will help you narrow down your options. An early visit to one of the deans may also be helpful if you are in a particular quandary.

There are numerous written sources of information on choosing a specialty. Many of these are mentioned above in the timeline table. In addition, we will hold another "Specialty Night" in January when you can meet faculty or program directors from most of the major specialty areas.

Like all important decisions, your specialty choice will require you to spend many hours thinking, reading, and discussing your options. Your advisors and the deans are an important resource that you should take advantage of.

Changing Residencies

Once you have made a decision about a career path and started a residency, it may be challenging to switch to another specialty. This is largely a result of the way residency positions are funded. It is important that you be aware of the way Medicare reimburses medical centers for postgraduate training.

Historically, Medicare paid each medical center around \$30-50,000 each year for each resident. This varies substantially from specialty to specialty, since it is determined by complicated formulas based on the Medicare population served by that institution. Thus, for some programs it will be very high, while for others it may be much lower. This subsidy is designed to offset the expenses of training residents (faculty, learning resources, etc.). Medicare will only support residents for fixed periods of time linked to their specialty training (for instance, 3 years for internal medicine, 5 years for general surgery, etc.). If you stay in residency beyond that time period, the medical center only receives half of the original training subsidy (i.e. you essentially become fiscal red ink to the medical center!).

The problem is not so much that you will stay longer in your original residency choice, but that this makes it difficult to change residency programs in mid-stream. If you do two years in medicine and decide to switch specialties, you will have only one full year of financing left. Therefore, any surgery program that wants to take you will have to forfeit four years of full support. As you may imagine, this puts you at a disadvantage relative to freshly minted graduates who have not used up any of their eligibility. This is making it more difficult to change residency training once you have started. This means that you need to be as certain as possible about your plans at the time of your original match.

Planning the Fourth Year

Goals

The fourth year comprises one quarter of your medical education. It is especially important because it is the crucial time for you to solidify and broaden the foundation you have built in the first three years. In addition, it has importance beyond your immediate educational needs: It is the time to better understand your residency options and enhance your opportunities for the transition to your postgraduate years.

The goals then for the fourth year are:

Primary

- ✓ To broaden your medical education (especially through your required courses)
- ✓ To deepen your medical education (through your skillful selection of pertinent electives)
- ✓ To solidify areas of weakness

Secondary

- ✓ To gain more experience in areas of medicine to help you make a career choice.
- ✓ To improve your chances for a successful match by: working hard and doing well in your fourth year courses; working closely with faculty who might write your letters of recommendation; working in outside hospitals to see if you would like being a resident there.

Scheduling

In January of your third year, we will use a “lottery” system for you to schedule your fourth year similar to that used for scheduling your third year. In brief, you will initially choose courses both within and outside the GW system. We have a fairly sophisticated computer algorithm to help you get your preferred schedule. After the lottery, your Career Advisory Dean will meet with each of you and review the first draft of your schedule. During that time, we will make all the appropriate modifications. A period of grace will follow during which you will be able to make additional changes and finalize electives before the ADD/DROP procedure ([link](#)) goes into effect.

The purpose of this entire process is to get you your optimal schedule and simultaneously to allow our faculty sufficient time to arrange for students from other medical schools to participate in our elective programs. (Note: we will not accommodate outside students until your first scheduling deadline has passed.) In addition, the rising third year class will select their preferences after you have selected yours.

[Graduation Requirements*](#)

Course Name	Duration	Comments
Intersession IV	7 days	Intersession IV occurs Monday through Friday during week 44 at the start of your 4 th year (plus you already completed the one day in January and one day in March)
Acting Internship	4 weeks	Any one of the following satisfies this requirement: An Acting Internship in Medicine or Pediatrics or General Surgery or Critical Care/Anesthesiology (Intensive Care Unit at GW Hospital only) or Family Medicine (IDIS 390 extramurally).
Anesthesiology (may be completed in the third year)	2 weeks	ANES 380 or ANES 302 satisfies this requirement. If taking the 4-week ANES 380 Sub-I, this counts for 2 weeks anesthesia requirement and 2 weeks free choice electives.

Emergency Medicine	4 weeks	Adult (EMED 302) or Pediatric Emergency Medicine (PED 405) satisfies this requirement.
Neuroscience (may be completed in the third year)	4 weeks	All students register for NEUR 380. This may be taken in the third or fourth year, but must be completed at GW/affiliates. Students will be assigned to various local sites according to a lottery system and will receive information via email about the site lottery about one month prior to the block. Choices will include adult and pediatric neurology and neurosurgery sites, and will include both outpatient and inpatient experiences.
Transitions to Internship	4 weeks	Taught weeks 36, 37, 38 and 39, coinciding with Match Day. All graduating seniors are required to attend this course at GW. No other course work can be scheduled at this time.
Free Choice Electives	30 weeks minimum	These 30 weeks include any electives completed for credit in third year too. On-campus electives are listed in the online course catalog. Off-campus “away” or “extramural” electives may be arranged by the student with the approval of the appropriate GW department and the dean’s office. (more on this later)
Independent Study	14 weeks maximum	This is flexible time to be used for USMLE study, interviews, etc. This does not count towards your elective 30 week elective requirement. If you used any vacation weeks during the Fundamentals of Clinical Practice phase, they are subtracted from these 14 weeks in the Transitions to Advanced Clinical Practice phase.

*in addition to completing all six core clerkships.

Independent Study

You will have 14 weeks of independent study time that you are free to include in your schedule at any time. Remember that in addition to time for relaxation, you will use independent study weeks to study for step 2 and to interview for residency. In addition, students have a mandatory additional vacation week June 24-30, 2019 plus winter break (weeks 26 and 27) that is not counted in the 14 weeks. Remember that during the Transitions to Advanced Clinical Practice phase there are NO guaranteed holidays off (see [duty hour policy](#)). Any third year clerkship make-up time or any non-credit accruing academic work in year 4 is deducted from your Independent Study time.

Electives

While we want you to use your fourth year to help you find a residency, we need to assure the broad educational value of the year. We have accordingly employed a policy that restricts the amount of time a student can spend in a specialty area to 12 weeks. This applies to individual specialties, not broad specialty areas. For instance, you could take 6 weeks of general surgery, 4 weeks of trauma surgery, and 4 weeks of colorectal surgery without violating the rule. However, 14 weeks of general surgery would not be permitted. Likewise, a mixture of medical, pediatric or surgical subspecialties are permissible, but you are not permitted to do more than 12 weeks of cardiology for instance. Note: you can spend more than 12 weeks in a specialty area, but anything above 12 will not count towards your course requirements and will be deducted from your vacation time.

On-Campus Electives

Any elective controlled by the GW elective registration system will be listed in our online Clinical Course Catalog, and is considered on-campus. Any elective not listed in the catalog is considered off-campus.

Off-Campus Electives (“away” or “extramural”)

What are the purposes for doing electives “away” from the medical center?

First, there is very little available outside of GW that one could not arrange to do within our system. For financial and personal reasons, many of you will not be able to take electives away from the school. This is not a problem or a liability for most specialties. (Please be reminded that no additional financial aid can be awarded to cover the extra costs of spending time on off-campus electives unless the rotation is outside of the U.S., is credit bearing, and is taken as part of the Global Health Scholarly Concentration.)

In past years, about 30% of students took no away electives, 40% did one month away, and 30% did two or more months off-campus. It is difficult to assess whether these rotations substantially helped students get their desired residencies. Most students do not match to residency programs at which they did an extramural elective (excluding military scholarship students). Visiting the program is no guarantee that it will remain top on your list, nor an assurance of matching there. Given the timing of residency applications and interviews in the senior year it is VERY DIFFICULT to do more than two extramural electives in your specialty of choice. Since most of you will apply to 20-50 residency programs it is obvious that you will only be able to do an away elective at a tiny fraction of the programs that you are interested in. Therefore, if you choose to do this, you will have to pick a program(s) that you are convinced may be the right place for you. See below for advantages and disadvantages of away electives.

Visiting Student Learning Opportunities (VSLO) / Visiting Student Application Service (VSAS)

Visiting Student Learning Opportunities (VSLO), also referred to as the “Visiting Student Application Service” (VSAS) ([link](#)) is an AAMC service designed to streamline the application process for senior “away” electives at other U.S. LCME accredited medical schools. Students submit just one application for all participating schools, effectively reducing paperwork, miscommunication, and time. VSAS also provides a centralized location for managing offers and tracking decisions. You will use VSAS if you are applying for senior away electives at any of the host schools listed on the VSAS website. When applying for electives at schools that are not using VSAS, you will need multiple documents. Different schools require different combinations of these documents. The table below lists the various documents and where/how to get them completed.

Other medical schools keep course directories online at their websites along with instructions and forms for applications. These directories will be the most valuable source of information about off-campus electives and application procedures. It is your obligation to be sure that the elective you are investigating outside of GW is at least as good as the elective available within our own program. Senior students can be useful resources on these issues. Also if you are interested in a particular hospital or program you might stop by the Dean’s office and review lists of recent graduates and the programs to which they matched. It is often very useful to contact GW graduates working at hospitals of interest, and ask them to recommend the best electives, the best teachers, etc. If we can help with this, let us know.

Finally, most medical schools and many residencies now have very informative web pages where you can find important information. Students with prior academic difficulty must meet with one of the deans to determine if off-campus electives are permissible.

Advantages and Disadvantages of Off-Campus (Away/Extramural) Electives

There are some good reasons to take electives at other institutions:

- ✓ Allows you to compare GW to other medical schools and yourself to other students.
- ✓ Allows you to see if you will be comfortable with the geography and culture of the areas in which you are

thinking of practicing or training.

- ✓ May be a good way to get a feel for the specialty.
- ✓ May help your residency chances at that program. If you will be aiming high and you perform well, you may make a more vivid impression at a prestigious program by taking an elective there.
- ✓ May gain you a letter of recommendation from someone outside of GW. Such a letter may be viewed as more objective than a letter from a GW faculty member (who has a vested interest in seeing GW graduates do well). However, many of you will find the process of locating and scheduling extramural electives to be bothersome and time consuming. It may be difficult to get the elective you want. Notification of acceptance to such electives can be delayed into the summer or fall. Away or “audition” electives can be a double-edged sword. You may look good, perform well, and impress, but you can also look flat and disoriented at new facilities in unfamiliar surroundings. Know yourself!

There are also some risks in spending a substantial portion of the fourth year away. If you are planning on going into a clinical residency, letters of evaluation are crucial to your success in matching. The evaluative comments that are most important tend to be those written by clinicians. It is sometimes difficult for faculty to get to know you (and for you to know them!) during your third year. Accordingly, some students use the early part of the fourth year to know and be known by our faculty -- the group most interested in getting you a top residency. Many letters of recommendation are written by members of our faculty with whom you work in the summer and early fall of your fourth year. There are other disadvantages to away electives. Historically, we have done very well in terms of advising and helping students match to good postgraduate programs. That advising does not readily take place long distance. Our faculty is often willing to contact friends at other institutions, to put in a good word for students they know. That does not happen when you have been away for the entire fall. Taking care of the details that are so important to this whole process can be difficult from a long distance.

Timetable for Arranging Off-Campus Electives

Most medical centers with active elective programs will not begin signing-up an outside student until late spring. They may accept applications as early as December, but they will rarely commit to a specific course schedule until sometime in April or May, frequently as late as June. Many schools will be unable to accommodate requests to complete an away elective during the end of the 3rd year (May, June).

Many of you, although early on inclined toward a particular medical field, will make substantial changes in your timetable during the remainder of this year. Therefore 1) don't get yourself locked into one or a set of programs that may have no bearing or meaning to your ultimate training plans; 2) don't commit yourself to programs without complete and careful discussion of your options and opportunities here, as well as away, with at least one advisor; and 3) don't get yourself or GW a bad reputation at hospitals for signing-up but then renegeing on a prematurely arranged elective!

Off-Campus Living Arrangements

You will usually have to arrange your own housing at any extramural site that you attend.

Arranging Away Electives

All students taking off-campus electives must get prior approval to participate in these courses. You must have a “Permission to Take Off-Campus Elective” form on file in the dean's office before going to any off-campus rotation. Permission to take an off campus elective is granted by a course director in the department that coincides with your requested elective. For example, if you want to do an away elective in general surgery at Georgetown, you must get permission from the GW General Surgery clerkship director. This permission form is found electronically on the GW SMHS website (Current Students->Forms). All students must have a GW Uniform Clinical Evaluation Form completed for their away rotations, which is then sent back to our registrar. Students are also required to complete an evaluation of the off-campus elective experience.

Documents Required for Away Electives (in order)

Document	Provided by	Comments
Affiliation Agreement for all non-VSAS institutions	Dean's office (Sherry Brody, LaQuita Ross)	Budget at least 3-6-months for an affiliation agreement to be ratified by both GW SMHS and host institution. Note: it is possible that an agreement cannot ultimately be reached. You may not rotate at an institution without a signed agreement in place. [This is not necessary if you apply through VSAS.]
Application Form from the host institution (non-VSAS institutions)	Dean's office (Registrar, Career advisory dean)	Generally these require a section to be completed by your career advisory dean, signed and sealed with the official school seal. Turnaround time: 1-2 business days
Curriculum Vitae	Student	See Appendices F & G
Profile Photo	Student	
Criminal Background Check/Drug Testing	Dean's Office (Sherry Brody) Vendor: Certiphi®	Most schools will accept your previous results obtained during your second year in preparation for your clinical clerkship rotation. Some schools will require that you have this done again (possibly at your expense) prior to the rotation; the school can provide information on vendors to have this completed.
Official Transcript	Marvin Center	Most VSAS participants will accept unofficial transcripts uploaded by the dean's office. Official transcripts are handled by the University Registrar.
Immunization Record	MedHub, Student, Student Health	Most VSAS participants require the AAMC Standardized Immunization Form (link). Some schools have their own immunization forms. Students should complete these forms in conjunction with Student Health or their primary care provider.
Proof of Health Insurance	Student	Photocopy of your insurance card (front and back)
Basic Life Support (BLS) Certification	Tel: 202-741-2958 Email: gwtrainingcenter@mfa.gwu.edu	Photocopy of your BLS card (front and back)
Proof of Malpractice Insurance (aka Certificate of Insurance / COI)	Dean's office (LaQuita Ross)	\$2 Million (Each Claim) \$3 Million (Aggregate)
Mask Fit	GW Health & Emergency Management Services	Tel: 202-994-8425 Email: hans@gwu.edu
Letter of Good Standing (LOGS)	Dean's office (LaQuita Ross, Sherry Brody)	Submit your request to the Dean's office administrators using the LOGS request form found on the website (link). Completed letters are generally available for pick up within 24- 48 hours.
Official School Seal	Dean's office (Registrar)	

Upon acceptance, complete “Permission to Take Off-Campus Elective Form” (link)	GW Clerkship Director in the specialty area you are requesting to do your away elective.	For example, if you want to do an away surgery elective you must have permission from the surgery clerkship director. This ensures that our students are steered to programs with the most educational value. Turn completed forms into the dean’s office (LaQuita Ross)
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International Electives

There are specific and legitimate reasons for some students to study abroad. Students with a strong interest in differing health administration systems have spent time in countries with different health care systems. Others have gone abroad because of an interest in Global Health or participation in the Scholarly Concentration Program. Others, usually strong and very independent students, have done a primary care experience in a third world country. These electives may need to be planned a year in advance.

GW has several formal programs and exchanges with international programs and schools. For information about the location, timing, and application procedures refer to details in the online Course Catalog, or contact the Office of International Medicine Programs. All medical students participating in international clinical electives or summer internships, regardless of whether they are in the Global Health Scholarly Concentration or not, must register and apply through the International Medicine Programs (IMP) office and obtain permission from their career advisory dean. Also see the [school’s policy on International Electives](#). Students interested in international electives at non-affiliated sites must inquire with and obtain permission at least three months in advance of the elective from the Office of International Medicine Programs.

Military Active Duty Tours

Those of you in the military should make contact with your program office in the fall/winter of your third year to arrange for active duty tours in the early summer. If at all possible, it will work to your advantage if you are able to identify the specialty of your ultimate interest, and the hospital in which you are most interested in working by winter break of your third year.

Electives at The National Institutes of Health

Another valuable elective experience is at the NIH which offers both clinical and research electives. Additional information may be available through the Scholarly Concentration in Clinical and Translational Research or OSPE.

USMLE STEP-2 CK & CS Overview

Many programs are placing increased value on the step-2 CK score when determining which applicants to interview and subsequently rank. Virtually all programs want a step-2 CK & CS score before ranking applicants (for the main match this occurs in January/February). Consequently, it is imperative that you allocate the proper amount of study time in preparation for taking step-2 CK & CS. Common errors that lead to suboptimal scores include:

- ✓ Taking less than 4 weeks to prepare for step-2 CK
- ✓ Failure to schedule a meeting with Dean Goldberg if you’ve had repeated difficulties with standardized tests in the past or a marginal performance on Step 1
- ✓ Preparing for the exam while doing other activities (electives, family obligations, interviews, etc.)
- ✓ **Not reviewing your score sheet** from the “End of The Third Year Problem Based Exam (PBE)” or not remediating deficiencies identified during the exam (you will take this exam in the spring between third and fourth year and those who perform below a certain threshold will be required to perform remediation.)

Exam Failure and Consequences

Failure of any USMLE examination is a serious issue that can adversely affect your chances of successfully matching. Failure of step-2 CK or CS though has its own unique challenges:

- ✓ Step-2 CK is focused on clinical knowledge. Consequently, some programs consider it more predictive of your ability to function as a resident, and they will be less forgiving of a step-2 CK failure.
- ✓ Depending on when you initially scheduled the exam you may have limited time to study and retake it before residency programs submit their rank order list.

Exam Format

The CK exam will be administered at Prometric Technology Centers throughout the US. There are nine centers within a one hour drive of GW, and additional centers throughout the US. The CS exam will be given at five regional centers, the closest location is in Philadelphia, Pennsylvania.

Scheduling

When you apply for the Step 2 CK examination, you will designate a three-month window in which you would like to take it. For CS, the time window is one year. Once your application has been processed (about 6 weeks), you will receive certification allowing you to call Prometric or the NBME in order to schedule a testing date at the center of your choice. Scheduling can be done starting 6 months before the date of the exam. Please visit www.nbme.org for the most current information on application procedures, costs, and deadlines.

We recommend that you complete the scheduling process for Step 2 CK and CS no later than March of your third year. If you wait until the summer, you will have trouble scheduling the exams, particularly CS. Remember you are required to complete both components of the exam by 12/31/2019. If you have not passed the exams by graduation, you will not receive a diploma. If you do not receive a diploma at graduation, the University will not issue a diploma until June 30 or later! Consequently, you may not be able to start your residency rotation on time.

More and more residency program directors want to see your Step 2 scores BEFORE they put you on their match list in late January or February. The military programs have historically required that scholarship students sit for Step 2 by the end of August or September. For the rest of you, there are a number of considerations. First, many residency programs like to see your Step 2 scores during the residency application process (particularly programs in more competitive training fields; you must have it by September for OB/GYN). Second, if you performed marginally on Step 1, a good score on Step 2 may help your application significantly.

Please note, scores for the Step 2 CS exam can take up to 10 weeks to be released from the initial testing date. As a result, not taking this exam until the Dec 31 deadline, and subsequently receiving a failing score could result in: 1) a delay in your graduation and 2) a failure to match, as some programs will not rank a student without a passing score on step 2 CS. Any failure on Step 2 CS is a very serious issue that you must immediately discuss with your advisory dean. **While you are required to take the exam by Dec 31, we HIGHLY RECOMMEND taking CS by November 2, 2019, the last day of the reporting period that will guarantee scores by the time programs start forming rank lists in late January.**

Our fourth year overview is now complete. In the next few chapters we will discuss advisors, applying for residencies, and the Match, and then finish with two chapters on the specifics of how to design your fourth year.

Advisors

Advisors are guides, sources of information, and sources of contact with the “outside” for the remainder of your

stay at GW. Ideally, an advisor should be knowledgeable about the elective programs available here and elsewhere, knowledgeable about residency programs over the whole country, willing to find out more about you and your abilities, able to make you feel comfortable and able to get things done! In the real world, however, no one person can do all these things well. Try to select an advisor that suits your specific needs best. It is particularly important to select a person with whom you feel comfortable talking honestly. If your advisor is not well versed in a particular area, seek out other people who are.

Your official advisor may be your main source of advice but do not let that stop you from filling in the gaps by talking with many other faculty. Students who have had difficulty with the match have typically not connected with a good advisor.

Advisors and Letters of Recommendation

Your advisor is someone you should be able to talk with candidly. You should feel comfortable bringing up your doubts, fears, career decision angst, weaknesses as well as triumphs. Some students have their advisor also prepare a letter of recommendation; though some students choose to have other faculty write their letters (you will need three letters of recommendation in total).

Mechanics of Selecting an Advisor

While you cannot formally choose an advisor yet, there is great benefit in starting to think about advisors and meeting with potential advisors early. We will provide you with an updated list of advisors in each department. Ask the fourth year students who the really good advisors are! Talk with as many attendings and consultants as you can. The major reason you are not permitted to choose an advisor until February is that up to that time they are still very involved with their 4th year advisees. Your advisor will also work with you on refining your fourth year schedule.

Applying for Residency

How do programs select residents?

There is little question that program directors look at your performance in medical school as the prime consideration. Grades, your letters of recommendation, what you say about yourself in your application and/or personal statement, your research experience, your community service, and extracurricular activities are all important. Most programs look at National Board scores. For most programs, the most important factor is their assessment of your stability, reliability, and teachability through your academic record, letters of recommendation, and the interview.

For more information about what factors program directors consider important in considering an applicant, review the results of the [2018 NRMP Program Director Survey](#).

How to decide and where to apply

Types of Hospitals

There are numerous ways of classifying hospitals. In general, the primary training hospital of an academic medical center (e.g., the GW University Hospital) often is very different from one not on the main campus. Some unaffiliated hospitals may be community-based and vary in their focus on education.

If there is a possibility that you will be considering postgraduate training in the form of specialty fellowships, post-doctoral research fellowships, etc., you are more likely to be accepted to these programs if your residency was done in a university-based training program, less likely in an affiliated hospital, least likely from an unaffiliated program. (There are, however, certainly exceptions to this rule.) Accordingly, many seniors consider seeking university-based programs as a means of keeping their options open. This fact tends to make these programs more competitive than others.

Another basis for classifying hospitals is the public versus private continuum. While there can be great educational emphasis in both public and private institutions, the major difference between these is the degree of responsibility given directly to residents and the (often inversely related) quality of support services. At private hospitals, the final word is always in the hands of the private physicians who admitted the patient. At public hospitals, while there is always an attending responsible, care and management decisions are usually considered by the residents and then checked and confirmed with the attending. In these situations, residents usually feel more responsible for decisions.

Programs with very strong fellowship programs and programs in hospitals that segregate patients by specialty (thereby allowing a stronger presence of specialty fellows) tend to keep their early trainees in less critical roles. Responsibility and opportunity to make decisions is available to trainees at these hospitals later in their postgraduate training. For some, this is ideal; for others, it is at best an annoyance, and sometimes a significant hindrance to learning.

Private institutions generally have more of the amenities, whereas public institutions often are more barebones. Your own experiences at places like Holy Cross versus the V.A. Hospital, will likely give you some sense of this.

Location

It will come as no surprise that some areas of the country are considered more desirable than others! Because competition is stiffer in geographically desirable locations, you are more likely to match at a better quality residency in a less popular location. Also, as increasing numbers of physicians locate in highly desirable locations, finding jobs in those areas can be difficult. Past studies have shown that 70 percent of physicians practice within a one-hundred mile radius of the hospital in which they did their last years of residency training. If you are interested in doing a residency and settling in a desirable location (e.g., states of California, Washington, Oregon; cities of New York and Boston), you have a good chance of doing so (our students from California in particular have been doing well

matching to West Coast programs). However, you may have an even better chance in some of the superb institutions of the south and the midwest. We urge you to test the waters.

Duration of Training

Two or three states allow a physician to be licensed to practice after graduation; most require a minimum of one year of postgraduate training. Virtually no U.S. physicians follow these pathways. Most do at least three years of training. When you match into a categorical residency program, the program expects that you will complete their entire curriculum. For instance, if you are an applicant to a pediatrics training program, the program assumes you are applying for year one, but will stay on for years two and three. NRMP matches you in a legally binding manner for your first year. Unless you and the program have a major issue, you will be offered a contract for Year 2 usually around November.

How do you know if you are competitive?

You need to consider two components: 1) How competitive is the specialty to which I am applying? 2) How do I stack-up against the other applicants? There is considerable variation in competitiveness between specialties. A useful technique to assess this is to look at the percentage of applicants who matched to a specific specialty. The chart in the appendix shows the percentages of U.S. seniors and independent applicants who matched to their preference specialty in 2018.

For a comprehensive look at the NRMP match results you may review the AAMC publication, *Charting Outcomes in the Match: Characteristics of Applicants Who Matched to their Preferred Specialty in the 2018 NRMP Main Residency Match*.

Once you are committed to a specialty, how do you evaluate your competitiveness within the field? In general, advisors' recommendations and thoughts can give you some sense of your level of competitiveness. The better advisors are pretty good at predicting where students are safe.

A more general way of assessing competitiveness is to look at the present housestaff of each program. How many are members of Alpha Omega Alpha, the medical honor society? How many are foreign trained? How many of our students have been accepted to that program in recent years? How are the GW alumni, who have worked in that hospital, perceived?

If you happen to do an elective at an outside hospital, evaluate the competence of the interns (and other fourth-year students). Our students usually come back feeling at least as competent as their peers from other schools, if not more so. It is of note, however, that many seniors do not match to programs they felt comfortable in when they took an elective there.

Finally, review our visual **Geographic Database** with your career advisory dean that can show where our GW students have matched since 2011. We can filter by specialty and various other data points (such as Step 1 and 2 scores, AOA, number of honors grades, etc) to see where our students match. This database is only accessible through your career advisory dean due to the sensitive nature of the data.

More Information on Competitiveness – Grouped by Specialty

Medicine Programs

There is a wide range of competitiveness in medicine programs and a large number of good programs available. Larger programs, especially those affiliated with medical centers, are commonly offering two separate tracks within the Department of Medicine: one for people who plan a subspecialty career in medicine or who at least want some subspecialty training, and the other (by cooperating with other departments) in a more general or primary care program with more experience in ambulatory internal medicine practice. Many medicine programs also offer a preliminary as well as a complete categorical program. In the complete program, the expectation is that if you do a reasonable job, you will stay on and complete your three years of training in that program. If

you select a preliminary program, the program makes a commitment to you for only one year. If you do well, many programs will try to make room for you for the second year. For some of you who have a strong interest in a particular hospital, you may want to consider applying to both their three-year program, and, to increase your chances, to their one-year program as well. In outstanding hospitals, one year programs may not fill, while the 3 year programs almost always fill. Due to recent changes in medicine and the support for postgraduate training some programs are cutting back on preliminary positions, making these programs more competitive. Medicine programs use the NRMP to match applicants.

Pediatrics Programs

Pediatrics is a 3 year residency and has historically had a favorable match rate for students. GW graduates have done very well. Virtually all of our pediatric applicants match, if they complete their rank list reasonably. Pediatrics programs use the NRMP to match applicants. There are some programs that have special tracks in addition to categorical tracks, like those that are focused on community health or advocacy/social justice, primary care, or research. When discussing with your advisor, consider your interests in free standing children's hospitals, academic pediatrics or community programs, geography, and intern class size, in addition to special features (i.e. global health, advocacy, medical education, research, etc).

Medicine/Pediatrics and Other Combined Programs

A growing phenomenon is the emergence of combined programs. The oldest is Medicine/Pediatrics (a 4 year, double board eligible program). These are of interest to those who want a broad age spectrum of patients, and who don't want to do OB and surgery (i.e. family practice). Because all the combination programs are relatively new and small in number, there are only a few advisors who know much about these options. There are several faculty members in pediatrics who trained at med-peds programs. Otherwise, you will need to talk to one of the deans and other advisors in individual specialty areas to discuss whether a combined program is right for your needs. To get more information, you might call a couple of programs and talk with a few residents.

Other combined programs include: Medicine-Emergency Medicine, Medicine- Family Practice, Medicine-Neurology, Medicine-PM&R, Medicine-Preventive Medicine, Medicine-Psychiatry, Pediatrics-Emergency Medicine, Pediatrics-PM&R, Pediatrics- Psychiatry-Child Psychiatry, Psychiatry-Child Psychiatry, Psychiatry-Family Practice, and Psychiatry-Neurology. Most of these combined programs use the NRMP to match applicants.

Family Medicine Programs

Family medicine has been a specialty for many decades. It is a reasonably popular choice for American medical school graduates (about 10% of whom choose FP for their PGY-1 program). A general theme in family medicine selection seems to be "How do we know that you really want to be a family practitioner?" In the past, many of our students have felt at a disadvantage answering such questions because we don't have a Department of Family Medicine. It is reasonable to point out to interviewers, that GW was one of the first medical schools to require an ambulatory (primary care) clerkship for all students during the third year when students still have some career flexibility. Many of you worked with family practitioners while on that rotation. For those who didn't, many programs would like to see that an applicant has done a clerkship with a family practitioner or in an established family medicine program. Your advisor or one of the deans should be of assistance in helping you decide if you want to do a clerkship off-campus. Dr. Andrea Anderson serves as the main family medicine advisor for our students. Many of the established family medicine programs are becoming traditional: They are increasingly looking more heavily at grades, board scores, and the like. Generally, however, family medicine programs place very great emphasis on the kind of person you are, your aspirations, your experience working in more rural or underserved environments, and where you intend to practice. The style and "interviewability" of the applicant appear to be very important to most FM programs. Family Medicine programs use the NRMP to match applicants.

Psychiatry Programs

Psychiatry has seen a greater than 10% increase in the number of matched applicants from 2014-2018. Given

the recent national level push towards population health and integrated health care have increased the interest in this field. Psychiatry is now considered a moderately competitive field with a 99% program fill rate over the past two years. This fill rate is higher than pediatrics, internal medicine, and anesthesiology. Many applicants have good traditional academic metrics, so students who have shown a sustained interest in mental health care are particularly sought out by psychiatric residency program directors. Historically our students have always done well in psychiatry, frequently matching to some of the most popular training programs. Psychiatry programs match via the NRMP system.

Obstetrics/Gynecology Programs

Obstetrics and Gynecology has historically been a moderately to highly competitive field. Our Department of Obstetrics has an aggressive and very successful approach to getting our graduates matched into good programs. In this department particularly, it is imperative that you keep the department well informed of your interests. Obstetrics/Gynecology programs use the NRMP to match applicants.

Surgery and Surgical Subspecialties

General surgery is usually a five-year or six-year program and has become increasingly more competitive over the past years.

Most of the surgical subspecialty programs allow you to apply via NRMP for Year-1 and automatically track into your final destination. Other programs require that you find your first one or two years of general surgical training, but simultaneously (as seniors in medical school) complete applications for your subspecialty surgical training program as well. A large percentage of orthopedic, urology, neurosurgery, plastics, and ENT programs have joined with the general surgery programs in their institutions to form a complete program. Matching to such a program will guarantee the first one or, in some situations, two years of general surgical training prior to the essentially automatic admission to that department's surgical specialty training program. Ophthalmology programs almost always require you to find your preliminary year separately through the NRMP process.

There is an independent (non-NRMP) match that handles the ophthalmology match. The urologists have yet another match for candidates who intend to start urology training. You can go to the <https://www.sfmatch.org/> (ophthalmology) or the <https://www.auanet.org/education/urology-and-specialty-matches.cfm> (urology) web sites for full information and registration information about these matches.

Right now orthopedics, urology, neurosurgery, ophthalmology, dermatology, and plastic surgery are VERY competitive. If you are considering one of these specialties you should meet with that department early and realistically assess your chances. Any student who has not done truly outstanding work thus far must consider some type of back-up plan.

Emergency Medicine Programs

EM programs match via NRMP for either complete (three or four years) or advanced (PGY-2 placement) programs. Review the web site at SAEM.org and click on the "medical student section" for more information. Your advisor can help you choose among the program options for a best fit. EM is moderately competitive, so be sure to coordinate carefully with your advisor to maximize your chances of matching.

Radiology Programs

Radiology is an average competitive specialty. In most cases you will have to match to your preliminary year separately from the Radiology program. Radiology programs use the NRMP to match applicants.

Dermatology Programs

Those of you interested in dermatology will need to match for your PGY2 position and a preliminary year. Dermatology remains the most highly competitive field, nearly a quarter of all applicants go unmatched to a position each year. Every student interested in dermatology should consider a back-up plan. Dermatology programs use the NRMP to match applicants.

Anesthesiology Programs

In the past several years, GW students have done extremely well in the anesthesiology match. However, this specialty has become more competitive recently. Most programs require a preliminary/ transitional year before the anesthesiology residency and some programs include this year as part of the categorical program. You will be applying to both through the NRMP match.

Physical Medicine and Rehabilitation Programs

This is a field that is becoming more attractive every year, and GW students have done very well in this match. PM&R programs use the NRMP to match applicants.

Competitiveness: Strategies to Protect Yourself

Competing for residencies in competitive fields is obviously difficult; nonetheless, GW students have a fine track record: most of our students in the Military Scholarship programs get their first or second choice of training site and ‘path’ (e.g. categorical military training, preliminary military training followed by GMO service, or civilian deferments (deferments tend to be much less predictable, but many of our students who have requested deferments have been successful)). Our students applying in ‘early’ match specialties have also done well; although a number of less competitive students fail to match in some of these specialties almost every year. Overall, from year to year only about 3-6% of GW seniors fail to match to a residency program.

Those of you applying to the more competitive specialties (orthopedics, otolaryngology, urology, ophthalmology, plastics, neurosurgery, and dermatology) must exercise great caution. The first question you need to ask is, “How much do I want this field?” If you are convinced only “x” will satisfy you, then you absolutely should give it a try. However, if you see attractions in other areas, we suggest you look at them again, and carefully.

Students applying to such highly competitive specialties must carefully consider back up plans regardless of the strength of their academic records. Students with average or weak academic records absolutely must have a firm and rational back-up plan in the event that they go unmatched. Viable back-up plans include:

- ✓ Applying to one or more alternative specialties
- ✓ Applying to preliminary positions in surgery or medicine (although preliminary programs are becoming more competitive especially in medicine)
- ✓ Taking a year off after graduation and reapplying
- ✓ Taking a year off between third and fourth year to do research in the specialty area you are considering

All these strategies have advantages and disadvantages, and you should carefully discuss them with your faculty advisors and with the deans.

The Application Process

Settling on a group of residency programs that you would like to apply to is a complicated but achievable goal. However, it will require a lot of “leg work” on your part. Unfortunately, there is no single resource that attempts to describe individual residency programs or compare their quality or competitiveness. This will be frustrating to many of you. You will need to access as many resources as possible to find out about programs. Although many programs sustain their reputations for quality training and competitiveness from year to year, as you may expect, many programs will fluctuate quite widely in these characteristics over even relatively short time spans.

For instance, changes in the residency director or other key faculty can raise or lower a residency program’s status very dramatically overnight! In addition, changes in the nature of the hospital(s) or ambulatory training facilities affiliated with each program may affect the quality of the program significantly [particularly in these days of rapid and unpredictable change in health care. Consequently, what a recent graduate or faculty member may “know” about a program could become inaccurate very quickly. In addition, faculty that have spent a great deal of time at GW (and those who did their residency training more years ago than they would like to admit!) may have very

limited insight into the current status of any particular training program. You will need to ask around quite a bit to find faculty who may be knowledgeable about residencies outside of the immediate Washington, DC area or their own residency training program. Here are a few quick tips for identifying residency training programs:

- ✓ Pick a specialty (or maybe more than one if you are still deciding!)
- ✓ Pick some geographic regions in which you think you might like (or need!) to be.
Warning: Those of you applying to very competitive specialties should not be too picky about geography; you will need to apply broadly! Regardless of your specialty choice, very narrow geographic preferences (like “I have to be in Washington, DC”) are extremely risky and are the source of many of our recent matching failures. Unless you are among the most outstanding members of the class, you’d better consider more than a single very isolated geographic area. The application process isn’t the time to be picky. You can always turn down an interview if offered.
- ✓ Make a list of potential programs in those geographic areas using FREIDA
- ✓ Narrow your list. This is the hardest part, but here are some suggestions:
 1. How competitive are you as an applicant? (ask your advisor(s), or one of the deans)
 2. What kind of program do you want (university, university-affiliate, community)?
 3. What kind of program are you competitive at (the answer to this question may or not be the same as your answer to the prior question, and will vary by specialty choice)?
 4. Visit program websites for detailed information
 5. Check to determine if we have any recent graduates at the programs you are considering (see Appendix)
 6. Determine if we have any faculty members who trained or served as faculty at any of the programs (this requires you asking around).
 7. Do an audition rotation at the program (an away elective, usually set up in the spring or summer of your third year)

The Electronic Residency Application Service (ERAS)

ERAS is an application service that is run by the Association of American Medical Colleges. Except for early match programs, virtually all specialties use ERAS.

ERAS makes your life immeasurably easier. Through this system everything related to the application process is done online. Next summer, those of you using ERAS will receive all the necessary instructions. You will complete your application online, and designate letters of recommendation that are to be sent to programs. Your letter of recommendation writers will upload their letters directly into ERAS. The Dean’s office will upload your transcript and your MSPE into ERAS.

Most residency programs will utilize ERAS though you will still need to double check to make sure that all the programs to which you would like to apply are participating in the electronic system. If you are interested, visit the ERAS web site at: www.aamc.org.

Interviewing

Programs use different strategies to determine who they will interview. Most will require a completed application including letters of recommendation and the MSPE before considering your application. Others will make their first round of decisions about interviews based solely on academic performance gleaned from the transcript. It is to your advantage to submit all documents to ERAS in a timely fashion. Remember the MSPE is released on October 1 for all students. This includes military students and those participating in early match programs. This is a nationwide release date set by the Association of American Medical Colleges and no exceptions are permitted.

Since many programs will contact you through email, you absolutely must check your email regularly (several times a day). We have heard of several students who opened an email with an interview invitation a few hours late, when they called the program, found out that all the interview spots were filled and they were ‘waitlisted’ for an interview.

Therefore, you should develop obsessive-compulsive behavior traits regarding email; you do not want to miss any interview invitations.

The timing of interviews has grown more complex. The great majority of programs still allow applicants to call and set the optimal date for their visit. Increasingly, however, programs are identifying specific days (e.g., every Tuesday or the first Monday of each month, or specific dates) and restrict interviews to those times. Most interviews will be scheduled in mid to late November, December, January, and the first week of February. Most military interviews are in August and September and occur while students are doing their active duty tours. Early matches will interview earlier, sometimes as early as September or October. By and large, you should not plan on formally interviewing at more than one program per day. For your preferred programs you may even want to arrive a full day ahead of your interview to get a better sense of the program (to be particularly sharp and knowledgeable in your interview). Accordingly, we strongly recommend you plan to reserve a full four weeks of vacation time to complete your interviews. For those of you applying to PGY-2 programs and therefore also having to apply for a preliminary position, six weeks is not too much time. On occasion, programs will insist that you come on a date when you are doing a clerkship. In this rare occurrence, our faculty (except for those responsible for the acting internships) is usually quite adaptable. Attempts to do this frequently, however, can cause substantial difficulties. Remember you cannot graduate with incomplete or failing grades on your record.

Interviews can take many forms: Some programs actually quiz students on their field. A more common ploy is to ask the student to present a case, and then the interviewer discusses that case and its ramifications with the applicant. Most programs simply try to assess your interest in their program, your apparent ability to get along with strangers, your general philosophic approach (e.g. research-oriented, primary care-oriented), etc. Obviously, be yourself, although it is a good idea to have thought about a couple of cases before embarking on your visits. Remember also, an interview is a two-way street—you are interviewing them as well as they, you. Be knowledgeable about their program and have well-thought-out questions ready to ask. A list of interviewing tips is attached in the Appendix. Your career advisory deans are available for mock interviews and we encourage you to take advantage of this.

How to Assess a Program During your Interview?

Statistics regarding the number of hospital admissions, the number of outpatient visits, the number of surgical procedures, etc., can give you a start on assessing the nature of the program before visiting it. The program's website and discussions with residents and advisors will give you additional information.

Virtually all students agree that they derive considerable information from interviewing and visiting a program and its hospital(s). As usual, the best sources of information about a program are the people in that program. Seek out a few house officers and ask them about their gripes as well as their pleasures. A good tack is to try to identify G.W. alumni: in general, they are very helpful and tend to be more willing to open up and make comparative statements.

Most students are particularly interested in the teaching qualities of the programs that they are considering. A good way to at least get a “snap shot” of the program is to attend a conference, to ask multiple house officers about the teaching strengths, or to ask to go to residents' report (if that is not preplanned as a routine part of your visit).

When touring the hospital with one of its housestaff, you can get some sense of the orientation of the program by visiting a general ward or ambulatory practice. Another aspect to investigate is the degree of housestaff responsibility. Is the program intern-oriented, or dominated by upper echelon housestaff? Who takes primary (not legal) responsibility for patient care?

Certainly one of the most commonly used assessment instruments is to ask, “Are the residents happy?” Visits to the program generally help you assess this. Don't forget that you will have sampling problems, so talk with more than one house officer. Finally, very few interns are “happy.” Don't only ask PGY-1s if they are happy, but check on PGY-2s and 3s as well.

Each of you must decide what's important for you. For some, outstanding housestaff and excellent teaching faculty will more than make up for lots of hassles with radiology, laboratory, the nursing staff, and/or a tough schedule. For others, a reasonably-guided experience in a comfortable place will be sufficient and productive. Before you convince yourself that you know the answer to this question now, however, plan on trying to visit a couple of different types of programs: Exposing yourself to your various options may have considerable impact on your outlook and change your position from the one you expected.

It's very important to keep detailed information about each program during and after your visit. The appendix has one suggested form that you can use to keep track of important program information. Feel free to copy this form, adapt it to your needs, or make your own form. Trust us, after your 15th interview; everything will seem to be a blur if you haven't kept careful notes about each program and your overall impressions.

Revisiting a program after the interview for what has been termed a "second look" has become more popular over the past several years and is recommended by some as an opportunity to show heightened interest and potentially improve your chances of matching. We discourage this practice and encourage you to speak with one of the deans to discuss this if you are considering second looks. Second looks are costly and unlikely to strengthen your match success.

Supporting Materials

Letters of Recommendation

Most PGY 1 programs request at least three letters of recommendation, (in addition to your MSPE, see below). Some departments will prepare a Department Letter for you summarizing all your work in that department and signed by the chairperson or their designee (or both). A Department Letter usually "counts" as one of your three letters. In general, whether you have a Department Letter or not, it is usually best that at least one of your letters comes from a GW faculty member in your specialty field of interest. Your additional letters can come from physicians in your specialty field, though it is usually more important that the recommender can report close personal experience with your clinical or research skills than whether or not they are in your specific field of interest. Letters from "senior"-more well-known faculty are usually preferable, but detailed, believable letters from junior faculty are usually given more weight than vague, impersonal letters from a Nobel laureate who met you for 30 minutes in their office one day! Even though they may know you in more detail than faculty, letters from residents and fellows are worse than useless (program directors may interpret a lack of faculty support as a very strong negative factor!). Some programs will not limit the number of letters that you can send; but it is usually not wise to send more than 3 unless the additional letter(s) add something unique and substantive that cannot be gleaned from your "top three" recommenders. Letters from non-GW faculty are certainly acceptable and may be particularly helpful in some fields, but except in unique circumstances no more than one of your letters should be from outside faculty.

Don't forget the general rule: When asking individuals for a recommendation, it's a good idea to ask, "Do you feel you can write a strong letter of recommendation on my behalf?" This gives the faculty member the opportunity to say, "Gee, maybe you ought to turn elsewhere," and decreases the chance that a fairly negative letter will go forth. Also realize that you must keep on top of whether or not the letter has actually been written and sent. Several students have been surprised by deadlines passing without letters having been sent. Once you designate letters of recommendation to be sent via ERAS, you can check the ERAS website to see if the letter has actually been uploaded to the program.

Medical Student Performance Evaluation: The MSPE (Dean's Letter)

The MSPE is a detailed letter prepared by your career advisory dean. The letter begins with a "Noteworthy Characteristics" section that will include three brief bullet points (each bullet point can be two sentences long), which highlights your unique experiences, skills, or path to medical school. It also includes your academic history, including explanation for any time off, and it will list any below passing grades. Most of the letter will provide detailed information about your clinical performance during the third year clerkships and place that performance in the context of the entire class. You will have a chance to review and (within limits) edit your letter. However, this is

a letter of evaluation not recommendation, and therefore it will contain a balanced description of your strengths and weaknesses. The Dean's Office holds ultimate editorial control over the contents of the letter.

The formal clerkship evaluations written and submitted to the Dean's Office at the end of each clerkship will be the basis for a substantial portion of your MSPE. If you are concerned about comments made in the narrative summaries of your clerkship evaluations, it can be useful to meet with the clerkship director as soon as possible after its receipt and discuss the evaluation. Your narratives will also be important for other writers of recommendations and also for your advisor. You should consider giving your letter writers a copy of your grades and your clinical narratives to help them when writing your letter.

Transcripts

Most programs request transcripts. The Dean's Office uploads all transcripts for ERAS applications. These transcripts are then directly downloaded by the corresponding programs. The Dean's Office cannot directly send you official transcripts. For non-ERAS applications you must obtain them directly from the University Registrar at the Marvin Center. Those of you who took some medical school courses elsewhere (for example, transfers from U.S. schools), should request these additional transcripts be sent directly to the dean's office to be uploaded to ERAS or sent directly if you are using a non-ERAS application.

Board Scores

Students who participate in ERAS can have their NBME scores directly transferred to ERAS participating residency programs. Students whom are not participating in ERAS must contact the NBME directly to request an official report of scores be sent directly to the programs.

New Trends in the Application Process

Some specialties have added special features to the application process. As of this writing some of these may or may not be incorporated to the upcoming application cycle so stay tuned into the specialty of your choice so you know what is expected. Recent examples include:

Emergency Medicine: The specialty requires completion of the [Standard Letter of Evaluation \(SLOE\) Form](#), and the AAMC Standardized Video Interview. The Standardized Video Interview is sponsored by the AAMC. No other telephone or video interview offered in other specialties is sponsored by the AAMC. Learn more about the AAMC Standardized Video Interview at: www.aamc.org/standardizedvideointerview.

Orthopaedic Surgery: The American Orthopaedic Association's Council of Orthopaedic Residency Directors (CORD) has introduced a [Standardized Letter of Recommendation \(SLOR\)](#) form for applicants applying to Orthopaedics. A number of programs are requiring applicants to take a Residency Program Video Assessment. We cannot confirm the specific programs at this time. However, this video assessment is administered by a company called RIVS Digital Interviews and is not associated with the AAMC Standardized Video Interview. We are communicating with RIVS to get a list of the programs participating and requiring the video assessment.

Otolaryngology: The Otolaryngology Program Directors Organization (OPDO) has reported that inclusion of a program-specific paragraph at the conclusion of the applicant's personal statement is optional this year. Programs still requiring a program-specific paragraph will alert the applicant of this fact. The telephone-based assessment in which the applicant records responses to a series of questions is also optional. No data collected from the completed assessment will be released to the programs until after the Match process.

Plastic Surgery: The program directors group in Plastic Surgery has introduced a new [standard letter of recommendation form](#) for applicants applying in Plastic Surgery. Consult ERAS/program websites for instructions and information.

The Match

The vast majority of positions for graduate medical training are filled using one of four matching programs. Most students will apply using ERAS and match to a residency using the National Resident Matching Program (NRMP).

Military students will apply and match to a residency using the special Military Match System, MODS. (Note that all military students should register for the NRMP and apply to civilian programs through ERAS in case you are deferred to a civilian residency.) The exact process can change from year to year.

Students interested in Ophthalmology will apply to a PGY-2 residency position in Ophthalmology using the Centralized Application Service (CAS) and match to residency using the ophthalmology matching program, San Francisco Match. Note that all students applying to ophthalmology will also use ERAS to apply for a preliminary (PGY-1) position and the NRMP to match to a preliminary position.

Generally, students interested in Urology will apply using ERAS (some programs don't use ERAS and you will need to contact them directly) and match to residency using the American Urological Association Match. Note that you may also need to register for the NRMP match for the general training which is required prior to beginning urological training (for a small number of programs).

After reading the above information, it is obvious that all students will need to register for the NRMP. The following NRMP information is therefore applicable to all students.

The National Residency Matching Program

The National Residency Matching Program was developed in the 1950's to try to bring order into what was then an absolutely chaotic system. It has succeeded magnificently, and seems to be getting better organized and stronger. Virtually all U.S. medical school graduates who are seeking postgraduate training participate in the NRMP. Perhaps 90 percent of residency programs participate. Signing the agreement form for participating in the NRMP makes explicit (legally binding) that: 1) the hospital will accept the student who matches to its program, and 2) the student will accept the program to which he/she is matched (i.e., neither of you can change your minds after the Match), for the PGY1 year.

Essentially, the NRMP sets a timetable for students and program directors to evaluate and then rank order each other. Students submit a rank order list (ROL) of the programs to which they are applying; program directors rank order all the applicants to their programs. A computer algorithm matches you to that hospital which is highest on your list and which has ranked you highly as well. The matching program allows students to list their hospitals in priority order. If your first five choices are very competitive and ultimately have no position for you, but your sixth hospital has you highly ranked, there is no less chance of your matching to that sixth hospital if it is in the sixth position, or the first or, in fact, the 15th. Please keep this fact in mind: A number of students (and advisors) around matching time fear that highly ranking their out of range choices will have a negative impact on the other programs on their list. This is a misconception. How many programs you rank depends upon the competitiveness of the programs to which you are applying.

As a general rule, most students should rank all acceptable programs at which they interviewed. You should apply to enough programs at the right level of competitiveness to garner 10-15 interviews. For some of you this is 10-15 programs, for some 50-60. It is very rare for a student with 10 programs on their final ROL to go unmatched. In general, list every program at which you interviewed unless you think you would prefer not matching to attending that program.

The independent matches (San Francisco Matching Program and the American Urologic Association Matching Program) will again match programs in ophthalmology and urology. Information about these programs is found at

Types of Programs

There are three types of first-year programs: categorical, preliminary, and transitional (flexible) programs. Categorical programs are full and complete training programs in a specialty, e.g. medicine, general surgery, orthopaedics. While you match through NRMP for the first year, the assumption is you will be continuing and completing the specialty program in that hospital.

Preliminary programs exist in medicine and surgery and are one year in duration. While this preliminary year is usually identical to that hospital's "categorical" program, the program is not committed to you beyond your first year of training. These programs are typically selected by people going into another kind of program after the first year. e.g., urology, dermatology, ophthalmology, or radiology. Sometimes they are chosen by people who have not yet made a final career decision. They tend to be good places to learn general skills applicable to many fields. Transitional programs are the so-called "rotating" internships. They usually consist of a year that allows a student to spend a few months in most major departments of the hospital and are not a part of a complete residency. Only a small portion (if any) of the transitional program year can subsequently be applied to meet a specialty board's requirements. Thus, if you subsequently decide to go into medicine, it may take you a year longer (than someone who began in medicine) to complete the program.

Alternative Matching Possibilities in the NRMP

Ninety-five percent of you will use the common and straightforward system for matching: You seek a full time, one-year program via NRMP; you submit your rank order of desired programs. However, there are a couple of other alternatives, noted here in decreasing order of use:

- ✓ Couples (no legal definitions are used) can fill out a couples rank order form that links the choices of two people. The computer tries to match the couple to their highest pair of programs and thereby allows people who want to be together to organize their rank order lists (ROLs) in tandem.
- ✓ Another available option through NRMP is for two people to be identified under one NRMP student number. This pre-formed pair would apply to all programs and implies that the two students would share equally in one program. In the first year, both members of the pair would get six months of credit and do their internship over a two-year period.

If any of you are interested in the couples or pair matches, please contact your career advisory dean to discuss these options in detail.

The Military Match

Students in the Military HPSP programs (Navy, Army, and Air Force) have three potential pathways in the Military Matching Program. You can match to a categorical (straight) program at one of the Military Consortium Hospitals; or to a preliminary or transitional military internship, followed by a tour of duty as a General Medical Officer (GMO); or receive a deferral to match to a civilian residency program. You owe the military a year for each year of your scholarship. Residency training in the military does not count towards your pay-back. However, years spent as a GMO or as a board eligible/certified physician (after residency) do count towards your scholarship pay-back.

Deciding which of these pathways to request can be complicated. The military training programs are very good, and students applying in fields that are highly competitive in the civilian world may find it easier to match to such fields in the military. In addition, scholarship students who complete GMO duties in the military are given high priority for military residency positions, thus offering another avenue to enter competitive training programs that you may not be able to enter in the civilian match. Requesting a deferral to civilian residency training offers the advantage of many more programs to which you can apply in a wider geographic area. However, the number of deferrals can vary dramatically from year to year. In other words, you can request deferral in order to train in a civilian program, but

you may not get it. Unfortunately, every year the military elects to defer one or more students who did not request a deferment. Needless to say, this can be problematic. Therefore, every military scholarship student must register with the NRMP and apply to some civilian programs so that they are positioned to interview at and match to a civilian program if they get “bad” news from the military in mid-December. You can put off interviews until after you hear from the military and withdraw applications if you match within the military, but you can’t wait till mid-December to apply to programs.

All of the military services want student application forms completed by August. They tend to make selections in November and announce their decisions in mid-December. In the past, our students have done extremely well in the military match. Indeed, many students get their first choices. This likely relates to the military’s confidence in GW graduates, and also to their resident selection process. It is important to recognize that this selection process is very different from that used in the civilian area. Military programs don’t participate in the NRMP. In the military, who you know and who knows you is very important. Because of this, most of you are planning to spend an early period (between May-October) in electives at military programs. If you do a clerkship and haven’t met the Department Chairperson, ask your attending to introduce you. If your ADT clerkship is not with the department to which you are applying for residency, make an appointment and meet the senior members of that department. Also, many of the military docs know their peers at other military hospitals. It is reasonable to ask them to call a friend at another program and put in a “good word” for you. Finally, it is wise for you to interview at a few of the hospitals where you won’t have done an ADT by phone, Skype, or in person!

Canadian Students

Students from Canada will need to decide early in the application process if they are staying in the US for residency training or if they wish to return to Canada. There are various advantages and disadvantages with either choice and Canadian students are advised to speak with their advisory dean at the start of the third year regarding these options. A full discussion of the Canadian match process is beyond the scope of this guide and only a general overview of the visa options and applying to Canada through CaRMS will be presented.

Staying in the US: Visas for Residency

To stay in the US, residencies will have to grant the Canadian student a visa. Some programs do not offer any visas and therefore not worth applying to. There is information about visas on FREIDA, however it is not up-to-date or trustworthy consequently, student should email each program they are interested in directly and ask if they sponsor or support visas for Canadians. In this email, the student should mention they are a US medical student and are Canadian.

Basics on the Visas:

F1- OPT: F1 is the student visa we get from GW. We can extend it for 12 months as “Optional Professional Training” for the first year of residency.

H1B: This is a green card eligible work visa – the student can potentially stay at the end of residency. Programs have to legally prove an American could not fill the position and it costs the hospitals money; consequently only a few schools offer this type of visa.

J1: This is a training visa. At the end of residency the student must return to Canada for two years. Student should look up the Royal College accreditation requirements for their specialty to make sure they can practice when they return to Canada.

To get a J1, Health Canada must issue you a “Statement of Need”. Health Canada is limiting the number of SONs it will issue. http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/postgrad-postdoc/cat_b-list-liste-eng.php Some schools “sponsor” a J1, others say they will “accept applications from individuals with a J1”. The second means that the student goes to an organization called the ECFMG to sponsor their visa.

Applying To Canada

Students apply to the Canadian Match through the Canadian Resident Matching Service (CaRMS). Like the

NRMP, CaRMS uses an algorithm to match students to their desired residencies. Students who are seriously considering residency training in a Canadian program are highly advised to familiarize themselves with the CaRMS application, and to meet with an advisory dean in January of their third year. The general timeline of the CaRMS application process is outlined below:

1. August – Register for the match, GW verifies attendance with a letter of good standing
2. September – Application opens
3. October – All documents need to be mailed in or uploaded
4. November – Application is submitted
5. December – Interview invites sent out
6. January 15- Feb 7 – CaRMS interview season
7. Mid-February – Rank lists due
8. First Wednesday of March – CaRMS Match

There are several important differences between the CaRMS process and NRMP process. Key differences between the matches are highlighted below:

- ✓ Residency Positions: In America everyone competes for the same residency positions regardless of where you graduated. In Canada they have separate residency positions for CMGs and IMGs so that they are not in direct competition. A Canadian USMG applies for the CMG positions.
- ✓ The NRMP has the Match and SOAP process. In CaRMS this is replaced with 1st and 2nd Iterations process. If you go unmatched for the 1st iteration you have the option of applying to the 2nd iteration.
- ✓ The vast majority of Canadian medical students apply to two specialties. The statistics are the same as the US in that one should rank 10-12 programs to feel safe(r) about matching,
- ✓ Interviews in Canada are more intense than the US. There are more MMI interviews, ethical questions, behavioral questions etc.

Specifics of Planning your Fourth Year

Now that we have discussed advisor, career, residency, and match issues, you have much of the background needed to put together the best possible fourth year schedule for you. To maximize your chance of getting your ideal schedule (yet ensure that everyone gets a fair chance at the most popular electives), we utilize a computer matching system. In your fourth year, the faculty wants you to have a strong general medical education. Remember, there is a twelve-week limit on subspecialty experiences.

There are four steps to producing a schedule:

1. Information gathering
2. Review the [Course Catalog](#); evaluations of electives by students from the graduating class are available to review in the dean's office.
3. Consultation with your advisors
4. You can meet with your specialty advisor or your Career Advisory Dean to discuss your schedule choices.

Lottery

To access the lottery program, once open for you to select your fourth year schedule preferences: <https://portal.smhs.gwu.edu/MDStudentWeb> and enter the GW Net ID and Password that is used to access your GW email.

Consultation with your Career Advisory Dean

Each student will meet individually with their career advisory dean to review and revise your schedule. Students will be selected randomly and notified by email of the date and time of your meeting during February-March of your third year. You can modify your schedule later on if you choose.

Specific Scheduling Issues

Independent Study: You will have 14 weeks of independent study time that you are free to include in your schedule at any time. Remember that in addition to time for relaxation, you will use independent study weeks to study for Step 2 and to interview for residency. This does not include the mandatory vacation week June 24-June 30, 2019 nor the two weeks of winter break (weeks 26 and 27). Remember that during the Transitions to Advanced Clinical Practice phase, there are NO guaranteed holidays with the exception of winter break ([see duty hour policy](#))! Any third year clerkship make-up time or any non-credit accruing academic work in year 4 is deducted from your Independent Study time.

Interviewing Time: Set aside at least 6 weeks for interviewing. A rough guideline to follow is to allow three interviews per week. The best times are late November, December, and early January (except for the early matches, October and November are best). Consult your advisor regarding when you should schedule your independent study time for interviewing.

Students on military scholarships should also leave time for civilian interviewing in the event that their service defers them. Most of the services inform their students of the military match results by mid-December. Accordingly, some time (at least two weeks) in December or January should be set aside in case you need to interview for civilian programs. If you don't need to interview, you can always add a course.

Away Electives: As soon as you receive acceptance to do an away elective and a detailed description from the away elective, you will need to obtain approval to take the elective from the appropriate GW department and from the Dean's Office. Please note that before you start the elective, the Dean's Office must have a "[Permission to Take Off-Campus Elective Form](#)" stating your schedule, location of the elective, course title, preceptors name, and the approval signature of a GW departmental course director. You will be covered by the GW malpractice insurance

policy only when you are taking an approved elective off-campus. In order to be covered by this insurance, however, the elective must be approved by the departmental designee, and the Deans office, and a copy of the approval form be present in your folder prior to the beginning of the course. Failure to meet these requirements could result in canceling the course and will be grounds for disapproving all subsequent off-campus electives. If the institution you would like to rotate with does not use VSAS, there is an extra step involved to ensure an affiliation agreement between institutions is in place. Because new affiliation agreements can take weeks to months to set-up between legal counsels, you will need sufficient lead time, and it is your responsibility to track this process. If a necessary affiliation agreement is not signed by the time your rotation starts, you will not be able to rotate at the outside institution. For non-VSAS institutions requiring a new affiliation agreement, please contact your advisory dean with the institution and your rotation dates at least 4 months prior to your rotation start date.

Third Year Courses: Some of you have third-year work to complete. We do our best to add the delayed clerkship when you wish to take it, but placement depends on overall enrollment numbers. Remember that as a fourth year student, you do not have site priority. Anyone taking a third-year course who has had any academic problem during the third year should complete the requirement prior to January 1 of the 4th year.

Advanced Electives: Most students will want to do an advanced elective in the specialty they are interested in. For some specialties, these must be scheduled in advance, directly with the department. If you are interested in careers in one of the specialties below, you must contact the clerkship coordinator when the fourth year lottery is open to reserve a space for your advanced elective early during your senior year. Use the “390” course code in your schedule to hold a space until you meet with one of the deans. For instance, if you have arranged with the Department of Orthopaedics to do an orthopaedic sub-internship during weeks 6-9, you would enter the code ORTH 390 during weeks 6-9. After all individual scheduling meetings in February/March, the 390 course code will be changed to reflect the actual course that you have reserved with the department.

Anesthesia

Contact the course coordinator when the lottery opens to reserve a spot in ANES 380, the four-week sub-internship. Use the ANES 390 code in the lottery during the block you have reserved. The two-week ANES 302 elective will be available in the lottery.

Emergency Medicine

Emergency Medicine requires advanced reservations during May-September (weeks 44-13). Contact the course coordinator to reserve a block and enter EMED 390 in the lottery during the block you have reserved. During the remaining months, EMED 302 is available through the lottery directly.

Orthopaedics

The orthopaedics advanced elective is a one-month preceptorship that virtually all students considering orthopaedics as a career select. The department must operate an unusual schedule. They therefore require that any student interested in a one-month preceptorship contact Ivan Rivas at 202 741-3311 in January during the open lottery period. Hold a space in your schedule using ORTH 390.

Surgery Acting Internships

Students who are interested in a General Surgery residency are strongly encouraged to complete a Surgery AI. When the lottery opens in January, please contact the surgery coordinator to communicate your preferences for team placement at GWUH and to schedule your AI. Use SURG390 to hold your reserved space until you meet with the Deans to finalize your schedule.

Ophthalmology

Students interested in ophthalmology should contact the department coordinator in January during the open lottery period to schedule elective time early in the year. Hold a space in your schedule using OPHT 390.

Dermatology

Students interested in Dermatology should contact the dermatology coordinator in January during the open lottery

period. We will block Dermatology through October for students interested in this field. Use DERM390 to hold the relevant spot in your schedule.

Radiology

Students interested in Radiology should contact the department coordinator in January during the open lottery period to schedule electives. You can reserve a space in your schedule using RAD 390.

Appendix A

Fourth Year Calendar 2019-20

Week 44	Apr 22- Apr26 (M-F) 2019	INTERSESSION IV Mon-Fri
Week 45	Apr 29 - May 5, 2019	
Week 46	May 6-May 12, 2019	
Week 47	May 13-May 19, 2019	
Week 48	May 20-May 26, 2019	
Week 49	May 27-June 2, 2019	
Week 50	June 3-June 9, 2019	
Week 51	June 10-June 16, 2019	
Week 52	June 17-June 23, 2019	
Week 1	June 24 –June 30, 2019	Vacation/"Spring Break"
Week 2	July 1- July 7, 2019	
Week 3	July 8-July 14, 2019	
Week 4	July 15-July 21, 2019	
Week 5	July 22-July 28, 2019	
Week 6	July 29-Aug 4, 2019	
Week 7	Aug 5-Aug11, 2019	
Week 8	Aug12-Aug18, 2019	
Week 9	Aug19-Aug25, 2019	
Week 10	Aug 26-Sept1, 2019	
Week 11	Sept 2-Sept 8, 2019	
Week 12	Sept 9-Sept 15, 2019	
Week 13	Sept 16-Sept 22, 2019	
Week 14	Sept 23-Sept 29, 2019	
Week 15	Sept 30-Oct6, 2019	
Week 16	Oct 7-Oct13, 2019	
Week 17	Oct 14-Oct 20, 2019	
Week 18	Oct 21- Oct 27, 2019	
Week 19	Oct 28- Nov 3, 2019	
Week 20	Nov 4-Nov 10, 2019	
Week 21	Nov 11-Nov 17, 2019	
Week 22	Nov18-Nov 24, 2019	
Week 23	Nov 25-Dec 1, 2019	
Week 24	Dec 2-Dec 8, 2019	
Week 25	Dec 9-Dec 15, 2019	
Week 26	Dec 16-Dec 22, 2019	VACATION/"Winter Break"
Week 27	Dec 23 - Jan 5, 2019	VACATION/"Winter Break"
Week 28	Jan 6- Jan 12, 2020	
Week 29	Jan 13 – Jan 19, 2020	
Week 30	Jan 20-Jan 26, 2020	
Week 31	Jan 27-Feb 2, 2020	
Week 32	Feb 3 – Feb 9, 2020	
Week 33	Feb 10-Feb 16, 2020	
Week 34	Feb 17 – Feb 23, 2020	
Week 35	Feb 24 –Mar 1, 2020	
Week 36	Mar 2- Mar 8, 2020	Transitions
Week 37	Mar 9 - Mar 15, 2020	Transitions Match Day 3/15
Week 38	Mar 16-Mar 22, 2020	Transitions
Week 39	Mar 23- Mar 29, 2020	Transitions
Week 40	Mar 30-Apr 5, 2020	
Week 41	Apr 6-Apr 12, 2020	
Week 42	Apr 13-Apr19, 2020	
Week 43	Apr 20- Apr 26, 2020	
Week 44	Apr 27- May 3, 2020	
Week 45	May 4- May 10, 2020	
	May 17, 2020 Graduation	

Appendix B: Interview Tips for the Residency Process

(These tips are largely 'borrowed' from Robert Bing-You, M.D., a program director at Maine Medical Center, with some of our additions)

Advance Planning:

- ✓ Always carry several copies of all your application materials (copies of ERAS or CAS applications, CV, personal statement, etc.)
- ✓ Know your CV, personal statement, and MSPE thoroughly. You will be asked questions about things that appear in these documents.
- ✓ Try to find out from the interview coordinator as much detail about the interview day as you can (when to arrive; who you will meet with; opportunities to meet with residents, tour facilities, attend conferences, etc.; are there 'informal' parts of the interview process such as dinner with residents)
- ✓ Try to find out as much about the program as you can.
 - Who are key faculty (program director, etc.) and what are their interests/specialty/research (can try a literature search by their name to find out their research interests or other published work).
 - Contact friends or previous GW grads who are familiar with the program (I have a database of match results for the past 4 years that can help you identify a GW grad at a particular program if we have one).
 - Read every scrap of literature about the program (brochures, websites, etc.).
- ✓ Prepare a series of questions to ask during your interviews (it's very poor form to get to the end of an interview and have no questions for the interviewer!!). Ask faculty about big program issues (curriculum, conferences, research, teaching, special opportunities, program/institution stability, where previous residents completing the program have gone for practice/fellowships, etc.). Ask residents about the nitty-gritty details (schedule, perks, morale, ancillary support, teaching quality of the faculty, life outside the residency) and the big issues (see proposed residency checklist at the end of this Guide for a comprehensive list of critical program characteristics of interest).
- ✓ Be prepared to present/discuss an interesting clinical case (it's best to pick one in the area of your specialty interest.)
- ✓ Be prepared to answer the following types of questions:
 - What do you want to do after residency (practice, fellowship, teach)? Don't ever lie. If you are unsure, just be honest. However, there are a few no-no's. If you are interviewing at a primary care program don't say you want to be a cardiologist! If you are interviewing at a top research program that expects academic productivity from the residents, at least express some interest in research!
 - What are your strengths and weaknesses?
 - Why are you applying to that particular program?
 - Describe important/influential/moving experiences in your career so far?
 - Describe your research (you'd better know it cold!)?
 - Why should they want you?!

Important: cancel or reschedule interviews well in advance if you can't make it.

Even if you don't want to go to that program, one of your GW classmates or a future grad may want to, so don't sour the program on GW by being rude or thoughtless. Also, some program directors will call the dean's office to let us know OR share the information with other program directors!

The Interview Day:

- ✓ Get there early!! Go to the bathroom. Eat something so you don't pass out. Avoid too much coffee/soda/water in case you have a long interview or few breaks!
- ✓ Look sharp. Dress conservatively. Bring some casual clothes as well in case there are opportunities to meet with residents or faculty after hours.

- ✓ Treat everybody from the janitor to the program director with the utmost of respect.
- ✓ Assume that everybody could have impact on your ranking at the program. Don't ever get on the wrong side of an interview coordinator, program administrator, or program director; it's the kiss of death to your application.
- ✓ Take any/every opportunity to meet with residents, tour the facility, go to conferences, etc. Don't schedule your arrivals and departures so tightly that you have to bail out on important parts of the interview day. You may miss important details and you may give the impression of disinterest in the program.
- ✓ Consider taking your spouse/significant other if living conditions/geography are important issues. Leave your parents at home, please, you're a grown-up now.
- ✓ Be prepared to ask these key issues:
- ✓ What was the result of the program's last RRC (Residency Review Committee) site visit?
- ✓ Was the program fully accredited, cited for any deficiencies, or put on probation (they must tell you this information if you ask)?
- ✓ How is the academic medical center/hospital doing? Is it losing money? If so, what is being done about it? Is key faculty leaving/coming?
- ✓ Talk to other students who are interviewing with you. What do they know about the program/other programs that you may interview at? The grapevine can be very valuable.
- ✓ If you are unfamiliar with the town/city, you may want to plan some extra time to tour about and see if you like it.

After the Interview:

- ✓ Take names and write thank you notes to all interviewers. It's tedious, but it can make a big difference. If you really like the program, tell them. You need not/should not commit yourself to any particular ranking of a program, although it's fair to say, "I plan to rank your program highly." If a program tells applicants NOT to send thank you notes, please don't!
- ✓ Get names of residents/and or faculty who may be willing to talk to you later if you think of other questions or want a second opportunity to talk about the program.
- ✓ Don't ever believe anything that a program director tells you (this is advice from a program director!); Programs are not supposed to tell you specifics about where they plan to rank you, though they too can say things like, "We plan to rank you highly." They will tell you all kinds of things; just nod and smile and thank them. If they pressure you inappropriately about how you are going to rank them, just tell them whatever you are comfortable with, but remember you don't have to adhere to what you say! Remember, it is to your advantage to rank programs in your exact order of preference, regardless of how likely you think it is that you will get into any individual program. Likewise, it is to the program director's advantage to rank all applicants in the exact order of their preference for you. The match guarantees you that you will not match to a lower program on your list, unless all positions at higher programs are already filled by higher ranked candidates. Therefore, the length of your match list has no influence on where you match. In fact, statistical analyses prove only one thing: the shorter your match list, the more likely you are to go unmatched!

Appendix C: Residency Program Evaluation

Suggested program evaluation form that you can use to keep track of key information regarding residency programs at which you interview. Feel free to add your own personal criteria as you see fit.

Program name _____

Type of Program: university university-affiliated community

Number of Residents: _____

Quality of Residents (circle one): outstanding | bright | solid | questionable

Resident Morale (circle one): very happy | happy | satisfied | unhappy

Quality of Teaching (circle one): outstanding | very good | good | poor

Quality of Faculty (circle one): outstanding | very good | good | poor

Quality of Resident Report (circle one): outstanding | very good | good | poor | NA

Quality of Teaching Conferences (circle one): outstanding | very good | good | poor

Quality of Library Facilities (circle one): outstanding | very good | good | poor

Quality of Informatics Resources (circle one): outstanding | very good | good | poor

Inpatient Experiences:

Number of months of inpatient experience each year	_____
Frequency of call	_____
Number of patients admitted per call day	_____
Size of teams	_____
Quality of supervision	_____
Availability of “cutting edge” technology	_____
Variety of patient conditions	_____
Opportunity for learning/performing procedures	_____
Quality of facilities	_____
Quality of conferences/morning/intern report	_____
Quality of ancillary services (phlebotomy, iv team, etc.)	_____
Quality of social services/discharge planning	_____
Quality of call rooms	_____
Availability of food	_____

Ambulatory Experiences:

Number of months of ambulatory experiences or frequency of clinic practice	_____
Number of patient encounters per session	_____
Quality of facilities	_____
Quality of supervision/teaching	_____
Quality of ancillary services/social services	_____
Variety of patients/conditions	_____
Opportunity to learn/perform office procedures	_____
Quality of teaching conferences	_____
Continuity of care	_____

Special Educational Opportunities:

Number of elective opportunities	
Variety of elective opportunities	
Availability of research opportunities	
Availability of teaching opportunities	
Availability of community service opportunities	
Availability of special skills training (teaching, research, practice management, etc.)	

Residency Outcomes:

Where do residents go (write down percentage): private practice _____% fellowship _____% research _____% teaching _____%

How many residents who start program finish program:

How easy is it for graduates to get jobs (write numbers): local area _____ anywhere _____

Quality of local job opportunities (circle one): outstanding | very good | good | poor

Miscellaneous:

Quality of living conditions (circle one): within reasonable | commute

Expense of living conditions (circle one): within reasonable | commute

Quality of commute to work (circle one): car | public transportation | walking

Extracurricular opportunities:

Cultural?

Sports?

Outdoors?

GUT CHECK (circle one)

Outstanding Program | Great Program | Good Program | Satisfactory Program | Would rather not match

Appendix D: Tips for Career Selection during Year III

Overview:

One of the most important tasks of third year is to begin the process of choosing a specialty. Although many of you came to medical school with an idea of what sort of physician you would like to be, studies show that three-quarters of you will ultimately pick a different specialty by the time you reach your senior year. Firming up your original ideas or finding a new specialty that perhaps you weren't considering before are processes that occur most commonly during the third year and the early part of fourth year.

Don't leave your specialty choice decision, which will determine your activities and career satisfaction for the next 40 years, to serendipity or chance. Unless you carefully assess all the options beginning on day one of your third year, you may arrive at the fall of your senior year without a good feeling for your career choice or, almost as bad, a career selection based on incomplete and misleading information and perceptions! Be vigilant, and utilize the "tips" below as you work on this critical decision.

Tips for Career Selection:

- ✓ Enter each clerkship with an open mind. Try to leave your preconceptions behind (they may be inaccurate!).
- ✓ Enter each clerkship as if it might be the career for you. Imagine yourself practicing in that specialty field during the time that you are on the clerkship.
- ✓ Try not to be over-influenced by "positive" or "negative" experiences with individual faculty members or residents. Focus on the intellectual content of the specialty, the types of patients, the sorts of activities, and the "life" of the attending physicians. Are these the sorts of things that you like?
- ✓ Remember, attending physicians, particularly those at an academic medical center, may have careers that differ substantially from physicians in the community. Try to get a feel for both settings. Most clerkships will expose you to both academic medicine and community medicine. Pay attention!
- ✓ Remember, you will only be a resident for a few years. It's generally not a good idea to be too heavily influenced by your observations of residency. Yes, you have to make it through a residency, but that is usually only a relatively brief period compared to the rest of your medical career! Even the "toughest" residencies are "fun" if you really love the specialty you are training in!
- ✓ Keep track of your perceptions during the year. Use the Careers in Medicine website to track your ideas and investigate specialties throughout the year (aamc.org/students/cim)
- ✓ There are a number of "smaller" specialties that you may not directly experience during your third year (for instance, some surgical specialties, anesthesiology, emergency medicine, radiology, etc.). However, you will be spending a great deal of time in the emergency room, the operating room, radiology, and pathology. Pay attention to what is going on. Observe the attendings and residents in these fields. If your patients go to specialty clinics for referrals or are seen by other specialists during a hospital stay, go observe what happens when they are evaluated or treated by these specialists. There are literally hundreds of opportunities to see other fields during your third year if you just pay attention and take advantage of them when they arise.
- ✓ Talk to everybody you meet about their careers. What do they do? How do they like it?
- ✓ What are the strengths and weaknesses of the career? What are the career opportunities like? How is the job market? Don't be shy!

Table 14

The 2018 Match results for U.S. seniors (“U.S.”) and independent applicants (“IA”) who ranked each specialty as their only choice are shown in Table 14 and Figure 6. Prior to 2012, Table 14 and Figure 6 reported Match results by specialty groups that included the combined specialties. For example, Internal Medicine included Internal Medicine and combined specialties such as Internal Medicine-Pediatrics. In this report, results are aggregated by specialty instead of specialty group. Preliminary positions are reported separately.

Notably larger percentages of U.S. seniors than independent applicants ranked as their only choice Emergency Medicine, Orthopaedic Surgery, Obstetrics and Gynecology, Pediatrics, and General Surgery. Larger percentages of independent applicants chose Internal Medicine, Family Medicine, and Pathology.

For all specialties, a larger percentage of independent applicants failed to match when compared to U.S. seniors (Figure 6). The higher proportions of unmatched U.S. seniors and independent applicants in such specialties as Orthopaedic Surgery, Neurological Surgery, Plastic Surgery, Dermatology, and General Surgery reflect the fact that there are significantly more applicants interested in those specialties than there are available positions. The competitiveness of those specialties also is demonstrated by their high fill rates (Table 1).

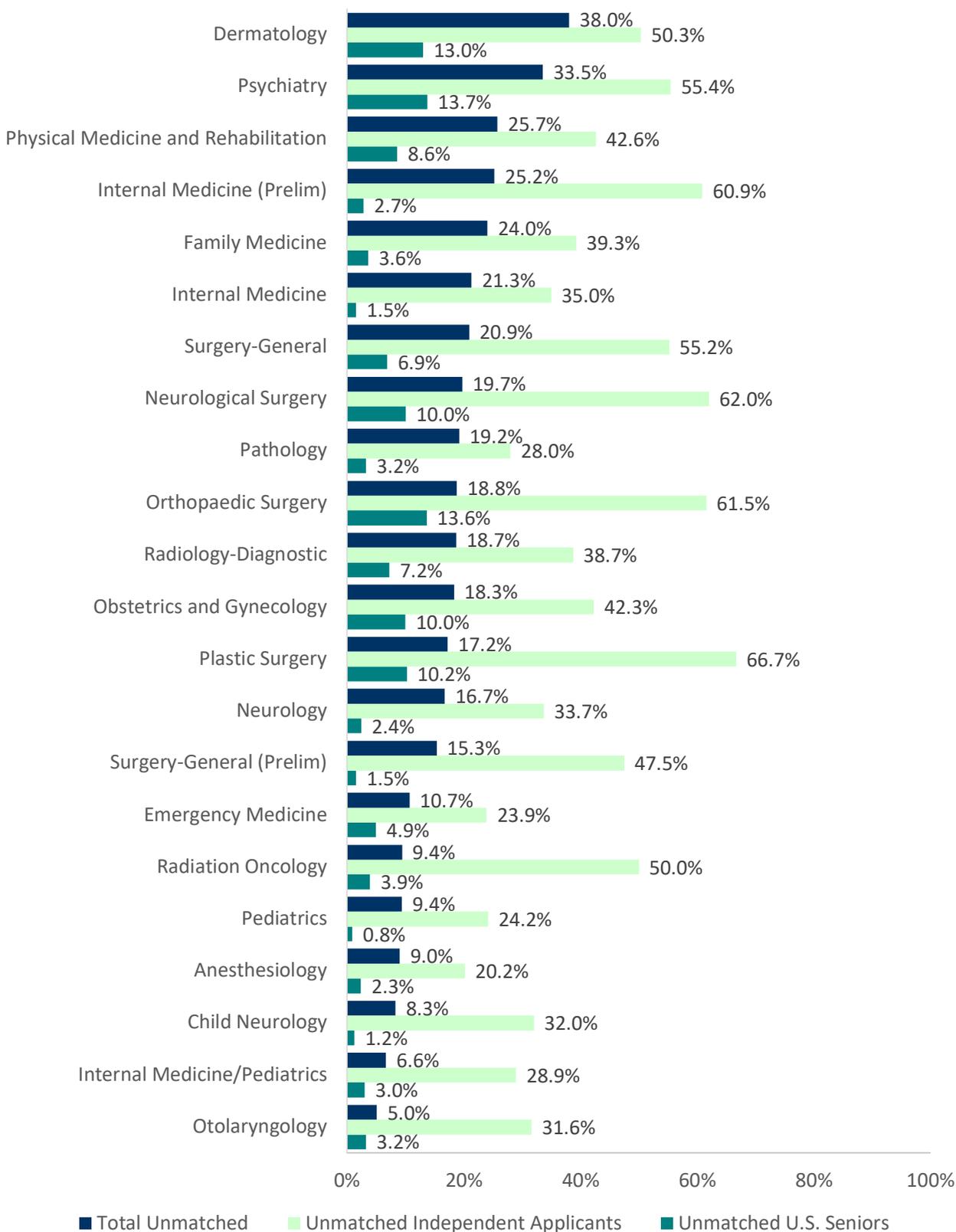
Table 14 Match Results for U.S. Seniors and Independent Applicants Who Ranked Each Specialty as Their Only Choice, 2018

Specialty	Matched		Unmatched		Total		% of All Matched Applicants		Percent Unmatched	
	U.S.	IA	U.S.	IA	U.S.	IA	U.S.	IA	U.S.	IA
Anesthesiology	845	412	20	104	865	516	5.8	5.3	2.3	20.2
Child Neurology	83	17	1	8	84	25	0.6	0.2	1.2	32.0
Dermatology	67	78	10	79	77	157	0.5	1.0	13.0	50.3
Emergency Medicine	1,482	513	77	161	1,559	674	10.2	6.6	4.9	23.9
Family Medicine	1,458	1,235	54	798	1,512	2,033	10.1	15.9	3.6	39.3
Internal Medicine	3,172	3,041	48	1,634	3,220	4,675	21.9	39.1	1.5	35.0
Internal Medicine (Prelim)	71	18	2	28	73	46	0.5	0.2	2.7	60.9
Internal Medicine/Emergency Medicine	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Internal Medicine/Pediatrics	226	27	7	11	233	38	1.6	0.3	3.0	28.9
Internal Medicine/Psychiatry	2	0	0	2	2	2	0.0	0.0	0.0	100.0
Interventional Radiology	2	1	0	3	2	4	0.0	0.0	0.0	75.0
Neurological Surgery	197	19	22	31	219	50	1.4	0.2	10.0	62.0
Neurology	365	209	9	106	374	315	2.5	2.7	2.4	33.7
Obstetrics and Gynecology	868	194	96	142	964	336	6.0	2.5	10.0	42.3
Obstetrics and Gynecology (Prelim)	0	0	0	3	0	3	0.0	0.0	0.0	100.0
Orthopaedic Surgery	652	35	103	56	755	91	4.5	0.4	13.6	61.5
Otolaryngology	270	13	9	6	279	19	1.9	0.2	3.2	31.6
Pathology-Anatomic and Clinical	211	286	7	111	218	397	1.5	3.7	3.2	28.0
Pediatrics	1,679	744	14	237	1,693	981	11.6	9.6	0.8	24.2
Pediatrics/Medical Genetics	2	0	0	1	2	1	0.0	0.0	0.0	100.0
Pediatrics/Psychiatry/Child and Adolescent Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Physical Medicine and Rehabilitation	139	89	13	66	152	155	1.0	1.1	8.6	42.6
Plastic Surgery	114	6	13	12	127	18	0.8	0.1	10.2	66.7
Psychiatry	916	427	146	531	1,062	958	6.3	5.5	13.7	55.4
Radiation Oncology	99	7	4	7	103	14	0.7	0.1	3.9	50.0
Radiology-Diagnostic	411	155	32	98	443	253	2.8	2.0	7.2	38.7
Surgery-General	813	160	60	197	873	357	5.6	2.1	6.9	55.2
Surgery-General (Prelim)	319	73	5	66	324	139	2.2	0.9	1.5	47.5
Thoracic Surgery	1	3	0	3	1	6	0.0	0.0	0.0	50.0
Vascular Surgery	20	1	0	4	20	5	0.1	0.0	0.0	80.0
TOTAL*	14,507	7,785	755	4,549	15,262	12,334	100.0	100.0	4.9	36.9

Note: Specialties with fewer than 20 total positions are not displayed on this table. Transitional Year is excluded.

* The **TOTAL** row includes all positions in all specialties.

Figure 6 Percentages of Unmatched U.S. Seniors and Independent Applicants Who Ranked Each Specialty as Their Only Choice, 2018



Note: Specialties with fewer than 20 matched applicants are excluded from this figure. Transitional Year is excluded.

Appendix F: Writing a Curriculum Vitae

Writing a Curriculum Vitae (CV)

The first of many supporting documents you will want for the residency application process is a curriculum vitae (CV). A CV is concise summary of relevant information about your background and accomplishments, particularly relating to your academic and work experience. You will use your CV throughout your career to communicate your skills and qualifications. It will help potential employers know whether you would be a suitable candidate for a job, including your job as a resident physician.

In the residency application process, you will use your CV to complete ERAS, you will provide it to faculty members who will write your letters of recommendation, and your advisory deans will review it to help write your Medical School Performance Evaluation (MSPE or “Dean’s Letter”).

CV Components

When considering information to include in your CV, ask yourself:

- ✓ Does this help? Will this piece of information help select me for a residency interview?
- ✓ If I were reading this for the first time and without knowledge of myself as an applicant, would this information be useful?

If you answer “no” to either of these questions, leave the information out. If you’re unsure, consult your advisor and/or a specialty contact for advice. The basic categories that your CV should contain are listed below. Not all of these elements may be relevant to you, so choose what will work best for your background and experience.

Formatting and Production

1. You want your CV to have a clean, distinctive appearance that attracts attention. The final product should be well organized, look professional, and be easy to read.
2. Keep margins at 0.5 - 1 inches.
3. One page is standard length at this point in your career, but don’t reduce the font size, change your margins, or leave important info out just to crowd it onto one page.
4. 12-point font is preferable, but 11-point is acceptable.
5. Stick with one font, or two similar fonts (one for headings, the other for everything else) - use only conservative, common fonts.
6. Headings should be consistent in style, size, and formatting.
7. Use bold, italics, capitalization, and bullets to organize your CV - but use sparingly.
8. Check text for misspellings and poor grammar - have someone help you proofread.
9. Keep sentences short and succinct while using active verbs and vivid, precise language.

Contact and Personal Information

Give your formal legal name (no nicknames) and your complete and current contact information. Make sure you can be reached easily at the address, email and telephone number that you list. You can include other personal information such as birth date, marital status, names/ages of children but these are optional. While federal law prohibits employers from discriminating on the basis of age, sex, religion, national origin and disability status, providing personal information may invite bias so it is up to you whether or not you choose to provide it. You may elect to include it if you feel it is pertinent to your candidacy for the position.

Education

List all colleges/universities you have attended with the most recent first. Include name and location of institution, degree sought or completed, and the dates of attendance, including dates of expected completion if in progress, and major/minor field of study. Include medical school, graduate and undergraduate education. If you do not have an Honors section on your CV, you may include that information here. If you completed a

thesis or dissertation as part of one of your degree programs, you may wish to add this distinction along with the title of the paper, particularly if it is relevant to health care or science. As you move forward in your professional life, you will add further achievements including postgraduate training (residencies and fellowships), academic appointments, and certification and licensure. No high school information, please.

Honors and Awards

Include any awards and/or scholarships received during medical school (election to AOA, biochemistry prize, etc.) If you did well in medical school or on the boards, list your honors and board scores. Include only the most important awards and scholarships from undergraduate or other programs. If you have numerous items, you may want to separate them into subsections: undergraduate and medical school. Keep in mind how relevant and useful each item will be, and cut any that may not be valued by the person reading your CV.

Work Experience

List your work experience in reverse chronological order. List all major or medically related work experiences. Include position title, name of employer, location, and dates. For medically related work, add a brief description of your responsibilities, achievements, and competencies gained. Be specific, skill-focused and relevant. Include volunteer experience while in medical school and any leadership experiences. If there are gaps of time in your history, make sure to include ANY work experience, medical or non-medical, which accounts for your time out of school (e.g. time between undergraduate studies and medical school).

Research

List research projects you have worked on. For each entry, include a sentence or title describing research. Include mentor (including professional title), institution, department, and dates. Include your title, if applicable; e.g., research assistant, fellow. List skills you used/learned.

Professional Memberships

List any professional organizations of which you are a member (dates optional). Include any leadership positions you may have held. This section may be combined or redefined to include student organization involvement.

Extracurricular Activities

Include the most important long-term activities you were involved in during medical school, including committee work, community service projects, and student organization involvement with dates. Include activities from before medical school only if they are extraordinary or applicable to health care.

Publications

Include all published articles you've authored. If an article has been accepted for publication but not yet published, use the notation "in press" instead of year of publication. Use medical bibliographic reference style and be consistent throughout your CV.

Presentations

Include any research, professional, or poster presentations conducted at conferences, lectures, symposiums, specialty association meetings, etc. List the title of the presentation, authors, audience, and any other relevant details. This section may be easily combined with publications to create a single, more attractive section.

Hobbies and Outside Interests

Include a list of your outside interests or extracurricular activities. You may be surprised at how often you will be asked about these items - interviewers frequently use them as a means to keep an interview conversational so be prepared to talk about any hobby or interest that you put here. This section is optional and should be brief.

See Suggested Template for CV (Appendix G)

Appendix G: Sample Curriculum Vitae

FULL LEGAL NAME

Phone Number
Email address

Current Address

Permanent Address

EDUCATION

Name of Medical School
M.D.

City, State
2015-2019 (Anticipated)

Name of Graduate School
Degree Type

City, State
Dates of attendance

Name of Undergraduate School
Degree Type

City, State
Dates of attendance

EXPERIENCE

TALKS: Teaching and Learning Knowledge and Skills Senior Elective

July 2018- Present

- Serve as an instructor for first year medical students in Physical Diagnosis section
- Prepare lessons for six different Physical Diagnosis classes, each focusing on different parts of the physical exam, with an emphasis on clinical relevance and skill development.
- Provide students with regular feedback regarding their performance in the physical diagnosis class in a manner that mimics the feedback they will receive from residents and attending during their clinical years.
- Participate in workshops on adult learning theory, evaluation of student performance, providing feedback, and effective teaching techniques, with special focus on teaching clinical skills.
- Evaluate students during their performance on standardized patient exams.

The HEALing Clinic, George Washington University's Student Run Clinic

Oct 2015-Present

Training Chair

Jan 2016-Dec 2016

- Developed and implement a novel biannual training conference for all HEALing Clinic volunteers to teach history taking, physical exam, and cultural competency skills.
- Instructed a course for preclinical students on performing a well woman examine, including pelvic exam, Pap test, and breast exam.
- Organized and ran monthly orientation sessions for the new volunteers serving at the HEALing Clinic in the upcoming month.

Co-Director

Jan 2016-Dec 2016

- Managed a Steering Committee of 30 members who oversaw all aspects of clinic management, operations, fundraising, research, and recruitment.
- Responsible for strategic planning and development of educational and clinical programs.
- Presented at alumni and faculty meetings to build support, secure funding, and recruit volunteer attending physicians.
- Attended a national conference for Student Run Clinics to study various clinic models, network with other clinic directors, and explore areas for future research and development.

Clinic Manager

July 2018-present

- Oversee clinic flow and all activities of the weekly student run clinic in Ward 8, Washington DC's most underserved ward.
- Coordinate the schedules of medical, physician assistant, and public health students with attending physicians to ensure optimal patient service staffing and educational support.
- Supervise all student volunteers each week in an effort to maximize efficient patient management.
- Facilitate weekly teaching and debrief session after each clinic night.

Medical Education Scholarly Concentration

Nov 2015-present

- Explored the topics of teaching methods, medical education research, and adult learning theory through a series of interactive classes.
- Learned and applied methods for teaching clinical skills through a series of workshops and projects.
- Will mentor first year medical students and teach physical exam skills in the physical diagnosis course.
- Will complete an in-depth research project in the field of Medical Education.

Curriculum Committee

Jan 2016 – present

- Selected by the Student Council to be a member of GW's curriculum development committee, which is responsible for analyzing and reconstructing the current curriculum to ensure that LCME accreditation standards are met and surpassed.
- Personally responsible for methodically gathering objective data from the third year medical student class on their attitudes towards the current curriculum and class structure.
- Will compile and analyze the data in order to build a new curriculum that will meet student's goals as well as national educational standards.

Office of Admissions

Sept 2015-Dec 2017

Prospective Medical Student Interviewer

- Interviewed 4-5 prospective medical students each month regarding their experience, values, goals, and commitment to the field of medicine.
- Wrote detailed reports on all candidates outlining their strengths and weaknesses, as well as their potential contributions to the George Washington medical community.
- Advised prospective students regarding life as a GW medical student, the benefits of learning the practice of medicine in Washington DC, and the application process.

GW Community Service Day

August 2016

Student Chair

- Nominated and selected by classmates to serve as student chair for GW's annual Community Service Day, when the entire school of medicine and health sciences travel to various sites in Washington, DC to volunteer.
- Trained and transported an interdisciplinary group of 10 students and faculty members to a food bank at Bread for the City in northeast DC.
- Educated fellow students on the importance of community involvement.

Anatomy Laboratory Curriculum Development

June 2016-July 2016

- Researched interactive methods of teaching Gross Anatomy in an effort to better understand what motivates students to learn and allows them to understand the relevance of anatomy to clinical medicine.
- Developed a series of cases in which students explore anatomy in the cadaver lab by identifying the landmarks and functionality of various anatomical structures and performing the physical

exam maneuvers relevant to realistic clinical scenarios.

Omni Eye Specialists, Washington, DC

February 2013- July 2014

Patient Services Manager

- Managed the patient services department and acted as team leader to all reception, medical records, and insurance personnel.
- Coordinated office visits and consultations based on individual patient needs, insurance status and physician availability.
- Utilized an extensive working knowledge of various insurance plans to assist patients and verify benefit information for billing purposes.
- Maintained positive relationships with referring doctors' offices in an effort to increase new patient volumes.

RESEARCH

Department of Medicine, George Washington University

June 2016-Sept 2017

"Participation in Student-Run Free Clinics and Empathy in Medical Students"

Mentor: Dr. W. Scott Schroth

- Compared students who participated in GW's HEALing clinic with students who applied but were not selected in the areas of empathy, professionalism, and commitment to working with underserved populations using a series of validated scales as well as student's grades.
- Will analyze the data and submit for publication to various medical education journals in the upcoming months.

HONORS

Gold Humanism Honor Society Member

2018

- Nominated by peers and selected by faculty to be a member of this prestigious society which honors students and faculty who demonstrate exemplary humanistic qualities of patient care.

Appendix H: Previous Residency Match List

CLASS OF 2018 RESIDENCY MATCHLIST		
Applicant Name	Institution Name	Program Name
Ashraf, Mariam	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Chen, Michelle	George Washington Univ-DC	Anesthesiology
Choudhry, Dhruv	Ochsner Clinic Foundation-LA	Anesthesiology
Guice, Carter	Ochsner Clinic Foundation-LA	Anesthesiology
Koneru, Harsha	UC Davis Med Ctr-CA	Anesthesiology
Merriman, John	U Illinois COM-Chicago	Anesthesiology
Sekaran, Anjana	Icahn SOM St Lukes-Roosevelt-NY	Anesthesiology
Slocum, Joshua	George Washington Univ-DC	Anesthesiology
Tafesse, Hanan	George Washington Univ-DC	Anesthesiology
Tafuro, Erica	Montefiore Med Ctr/Einstein-NY	Anesthesiology
Tan, Merrick	UC San Diego Med Ctr-CA	Anesthesiology
Henry, Maria	U Washington Affil Hosps	Anesthesiology/Clin Base Yr
Marchitto, Mark	Johns Hopkins Hosp-MD	Dermatology
Ranasinghe, Geraldine	Cleveland Clinic Fdn-OH	Dermatology
Mullins, Peter	Massachusetts Gen Hosp	Emergency Med/BWH-Harvard
Bateman, Ryan	Thomas Jefferson Univ-PA	Emergency Medicine
Blumenthal, Jayne	CMSRU/Cooper University Hospital-NJ	Emergency Medicine
Canter, Danielle	LSU SOM-New Orleans-LA	Emergency Medicine
Corriea, Alexandra	SUNY HSC Brooklyn-NY	Emergency Medicine
Dorwart, Kelsey	Temple Univ Hosp-PA	Emergency Medicine
Hatoum, Zachariah	FAU-Schmidt COM-FL	Emergency Medicine
Jasani, Gregory	U Maryland Med Ctr	Emergency Medicine
Leedeckerken, Jacob	Carolinas Med Ctr-NC	Emergency Medicine
Lopez-Twumasi, Moses	Carilion Clinic-Virginia Tech Carilion SOM	Emergency Medicine
Maloney, Kaylah	Thomas Jefferson Univ-PA	Emergency Medicine
Manoochehri, Omid	Icahn SOM at Mount Sinai-NY	Emergency Medicine
Maracheril, Rijo	Icahn SOM at Mount Sinai-NY	Emergency Medicine
McMullen, Michael	George Washington Univ-DC	Emergency Medicine
Misa, Nana Yaa	Alameda Health Sys-Highland Hosp-CA	Emergency Medicine
Payette, Christopher	George Washington Univ-DC	Emergency Medicine
Robinson, Chelsea	UCLA Medical Center-CA	Emergency Medicine
Shay, Courtney	Maricopa Med Ctr-AZ	Emergency Medicine
Teng, Jason	Stanford Univ Progs-CA	Emergency Medicine
Walker, Lindsay	NYP Brooklyn Methodist Hosp-NY	Emergency Medicine
Yi, Sojung	UC San Francisco-CA	Emergency Medicine
Ataifo, Linda	MedStar Franklin Square Med Ctr-MD	Family Medicine
Davis, Matthew	Family Medicine Res of Idaho	Family Medicine
Flory, Elizabeth	VCU-Fairfax Family Med Res-VA	Family Medicine

Hope, Trent	Providence Hospital-DC	Family Medicine
Hopson, Marquise	Allina Health-MN	Family Medicine
Mackenzie, Catherine	Dalhousie University - Fredericton	Family Medicine
Majdi, Jamie	U New Mexico SOM	Family Medicine
Rozier, Julia	Carle Foundation Hosp-IL	Family Medicine
Spring, Adam	Contra Costa Reg Med Ctr-CA	Family Medicine
Stratton, Graham	Thomas Jefferson Univ-PA	Family Medicine
Ha, Emmeline	Stanford Univ Progs-CA	Family Medicine/OConnor
Arnott, Suzanne	George Washington Univ-DC	General Surgery
del Calvo, Haydee	Methodist Hospital-Houston-TX	General Surgery
Hernandez, Madelyn	Christiana Care-DE	General Surgery
Jeney, Ashtin	Arrowhead Reg Med Ctr-CA	General Surgery
Lambdin, Jacob	George Washington Univ-DC	General Surgery
Lenihan, Megan	Naval Medical Center San Diego	General Surgery
Michel, Chloe	Naval Medical Center San Diego	General Surgery
Olafson, Samantha	Albert Einstein Med Ctr-PA	General Surgery
Rettig, Robert	Kaiser Permanente-Los Angeles-CA	General Surgery
Spivak, Holden	Rhode Island Hosp/Brown Univ	General Surgery
Urps, Nicole	Walter Reed National Military Medical Center	General Surgery
Whitlock, Ashlyn	B I Deaconess Med Ctr-MA	General Surgery
Hansen, Laurel	Icahn SOM at Mount Sinai-NY	Int Med/Comm Prim Care
Adhatamsoontra, Praphopphat	George Washington Univ-DC	Internal Medicine
Ahmed, Sagah	MedStar Georgetown Univ Hosp-DC	Internal Medicine
Aje, Kent	Loyola Univ Med Ctr-IL	Internal Medicine
Al Zaki, Ajlan	Stanford Univ Progs-CA	Internal Medicine
Anderson, Emily	Icahn SOM at Mount Sinai-NY	Internal Medicine
Asmuth, Mallette	U Washington Affil Hosps	Internal Medicine
Babu, Meera	Allegheny Gen Hosp-PA	Internal Medicine
Brunetti, Ryan	Wake Forest Baptist Med Ctr-NC	Internal Medicine
Chabra, Puja	Rutgers-R W Johnson Medical School-NJ	Internal Medicine
Dave, Jenny	George Washington Univ-DC	Internal Medicine
Domaleski, Luke	U Cincinnati Med Ctr-OH	Internal Medicine
Doria, Nicole	UPMC Medical Education-PA	Internal Medicine
Fairfield, Bradley	UC San Diego Med Ctr-CA	Internal Medicine
Frost, Spencer	Stanford Univ Progs-CA	Internal Medicine
Guzman, Gabriel	U Minnesota Med School	Internal Medicine
Hanna, Lauren	Olive View-UCLA Med Ctr-CA	Internal Medicine
Jain, Anjuli	UPMC Medical Education-PA	Internal Medicine
Kahn, Michael	Olive View-UCLA Med Ctr-CA	Internal Medicine
Kamalapathy, Priyanka	CMSRU/Cooper University Hospital-NJ	Internal Medicine
Kariyil, Reshma	U Maryland Med Ctr	Internal Medicine
Kehaya, Alice	Oregon Health & Science Univ	Internal Medicine

Lee, Diana	NYU School Of Medicine	Internal Medicine
Leyton, Christopher	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Linville, Laura	George Washington Univ-DC	Internal Medicine
Matsko, Anne	Temple Univ Hosp-PA	Internal Medicine
Misra, Shantum	Dartmouth-Hitchcock Med Ctr-NH	Internal Medicine
Paik, Michael	Wake Forest Baptist Med Ctr-NC	Internal Medicine
Patel, Aakash	Rutgers-R W Johnson Medical School-NJ	Internal Medicine
Patel, Jay	Cleveland Clinic Fdn-OH	Internal Medicine
Patel, Sandhya	Naval Medical Center San Diego	Internal Medicine
Piechowiak, Mary	INOVA Fairfax Hospital-VA	Internal Medicine
Rowe, Anthony	MedStar Georgetown Univ Hosp-DC	Internal Medicine
Sajja, Aparna	Johns Hopkins Hosp-MD	Internal Medicine
Sanyal, Amit	U Nevada Las Vegas SOM	Internal Medicine
Sekhon, Sahira	U Arizona COM at Tucson	Internal Medicine
Silverman, Anna	UC San Diego Med Ctr-CA	Internal Medicine
Toltzis, Sarit	Hosp of the Univ of PA	Internal Medicine
Walker, Bryan	U Tennessee Grad SOM-Knoxville	Internal Medicine
Bhanot, Shelly	Rush University Med Ctr-IL	Interventional Radiology (Integ)
Iriarte, Christopher	Massachusetts Gen Hosp	Medicine-Dermatology/BWH
Chua, Alex	Christiana Care-DE	Medicine-Pediatrics
Chien, Jason	MedStar Harbor Hospital-MD	Medicine-Preliminary
Gutema, Malem	Howard Univ Hosp-DC	Medicine-Preliminary
Marchitto, Mark	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
Norris, Evan	CA Pacific Med Center	Medicine-Preliminary
Rao, Aditya	NYU Winthrop Hospital-NY	Medicine-Preliminary
Tafuro, Erica	Icahn SOM Elmhurst Hosp Ctr-NY	Medicine-Preliminary
Tan, Merrick	Alameda Health Sys-Highland Hosp-CA	Medicine-Preliminary
Clark, Sophie	U Colorado SOM-Denver	Medicine-Primary
Raveendran, Abhirami Janani	Yale-New Haven Hosp-CT	Medicine-Primary
Dyo, Jeffrey	Kaiser Permanente-Santa Clara-CA	Medicine-Primary/CHOICE
Scher, Jordan	NYU School Of Medicine	Medicine-Primary/NYU MAN
Kaba, Christina	UCLA Medical Center-CA	Medicine-Primary/UCLA-VA
Ravenborg, Noah	UCLA Medical Center-CA	Medicine-Primary/UCLA-VA
Choi, Jessica	Cedars-Sinai Medical Center-CA	Med-Prelim/Neurology
Singh, Neha	University at Buffalo SOM-NY	Med-Prelim/Sisters
Nourbakhsh, Pourandokht	UCLA Medical Center-CA	Med-Primary/UCLA-Olive View
Boddu, James	Jackson Memorial Hosp-FL	Neurological Surgery
Choi, Jessica	Cedars-Sinai Medical Center-CA	Neurology
Heinzelmann, Morgan	U Texas Southwestern Med Sch-Dallas	Neurology
Jensen, Matthew	U Utah Affil Hospitals	Neurology
Alamri, Lamia	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
Barr, Alice	Carolinas Med Ctr-NC	Obstetrics-Gynecology
Buerger, Jonathan	Reading Hospital Med Ctr-PA	Obstetrics-Gynecology

Denny, Kathryn	George Washington Univ-DC	Obstetrics-Gynecology
Draganchuk, Jennifer	Orlando Health-FL	Obstetrics-Gynecology
Frangieh, Michael	U Massachusetts Med School	Obstetrics-Gynecology
Ghebrendrias, Selemawit	UC San Diego Med Ctr-CA	Obstetrics-Gynecology
Haworth, Laura	Eastern VA Med School-VA	Obstetrics-Gynecology
Huysman, Bridget	Barnes-Jewish Hosp-MO	Obstetrics-Gynecology
Kotzen, Mollie	Pennsylvania Hospital	Obstetrics-Gynecology
Mandel, Natalie	Drexel Univ COM/Hahnemann Univ Hosp-PA	Obstetrics-Gynecology
Surrey, Rebecca	UC Davis Med Ctr-CA	Obstetrics-Gynecology
Toaff, Miriam	NYMC-Westchester/Metropolitan-NY	Obstetrics-Gynecology
Vintzileos, William	NYU Winthrop Hospital-NY	Obstetrics-Gynecology
Chien, Jason	NY Presb. Hosp-Weil MC/Cornell U	Ophthalmology
Falk, David	Hosp of the Univ of PA	Ortho Surgery/Clin-5 yr
Lynch, Thomas	San Antonio Military Medical Center	Orthopedic Surgery
Chao, Janet	Yale-New Haven Hosp-CT	Otolaryngology
Jasper, Kayla	LSUHSC-Shreveport-LA	Otolaryngology
Baker, Matthew	Childrens Hospital-LA-CA	Pediatrics
Bick, Sarah	Jefferson Med Coll/duPont Childrens-PA	Pediatrics
Cera, Anjali	Childrens Hospital-Oakland-CA	Pediatrics
Choxi, Shivali	NYU School Of Medicine	Pediatrics
Fredman, Eli	St Louis Childrens Hosp-MO	Pediatrics
Gavcovich, Tara	Jackson Memorial Hosp-FL	Pediatrics
Joshi, Priyanka	Childrens Hosp-Philadelphia-PA	Pediatrics
Mo, Cecilia	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
Olivares, Melani	NYMC-Westchester Med Ctr-NY	Pediatrics
Posada, Catherine	Childrens National Med Ctr-DC	Pediatrics
Szeto, Stephanie	UCLA Medical Center-CA	Pediatrics
Weate , Samantha	Walter Reed National Military Medical Center	Pediatrics
Charles, Alexia	Kaiser Permanente-Oakland-CA	Pediatrics/MPH
Snyder, Matthew	Baylor Coll Med-Houston-TX	Pediatrics-Medical Genetics
Vogt, Kelly	Childrens National Med Ctr-DC	Pediatrics-Primary
Baumann, Katherine	Montefiore Med Ctr/Einstein-NY	Peds-Primary/Social
Vazquez, Laura	Montefiore Med Ctr/Einstein-NY	Peds-Primary/Social
Champ, Michael	MedStar Georgetown Univ Hosp-DC	Psychiatry
Gelda, Jennifer	B I Deaconess Med Ctr-MA	Psychiatry
Hale, Samantha	MedStar Georgetown Univ Hosp-DC	Psychiatry
Mao, Weisheng	George Washington Univ-DC	Psychiatry
Pham, Angeline	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Van Remmen, Sarah	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Barkovich, Emil	George Washington Univ-DC	Radiology-Diagnostic
Gutema, Malem	Rochester Gen Hosp-NY	Radiology-Diagnostic

Hoy, Michael	Thomas Jefferson Univ-PA	Radiology-Diagnostic
Norris, Evan	U Colorado SOM-Denver	Radiology-Diagnostic
Pierce, Jonathan	Case Western/Univ Hosps Cleveland Med Ctr-OH	Radiology-Diagnostic
Rao, Aditya	Yale-New Haven Hosp-CT	Radiology-Diagnostic
Singh, Neha	UPMC Medical Education-PA	Radiology-Diagnostic
Arbetman, Lauren	Riverside University Health Sys-CA	Surgery-Preliminary
Hoy, Michael	MedStar Washington Hosp Ctr-DC	Surgery-Preliminary
McCormack, Erin	Ochsner Clinic Foundation-LA	Surgery-Preliminary
Tiusaba Guzman, Laura	Rhode Island Hosp/Brown Univ	Surgery-Preliminary
Chen, Michelle	U Washington Affil Hosps	Surg-Prelim/1yr
Escobar, Dominique	UC San Francisco-CA	Surg-Prelim/General/Urology
Barkovich, Emil	West Virginia University SOM	Transitional
Pierce, Jonathan	Kettering Med Ctr-OH	Transitional

CLASS OF 2017 RESIDENCY MATCHLIST

Applicant Name	Applicant Name	Applicant Name
Canonico, Andrew	George Washington Univ-DC	Anesthesiology
Chanza, Tamanda	U Maryland Med Ctr	Anesthesiology
Gamsky, Nathaniel	UC San Francisco-CA	Anesthesiology
Hong, Bryant	UCLA Medical Center-CA	Anesthesiology
Jeon, Deborah	Stanford Univ Progs-CA	Anesthesiology
Kherbache, Karim	Jackson Memorial Hosp-FL	Anesthesiology
LaCombe, Norman	Rush University Med Ctr-IL	Anesthesiology
Lazer, Adrienne	Virginia Commonwealth U Hlth Sys	Anesthesiology
Lee, Jay	Loma Linda University-CA	Anesthesiology
Lee, Woo Jin	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Margolis, Steven	NYU School Of Medicine	Anesthesiology
Mitchell, Marcus	Johns Hopkins Hosp-MD	Anesthesiology
Patel, Falin	Johns Hopkins Hosp-MD	Anesthesiology
Sachs, Aaron	U Maryland Med Ctr	Anesthesiology
Sarwary, Mariam	UCLA Medical Center-CA	Anesthesiology
Wackerle, Harold	Duke Univ Med Ctr-NC	Anesthesiology
Yang, David	Johns Hopkins Hosp-MD	Anesthesiology
Akhiyat, Sophia	Med Coll Wisconsin Affil Hosps	Dermatology
Angra, Divya	Howard Univ Hosp-DC	Dermatology
Oliver, Brittany	Hosp of the Univ of PA	Dermatology/3 yr
Berman, Daniel	Navy Medical Center San Diego-CA	Emergency Medicine
Breed, Meghan	Vanderbilt Univ Med Ctr-TN	Emergency Medicine
Davis, Michelle	Rutgers-New Jersey Medical School	Emergency Medicine
Dubey, Neil	Icahn SOM at Mount Sinai-NY	Emergency Medicine
El Magbri, Eussra	UPMC Medical Education-PA	Emergency Medicine
Harounzadeh, Sormeh	Hofstra Northwell SOM-NY	Emergency Medicine
Johns, Laura	Maricopa Med Ctr-AZ	Emergency Medicine
Kendrick, Zachary	U Texas HSC-San Antonio	Emergency Medicine
Lucas, Nicole	Drexel Univ COM/Hahnemann Univ Hosp-PA	Emergency Medicine
McFarland, Adam	Boston Univ Med Ctr-MA	Emergency Medicine
Ordower, Lindsay	Emory Univ SOM-GA	Emergency Medicine
Royall, Cameron	Baylor-Scott & White-TX	Emergency Medicine
Shapiro, Evan	NY Methodist Hospital-NY	Emergency Medicine
Soltanianzadeh, Yasamin	Icahn SOM St Lukes-Roosevelt-NY	Emergency Medicine
Surrey, Aaron	Virginia Commonwealth U Hlth Sys	Emergency Medicine
Noor, Rahiba	Penn State Hershey Med Ctr-PA	Family Med/State College
Malki, Alisa	U Colorado SOM-Denver	Family Med/Univ Hosp
Carr Reese, Patricia	Lancaster Gen Hosp-PA	Family Medicine
Choi, Kun-Young	VCU-Fairfax Family Med Res-VA	Family Medicine
Davis, Rebecca	Martin Army Community Hospital-GA	Family Medicine

Hamilton, David	Presby Intercommunity Hosp-CA	Family Medicine
Jian, Bao Lin	MedStar Franklin Square Med Ctr-MD	Family Medicine
Raval, Neel	Glendale Adventist Med Ctr-CA	Family Medicine
Sobieski, Rayna	Montefiore Med Ctr/Einstein-NY	Family Medicine
Sohn, Joshua	Naval Hospital Jacksonville	Family Medicine
Andrews, Jennifer	Wake Forest Baptist Med Ctr-NC	General Surgery
Butano, Vincent	George Washington Univ-DC	General Surgery
Hedges, Elizabeth	U Rochester/Strong Memorial-NY	General Surgery
Li, Jonathan	UC San Diego Med Ctr-CA	General Surgery
Seavey, Caleb	Cleveland Clinic Fdn-OH	General Surgery
Agrawal, Garima	UC Davis Med Ctr-CA	Internal Medicine
Alsaadi, Dana	Georgetown Univ Hosp-DC	Internal Medicine
Anoruo, Nancy	CMSRU/Cooper University Hospital-NJ	Internal Medicine
Awad, John	Kaiser Permanente-Los Angeles-CA	Internal Medicine
Bilko, Amanda	Wright State Univ Boonshoft SOM-OH	Internal Medicine
Boparai, Eshandeeep	Kaiser Permanente-SF-CA	Internal Medicine
Delucchi, Danielle	U Utah Affil Hospitals	Internal Medicine
Dominic, Elizabeth	Georgetown Univ Hosp-DC	Internal Medicine
Dong, Tiffany	Emory Univ SOM-GA	Internal Medicine
Dudum, Ramzi	Johns Hopkins Hosp-MD	Internal Medicine
Edouard, Mark	Icahn SOM at Mount Sinai-NY	Internal Medicine
Franz, Joseph	Icahn SOM at Mount Sinai-NY	Internal Medicine
Galoosian, Artin	CA Pacific Med Center	Internal Medicine
Jaluba, Karolina	Stanford Univ Progs-CA	Internal Medicine
Kango, Ghazal	George Washington Univ-DC	Internal Medicine
Khan, Ali	George Washington Univ-DC	Internal Medicine
Krasiy, Maxwell	U Michigan Hosps-Ann Arbor	Internal Medicine
Mara, Rezana	Icahn SOM at Mount Sinai-NY	Internal Medicine
Marlow, Christina	George Washington Univ-DC	Internal Medicine
Mills, Alexandra	Icahn SOM at Mount Sinai-NY	Internal Medicine
Mills, Ashley	David Grant Medical Center, Travis AFB, CA/Univ of CA, Davis	Internal Medicine
Mulani, Shaunak	U Florida COM-Shands Hosp	Internal Medicine
Patel, Ronak	Christiana Care-DE	Internal Medicine
Penchev, Radostin	Johns Hopkins Hosp-MD	Internal Medicine
Pollard, Kathleen	Univ of Chicago Med Ctr-IL	Internal Medicine
Reed, Thomas	Vanderbilt Univ Med Ctr-TN	Internal Medicine
Sanyal, Neha	Kaiser Permanente-SF-CA	Internal Medicine
Shah, Shivani	Yale-New Haven Hosp-CT	Internal Medicine
Sidhu, Tahnee	St Elizabeths Med Ctr-MA	Internal Medicine
Sullivan, Alexander	Duke Univ Med Ctr-NC	Internal Medicine
Sun, Ke	Kaiser Permanente-SF-CA	Internal Medicine
Hodson, Shane	NCC- Walter Reed National Military Center- MD	Internal Medicine/Psychiatry
Cho, Alexander	Loma Linda University-CA	Interventional Radiology (Integ)
Patel, Smita	UC San Diego Med Ctr-CA	Interventional Radiology (Integ)

Guillaume, Ismanie	Christiana Care-DE	Medicine-Pediatrics
Himmelfarb, Sarah	Tulane Univ SOM-LA	Medicine-Pediatrics
Angra, Divya	University of Virginia	Medicine-Preliminary
Chanza, Tamanda	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
Chaudhry, Ramona	Union Memorial Hosp-MD	Medicine-Preliminary
Gamsky, Nathaniel	U Maryland Med Ctr	Medicine-Preliminary
Jeon, Deborah	George Washington Univ-DC	Medicine-Preliminary
Khan, Mohib	Washington Hospital Ctr-DC	Medicine-Preliminary
Kim, Meredith	George Washington Univ-DC	Medicine-Preliminary
Koudoro, Fafa	St Vincent Hosp-Worcester-MA	Medicine-Preliminary
Mingomataj, Erli	Union Memorial Hosp-MD	Medicine-Preliminary
Mitchell, Marcus	U Maryland-Mercy Med Ctr	Medicine-Preliminary
Oliver, Brittany	Washington Hospital Ctr-DC	Medicine-Preliminary
Parkinson, William	Greater Baltimore Med Ctr-MD	Medicine-Preliminary
Patel, Falin	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
Patel, Smita	Greenville Health Sys/Univ of So Carolina	Medicine-Preliminary
Raymond, Aislynn	George Washington Univ-DC	Medicine-Preliminary
Sheppard, Michael	Union Memorial Hosp-MD	Medicine-Preliminary
Yang, David	St Barnabas Med Ctr-NJ	Medicine-Preliminary
Beru, Yodit	U Washington Affil Hosps	Medicine-Primary
Bockus, Caroline	George Washington Univ-DC	Medicine-Primary
Jafari, Puya	George Washington Univ-DC	Medicine-Primary
Roberts, Ria	Yale-New Haven Hosp-CT	Medicine-Primary
Silinsky Krupnikova, Sonia	George Washington Univ-DC	Medicine-Primary
Margolis, Steven	NYU School Of Medicine	Med-Prelim/Anesthesiology
Friedman, Jonathan	Univ of Chicago Med Ctr-IL	Med-Prelim/NorthShore
Erickson, Nicholas	U Alabama Med Ctr-Birmingham	Neurological Surgery
Jamshidi, Aria	Jackson Memorial Hosp-FL	Neurological Surgery
Abdul-Karim, Ruqayyah	Maimonides Med Ctr-NY	Obstetrics-Gynecology
Alley, Addison	U Arizona COM-Phoenix	Obstetrics-Gynecology
Belkin, Zoe	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
Daoud, Fatima	Albany Medical Center-NY	Obstetrics-Gynecology
Findlay, Nicole	Case Western/MetroHealth Med Ctr-OH	Obstetrics-Gynecology
Frost, Anja	Johns Hopkins Hosp-MD	Obstetrics-Gynecology
Katcher, Arielle	Montefiore Med Ctr/Einstein-NY	Obstetrics-Gynecology
Kuhn, Jordan	Carilion Clinic-Virginia Tech Carilion SOM	Obstetrics-Gynecology
Ludgin, Jennifer	Tufts Medical Center-MA	Obstetrics-Gynecology
Schoenbrun, Rachel	Icahn SOM at Mount Sinai-NY	Obstetrics-Gynecology
Shustarovich, Diana	LSU SOM-New Orleans-LA	Obstetrics-Gynecology
Waldrop, Anne	Stanford Univ Progs-CA	Obstetrics-Gynecology
Wong, Melissa	Texas Tech U Affil-El Paso	Obstetrics-Gynecology
Young, Hannah	George Washington Univ-DC	Obstetrics-Gynecology
Zottola, Cristina	Hofstra Northwell SOM-Lenox Hill Hosp-NY	Obstetrics-Gynecology
Chen, Tony	Rutgers-New Jersey Medical School	Ophthalmology
Khan, Mohib	George Washington Univ-DC	Ophthalmology

Kim, Meredith	Brown University	Ophthalmology
MacPherson, David	New York Eye & Ear Infirm	Ophthalmology
Mumtaz, Aisha	U Maryland	Ophthalmology
Rajjoub, Raneem	U Maryland	Ophthalmology
Hijji, Fady	Wright State Univ Boonshoft SOM-OH	Ortho Surgery/Research
Cao, Na	Tufts Medical Center-MA	Orthopaedic Surgery
Kapilow, Jaclyn	U Texas Southwestern Med Sch-Dallas	Orthopaedic Surgery
DeVries, Gabriela	Wake Forest Baptist Med Ctr-NC	Otolaryngology
Mendis, Bernard	Duke Univ Med Ctr-NC	Otolaryngology
Thal, Arielle	Montefiore Med Ctr/Einstein-NY	Otolaryngology
Torrecillas, Vanessa	U Utah Affil Hospitals	Otolaryngology
Costa, Victoria	NYP Hosp-Weill Cornell Med Ctr-NY	Pathology
Doane, Elizabeth	St Louis Univ SOM-MO	Pathology
Evans, Mariama	U North Carolina Hospitals	Pathology
Nassar, Amrro	Hofstra Northwell SOM-Lenox Hill Hosp-NY	Pathology
Abraham, Aashish	Penn State Hershey Med Ctr-PA	Pediatrics
Andrawis, Marina	U Maryland Med Ctr	Pediatrics
Beaubrun, Olivia	St Louis Childrens Hosp-MO	Pediatrics
Brady, Timothy	Wake Forest Baptist Med Ctr-NC	Pediatrics
Chamma, Norma	INOVA Fairfax Hospital-VA	Pediatrics
Dease, Katherine	INOVA Fairfax Hospital-VA	Pediatrics
DeLuca, Alexa	Jefferson Med Coll/duPont Childrens-PA	Pediatrics
Dunne, Katherine	U Arizona COM at Tucson	Pediatrics
Fong, Jeanette	Loma Linda University-CA	Pediatrics
Grell, Robert	Stony Brook Teach Hosps-NY	Pediatrics
Harmon, Katherine	Childrens Hospital-LA-CA	Pediatrics
Latham, Maria	Johns Hopkins Hosp-MD	Pediatrics
Matulich, Allison	Kaiser Permanente-Los Angeles-CA	Pediatrics
Mehta, Monica	U Maryland Med Ctr	Pediatrics
Nyhan, Aoibhinn	Johns Hopkins Hosp-MD	Pediatrics
Peng, Diane	U Michigan Hosps-Ann Arbor	Pediatrics
Rajput, Roma	St Christophers Hosp-PA	Pediatrics
Sebastian, Theju	Yale-New Haven Hosp-CT	Pediatrics
Smith, Meaghan	Vanderbilt Univ Med Ctr-TN	Pediatrics
Tsegaye, Yodit	UPMC Medical Education-PA	Pediatrics
Yee, Erin	Oregon Health & Science Univ	Pediatrics
Chambliss, Amy	U Colorado SOM-Denver	Pediatrics-PM&R
Stigliano, Kathryn	Childrens National Med Ctr-DC	Pediatrics-Primary
Adkins, Sarina	Childrens National Med Ctr-DC	Peds-Primary/Community Health
Carter, Zachary	Loma Linda University-CA	Phys Medicine & Rehab
Kaushik, Jason	U Arkansas-Little Rock	Phys Medicine & Rehab
Sheppard, Michael	University of Virginia	Phys Medicine & Rehab
Saadat, Sean	UCLA Medical Center-CA	Plastic Surgery (Integrated)
Chun, Sara	Icahn SOM Beth Israel-NY	Psychiatry
Fatollahi, Javad	George Washington Univ-DC	Psychiatry

Safran, Jeremy	George Washington Univ-DC	Psychiatry
Abbasi, Aleeza	U Maryland Med Ctr	Radiology-Diagnostic
Buchanan, Mary Elizabeth	Johns Hopkins Hosp-MD	Radiology-Diagnostic
Chaudhry, Ramona	University of Virginia	Radiology-Diagnostic
Friedman, Jonathan	Boston Univ Med Ctr-MA	Radiology-Diagnostic
Kim, Il Kyoan	U Maryland Med Ctr	Radiology-Diagnostic
Kim, Phillip	Albert Einstein Med Ctr-PA	Radiology-Diagnostic
Koudoro, Fafa	U North Carolina Hospitals	Radiology-Diagnostic
Liu, Michael	UC San Diego Med Ctr-CA	Radiology-Diagnostic
Mingomataj, Erli	SUNY HSC Brooklyn-NY	Radiology-Diagnostic
Parkinson, William	Univ of Vermont Medical Center	Radiology-Diagnostic
Rahimi, Hamza	Boston Univ Med Ctr-MA	Radiology-Diagnostic
Raymond, Aislynn	U Maryland Med Ctr	Radiology-Diagnostic
Whiting, Ryan	NCC- Walter Reed National Military Center- MD	Radiology-Diagnostic
Zeman, Merissa	George Washington Univ-DC	Radiology-Diagnostic
Kim, Phillip	Washington Hospital Ctr-DC	Surgery-Preliminary
Liu, Michael	Kaiser Permanente-Los Angeles-CA	Surgery-Preliminary
Patel, Neerav	Rush University Med Ctr-IL	Surgery-Preliminary
Resnick, Corey	Dartmouth-Hitchcock Med Ctr-NH	Surgery-Preliminary
Zeman, Merissa	Union Memorial Hosp-MD	Surgery-Preliminary
Davaro-Comas, Facundo	St Louis Univ SOM-MO	Surg-Prelim/Urology
Kim, Youngjun	Loma Linda University-CA	Surg-Prelim/Urology
Patil, Rohit	U Maryland Hospital-MD	Surg-Prelim/Urology
Abbasi, Aleeza	U Maryland Med Ctr Midtown Campus	Transitional
Akhiyat, Sophia	Orange Park Med Ctr-FL	Transitional
Buchanan, Mary Elizabeth	Intermountain Med Ctr-UT	Transitional
Chen, Tony	U Maryland Med Ctr Midtown Campus	Transitional
Kim, Il Kyoan	U Maryland Med Ctr Midtown Campus	Transitional
MacPherson, David	MacNeal Hospital-IL	Transitional
Mumtaz, Aisha	Harbor Hospital Ctr-MD	Transitional
Rahimi, Hamza	Orange Park Med Ctr-FL	Transitional
Rajjoub, Raneem	U Maryland Med Ctr Midtown Campus	Transitional
Rohlfing, Frederick	Naval Medical Center San Diegp-CA	Transitional
Matz, Ethan	Wake Forest University Sch of Med, Winston Salem-NC	Urology

CLASS OF 2016 RESIDENCY MATCHLIST

Applicant Name	Institution Name	Program Name
Akano, Adekemi	Hosp of the Univ of PA	Anesthesiology
Bangalore, Raksha	Rutgers-New Jersey Medical School	Anesthesiology
Chawla, Shawn	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Dinh, Elysha	Virginia Commonwealth U Hlth Sys	Anesthesiology
Dwarki, Karthik	Western Pennsylvania Hosp	Anesthesiology
Gillespie, Mae	Stanford Univ Progs-CA	Anesthesiology
Kenary, Cathleen	Brigham & Womens Hosp-MA	Anesthesiology
Kim, Alvin	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology

Lee, Nancy	Montefiore Med Ctr/Einstein-NY	Anesthesiology
Mann, Taylor	Johns Hopkins Hosp-MD	Anesthesiology
Matar, Nicole	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Patel, Suraj	George Washington Univ-DC	Anesthesiology
Singal, Amit	U Rochester/Strong Memorial-NY	Anesthesiology
Tang, Ai-shan	UCLA Medical Center-CA	Anesthesiology
Strong, Eric	Childrens National Med Ctr-DC	Child Neurology
Nathan, Neera	Massachusetts Gen Hosp	Derm/Harvard Combined
Agnihotri, Ritesh	U Rochester/Strong Memorial-NY	Dermatology
Barsell, Alexandra	U Louisville SOM-KY	Dermatology
Meyer, Katharine	Washington Hospital Ctr-DC	Emergency Med/Georgetown-WHC
Hase, Travis	Rhode Island Hosp/Brown Univ	Emergency Medicine
Kurian, Divya	Hosp of the Univ of PA	Emergency Medicine
Larsen, Cody	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
Lobdell, Harrison	Cook County-Stroger Hospital-IL	Emergency Medicine
Michael, Meina	Loma Linda University-CA	Emergency Medicine
Murphy-Crews, Aaron	U Cincinnati Med Ctr-OH	Emergency Medicine
Ortmayer, Owen	Albert Einstein Med Ctr-PA	Emergency Medicine
Richards, Andrew	Oregon Health & Science Univ	Emergency Medicine
Scarpino, Julie	U Rochester/Strong Memorial-NY	Emergency Medicine
Slezak, Trevor	Barnes-Jewish Hosp-MO	Emergency Medicine
Vryhof, Daniel	Grand Rapids Med Ed Partners-MI	Emergency Medicine
Azueta, Daidre	St Vincents Med Ctr-FL	Family Medicine
Kline, Paul	Excela Health Latrobe Hosp-PA	Family Medicine
Mayer Blackwell, Brandan	Kaiser Permanente-San Diego-CA	Family Medicine
Arnautovic, Aska	Washington Hospital Ctr-DC	General Surgery
Aziz, Madiha	Eastern VA Med School-VA	General Surgery
Goldshore, Matthew	Hosp of the Univ of PA	General Surgery
Hawley, Kristy	Union Memorial Hosp-MD	General Surgery
Hayes, Kathleen	U Tennessee COM-Memphis	General Surgery
Oh, Nicholas	UCLA Medical Center-CA	General Surgery
Mays, Daniel	Icahn SOM at Mount Sinai-NY	Int Med/Comm Prim Care
Tucker, Suhavi	Icahn SOM at Mount Sinai-NY	Int Med/Comm Prim Care
Baig, Kamal	Georgetown Univ Hosp-DC	Internal Medicine
Barrows, Ian	Georgetown Univ Hosp-DC	Internal Medicine
Bekker, Tatiana	Thomas Jefferson Univ-PA	Internal Medicine
Bhagat, Aditi	Stony Brook Teach Hosps-NY	Internal Medicine
Bove, Caitlin	Boston Univ Med Ctr-MA	Internal Medicine
Caldis, Matthew	U Wisconsin Hospital and Clinics	Internal Medicine
Chablaney, Shreya	Icahn SOM at Mount Sinai-NY	Internal Medicine
Chalikonda, Divya	Thomas Jefferson Univ-PA	Internal Medicine
Coffey, Caitrin	Mayo School of Grad Med Educ-MN	Internal Medicine
Dengler, Samuel	Temple Univ Hosp-PA	Internal Medicine
Dodds, Kerian	George Washington Univ-DC	Internal Medicine
Duong, Nikki	Georgetown Univ Hosp-DC	Internal Medicine
Gaballa, Daniel	Hershey Med Ctr/Penn State-PA	Internal Medicine

Ghafouri, Sanaz	UCLA Medical Center-CA	Internal Medicine
Haroian, Noah	B I Deaconess Med Ctr-MA	Internal Medicine
Karpin, Karin	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Khan, Mahmuda	Hofstra NSLIJ SOM-North Shore LIJ-NY	Internal Medicine
Kim, Min	INOVA Fairfax Hospital-VA	Internal Medicine
Krishnan, Sonya	Johns Hopkins Hosp-MD	Internal Medicine
Kumar, Sonali	Emory Univ SOM-GA	Internal Medicine
McAdams, Meredith	Hosp of the Univ of PA	Internal Medicine
Morkos, Maria	Olive View-UCLA Med Ctr-CA	Internal Medicine
Nguyen, Nathaniel	George Washington Univ-DC	Internal Medicine
Nguyen, Andrew	UC Riverside SOM-CA	Internal Medicine
Nizam, Amanda	George Washington Univ-DC	Internal Medicine
Obid, Samer	Jackson Memorial Hosp-FL	Internal Medicine
Orsini, Erica	Johns Hopkins Hosp-MD	Internal Medicine
Patel, Rahul	West Virginia University SOM	Internal Medicine
Prudent, Dolores	Jackson Memorial Hosp-FL	Internal Medicine
Punatar, Nisha	Harbor-UCLA Med Ctr-CA	Internal Medicine
Sahni, Neil	U Miami MSOM/Holy Cross-FL	Internal Medicine
Schwartz, Lauren	Icahn SOM at Mount Sinai-NY	Internal Medicine
Simon, Michael	George Washington Univ-DC	Internal Medicine
Spivack, Stephanie	Temple Univ Hosp-PA	Internal Medicine
Stiller, Robin	U Washington Affil Hosps	Internal Medicine
Stone, Kendall	University of Virginia	Internal Medicine
Venkat, Divya	Allegheny Gen Hosp-PA	Internal Medicine
Waseem, Najeff	Stanford Univ Progs-CA	Internal Medicine
Yoo, David	U Maryland Med Ctr	Internal Medicine
Kwak, Hannah	Detroit Med Ctr/WSU-MI	Medicine-Pediatrics
MacDowell, Sarah	Ohio State University Med Ctr	Medicine-Pediatrics
Romrell, Evan	Albany Medical Center-NY	Medicine-Pediatrics
Aggarwal, Sameer	U Maryland Med Ctr	Medicine-Preliminary
Agnihotri, Ritesh	Virginia Mason Med Ctr-WA	Medicine-Preliminary
Ali, Khameinei	U Maryland Med Ctr	Medicine-Preliminary
Arora, Rajan Preet	Riverside Community Hospital-CA	Medicine-Preliminary
Bansal, Mohit	Rhode Island Hosp/Brown Univ	Medicine-Preliminary
Barsell, Alexandra	Olive View-UCLA Med Ctr-CA	Medicine-Preliminary
Dwarki, Karthik	Wake Forest Baptist Med Ctr-NC	Medicine-Preliminary
Fox, Bradley	Jackson Memorial Hosp-FL	Medicine-Preliminary
Garvey, Merissa	Harbor Hospital Ctr-MD	Medicine-Preliminary
Gillespie, Mae	Washington Hospital Ctr-DC	Medicine-Preliminary
Goldberg, Jason	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
Kakkanatt, Ashley	NYMC-Westchester Med Ctr-NY	Medicine-Preliminary
Kapoor, Rajdeep	Washington Hospital Ctr-DC	Medicine-Preliminary
Kim, Kiin	Griffin Hospital-CT	Medicine-Preliminary
Klein, Joshua	Union Memorial Hosp-MD	Medicine-Preliminary
Koroulakis, Antony	Washington Hospital Ctr-DC	Medicine-Preliminary
Mann, Taylor	George Washington Univ-DC	Medicine-Preliminary

Mehta, Akshita	Harbor Hospital Ctr-MD	Medicine-Preliminary
Nathan, Neera	Case Western/MetroHealth Med Ctr-OH	Medicine-Preliminary
Okey, Neil	George Washington Univ-DC	Medicine-Preliminary
Sodhi, Guneet	Loma Linda University-CA	Medicine-Preliminary
Stein, Julie	Johns Hopkins Hosp-MD	Medicine-Preliminary
Knapp, Sarah	B I Deaconess Med Ctr-MA	Medicine-Primary
Rowell, Madden	Yale-New Haven Hosp-CT	Medicine-Primary
White, Courtney	Thomas Jefferson Univ-PA	Med-Prelim/Neurology
Batta, Neil	University at Buffalo SOM-NY	Med-Prelim/Sisters
Arora, Rajan Preet	UC San Diego Med Ctr-CA	Neurology
Christiana, Andrew	U Illinois COM-Chicago	Neurology
Allen, Annie	Vidant Med Ctr/East Carolina Univ-NC	Obstetrics-Gynecology
Armstrong, Abigail	UCLA Medical Center-CA	Obstetrics-Gynecology
Fisher, Steven	Hofstra NSLIJ SOM-Lenox Hill Hosp-NY	Obstetrics-Gynecology
Goldberg, Mack	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
Lipson, Jenna	Pennsylvania Hospital	Obstetrics-Gynecology
Margulies, Samantha	Yale-New Haven Hosp-CT	Obstetrics-Gynecology
Samuel, David	Montefiore Med Ctr/Einstein-NY	Obstetrics-Gynecology
Weeks, Corinne	U Massachusetts Med School	Obstetrics-Gynecology
Goldberg, Jason	Georgetown U/Wash Hosp	Ophthalmology
Singhal, Rishi	Penn State U - Hershey	Ophthalmology
Sodhi, Guneet	Eastern Virginia MS	Ophthalmology
D'Agostini, Alexandra	U Illinois COM-Chicago	Orthopaedic Surgery
Dolitsky, Robert	Monmouth Medical Ctr-NJ	Orthopaedic Surgery
Haring, Catherine	U Michigan Hosps-Ann Arbor	Otolaryngology
Jabaut, Joshua	Walter Reed- DC	Otolaryngology
Rotsides, Janine	NYU School Of Medicine	Otolaryngology
Wade, Jenna	Emory Univ SOM-GA	Pathology
Albert, Jonathan	St Christophers Hosp-PA	Pediatrics
Bansil,Shweta	NYP Hosp-Weill Cornell Med Ctr-NY	Pediatrics
Blatz, Allison	Case Western/Univ Hosps Case Med Ctr- OH	Pediatrics
Cagil, Yasemin	Nicklaus Childrens Hospital-Miami-FL	Pediatrics
Dughly, Omar	Childrens National Med Ctr-DC	Pediatrics
Hu, Pamela	Yale-New Haven Hosp-CT	Pediatrics
Kennelly, Ann	U Texas Southwestern Med Sch-Dallas	Pediatrics
Li, Menglu	Kaiser Permanente-Oakland-CA	Pediatrics
MacLean, Meaghan	University of British Columbia- Vancouver	Pediatrics
Marszal, Lindsay	Northwestern McGaw/Lurie Peds-IL	Pediatrics
McInerney, Alissa	NYMC-Westchester Med Ctr-NY	Pediatrics
Mehta, Priya	St Christophers Hosp-PA	Pediatrics
Patel, Nidhi	Childrens Hospital-LA-CA	Pediatrics
Phillips, Jacqueline	Jefferson Med Coll/duPont Childrens-PA	Pediatrics
Salama, Monica	Hofstra NSLIJ SOM-Cohen Childrens-NY	Pediatrics
Shackelford, Sasha	Yale-New Haven Hosp-CT	Pediatrics
Shapiro, Joseph	Childrens National Med Ctr-DC	Pediatrics

Spoehr-Labutta, Zachary	All Childrens Hospital-FL	Pediatrics
Visclosky, Timothy	U Michigan Hosps-Ann Arbor	Pediatrics
Ye, Grace	Montefiore Med Ctr/Einstein-NY	Pediatrics
Gearhart, Addison	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
Haimowitz, Rachel	Childrens National Med Ctr-DC	Pediatrics-Primary
Miyares, Lauren	Childrens National Med Ctr-DC	Pediatrics-Primary
Ramos, Margarita	Childrens National Med Ctr-DC	Pediatrics-Primary
Bhagavatula, Geetha	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Neshkes, Elana	UPMC Medical Education-PA	Peds/Psych/Child Psych
Tendler, Jennifer	Childrens National Med Ctr-DC	Peds-Primary/Community Health
Batta, Neil	Hosp of the Univ of PA	Phys Medicine & Rehab
Kakkanatt, Ashley	Montefiore Med Ctr/Einstein-NY	Phys Medicine & Rehab
Kim, Kiin	UC Irvine Med Ctr-CA	Phys Medicine & Rehab
Klein, Joshua	Nassau Univ Med Ctr-NY	Phys Medicine & Rehab
Spinuzza, Nick	Walter Reed- DC	Physical Medicine and Rehabilitation
Rudolph, Megan	Wake Forest Baptist Med Ctr-NC	Plastic Surgery (Integrated)
Crawford, Richard	Georgetown Univ Hosp-DC	Psychiatry
King, Kelly	George Washington Univ-DC	Psychiatry
O'Connell, Keelan	Walter Reed- DC	Psychiatry
Ramos, Orlando	University of Virginia	Psychiatry
Rastgar, Yasha	West Virginia University SOM	Psychiatry
Sivek, Rachel	Icahn SOM St Lukes-Roosevelt-NY	Psychiatry
Mohammadi, Homan	U South Florida Morsani COM-Tampa	Radiation Oncology
Koroulakis, Antony	U Maryland Med Ctr	Radiation-Oncology
Aggarwal, Abhi	Eastern VA Med School-VA	Radiology-Diagnostic
Aqel, Zakaria	Beaumont Health System-MI	Radiology-Diagnostic
Bansal, Mohit	Rhode Island Hosp/Brown Univ	Radiology-Diagnostic
Fox, Bradley	Jackson Memorial Hosp-FL	Radiology-Diagnostic
Garvey, Merissa	U Texas Southwestern Med Sch-Dallas	Radiology-Diagnostic
Hanna, Mark	U Arkansas-Little Rock	Radiology-Diagnostic
Kapoor, Rajdeep	Massachusetts Gen Hosp	Radiology-Diagnostic
Mehta, Akshita	U Texas Southwestern Med Sch-Dallas	Radiology-Diagnostic
Okey, Neil	U Colorado SOM-Denver	Radiology-Diagnostic
Pannu, Sidak	Dartmouth-Hitchcock Med Ctr-NH	Radiology-Diagnostic
Shafa, Justin	Jacobi Med Ctr/Einstein-NY	Radiology-Diagnostic
Stib, Matthew	Rhode Island Hosp/Brown Univ	Radiology-Diagnostic
Aggarwal, Abhi	Hosp of the Univ of PA	Surgery-Preliminary
Bangalore, Raksha	Allegheny Gen Hosp-PA	Surgery-Preliminary
Cappuzzo, Justin	Massachusetts Gen Hosp	Surgery-Preliminary
Durkin, Shane	U Texas Southwestern Med Sch-Dallas	Surgery-Preliminary
Pannu, Sidak	U Washington Affil Hosps	Surgery-Preliminary
Shafa, Justin	UCLA Medical Center-CA	Surgery-Preliminary
Mohammadi, Homan	Indiana Univ Sch Of Med	Transitional
Stib, Matthew	Newton-Wellesley Hosp-MA	Transitional
Singhal, Rishi	Gwinnett Medical Center	Transitional Year
Shoureshi, Poone	Oregon Health & Science Univ	Urology

Twum-Ampofo, Jeffrey	Massachusetts Gen Hosp	Urology
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CLASS OF 2015 RESIDENCY MATCH LIST		
Applicant Name	Institution Name	Program Name
Baysinger, Charles	U Kentucky Med Ctr	Anesthesiology
Clerizier, Soshana	U North Carolina Hospitals	Anesthesiology
Clifford, Hugo	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Daoud, Bahaa	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
De los Santos, Sarah	St Barnabas Med Ctr-NJ	Anesthesiology
Elhady, Dalya	U Florida COM-Shands Hosp	Anesthesiology
Engle, Alyson	Johns Hopkins Hosp-MD	Anesthesiology
Harmon, Emily	Yale-New Haven Hosp-CT	Anesthesiology
Jones, Jacob	George Washington Univ-DC	Anesthesiology
Leo, Nathanael	NYU School Of Medicine	Anesthesiology
Mobarakeh, Darius	U Maryland Med Ctr	Anesthesiology
Rodriguez, Jessica	Loma Linda University-CA	Anesthesiology
Salisu, Mariam	Johns Hopkins Hosp-MD	Anesthesiology
Sedghi, Kia	Johns Hopkins Hosp-MD	Anesthesiology
Sherman, Caitlin	UCLA Medical Center-CA	Anesthesiology
Spelde, Audrey	Hosp of the Univ of PA	Anesthesiology
Tully, Katherine	Georgetown Univ Hosp-DC	Anesthesiology
Dudzik, Gregory	Northwestern McGaw/NMH/VA-IL	Anesthesiology/3 Yr
Choi, Hanwool	Barnes-Jewish Hosp-MO	Anesthesiology/4 yr
Allawh, Rina	Drexel Univ COM/Hahnemann Univ Hosp-PA	Dermatology
Beggs, Sarah	Thomas Jefferson Univ-PA	Dermatology
Adler, Jamie	B I Deaconess Med Ctr-MA	Emergency Medicine
Alker, Ashely	UC San Diego Med Ctr-CA	Emergency Medicine
Behseta, Babak	Staten Island Univ Hosp-NY	Emergency Medicine
Blutinger, Erik	Hosp of the Univ of PA	Emergency Medicine
Chan, Tiffany	Rutgers-New Jersey Medical School	Emergency Medicine
Codini, Michael	Dartmouth-Hitchcock Med Ctr-NH	Emergency Medicine
Dua, Shiv	Allegheny Gen Hosp-PA	Emergency Medicine
Fortenko, Alexander	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
Gonzalez Marques, Catalina	U Florida COM-Shands Hosp	Emergency Medicine
Gustafson, Leah	George Washington Univ-DC	Emergency Medicine
Hagenberg, Robert	U Arizona Affil Hospitals	Emergency Medicine
Khatri, Utsha	Hosp of the Univ of PA	Emergency Medicine
Morcom, Samuel	Carilion Clinic-Virginia Tech Carilion SOM	Emergency Medicine
Simon Thomas, Megan	Icahn SOM St Lukes-Roosevelt-NY	Emergency Medicine
Yetter, Elizabeth	Maimonides Med Ctr-NY	Emergency Medicine
Cobb, Matthew	U Texas Southwestern Med Sch-Dallas	Emergency Medicine/Dallas
Hansen, Nichole	Kaiser Permanente-San Diego-CA	Family Medicine

Ngo, Minh-Hai	VCU-Fairfax Family Med Res-VA	Family Medicine
O'Brecht, Lyndsay	University of Toronto- Toronto	Family Medicine
Oro, Philip J	David Grant Medical Center	Family Medicine
Robinson, Nell	Swedish Medical Center-WA	Family Medicine/SIHB
Grabski, David	University of Virginia	General Surgery
Kovler, Mark	Johns Hopkins Hosp-MD	General Surgery
Spencer, Audrey	Christiana Care-DE	General Surgery
Wickham, Carey	U Southern California	General Surgery
Ballard, Peter K.	David Grant Medical Center	General Surgery
Flor, Remigo J	William Beaumont Army Medical Center	General Surgery
Leidig, Patrick D	Duke University	General Surgery
Weiss, Jessica	Madigan Army Medical Center	General Surgery
Alencherry, Ben	Case Western/Univ Hosps Case Med Ctr-OH	Int Med/International Health
Roper, Jillian	UPMC Medical Education-PA	Int Med/Womens Health
Alexander, Jacob	U Southern California	Internal Medicine
Aronsky, Danielle	North Shore-LIJ Health Sys-NY	Internal Medicine
Barakat, John	U Southern California	Internal Medicine
Davar, Kusha	George Washington Univ-DC	Internal Medicine
Desai, Anil	FAU-Schmidt COM-FL	Internal Medicine
Dhindsa, Devinder	Emory Univ SOM-GA	Internal Medicine
Elkis, Viktoria	George Washington Univ-DC	Internal Medicine
Glass, Jason	Icahn SOM at Mount Sinai-NY	Internal Medicine
Hejazifar, Navid	Virginia Commonwealth U Hlth Sys	Internal Medicine
Hsiao, Mindy	U Southern California	Internal Medicine
Jamias, Charmaine	Loma Linda University-CA	Internal Medicine
Jerusalem, Zachary	Cleveland Clinic Fdn-OH	Internal Medicine
Johnson, Eric	U Utah Affil Hospitals	Internal Medicine
Kerkhoff, Andrew	UC San Francisco-CA	Internal Medicine
Lim, Jane	Cedars-Sinai Medical Center-CA	Internal Medicine
Mann, Sarah	Harbor-UCLA Med Ctr-CA	Internal Medicine
Mehta, Meera	Emory Univ SOM-GA	Internal Medicine
Meiri, Amir	Boston Univ Med Ctr-MA	Internal Medicine
Okapal, Kevin	Case Western/Univ Hosps Case Med Ctr-OH	Internal Medicine
Ortizo, Ronald	UC Irvine Med Ctr-CA	Internal Medicine
Ozaki, Brent	Rush University Med Ctr-IL	Internal Medicine
Passi, Monica	North Shore-LIJ Health Sys-NY	Internal Medicine
Ram, Jodi	U Rochester/Strong Mem-NY	Internal Medicine
Reinders, Megan	UC San Diego Med Ctr-CA	Internal Medicine
Rohatgi, Abhinav	Stony Brook Teach Hosps-NY	Internal Medicine
Samtani, Rajeev	Icahn SOM at Mount Sinai-NY	Internal Medicine
Saunders, Richard	Dartmouth-Hitchcock Med Ctr-NH	Internal Medicine
Suri, Jaspreet	Temple Univ Hosp-PA	Internal Medicine
Westley, Christopher	Tulane Univ SOM-LA	Internal Medicine

Park, Bryan	U Texas Southwestern Med Sch-Dallas	Internal Medicine/Dallas
Abdelmalak, Farid	U Miami MSOM/Palm Beach Reg Campus-FL	Internal Medicine/JFK
Aliyeva, Tatyana	U Miami MSOM/Palm Beach Reg Campus-FL	Internal Medicine/JFK
Chia Li, Ricardo	U Illinois COM-Chicago	Internal Medicine/UIH
Allawh, Rina	Drexel Univ COM/Hahnemann Univ Hosp-PA	Medicine-Preliminary
Beggs, Sarah	Cooper University Hospital-NJ	Medicine-Preliminary
Engle, Alyson	Washington Hospital Ctr-DC	Medicine-Preliminary
Idrees, Sana	Washington Hospital Ctr-DC	Medicine-Preliminary
Lee, Jae Youn	Georgetown Univ Hosp-DC	Medicine-Preliminary
Leo, Nathanael	NY Methodist Hospital-NY	Medicine-Preliminary
Matthys, Erin	Case Western/Univ Hosps Case Med Ctr-OH	Medicine-Preliminary
Remick, Jill	George Washington Univ-DC	Medicine-Preliminary
Royer, Christine	Johns Hopkins/Bayview-MD	Medicine-Preliminary
Salisu, Mariam	Harbor Hospital Ctr-MD	Medicine-Preliminary
Sedghi, Kia	U Maryland Med Ctr	Medicine-Preliminary
Smilanich, Sarah	Greater Baltimore Med Ctr-MD	Medicine-Preliminary
Srivastava, Gaurav	U Maryland-Mercy Med Ctr	Medicine-Preliminary
Winter, Andrea	Jewish Hospital-OH	Medicine-Preliminary
Yaeger, Andrew	UC Irvine Med Ctr-CA	Medicine-Preliminary
Abdelnabi, Mai	University of Virginia	Medicine-Primary
Georgie, Daniel	Alameda Co Med Ctr-CA	Medicine-Primary
Lee, Jiyong	Dartmouth-Hitchcock Med Ctr-NH	Medicine-Primary
Tully, Katherine	Washington Hospital Ctr-DC	Med-Prelim/Anesthesiology
Dudzik, Gregory	U Illinois COM-Chicago	Med-Prelim/UIC Christ
Kandah, Blake	U Illinois COM-Chicago	Med-Prelim/UIH
Khalsa, Siri Sahib	U Michigan Hosps-Ann Arbor	Neurological Surgery
Morrison, Christopher	Good Samaritan Hosp-Cinn-OH	Ob-Gyn/GSH Bethesda
Bren, Kathleen	Washington Hospital Ctr-DC	Obstetrics-Gynecology
Brunn, Elizabeth	Washington Hospital Ctr-DC	Obstetrics-Gynecology
Cassling, Caroline	U North Carolina Hospitals	Obstetrics-Gynecology
Lewis, Lindsay	U Minnesota Med School	Obstetrics-Gynecology
Mastroiannis, Spyridon	Hosp of the Univ of PA	Obstetrics-Gynecology
Nguyen, Lynsa	UC San Francisco-Fresno-CA	Obstetrics-Gynecology
Nichols, Anne	Hosp of the Univ of PA	Obstetrics-Gynecology
Olatunde, Aishat	Albert Einstein Med Ctr-PA	Obstetrics-Gynecology
Volkov, Veronika	Reading Hospital Med Ctr-PA	Obstetrics-Gynecology
Mares, Jacquelyn	North Shore-LIJ Health Sys-NY	Obstetrics- Gynecology/Preliminary
Faith, Parker	U Washington	Ophthalmology
Idrees, Sana	University of Rochester Flaum Eye Institute	Ophthalmology
Lee, Jae Youn	U South Carolina	Ophthalmology
McLaughlin, John	Sinai Hospital-Baltimore	Ophthalmology

Strivastava, Gaurav	Rutgers New Jersey Medical School	Ophthalmology
Kyhos, Justin	Northwestern McGaw/NMH/VA-IL	Orthopaedic Surgery
Lipof, Jason	U Rochester/Strong Mem-NY	Orthopaedic Surgery
Patten, Ian	Johns Hopkins Hosp-MD	Orthopaedic Surgery
Samtani, Rahul	U Wisconsin Hospital and Clinics	Orthopaedic Surgery
Moga, Iustin Stefan	Dalhousie University-Halifax	Orthopaedic Surgery
Gill, Amarbir	UC Davis Med Ctr-CA	Otolaryngology
Larson, Stephen	U Tennessee COM-Memphis	Otolaryngology
Rock, Alexander	Ohio State University Med Ctr	Otolaryngology
Shokri, Tom	Hershey Med Ctr/Penn State-PA	Otolaryngology
Fraser, Kyle	UC San Diego Med Ctr-CA	Pathology
Ardina, Anne-Francelle	Kaiser Permanente-Oakland-CA	Pediatrics
Bradley-Hewitt, Tyler	Childrens National Med Ctr-DC	Pediatrics
George, Christine	Carilion Clinic-Virginia Tech Carilion SOM	Pediatrics
Ginsburg, Daniella	Loma Linda University-CA	Pediatrics
Gouda, Suzanne	Univ of Chicago Med Ctr-IL	Pediatrics
Gu, Sherry	Tulane Univ SOM-LA	Pediatrics
Hong, Connie	Loma Linda University-CA	Pediatrics
Jacob, Saul	U Utah Affil Hospitals	Pediatrics
Kaviany, Parisa	Childrens National Med Ctr-DC	Pediatrics
Kwee, Edgar	Hershey Med Ctr/Penn State-PA	Pediatrics
Mancuso, Tierney	Cincinnati Childrens Hosp MC-OH	Pediatrics
Ohienmhen, Beatrix	Eastern VA Med School-VA	Pediatrics
Patel, Ruby	Kaiser Permanente-Oakland-CA	Pediatrics
Peitzman, Emily	UC San Francisco-CA	Pediatrics
Sexton, Scott	Duke Univ Med Ctr-NC	Pediatrics
Shaban, Alaa	Harbor-UCLA Med Ctr-CA	Pediatrics
Singhal, Priya	U Maryland Med Ctr	Pediatrics
Sood, Shawn	U Oklahoma COM-Tulsa	Pediatrics
White, Alicia	U Colorado SOM-Denver	Pediatrics
Zader, Sarah J.	NMC Portsmouth	Pediatrics
Mador, Jillian	UPMC Medical Education-PA	Pediatrics-Primary
Wong, Joseph	Rutgers-R W Johnson Medical School-NJ	Phys Med & Rehab/JFK Edi- son
Kandah, Blake	U Colorado SOM-Denver	Phys Medicine & Rehab
Ayyala, Haripriya	Rutgers-New Jersey Medical School	Plastic Surgery (Integrated)
Bailey, Shayna	Pine Rest Christian Mental Hlth Svcs-MI	Psychiatry
Palanci, Justin	Emory Univ SOM-GA	Psychiatry
Thomas, Whitney	UPMC Medical Education-PA	Psychiatry
Vesny, Ryan	Georgetown Univ Hosp-DC	Psychiatry
Hoff, Allison	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Abugideiri, Mustafa	Emory Univ SOM-GA	Radiation Oncology
Remick, Jill	U Maryland Med Ctr	Radiation-Oncology
Matthys, Erin	Case Western/Univ Hosps Case Med Ctr-OH	Radiology-Diagnostic

Smilanich, Sarah	George Washington Univ-DC	Radiology-Diagnostic
Winter, Andrea	St Louis Univ SOM-MO	Radiology-Diagnostic
Yaeger, Andrew	U Southern California	Radiology-Diagnostic
Milas, Lee	Rutgers-R W Johnson Medical School-NJ	Surgery-Preliminary
Norrell, Kirsten	Hershey Med Ctr/Penn State-PA	Surgery-Preliminary
Singh, Abhinav	U Colorado SOM-Denver	Surgery-Preliminary
Faith, Parker	Virginia Mason Med Ctr-WA	Transitional
McLaughlin, John	Mercy Catholic Med Ctr-PA	Transitional
Wong, Joseph	Lehigh Valley Hosp-PA	Transitional
Milas, Lee	Rutgers-R W Johnson Medical School-NJ	Urology

CLASS OF 2014 RESIDENCY MATCH LIST

Applicant Name	Institution Name	Program Name
Bhatt, Binoy	The George Washington Univ-DC	Anesthesiology
Flaherty, Devon	Icahn SOM at Mount Sinai-NY	Anesthesiology
Ginsberg, Nicole	NYP Hosp-Weill Cornell MedCtr-NY	Anesthesiology
John, Sonia	Johns Hopkins Hosp-MD	Anesthesiology
Jonna, Srikar	U Maryland Med Ctr	Anesthesiology
Spears, Michelle	The The George Washington Univ-DC	Anesthesiology
Suffredini, Giancarlo	Johns Hopkins Hosp-MD	Anesthesiology
Vehian, Ara	UCLA Medical Center-CA	Anesthesiology
Lee,Howard	Northwestern McGaw/NMH/VA-IL	Anesthesiology/4Yr
Sanford, Kelsey	U Washington Affil Hosps	Anesthesiology/Clin Base Yr
Dorsey , Adrienne	Vanderbilt Univ Med Ctr-TN	Child Neurology
Davis, DiAnne	U Oklahoma COM-OK City	Dermatology
Jawed, Sarah	NYP Hosp-Weill Cornell MedCtr-NY	Dermatology
Talasila, Sreya	Northwestern McGaw/NMH/VA-IL	Dermatology
Abdallah, Assya	The George Washington Univ-DC	Emergency Medicine
Akomeah, Abena	Carolinas Med Ctr-NC	Emergency Medicine
Bernett, John	Geisinger Health System-PA	Emergency Medicine
Paradise, Sara	U Arizona Affil Hospitals	Emergency Medicine
Renne, Benjamin	U Cincinnati MedCtr-OH	Emergency Medicine
Veppumthara, Abe	Thomas Jefferson Univ-PA	Emergency Medicine
Waldner, Amy	Hosp of the Univ of PA	Emergency Medicine
Krepela, Alyssa Leigh	NMC Portsmouth	Emergency Medicine
Trevas, Benjamin	U Texas Southwestern Med Sch-Dallas	Emergency Medicine/Dallas
Tauras, Alexander	Presby Intercommunity Hosp-CA	Fam Med/Tropical Med
Hallerman, Jessica	Swedish Medical Center-WA	Family Med/Cherry Hill
kuhn, dana	Einstein/Beth Israel Med Ctr-NY	Family Medicine
Rasheed, Ahmad	Excelsa Health Latrobe Hosp-PA	Family Medicine
Slade, Chelsea	McKay-Dee Hospital Ctr-UT	Family Medicine
Tapper, Kathryn	Mayo School of Grad MedEduc-FL	Family Medicine
Keenan, Jonathan P.	David Grant Medical Center	Family Medicine
Dave, Rina	U Illinois COM-Chicago	Family Medicine/UIH

Ahle, Samantha	Yale-New Haven Hosp-CT	General Surgery
Dickler, Carl	Stony Brook TeachHosps-NY	General Surgery
George, Philip	Icahn SOM at Mount Sinai-NY	General Surgery
Holzner, Matthew	Georgetown Univ Hosp-DC	General Surgery
Marcotte, Joseph	Cooper University Hospital-NJ	General Surgery
Sanders, Stacy	U Massachusetts Med School	General Surgery
Satey, Sean	Riverside County Reg Med Ctr-CA	General Surgery
Tangherlini, Frances	Northwestern McGaw/NMH/VA-IL	General Surgery
Weissler, Jason	Rutgers-R W Johnson MedicalSchool-NJ	General Surgery
Bhalla, Sean	B I Deaconess Med Ctr-MA	Internal Medicine
Borman, Zachary	B I Deaconess Med Ctr-MA	Internal Medicine
Cox, Katherine	Icahn SOM at Mount Sinai-NY	Internal Medicine
Delio, Joseph	The George Washington Univ-DC	Internal Medicine
Dukandar, Jasmine	Einstein/Montefiore Med Ctr-NY	Internal Medicine
Ekanem, Emmanuel	Georgetown Univ Hosp-DC	Internal Medicine
Ertle, Justin	The George Washington Univ-DC	Internal Medicine
Gerber, Daniel	Stanford Univ Progs-CA	Internal Medicine
Ghafouri, Tiffany	UC San Diego Med Ctr-CA	Internal Medicine
Ghusson, Noha	Thomas Jefferson Univ-PA	Internal Medicine
Grace, Rory	Hosp of the Univ of PA	Internal Medicine
Gunawardena, Vindya	U South Florida COM-Tampa	Internal Medicine
Gupta, Kanika	The George Washington Univ-DC	Internal Medicine
Hilsendager, Cami	Providence Portland Med Ctr-OR	Internal Medicine
Huang, Li	Stony Brook TeachHosps-NY	Internal Medicine
Ibe, Ogechi	Washington HospitalCtr-DC	Internal Medicine
Jarzemowski, Steven	UVM/Fletcher Allen-VT	Internal Medicine
Kirzner, Jared	NYP Hosp-Weill Cornell MedCtr-NY	Internal Medicine
Krafft, Matthew	West Virginia University SOM	Internal Medicine
Ling, Christina	U Southern California	Internal Medicine
Marino, Amy	UPMC Medical Education-PA	Internal Medicine
Nash, Rachel	Thomas Jefferson Univ-PA	Internal Medicine
Owen, Brittany	Baylor Coll Med-Houston-TX	Internal Medicine
Passi, Neena	Einstein/Montefiore Med Ctr-NY	Internal Medicine
Patel, Gayatri	Boston Univ Med Ctr-MA	Internal Medicine
Pawlowski, Joseph	U Southern California	Internal Medicine
Puro, Alana	UC Davis Med Ctr-CA	Internal Medicine
Sekaran, Adith	Tufts Medical Center-MA	Internal Medicine
Shah, Ashish	Thomas Jefferson Univ-PA	Internal Medicine
Sherman, Amy	Emory Univ SOM-GA	Internal Medicine
Sivaraman, Anita	Sinai Hospital of Baltimore-MD	Internal Medicine
Tank, Rikin	Cedars-Sinai Medical Center-CA	Internal Medicine
Tu, Joey	Olive View-UCLA Med Ctr-CA	Internal Medicine
Wasti, Syeda Zainab	INOVA Fairfax Hospital-VA	Internal Medicine
Webster, Tyler	Icahn SOM at Mount Sinai-NY	Internal Medicine

Wegermann, Zachary	Duke Univ Med Ctr-NC	Internal Medicine
Wong, Tiffany	Hosp of the Univ of PA	Internal Medicine
Yoruk, Ayhan	U Rochester/Strong Mem-NY	Internal Medicine
Gould, Allison Anne	WRNMMC Bethesda	Internal Medicine
Sharma, Anit	SAUSHEC	Internal Medicine
Afshar, Mehdi	McGill University	Internal Medicine
Ostapkovich, Kathleen	Medical University of SC	Medicine-Pediatrics
Akbari, Yasmin	St Joseph Hosp-IL	Medicine-Preliminary
Anderson, Mark	Overlook Hospital-NJ	Medicine-Preliminary
Arepalli, Sruthi	Washington HospitalCtr-DC	Medicine-Preliminary
Bhatt, Binoy	Drexel Univ COM/Hahnemann Univ Hosp-	Medicine-Preliminary
Chaudhry, Huma	MedStar Franklin Square Med Ctr-MD	Medicine-Preliminary
Davis, DiAnne	U Oklahoma COM-OK City	Medicine-Preliminary
Golshani, Cyrus	Washington HospitalCtr-DC	Medicine-Preliminary
Huynh, Kyle	U Florida COM-Shands Hosp	Medicine-Preliminary
Jonna, Srikar	The George Washington Univ-DC	Medicine-Preliminary
Katz, Jonathan	MedStar Franklin Square Med Ctr-MD	Medicine-Preliminary
Kuhn, Karin	Kaiser Permanente-Oakland-CA	Medicine-Preliminary
Merchant, Kunal	Lankenau Hospital-PA	Medicine-Preliminary
MohajeriMoghaddam, Sarah	U Rochester/Strong Mem-NY	Medicine-Preliminary
Noor, Amir	Icahn SOM St Lukes-Roosevelt-NY	Medicine-Preliminary
Prasad, Vikram	Drexel Univ COM/Hahnemann Univ Hosp-	Medicine-Preliminary
Qayum, Shehzad	The George Washington Univ-DC	Medicine-Preliminary
Quadri, Rehan	U Maryland-Mercy Med Ctr	Medicine-Preliminary
Rothenberg, Steven	North Shore-LIJ Health Sys-NY	Medicine-Preliminary
Rupe, Eric	UC San Diego Med Ctr-CA	Medicine-Preliminary
Sood, Rishi	Union Memorial Hosp-MD	Medicine-Preliminary
Suffredini, Giancarlo	U Maryland-Mercy Med Ctr	Medicine-Preliminary
Vincenti, Kerri	Pennsylvania Hospital	Medicine-Preliminary
Dill, Anna	Yale-New Haven Hosp-CT	Medicine-Primary
Pelleg, Ayla	Cook County-StrogerHospital-IL	Medicine-Primary
Rosenblatt, Seth	Charleston Area Med/Ctr WV University	Medicine-Psychiatry
Govind, Bhuvanesh	Thomas Jefferson Univ-PA	Med-Prelim/Neurology
Miller, Kristin	Rush University Med Ctr-IL	Med-Prelim/Neurology
Talasila, Sreya	Univ of Chicago Med Ctr-IL	Med-Prelim/NorthShore
Snyder, Kendall	Mayo School of Grad Med Educ-MN	Neurological Surgery
Wessell, Aaron	U Maryland Med Ctr	Neurological Surgery
Govind, Bhuvanesh	Thomas Jefferson Univ-PA	Neurology
Miller, Kristin	Rush University Med Ctr-IL	Neurology
Hossack, Michael R.	SAUSHEC	Neurology
Close, Adam	The George Washington Univ-DC	Obstetrics-Gynecology
Eddinger, Rebecca	St Barnabas Med Ctr-NJ	Obstetrics-Gynecology
Enns, Jordan	Baylor Coll Med-Houston-TX	Obstetrics-Gynecology
Green, Jeannette	U South Florida COM-Tampa	Obstetrics-Gynecology

Gumer, Arielle	NYP Hosp-Columbia Univ Med Ctr-NY	Obstetrics-Gynecology
Hazen, Nicholas	Washington HospitalCtr-DC	Obstetrics-Gynecology
Krantz, Sarah	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
Liu, Rosa	Santa Clara Valley Med Ctr-CA	Obstetrics-Gynecology
Mirghani, Sara	Albert Einstein Med Ctr-PA	Obstetrics-Gynecology
O'FlynnO'Brien,Katherine	Hosp of the Univ of PA	Obstetrics-Gynecology
Sinha,Anila	Icahn SOM St Lukes-Roosevelt-NY	Obstetrics-Gynecology
Todd, Sarah	The George Washington Univ-DC	Obstetrics-Gynecology
McClellan, Edward R.	Tripler Army Medical Center	Obstetrics-Gynecology
Peven-Izu, Nikko	North Shore-LIJ Health Sys-NY	Obstetrics-Gynecology/Lenox Hill
Arepalli, Sruthi	Cleveland Clinic - Cole Eye Institute	Ophthalmology
Golshani, Cyrus	Mount Sinai SoM - NY	Ophthalmology
Huynh, Kyle	U North Carolina	Ophthalmology
Katz, Jonathan	Emory University	Ophthalmology
Merchant, Kunal	George Washington U	Ophthalmology
Qayum, Shehzad	University of Chicago	Ophthalmology
Werner,Jordan	NYU School Of Medicine	Ortho Surg/Hosp Joint Diseases
Boyle, Kathleen	University at Buffalo SOM-NY	Orthopaedic Surgery
Kirsch, Jacob	U Michigan Hosps-AnnArbor	Orthopaedic Surgery
NaPier, Zachary	Cedars-Sinai Medical Center-CA	Orthopaedic Surgery
Roberts, Aaron	U Rochester/Strong Mem-NY	Orthopaedic Surgery
Ghorab, Saba	Mayo School of Grad MedEduc-AZ	Otolaryngology
Hashemi,Sean	Boston Univ Med Ctr-MA	Otolaryngology
Khoury, Tawfiq	Duke Univ Med Ctr-NC	Otolaryngology
Nayak, Neil	Jackson Memorial Hosp-FL	Otolaryngology
Park, Joseph	The George Washington Univ-DC	Otolaryngology
Spock,Todd	Yale-New Haven Hosp-CT	Otolaryngology
Poropatich, Kate	Northwestern McGaw/NMH/VA-IL	Path-Investigator Trk
Kaldas, Mary	Natl Insts of Health-MD	Pathology
Taylor, Laura	Hosp of the Univ of PA	Pathology AP/CP
Agarwal, Neha	Childrens National Med Ctr-DC	Pediatrics
Anderson, Bradley	U Colorado SOM-Denver	Pediatrics
Banigan, Maureen	Childrens National Med Ctr-DC	Pediatrics
Bansal, Shilpa	St ChristophersHosp-PA	Pediatrics
Bruns, Lauren	U Colorado SOM-Denver	Pediatrics
Cheng, Allison	Case Western/Univ Hosps Case Med Ctr-OH	Pediatrics
Chiang, Elaine	UPMC Medical Education-PA	Pediatrics
Choi, Nak Hyun	St Louis Childrens Hosp-MO	Pediatrics
Cork, Katrina	U Rochester/Strong Mem-NY	Pediatrics
Crotty, Erin	Childrens National Med Ctr-DC	Pediatrics
Emanuel, Julia	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
Generoso, August Jillian	Grand Rapids Med Ed Partners-MI	Pediatrics
Hahn, Blair	Einstein/Jacobi Med Ctr-NY	Pediatrics
Hammond, Benjamin	U New Mexico SOM	Pediatrics

Jacobson, Melanie	Rhode Island Hosp/Brown Univ	Pediatrics
Jarkowiec, Maria	Childrens Hospital-Oakland-CA	Pediatrics
Johnson, Ireal	Miami Childrens Hosp-FL	Pediatrics
Justus, David	Tufts Medical Center-MA	Pediatrics
Katti, Karishma	North Shore-LIJ Health Sys-NY	Pediatrics
Kim, Jessica	St ChristophersHosp-PA	Pediatrics
Rasooly, Irit	ChildrensHosp-Philadelphia-PA	Pediatrics
Rechtman, Lauren	Childrens National Med Ctr-DC	Pediatrics
Sims, Courtney	Einstein/Montefiore Med Ctr-NY	Pediatrics
Simson, Benjamin	University of Virginia	Pediatrics
Narayanan, Nisha	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
Jawed, Sarah	Icahn SOM at Mount Sinai-NY	Pediatrics-Preliminary
Widge, Alicia	Childrens National Med Ctr-DC	Pediatrics-Primary
Tarver , Leslie	Massachusetts Gen Hosp	Peds/Adult/Child Psychiatry
Plummer, Clausyl	U Texas HSC-San Antonio	Phys Medicine & Rehab
Barratt, Jeffrey	U Utah Affil Hospitals	Psychiatry
Rosenfarb, Dana	HarvardLongwoodPsych-MA	Psychiatry
Waggel, Stephanie	The George Washington Univ-DC	Psychiatry
Walsh, Jeffrey	Kaiser Permanente-Fontana-CA	Psychiatry
Chaudhry, Huma	North Shore-LIJ Health Sys-NY	Radiation Oncology
Chaudhari,Rishabh	SUNY Upstate Med University	Radiation-Oncology
Akbari,Yasmin	UPMC Medical Education-PA	Radiology-Diagnostic
Anderson, Mark	Massachusetts Gen Hosp	Radiology-Diagnostic
Bailey, Ariel	West Virginia University SOM	Radiology-Diagnostic
Dufour, Robert	University of Virginia	Radiology-Diagnostic
Hiremath, Trilochan	Boston Univ Med Ctr-MA	Radiology-Diagnostic
Kuhn, Karin	Stanford Univ Progs-CA	Radiology-Diagnostic
MohajeriMoghaddam,Sarah	U Rochester/Strong Mem-NY	Radiology-Diagnostic
Noor, Amir	Icahn SOM at Mount Sinai-NY	Radiology-Diagnostic
Prasad, Vikram	Boston Univ Med Ctr-MA	Radiology-Diagnostic
Quadri,Rehan	U Texas Southwestern Med Sch-Dallas	Radiology-Diagnostic
Rothenberg, Steven	U Maryland Med Ctr	Radiology-Diagnostic
Rupe, Eric	UC San Diego Med Ctr-CA	Radiology-Diagnostic
Sharma, Arjun	Temple Univ Hosp-PA	Radiology-Diagnostic
Sood, Rishi	The George Washington Univ-DC	Radiology-Diagnostic
Vincenti, Kerri	Pennsylvania Hospital	Radiology-Diagnostic
Mooser, Annie Cottier	WRNMMC Bethesda	Surgery-General
Patel, Devin	Cedars-Sinai Medical Center-CA	Surgery-Prelim/Urology
Patel, Neal	NYP Hosp-Weill Cornell MedCtr-NY	Surgery-Preliminary
Sood, Amit	Medical University of SC	Surgery-Preliminary
Spears, Michelle	Washington HospitalCtr-DC	Surgery-Preliminary
Udyavar, Nidhi	Duke University Med Ctr-NC	Surgery-Preliminary
Hiremath, Trilochan	U Washington Affil Hosps	Surg-Prelim/1yr
Dufour, Robert	University of Virginia	Surg-Prelim/Non-Desig

Bree, Kelly	UC San Diego Med Ctr-CA	Surg-Prelim/Urology
Bailey, Ariel	West Virginia University SOM	Transitional
Sharma, Arjun	Christiana Care-DE	Transitional
John, Sonia	U TennesseeCOM-Memphis	Transitional/Methodist Hosp
Chaudhari, Rishabh	Univ of Chicago Med Ctr-IL	Transitional/NorthShore
Neal, Patel	NY Presbyterian Hosp/Cornell Med Ctr., NY	Urology
Knapp, Stephanie	Duke University	Urology

Appendix I: Saving Money

Saving Money on Residency Travels

Federal Student Loans: These may be used for travel to residency interview locations. For reference, the allowance in the Cost of Attendance was \$3,200 for the 2018-2019 academic year. Should you require additional funding, visit the Office of Financial Aid's website and complete the fourth year travel allowance form and the travel expense worksheet.

Institutional Loans for Canadian students: Canadian Students traveling for residency interviews in the U.S. may obtain up to \$2000 in institutional loan funding through the Medical School Consolidated Loan Program. The interest rate on these loans is 0% through six months after graduation and then the rate changes to 6%. The loan must be paid back through quarterly payments within 10 years.

Private Loans: The maximum amount of federal or private loan funding a student can take out during a school year cannot exceed the cost of attendance. However, cost of attendance cannot include expenses associated with relocating to a residency program after graduation. If you need additional loan funding to cover these expenses you can consider a "residency and relocation loan" offered by a private bank. Usually, these loans can be repaid after residency (just like educational loans), but the amount is sent to the student and not the school.

More information about these can be found on www.finaid.org. Make sure to look only at loans that mention "residency" or "relocation" in their title or description, since another private loan may be denied if you are already receiving funding that equals your cost of attendance. Due to our code of conduct we are unable to recommend any private loan lenders. However, the Office of Financial Aid staff would be happy to meet with you to discuss the terms of any loans you decide to pursue.

Although exact terms vary depending on the residency and relocation loan lender, it seems that as with everything else, a good credit score helps. The amount can be up to \$20,000, rates of interest vary, although terms may be harsh. Usually all you need to apply is proof of applying to residency (like a letter from the Dean's office) and proof of interviewing (invite letter). It sounds like the turnaround time is quick (few weeks from application until money in your account), and you can apply anytime as a fourth year student up until six months into residency.

Tax Deductions: We have not found any final word on whether interview expenses qualify for tax deductions or not. These may help figure it out: <http://www.irs.gov/publications/p529/ar02.html> and <http://www.irs.gov/pub/irs-pdf/p4128.pdf>. Remember to keep all of your moving receipts and review IRS publication 521 for more information about the effects of moving on your federal taxes.

Credit Cards: Using a card that gives you airline miles or discounts on rental cars can help offset some of the travel expenses

AMA membership: Helps with getting discounts on car rentals. More information available under the benefits section on their website.

Others: Research the programs to which you are applying by checking their websites to see if they can fund your interview. For example, the Wisconsin Academy of Family Physicians provides funding support to MS4s who interview at four or more FM residency programs in Wisconsin.

Saving Money on Housing during Interviews

Rarely, programs will offer to cover the cost of your hotel stay. Others may be able to obtain a discounted rate for you. If you feel comfortable, ask the residency coordinator if he/she can provide you with suggestions as to where other applicants have stayed in the past.

NAME: _____

Senior Scheduling Self-Assessment Form

Purpose: *this self-assessment exercise will help you plan your senior schedule and ensure the following:*

- *You have planned appropriate clerkships to meet graduation requirements.*
- *You have planned appropriate clerkships in your specialty(ies) of interest.*
- *You have planned appropriate clerkships if you need additional letters of recommendation for your residency applications.*
- *You have planned appropriate time for USMLE Step 2 CK and CS study.*
- *You have planned appropriate time for interviews.*
- *You have planned appropriate course work to meet Track Program requirements*
- *You have planned any extramural clerkships (audition electives, global health, etc.)*
- *You have planned clerkships or courses to address areas of weakness or needed skills for optimal residency preparation.*

Step 1: Graduation Requirements

- Acting internship: Pediatrics, Family Medicine, Medicine, Critical Care, or Surgery- 4 weeks
- Emergency Medicine: Pediatric or Adult- 4 weeks
- Neuroscience Clerkship- 4 weeks
- Anesthesiology Clerkship (Anes 380 or 302)
- Transitions formerly called POM IV (automatically scheduled in March)
- At least 30 Weeks of Electives (**the elective time you did in 3rd year counts towards the 30 weeks**)
- Any Third Year Clerkships not completed already

Step 2: USMLE Step 2 CK and CS (MUST be taken no later than December 31st)

- CK date: _____
- CS date: _____
- Study time (usually one month of vacation)

Step 3: Specialty selection and preparation for residency applications

- Clerkships in Specialty(ies) of choice
- Clerkship(s) if additional letters of recommendation required

Step 4: Interviews

- Interview time (at least one full month in December or January for most specialties; October or November for early matches [Ophthalmology, Urology]). DO NOT 'BOOKEND' YOUR INTERVIEW TIME WITH CLERKSHIPS THAT CANNOT ALLOW YOU FLEXIBILITY TO INTERVIEW IF A COUPLE INTERVIEWS CAN'T BE SCHEDULED IN YOUR VACATION TIME. THESE INCLUDE ACTING

INTERNSHIPS, GLOBAL HEALTH ELECTIVES, AND VISITING STUDENT
“AUDITION” ELECTIVES AT OTHER PROGRAMS.

Step 5: Special Electives

- Extramural Electives (Audition Electives or Global Health electives)
- Track Program requirements (one month for most tracks, see course guide for specific course codes)

Step 6: Self-assessment and preparation for residency training/elective choices. These should be discussed with your specialty advisor(s) and your career advisory dean.

- Areas of weakness (eg. You plan to go into internal medicine and you don't understand the kidney. Yikes!!! Schedule renal elective.)
- Special skills or knowledge helpful in preparing for your residency (eg. Critical care electives, Wound management, Radiology/imaging specific to your specialty choice, etc.)