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The George Washington University  
School of Medicine and Health Sciences

**“Guide to the 4<sup>th</sup> Year”**  
**(Transition to Advanced Clinical Practice)**

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

Prepared for the Class of 2025 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 inbox!

## 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 Plastic Surgery, Ophthalmology, and Urology should note 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	
<b>Winter Break</b>	1. Reflect on clinical experiences and interactions with faculty and residents during the clerkships as you begin the process of specialty selection.
	2. Revisit the Careers in Medicine website ( <a href="#">link</a> ) hosted by the AAMC (Use your AAMC ID to login).
	3. Review FREIDA online ( <a href="#">link</a> ). This is a searchable electronic database of all residency and fellowship programs in the U.S.
	Review the Roadmap to Residency Site ( <a href="#">link</a> ).
	Review and complete the Google Portfolio Form, which will be utilized through the 2024 Match Cycle.
	4. Review the National Resident Matching Program publication, <a href="#">Charting Outcomes in the Match</a> ( <a href="#">link</a> ). This report casts light on how applicant qualifications affect match success.
	5. Military Students: Start planning Active Duty Tours (Military Away Rotations) ( <a href="#">link</a> ) <ul style="list-style-type: none"> <li>• <b>Army Students should review the information at:</b> <a href="http://www.goarmy.com/amedd/education.html">http://www.goarmy.com/amedd/education.html</a></li> <li>• <b>Navy Students should review the information at:</b> <a href="#">Graduate Medical Education (navy.mil)</a></li> <li>• <b>Air Force Students should review the information at:</b> <a href="#">Application Instructions (af.mil)</a> and <a href="#">2022 Checklist (af.mil)</a></li> </ul> Military Residency Catalog: <a href="https://www.usuaoa.org/program-previews">https://www.usuaoa.org/program-previews</a>
<b>January 2024</b>	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 ( <a href="#">link</a> ) 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 <a href="#">Learning Opportunities</a> website ( <a href="#">link</a> ). Become familiar with the process.
	5. VSLO Authorizations are issued by the Deans Office.
<b>February 2024</b>	1. Select an official GW Faculty Advisor 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. Students begin to meet individually with Career Advisory Dean to review and modify schedules. You will be assigned a time and date for this required meeting.

March-April 2024	Register for USMLE-2 to be taken by mid August
May 2024	Complete your Google Roadmap to Residency Longitudinal Questionnaire and personal statement draft.
June 2024	Electronic Residency Application Service (ERAS) opens. Review the ERAS website ( <a href="#">link</a> ) and take note of all deadlines.
	<a href="#">Situational judgment exams for Altus</a> (if required/requested) should be scheduled by July 1 <sup>st</sup> for select specialties and programs.

<b>Fourth Year</b>	
July 2024	Early Match (Ophthalmology and Urology) begins registration. <b>See Ophthalmology Match timeline <a href="#">here</a>. See Urology timeline <a href="#">here</a>.</b>
August 2024	1. Complete application materials
	2. Review transcripts for accuracy
	3. Target date for Ophthalmology applications: August 15
	4. Military students complete application
September 2024	1. Students submit ERAS Supplemental Applications and <a href="#">register for NRMP</a> Sept 15-19. All students participating in NRMP match should register without delay once NRMP registration opens
	2. Students submit <a href="#">ERAS Application</a> by Sept 28. MSPE, Transcript, LORs uploaded by Sept 29.
October 2024	1. Interviews for students participating in the NRMP, SF Match, and Urology Match begin.
	2. Many specialties batch interview offers on uniform release dates.
Sept - November 2024	Complete the weekly Student Affairs Interview Questionnaire
December 2024	Military Match complete
January 2025	San Francisco Match (Ophthalmology) and Urology matches complete NRMP Registration deadline
February 2025	NRMP Rank lists due
March 2025	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 residents 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? The [Roadmap to Residency](#) series can be your comprehensive guide for career planning.

## 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 residents 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 <sup>th</sup> year
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 (GW Hospital Intensive Care Unit), inpatient Family Medicine (IDIS 390 extramurally), or Pediatric Intensive Care.

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.
Transition to Residency	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 in MS3 + MS4 years	26 weeks minimum	These 26 weeks include any electives completed for credit during the third year. 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)** may be impacted by COVID.
Independent Study	14 weeks maximum	This is flexible time to be used for USMLE study, interviews, making up missed clerkship time, etc. This does not count towards your elective 26 week elective requirement.

\*in addition to completing all seven core clerkships. See Coursework Requirements for Class of 2025: [LINK](#)

## 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, make up any missed clerkship time, and to interview for residency. In addition, students have a mandatory additional vacation week 1, June 27 – July 3, 2022 plus winter break (weeks 26 and 27) that is not counted in the 18 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

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 Elective

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. However, some specialties may strongly encourage applicants to complete an extramural "audition" elective in the summer months of the early MS4 year. (Please be sure to talk with your specialty advisor regarding the utility of doing an away rotation.) 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.)

Pre-COVID, 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, including in-person away electives as well as virtual experiences. 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 websites where you can find important information. Students with prior academic difficulty must meet with one of the deans to determine if in-person off-campus electives are permissible.

## **Advantages and Disadvantages of Off-Campus (Away/Extramural) In-Person 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 In-Person Off-Campus Electives**

Plan to begin submitting applications for away rotations by the start of February of your MS3 year (February 2024). Most medical centers with active elective programs will not begin signing-up an outside student until early spring. They may accept applications as early as December 2023, but they will rarely commit to a specific course schedule until sometime in February-April 2024. 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 Extramural 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 In-Person Away Electives\*

Document	Provided by	Comments
Affiliation Agreement for all non-VSLO institutions	Dean’s office (Sherry Brody)	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 VSLO.]
Application Form from the host institution (non-VSLO 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 (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	Student Center	Most VSLO participants will accept <b>unofficial</b> transcripts uploaded by the dean’s office. Official transcripts are handled by the University Registrar.
HIPAA Certification	Office of Medical Education	Completion of <b>HIPAA modules</b> is currently a requirement for successful completion of POM. Documentation of successful completion of HIPAA is provided as part of the General Letter of Good Standing. If the institution requires additional information, please contact OSA for assistance
Immunization Record	MedHub, Student, Employee Health	Most VSLO participants require the AAMC Standardized Immunization Form ( <a href="#">link</a> ). Some schools have their own immunization forms. Students should complete these forms in conjunction with Employee 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 (Sherry Brody)	\$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	Submit your request to the Dean's office administrators using the LOGS request form found on the website ( <a href="#">Letter of Good Standing/Recommendation Request (gwu.edu)</a> ). 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" ( <a href="#">Permission to take Extramural elective</a> )	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

\*Virtual electives may require only a portion of these required elements.

## 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 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 Overview

Most residency programs are placing increased value on the USMLE Step 2 score when determining which applicants to interview and subsequently rank. Virtually all programs want a USMLE Step 2 score before offering interviews to applicants. and, nearly all programs require a Step 2 score prior to ranking applicants. Consequently, it is imperative that you allocate the proper amount of study time in preparation for taking USMLE Step 2.

Common errors that lead to suboptimal scores include:

- ✓ Taking less than 4 weeks to prepare for USMLE Step 2
- ✓ 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.)

## Exam Failure and Consequences

Failure of a USMLE examination can adversely affect your chances of successfully matching. Failure of step-2 though has its own unique challenges:

- ✓ Step-2 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 failure.
- ✓ Depending on when you initially scheduled the exam you may have limited time to study and retake it before residency programs beginning offering interviews in late Summer/Autumn.

## Exam Format

The USMLE-2 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 was previously administered at five regional centers, the closest location is in Philadelphia, Pennsylvania.

## Scheduling

When you apply for the Step 2 examination, you will designate a three-month window in which you would like to take it. 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](http://www.nbme.org) for the most current information on application procedures, costs, and deadlines.

**We recommend that you complete the scheduling process for USMLE Step 2 no later than the beginning of March of your third year.** There is no fee to change dates if done more than 14 calendar days in advance. If you wait until the summer, you may have trouble scheduling the exams. Remember you are required to complete both components of the exam by November 1 of your fourth year. 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 begin to offer interviews in October - November. 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.

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. Many specialties have designated a faculty member to serve as the key advising figure for all students applying in their specialty (often a Residency Director, Clerkship Director or Department Chair). ([Link to faculty advisor guide](#))

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 NRMP Program Director Survey. [https://www.nrmp.org/wp-content/uploads/2022/09/PD-Survey-Report-2022\\_FINALrev.pdf](https://www.nrmp.org/wp-content/uploads/2022/09/PD-Survey-Report-2022_FINALrev.pdf)

## 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.

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 2023 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 current residents 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.

You will also have access to the Texas STAR database that includes self-reported student data from most medical schools in the country for the past several years. This database has a lot of data (that can be overwhelming at times), but it's handy to see where applicants similar to you got interviews and where they eventually matched. Don't forget to pay it forward by completing the Texas STAR Match Survey on Match Day to provide data for your little sibs.

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 (although now we do have a division of family medicine under the Department of Emergency 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 2015-2019. 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, otolaryngology, 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](http://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 or around October 1 for all students (the date varies by year according to the ERAS calendar). 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.

Due to COVID-19, the class of 2022’s interview season was completely virtual. This is a great cost-savings but also requires different considerations in terms of lighting and ensuring appropriate technology/sound. It is unclear whether your class will have strictly virtual interviews, in-person interviews, or options to do either. See Interviewing Tips in the Appendix for additional guidance and advice on conducting virtual or in-person interviews.

The timing of interviews has grown more complex. The majority of programs still allow applicants a choice of dates 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, and January. 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, whether in-person or virtual. For in-person 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) and attend the optional dinner the night before. 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 interview when you are on an elective rotation. In this occurrence, our faculty (except for those responsible for the acting internships, Neuroscience, Anesthesia and Emergency Medicine) 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, social media accounts, 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). This makes assessing a program solely by virtual means a bit more challenging. As usual, the best sources of information about a program are the people in that program. Seek out a few residents 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, virtually or in-person, to ask multiple

house officers about the teaching strengths, or to ask to attend resident's report ) if that's not preplanned as a routine part of your visit).

If your visit is in-person and you are 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 interview. 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](#), with ideally two forms submitted (typically from 1 home and 1 away rotation.). Emergency medicine had piloted the AAMC Standardized Video Interview for the 2020 and 2021 seasons, but has decided to NOT continue this pilot for your 2022 interview cycle. You may find this medical student advising guide from Council of Residency Directors in Emergency Medicine and Emergency Medicine Residents’ Association helpful: <https://www.cordem.org/resources/education--curricula/advisingguide/>.

*Orthopaedic Surgery:* The American Orthopaedic Association’s Council of Orthopaedic Residency Directors (CORD) has introduced a [Electronic Standardized Letter of Recommendation \(eSLOR\) - American Orthopaedic Association \(aoassn.org\)](#) for applicants applying to Orthopaedics.

*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 (It was mandatory in 2016). 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. This past year (for class of 2021), ENT piloted a signaling program where each applicant had 5 “signals” to give to programs that they were most interested in. Data from this pilot is pending and it is unclear how and if this program will continue for your class.

*Plastic Surgery:* Plastic Surgery introduced a new application portal, the “Plastic Surgery Common Application” also called the “Central Application”, during the 2022-2023 application season, which can be [accessed here](#). The program directors group in Plastic Surgery has standard letter of recommendation form for applicants applying in Plastic Surgery. A copy of the Plastic Surgery Residency Recommendation Form can be obtained at the following link as well as other helpful resources for students can be found on the American Council of Academic Plastic Surgeons website: <https://acaplasticsurgeons.org/Resources/#residents>.

*Anesthesiology:* A small number of Anesthesiology residency training programs are now asking applicants to register for supplementary testing to assess personal and professional characteristics that might predict success in residency through commercial products such as Altus (takealtus.com). During the 2022 application cycle, 13 Anesthesiology residency programs required Altus testing between early August - October.

*Obstetrics & Gynecology:* A small number of OB/GYN residency training programs are now asking applicants to register for supplementary testing to assess personal and professional characteristics that might predict success in residency through commercial products such as Altus (takealtus.com) During the 2022 application cycle, 7 OB/GYN residency programs required Altus testing between early August – October. OB/GYN has recently announced intentions of migrating the application process away from ERAS and to a third-party platform (similar to Ophthalmology and Plastic Surgery) in 2024.

## 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.

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. 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, **and perhaps many more**. 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 SFMATCH.org or AUA.org.

## 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 (ROs) 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](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 -Feb – 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 18 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 (week 1) 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 based on historical data.

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 Extramural elective](#)" 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 in-person does not use VSLO, 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 if taking with the rising class. 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.

Step 1: If you still need to take Step 1, you will likely wish to schedule this after you complete all third-year clerkships. Consider budgeting no more than 4-8 weeks for this exam in order to accomplish the other goals for fourth year prior to submitting your applications. You will likely want to see the results on your exam (3-5 weeks) and take a break prior to studying and taking Step 2. As long as you take Step 2 by early-mid August, you should have your score by the time applications are due for most specialties.

*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 45-13). 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 Yolanda Porter 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. Dermatology requires departmental permission for all elective scheduling. 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 2024-25 for Class of 2025

<b>Week 44</b>	Apr 22–Apr 28 2024	INTERSESSION IV <b>Mon thru Fri</b> only
<b>Week 45</b>	Apr 29 - May 5, 2024	
<b>Week 46</b>	May 6 – May 12, 2024	
<b>Week 47</b>	May 13 - May 19, 2024	
<b>Week 48</b>	May 20 – May 26, 2024	
<b>Week 49</b>	May 27 - June 2, 2024	
<b>Week 50</b>	June 3 – June 9, 2024	
<b>Week 51</b>	June 10 – June 16, 2024	
<b>Week 52</b>	June 17 – June 23, 2024	
<b>Week 1</b>	June 24 - Jun 30, 2024	<b>Vacation/"Spring Break"</b>
<b>Week 2</b>	July 1 - July 7, 2024	
<b>Week 3</b>	July 8 - July 14, 2024	
<b>Week 4</b>	July 15 - July 21, 2024	
<b>Week 5</b>	July 22 - July 28, 2024	
<b>Week 6</b>	July 29 – Aug 4, 2024	
<b>Week 7</b>	Aug 5- Aug 11, 2024	
<b>Week 8</b>	Aug 12 – Aug 18, 2024	
<b>Week 9</b>	Aug 19 – Aug 25, 2024	
<b>Week 10</b>	Aug 26 – Sept 1, 2024	
<b>Week 11</b>	Sept 2 – Sept 8, 2024	
<b>Week 12</b>	Sept 9 - Sept 15, 2024	
<b>Week 13</b>	Sept 16 -Sept 22, 2024	
<b>Week 14</b>	Sept 23 – Sept 29, 2024	
<b>Week 15</b>	Sept 30 - Oct 6, 2024	
<b>Week 16</b>	Oct 7 – Oct 13, 2024	
<b>Week 17</b>	Oct 14 – Oct 20, 2024	
<b>Week 18</b>	Oct 21- Oct 27, 2024	
<b>Week 19</b>	Oct 28 – Nov 3, 2024	
<b>Week 20</b>	Nov 4 – Nov 10, 2024	
<b>Week 21</b>	Nov 11 – Nov 17, 2024	
<b>Week 22</b>	Nov 18 – Nov 24, 2024	
<b>Week 23</b>	Nov 25 – Dec 1, 2024	
<b>Week 24</b>	Dec 2 – Dec 8 2024	
<b>Week 25</b>	Dec 9 – Dec 15, 2024	
<b>Week 26</b>	Dec 16 – Dec 22, 2024	<b>VACATION/"Winter Break"</b>
<b>Week 27</b>	Dec 23 – Dec 29, 2024	<b>VACATION/"Winter Break"</b>
<b>x</b>	Dec 30 – Jan 5, 2025	<b>VACATION/"Winter Break"</b>
<b>Week 28</b>	Jan 6 – Jan 12, 2025	
<b>Week 29</b>	Jan 13 – Jan 19, 2025	
<b>Week 30</b>	Jan 20 – Jan 26, 2025	
<b>Week 31</b>	Jan 27 – Feb 2, 2025	
<b>Week 32</b>	Feb 3 – Feb 9 2025	
<b>Week 33</b>	Feb 10 – Feb 16, 2025	
<b>Week 34</b>	Feb 17 – Feb 23, 2025	
<b>Week 35</b>	Feb 24 – Mar 2, 2025	
<b>Week 36</b>	Mar 3 -Mar 9, 2025	<b>Transitions to Residency</b>
<b>Week 37</b>	Mar 10 – Mar 16, 2025	<b>Transitions to Residency</b>
<b>Week 38</b>	Mar 17 – Mar 23, 2025	<b>Transitions – Match Day 3/21/25</b>
<b>Week 39</b>	Mar 24 – Mar 30, 2025	<b>Transitions to Residency</b>
<b>Week 40</b>	Mar 31 -Apr 6, 2025	
<b>Week 41</b>	Apr 7 – Apr 13, 2025	
<b>Week 42</b>	Apr 14 – Apr 20, 2025	
<b>Week 43</b>	Apr 21 – Apr 27, 2025	
<b>Week 44</b>	Apr 28 – May 4, 2025	
<b>Week 45</b>	May 5 – May 11 2025	
	<b>GRADUATION</b>	Sunday May 18, 2025

# INTERVIEW TIPS FOR THE RESIDENCY PROCESS

With Virtual Interview Updates for Class of 2021 and 2022

## Advance Planning:

- Always carry several copies of all your application materials (copies of ERAS or CAS applications, CV, personal statement, etc.) -->Have application materials on hand in case you need to refer to them.
- 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) -->Know the schedule for the day and all options to interact 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 (the legendary *Guide to the Fourth Year* has a list of match results for the past several 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 (websites, social media accounts etc.).
  - Follow residency social media accounts. Many have Twitter, Instagram or Facebook presences. This can be a venue for potential interactions with the program and a source of information about upcoming events, and for you to get a glimpse of the culture. Importantly, make sure your social media profiles are accurate reflections of you that you are comfortable sharing.
  - 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 my proposed residency checklist at the end of this summary for examples of things to inquire about)

- 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 commonly encountered questions (see the list of common questions prepared by graduating students from prior years, attached)
- 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..

## 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! → [Have a snack and water on hand in case you need it. Use the bathroom first. Have a good breakfast beforehand.](#)
- Look sharp. Dress conservatively. Bring some casual clothes as well in case there are opportunities to meet with residents or faculty after hours.--> [Wear pants, dress professionally from head to toe.](#)
- Treat everybody from the janitor to the program director as if they are your best friend. 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. -->[Same with IT/coordinators on your zoom, etc. Be kind and respectful in ALL interactions.](#)
- 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. -->[Attend any get-to-know-you events as your schedule allows. Do not let them interfere with other formal interview days though.](#)

- 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. → [For places/programs you are really interested in, consider taking a safe drive/trip with your S.O. to check it out separately.](#)
- Be prepared to ask about 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 financially sound? If not, what is being done about it? Are key faculty leaving/coming?
  - How is the program adjusting to changes in resident work hours? How is this working out?
  - 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:

- Consider writing thank you messages to interviewers, as long as the program does not have post-interview communication prohibitions. If you really like the program, tell them. You needn't/shouldn't commit yourself to any particular ranking of a program, although it's fair to say "I plan to rank your program highly."
- 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.
- If you really want to check up on a program again, you may be able to arrange a 'second look' visit. These are absolutely not required. That is, you shouldn't feel compelled to return to a program just to convince them that you are interested. In fact, many programs will actively discourage 'second looks'. Only spend the time and effort to go back if you think it will really help you make a decision.
- 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. 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!

## General Interviewing Tips

The length and format of residency interviews varies significantly across specialties and individual faculty interviewers.

Here are some general tips to prepare:

- Think about what are your key strengths/takeaways (2-4) that you want to make sure your interviewer knows about you by the end of the interview. Use these to guide your approach to the interview. You will want to make sure you touch upon these in your opening answer to “Tell me about yourself” or similar.
- Some interviews ONLY involve having you ask questions to the interviewer about the program, so make sure you have specific questions in mind for every interview.
- Behavioral interview questions are becoming popular in many specialties. These are questions that have you explain how you handled various scenarios that reflect important competencies in medicine: challenges, conflicts, ethical dilemmas, professionalism, interpersonal communication, etc.

### One approach to answering behavioral interview questions

1. Situation: Describe the situation in detail
2. Action: What action did you take?
3. Result: What was the result?

Examples:

- Tell me about a time you worked effectively under pressure.
- Tell me about a stressful situation you experienced in medical school and how you handled it.
- Tell me about a time you made a mistake and had to tell a resident or attending.
- Tell me how you would you deal with a resident who wasn't doing his share of the work.

- Tell me about a time that you had a conflict with a team member and how you handled it.
  - Tell me about a time when you were disappointed in your performance.
  - Tell me about a time you had to build a relationship with someone you didn't like.
  - Tell me about a difficult decision you've made in the last year.
  - Tell me about a time you when you tried to accomplish something and failed.
- It's helpful to have a couple of patient cases in mind - an interesting patient that you took care of and one where something went wrong. Be able to concisely tell the case and what you learned from it.
  - Tailor your questions and answers to the program you are interviewing with. Be sure to communicate why you would strongly consider going to their program. Include if you have any specific ties to the location/city, etc.
  - Be yourself! You want to match at a program that is a great fit. Be honest and authentic about your passions and goals.

## Sample Interview Questions

(\*some of these are the standard questions, others are more strange and interesting questions that students were asked, we thought it would be best to be comprehensive, but questions are the common, straight forward ones)

### Common Interview Questions:

1. Do you have any questions for us? – Be aware that in some interviews this will be the only question you are asked so be prepared!
2. Why do you want to be a \_\_\_\_\_?
3. What are your strengths and weaknesses?
4. How do you describe yourself?
5. How would your friends describe you?
6. Where do you see yourself in 15 years?
7. Why are you interested in coming to this particular program?
8. Why are you interested in coming to this particular city? Are you willing to move to this city for the length of your residency?
9. Tell me about yourself.
10. What are your interests outside of medicine?
11. Tell me about the last book you read.
12. What research have you done while in medical school?
13. For more competitive specialties – What will you do if you don't match?
14. Tell me about an interesting patient you saw.

15. Give me an example of a situation in which you had to be a good leader.
16. Who is your role model?
17. If you could not be a doctor, what would you be?
18. What other programs are you looking at? What are their strengths and weaknesses?
19. Where did you do an away rotation? Why did you rotate there? What service were you on?
20. If you took any time off between college and medical school, what did you do with that time?
21. What is the most risky thing you have ever done?
22. What can you bring to this program?
23. Describe a situation in which you failed.
24. Describe a situation in which you made a mistake. What did you do to remedy the situation?
25. If you were trapped on an island and could only bring three things, what would they be?
26. What are your feelings on the Iraq war?
27. Tell me about the last movie you saw.
28. Please explain the criticism written about you in your dean's letter.
29. Of all the competitive applicants we are interviewing, what about you should make me want to rank you at the top of our list?
30. Where do you see this specialty going in the next 10 years?
31. Tell me about a conflict you had in medical school and how you resolved it.
32. Specifically for peds – If you are in clinic and you see a mother spank her child, what would you do?
33. Who are you? Where have you been? Where do you see yourself in the future?
34. If you could not do the specialty you are applying for, which other specialty would you choose?
35. What does your family think of you applying here?
36. Tell me about a time that you took on a leadership role.
37. What will you specifically add to the intern class at this program?
38. Tell me about a time when you failed and how did you handle it.
39. Tell me about a time when you saw someone do something you felt was wrong, and how did you handle it.
40. Make me laugh (funny story, joke, anything).
41. Tell me the characteristics you have liked and not liked in other programs.
42. Where did you do (virtual) away rotations? What did you like/not like about them? How do those programs compare to ours?
43. If you were a residency program director and could design a program from scratch, what would it consist of?



44. Why would you want to live in this city?
45. Why don't you want to stay at your home institution for residency?

### **"Interesting" interview questions**

1. Tell me about the state where I am from...
2. What is your favorite movie and why?
3. Be prepared for personal, non-medicine questions i.e. favorite or most recent books read, movies seen, hobbies, etc...
4. "Tell me about an ethical dilemma you had involving patient care.
5. Tell me about a case that challenged you. How did you handle it and what did you learn from that experience.
6. Tell me about your most interesting patient.
7. "Give a case presentation in 5 minutes in the form of a discharge summary. (Scripps Mercy in San Diego, Internal Medicine)
8. I was asked to teach my interviewer something I had learned from research I had done at Johns Hopkins.
9. if you were a car that represented you what would it be?
10. Tell me a joke
11. What do you think about universal health care vs. fee for service?
12. Can religion and science coexist?"
13. Interviews for Internal Medicine are generally relaxed and conversational. Programs want to get to know you and see how personable you are. Although I did not get any awful questions, there were some trickier ones:
  - a. Tell me where else you applied (and they will often not settle for vague answers)?
  - b. Why should we choose you?
  - c. Why are you interested in our program?
  - d. Tell me where you see yourself in 10 years.
  - e. Tell me about your research.
  - f. What do you think will be most challenging for you in residency?
  - g. Tell me about a time you failed.
  - h. Tell me about an interesting case you encountered.
  - i. What have you found most difficult about medical school?
  - j. What are you most proud of?
  - k. Who is your role model?
  - l. Why do you want to enter this field?
14. Most programs want to know any reasons you would not consider coming to their program.

15. I was asked on one interview what three people I would want to go to lunch with (historical or current)
16. I was asked to reveal one interesting fact about myself on my NYU medicine interview in front of the entire room of applicants.
17. Describe an ethical situation that you encountered as a medical student while on the wards.
18. Tell me about a time that you made a medical error. What did you do to fix the situation?
19. Always have an interesting patient case in mind to refer to if needed. The majority of interviews are just a meet and greet, but they occasionally ask for lessons learned from patients.
20. Are you the first person in your family to go to college? (When my grandfathers went to law school at Yale...)
21. Tell me about Mississippi.
22. What is your favorite movie and why?
23. When was the last time that you laughed out loud?
24. If you were an organ system, what would you be and why?
25. If you were a tree, what type would you be and why?
26. Did you enjoy high school?
27. Who is Thelodius Monk? He is a famous pianist.
28. When was first xray?
29. What are 3 top medical advances?
30. Please present a case in discharge summary format in 5 minutes or less. Then asked questions on case.
31. Name a situation in which you disagreed with a colleague/superior and how you dealt with it (got asked this probably 10 times..)
32. What kind of learner are you?
33. How do you deal with situations in which you don't know the solution?
34. How is the interview trail going? (seems easy, but it's all too easy to just blurt out ""good"" and then just stare blankly... use this chance to drop a quick hint into what kinds of things you like/want/noticed in a program)
35. Why would you come here as opposed to some other neighboring programs?
36. Can you apply the general research concept used in your other research project to a specific research topic within radiology?
37. If you could be a car, what would it be? What would your plate read?
38. What is the overall meaning of your life? What is your grand goal in life?
39. What values did your family raise you with?

## 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.

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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](http://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**

Tables 14A and 14B present data on applicants who ranked each specialty as their only choice in the 2022 Match. Table 14A, reflects outcomes for U.S. MD and DO seniors, and the same categories are presented in Table 14B for

U.S. IMGs and non-U.S. IMGs. Prior to 2012, Table 14 and Figure 6 reported Match results by specialty groups that included the combined specialties. In this report, results are aggregated by specialty instead of specialty group. Preliminary positions are reported separately.

Internal Medicine, Family Medicine, and Pediatrics had large numbers of matched U.S. MD seniors and DO seniors. Overall, 3,038 (61.8 percent) of matched U.S. DO seniors who ranked only one specialty (n=4,914) matched to a primary care specialty compared to 6,437 (42.6 percent) of matched U.S. MD seniors who ranked only one specialty(n=15,123). In contrast, 75.4 percent (1,368 of 1,815) matched U.S. citizen IMGs who ranked only one specialty matched in primary care along with 79.1 percent (2,468 of 3,119) of non-U.S. citizen IMGs.

As seen in Figure 6, higher proportions of unmatched U.S. MD seniors and DO seniors have been observed in traditionally competitive specialties like Orthopedic Surgery, Neurological Surgery, Plastic Surgery, Otolaryngology, Dermatology, and General Surgery.

**Table 14 A Match Results for U.S. MD Seniors and U.S. DO Seniors Applicants Who Ranked Each Specialty as Their Only Choice, 2022**

Specialty	Matched		Unmatched		Total		Percent Matched		Percent Unmatched	
	MD	DO	MD	DO	MD	DO	MD	DO	MD	DO
Anesthesiology	901	135	53	40	954	175	6.0	2.7	5.6	22.9
Child Neurology	77	12	0	0	77	12	0.5	0.2	0.0	0.0
Dermatology	106	10	27	4	133	14	0.7	0.2	20.3	28.6
Emergency Medicine	1,454	611	16	19	1,470	630	9.6	12.4	1.1	3.0
Family Medicine	1,386	1,228	23	43	1,409	1,271	9.2	25.0	1.6	3.4
Internal Medicine	3,443	1,305	48	48	3,491	1,353	22.8	26.6	1.4	3.5
Internal Medicine (Prelim)	210	4	4	0	214	4	1.4	0.1	1.9	0.0
Internal Medicine/Emergency Medicine	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Internal Medicine/Pediatrics	242	18	5	0	247	18	1.6	0.4	2.0	0.0
Internal Medicine/Psychiatry	0	0	1	0	1	0	0.0	0.0	100.0	0.0
Interventional Radiology	4	0	0	0	4	0	0.0	0.0	0.0	0.0
Neurological Surgery	196	5	44	4	240	9	1.3	0.1	18.3	44.4
Neurology	494	111	7	4	501	115	3.3	2.3	1.4	3.5
Obstetrics and Gynecology	975	179	148	71	1,123	250	6.4	3.6	13.2	28.4
Orthopaedic Surgery	658	91	281	56	939	147	4.4	1.9	29.9	38.1
Osteopathic Neuromusculoskeletal Medicine	0	3	0	0	0	3	0.0	0.1	0.0	0.0
Otolaryngology	275	7	100	0	375	7	1.8	0.1	26.7	0.0
Pathology-Anatomic and Clinical	210	70	5	5	215	75	1.4	1.4	2.3	6.7
Pediatrics	1,608	505	18	6	1,626	511	10.6	10.3	1.1	1.2
Pediatrics (Prelim)	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Pediatrics/Medical Genetics	3	0	0	0	3	0	0.0	0.0	0.0	0.0
Pediatrics/Psychiatry/Child and Adolescent Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Physical Medicine and Rehabilitation	180	111	22	26	202	137	1.2	2.3	10.9	19.0
Plastic Surgery	138	0	35	1	173	1	0.9	0.0	20.2	100.0
Psychiatry	1,105	275	78	24	1,183	299	7.3	5.6	6.6	8.0
Radiation Oncology	80	3	1	0	81	3	0.5	0.1	1.2	0.0
Radiology-Diagnostic	444	68	58	21	502	89	2.9	1.4	11.6	23.6
Surgery-General	775	146	114	56	889	202	5.1	3.0	12.8	27.7
Surgery-General (Prelim)	66	7	9	1	75	8	0.4	0.1	12.0	12.5
Thoracic Surgery	0	0	1	0	1	0	0.0	0.0	100.0	0.0

Vascular Surgery	45	0	5	2	50	2	0.3	0.0	10.0	100.0
<b>TOTAL*</b>	<b>15,123</b>	<b>4,914</b>	<b>1,111</b>	<b>439</b>	<b>16,234</b>	<b>5,353</b>	<b>100.0</b>	<b>100.0</b>	<b>6.8</b>	<b>8.2</b>

**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.

**Table 14 B**

**Match Results for U.S. IMG and Non-U.S. IMG Applicants Who Ranked Each Specialty as Their Only Choice, 2022**

Specialty	Matched		Unmatched		Total		Percent Matched		Percent Unmatched	
	U.S.IMG	IM G	U.S.IMG	IM G	U.S.IMG	IM G	U.S.IMG	IMG	U.S.IMG	IMG
Anesthesiology	35	39	42	57	77	96	1.9	1.3	54.5	59.4
Child Neurology	5	7	3	7	8	14	0.3	0.2	37.5	50.0
Dermatology	7	7	10	9	17	16	0.4	0.2	58.8	56.3
Emergency Medicine	92	24	21	10	113	34	5.1	0.8	18.6	29.4
Family Medicine	478	265	322	299	800	564	26.3	8.5	40.3	53.0
Internal Medicine	726	1,955	434	1,278	1,160	3,233	40.0	62.7	37.4	39.5
Internal Medicine (Prelim)	4	11	8	14	12	25	0.2	0.4	66.7	56.0
Internal Medicine/Emergency Medicine	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Internal Medicine/Pediatrics	1	2	4	4	5	6	0.1	0.1	80.0	66.7
Internal Medicine/Psychiatry	0	0	1	1	1	1	0.0	0.0	100.0	100.0
Interventional Radiology	0	0	0	1	0	1	0.0	0.0	0.0	100.0
Neurological Surgery	2	13	4	15	6	28	0.1	0.4	66.7	53.6
Neurology	37	122	28	99	65	221	2.0	3.9	43.1	44.8
Obstetrics and Gynecology	19	18	35	41	54	59	1.0	0.6	64.8	69.5
Orthopaedic Surgery	6	11	13	6	19	17	0.3	0.4	68.4	35.3
Osteopathic Neuromusculoskeletal Medicine	1	0	0	0	1	0	0.1	0.0	0.0	0.0
Otolaryngology	1	1	1	6	2	7	0.1	0.0	50.0	85.7
Pathology-Anatomic and Clinical	48	185	52	120	100	305	2.6	5.9	52.0	39.3
Pediatrics	164	248	47	157	211	405	9.0	8.0	22.3	38.8
Pediatrics (Prelim)	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Pediatrics/Medical Genetics	0	1	0	1	0	2	0.0	0.0	0.0	50.0
Pediatrics/Psychiatry/Child and Adolescent Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Physical Medicine and Rehabilitation	5	6	13	10	18	16	0.3	0.2	72.2	62.5
Plastic Surgery	2	3	4	3	6	6	0.1	0.1	66.7	50.0
Psychiatry	112	101	133	122	245	223	6.2	3.2	54.3	54.7
Radiation Oncology	7	9	2	7	9	16	0.4	0.3	22.2	43.8
Radiology-Diagnostic	13	24	17	31	30	55	0.7	0.8	56.7	56.4
Surgery-General	33	32	63	78	96	110	1.8	1.0	65.6	70.9
Surgery-General (Prelim)	5	28	7	38	12	66	0.3	0.9	58.3	57.6
Thoracic Surgery	0	1	0	3	0	4	0.0	0.0	0.0	75.0
Vascular Surgery	0	1	0	4	0	5	0.0	0.0	0.0	80.0
<b>TOTAL*</b>	<b>1,815</b>	<b>3,119</b>	<b>1,302</b>	<b>2,451</b>	<b>3,117</b>	<b>5,570</b>	<b>100.0</b>	<b>100.0</b>	<b>41.8</b>	<b>44.0</b>

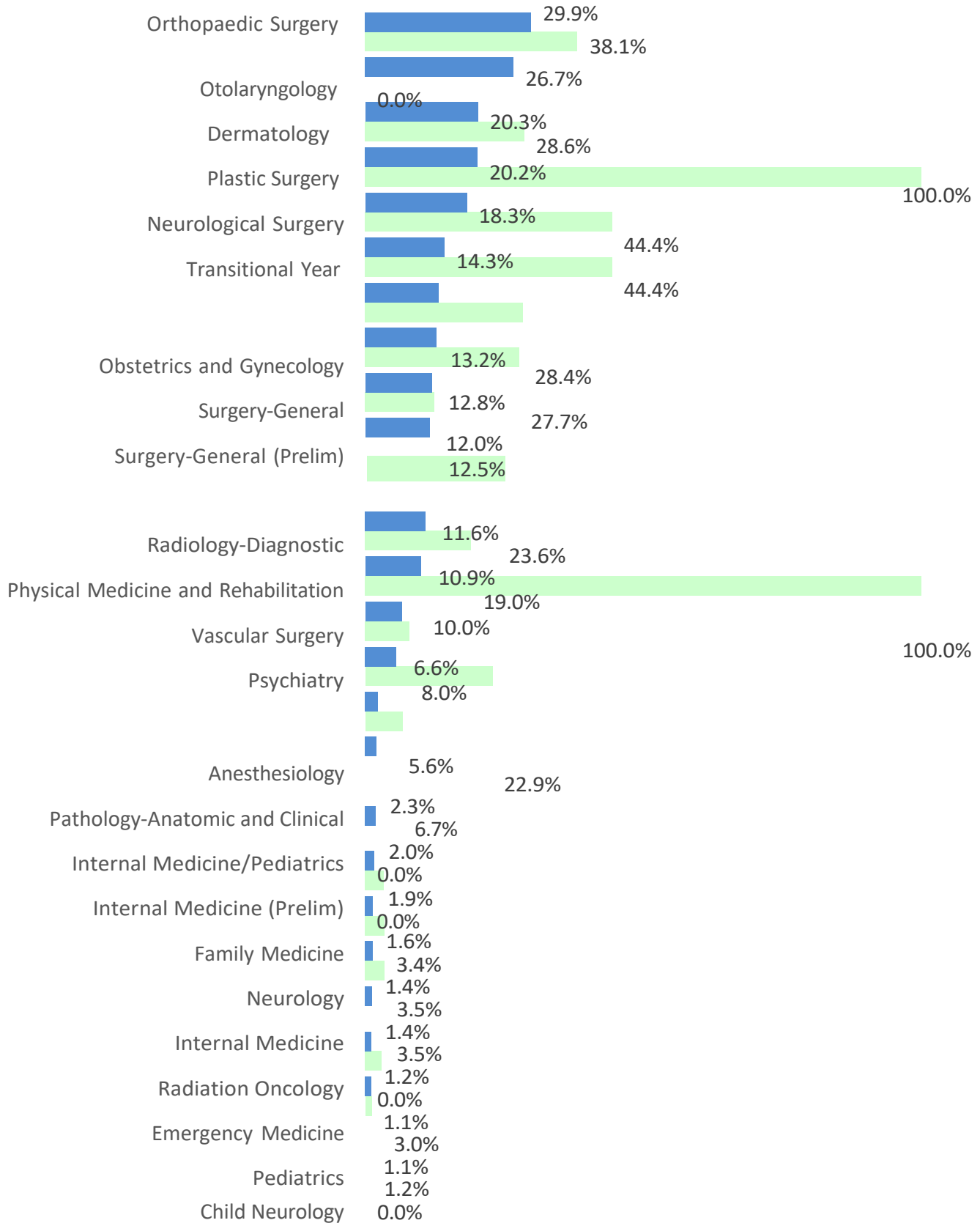
**Note:** Specialties with fewer than 20 total positions are not displayed on this table. Transitional Year is excluded.

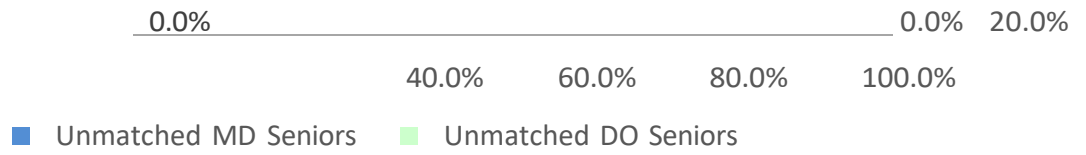
\* The **TOTAL** row includes all positions in all specialties.



**Figure 6**

**Percentages of Unmatched MD Seniors and DO Seniors Who Ranked Each Specialty as Their Only Choice, 2022**





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

**Table 14**

## 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

CLASS OF 2023 RESIDENCY MATCH LIST			
Last Name	First Name	Institution Name	Program Name
Duval	Margaret	NYP Hosp-Weill Cornell Med Ctr-NY	Anesthesiology
Ejiofor	Beverly	Brown Univ/Rhode Island Hosp	Anesthesiology
Galvin	Meredith	B I Deaconess Med Ctr-MA	Anesthesiology
Giang	Brian	Cedars-Sinai Med Ctr-CA	Anesthesiology
Gupta	Puneet	George Washington Univ-DC	Anesthesiology
Mallon	John	U Maryland Med Ctr	Anesthesiology
Marcinkowski	Bridget	Brigham & Womens Hosp-MA	Anesthesiology
Sherwood	Ian	Penn State Hershey Med Ctr-PA	Anesthesiology
Stewart	Caitlyn	U Florida COM-Shands Hosp	Anesthesiology
Dick	Alexander	Childrens Hosp-Philadelphia-PA	Child Neurology
McNett	Sienna	TJU/Nemours Childrens Health-PA	Child Neurology
Ali	Rowanne	Emory Univ SOM-GA	Dermatology
Nussbaum	Dillon	George Washington Univ-DC	Dermatology
Omar	Deega	UC San Francisco-CA	Dermatology
Parthasarathy	Varsha	Johns Hopkins Hosp-MD	Dermatology
Yeroushalmi	Samuel	NYP Hosp-Weill Cornell Med Ctr-NY	Dermatology
Authelet	Kayla	Alameda Health Sys-Highland Hosp-CA	Emergency Medicine
Barton	Jordan	San Antonio Military Medical Center-Army	Emergency Medicine
Braswell	Morgan	U Wisconsin Hospital and Clinics	Emergency Medicine
Dave	Pooja	Albert Einstein Medical Center-PA	Emergency Medicine
Klein	Andrea	Carilion Clinic- Virginia Tech Carilion SOM	Emergency Medicine
Metri	Samer	Kaiser Permanente-San Diego-CA	Emergency Medicine
Newton	Sophia	U Cincinnati Med Ctr-OH	Emergency Medicine
Patella	Margaret	Brown Univ/Rhode Island Hosp	Emergency Medicine
Rao	Krithika	UCLA Med Ctr-CA	Emergency Medicine
Sjaarda	Alexandra	Albert Einstein Med Ctr-PA	Emergency Medicine
Sweetser	Peter	George Washington Univ-DC	Emergency Medicine
Thirunagaru	Sreenidhi	Thomas Jefferson Univ-PA	Emergency Medicine
Tovar	Matthew	Navy Hospital Portsmouth	Emergency Medicine
Wend	Christopher	Johns Hopkins Hosp-MD	Emergency Medicine
Corrado	Colleen	Camp Lejeune- Navy	Family Medicine
Huh	Jung	VCU-Shenandoah Valley-VA	Family Medicine
Swint	Alysia	Sutter Med Ctr of Santa Rosa-CA	Family Medicine
Weston	Christopher	Eisenhower Army Medical	Family Medicine
Yan	Tong	Grtr Lawrence Fam Hlth Ctr-MA	Family Medicine
Yu	Katherine	Contra Costa Reg Med Ctr-CA	Family Medicine
Arnautovic	Alisa	Emory Univ SOM-GA	General Surgery
Clark	Elizabeth	Carolinas Med Ctr-NC	General Surgery
Doan	Tina	ISMMS Mount Sinai Hospital-NY	General Surgery
Esmailian	Gabriel	Indiana University SOM	General Surgery
Ganguli	Sangrag	Univ of Chicago Med Ctr-IL	General Surgery
Leighton	Nicolas	U Southern California	General Surgery
Zollinger	Benjamin	Inova Fairfax Hospital-VA	General Surgery
Horiuchi	Sakura	Creighton University-AZ	General Surgery/Valleywise



Adams-Mardi	Cyrus	George Washington Univ-DC	Internal Medicine
Attia	Monica	UC Davis Med Ctr-CA	Internal Medicine
Barsoum	Julia	NYU Grossman School Of Medicine-NY	Internal Medicine
Burke	Morgan	U Southern California	Internal Medicine
Cohen	Austin	George Washington Univ-DC	Internal Medicine
Diamond	Ethan	MedStar Georgetown Univ Hosp-DC	Internal Medicine
Dobbs	John	Johns Hopkins Hosp-MD	Internal Medicine
Falk	Zachary	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Foltz-Davis	Colin	Tulane Univ SOM-LA	Internal Medicine
Friedman	Nicolette	Univ of Vermont Medical Center	Internal Medicine
Gupta	Vrinda	Johns Hopkins Hosp-MD	Internal Medicine
Hamilton	Colleen	Harbor-UCLA Med Ctr-CA	Internal Medicine
Jaber	Diana	Northwestern McGaw/NMH/VA-IL	Internal Medicine
Kennedy	Charles	U Texas Southwestern Med Sch-Dallas	Internal Medicine
Maddali	Aditya	George Washington Univ-DC	Internal Medicine
Menezes	Shannon	Kaiser Permanente Mid-Atlantic-MD	Internal Medicine
Min	Kyung	Kaiser Permanente-SF-CA	Internal Medicine
Muller	Daniel	U Michigan Hosps-Ann Arbor	Internal Medicine
Naatay Ahumah	Monica	Case Western/Univ Hosps Cleveland Med Ctr-OH	Internal Medicine
Ong	Justin	U Southern California	Internal Medicine
Pradhan	Nicholas	Univ of Chicago Med Ctr-IL	Internal Medicine
Rizk Salib	Monika	U Maryland Med Ctr	Internal Medicine
Schwartz	Mollie	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Shancer	Zoe	Duke Univ Med Ctr-NC	Internal Medicine
Srinivasa	Nandan	University of Virginia	Internal Medicine
Surana	Pallavi	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Cho	Kevin	Brown Univ/Rhode Island Hosp	Interventional Radiology (Integ)
Gutti	Subhash	Rush University Med Ctr-IL	Interventional Radiology (Integ)
Dazelle	Wayde	Ohio State University Med Ctr	Medicine-Pediatrics
Ali	Rowanne	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
Anderson	Alyssa	St Mary Med Ctr-Long Beach-CA	Medicine-Preliminary
Brown	Lauryn	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Calabria	Emily	Morristown Med Ctr-NJ	Medicine-Preliminary
Ejiofor	Beverly	St Vincent Hosp-Worcester-MA	Medicine-Preliminary
Marcinkowski	Bridget	George Washington Univ-DC	Medicine-Preliminary
Mortman	Ryan	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Olivares	Philip	Eastern Virginia Med School	Medicine-Preliminary
Omar	Deega	George Washington Univ-DC	Medicine-Preliminary
Parthasarathy	Varsha	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Rahimi	Murwarit	George Washington Univ-DC	Medicine-Preliminary
Vaziri	Tina	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Yeroushalmi	Samuel	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Zarabian	Kimia	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
Thomasian	Julie	George Washington Univ-DC	Medicine-Preliminary/Ophthalmology
Haag	Alejandro	George Washington Univ-DC	Medicine-Primary
Trivedi	Charmi	Brown Univ/Rhode Island Hosp	Medicine-Primary
Nussbaum	Dillon	George Washington Univ-DC	Med-Prelim/Dermatology

Mishra	Shelly	Sinai Hospital of Baltimore-MD	Med-Prelim/KEI
Kallik	Christina	NYU Grossman School Of Medicine-NY	Med-Prelim/Neurology NYU Man
McHarg	Matthew	CA Pacific Med Center	Med-Prelim/Ophthalmology
Chalif	Eric	Brigham & Womens Hosp-MA	Neurological Surgery
Kedda	Jayanidhi	George Washington Univ-DC	Neurological Surgery
Hilger	Joseph	Loyola Univ Med Ctr-IL	Neurology
Mandel	Alexandra	U Michigan Hosps-Ann Arbor	Neurology
Movva	Sriya	MedStar Georgetown Univ Hosp-DC	Neurology
Pertsovskaya	Vera	NYP Hosp-Weill Cornell Med Ctr-NY	Neurology
Wannon	Avi	MedStar Georgetown Univ Hosp-DC	Neurology
Weiner	Julia	Case Western/Univ Hosps Cleveland Med Ctr-OH	Neurology
Kallik	Christina	NYU Grossman School Of Medicine-NY	Neurology/NYU Man
Bryan	Katherine	SUNY Upstate Med University	Obstetrics-Gynecology
Carballo	Graciela	Stanford Health Care-CA	Obstetrics-Gynecology
Dafilou	Caleb	Montefiore Med Ctr/Einstein-NY	Obstetrics-Gynecology
Diab	Noor	Rutgers-Newark Beth Israel Med Ctr-NJ	Obstetrics-Gynecology
Ebner	Megan	SUNY HSC Brooklyn-NY	Obstetrics-Gynecology
Hasan	Mai	Summa Health/NEOMED-OH	Obstetrics-Gynecology
Keegan	Emma	Pennsylvania Hospital	Obstetrics-Gynecology
Khan	Sophia	St Joseph Hospital SCL Health-CO	Obstetrics-Gynecology
Khosravian	Kiana	Kaiser Permanente-Santa Clara-CA	Obstetrics-Gynecology
Kolodner	Rebecca	UC San Diego Med Ctr-CA	Obstetrics-Gynecology
Mattson	Anna	Kaiser Permanente-Santa Clara-CA	Obstetrics-Gynecology
Neira Gesteira	Andrea	Ochsner Clinic Foundation-LA	Obstetrics-Gynecology
Patel	Akshat	ISMMS Mount Sinai Hospital-NY	Obstetrics-Gynecology
Pelsang	Rachel	Medical College of Georgia	Obstetrics-Gynecology
Rao	Maya	George Washington Univ-DC	Obstetrics-Gynecology
Shwe	Wendy	Montefiore Med Ctr/Einstein-NY	Obstetrics-Gynecology
Wood	Elizabeth	Naval Medical Center San Diego	Obstetrics-Gynecology
Jeong	Go Eun	Georgetown U/Wash Hosp	Ophthalmology
Rosenberg	Sedona	U Virginia	Ophthalmology
Barajas	Juan	Atlanta Med Ctr-GA	Orthopaedic Surgery
Fuller	Samuel	University at Buffalo SOM-NY	Orthopaedic Surgery
Quan	Theodore	George Washington Univ-DC	Orthopaedic Surgery
Shah	Aribah	George Washington Univ-DC	Orthopaedic Surgery
El Shatanofy	Muhammad	U Miami/Jackson Health System-FL	Otolaryngology
Gorelik	Daniel	Methodist Hospital-Houston-TX	Otolaryngology
Youner	Emily	Case Western/Univ Hosps Cleveland Med Ctr-OH	Otolaryngology
Carlson	David	University of Virginia	Pathology
Jett	David	Duke Univ Med Ctr-NC	Pathology
Ahmed	Bilal	Zucker SOM-Northwell Cohen Childrens-NY	Pediatrics
Anderson	Lauren	Univ of Chicago Med Ctr-IL	Pediatrics
Baldwin	Joshua	SUNY Upstate Med University	Pediatrics
Bamfo	Adwoa	Eastern Virginia Med School	Pediatrics
Bullen	Theresa	UPMC Medical Education-PA	Pediatrics
Dow	Serena	Nationwide Childrens Hosp-OH	Pediatrics
Fimmel	Fiona	Cincinnati Childrens Hosp Med Ctr-OH	Pediatrics

Gutierrez	Gloria	Childrens Hosp-Philadelphia-PA	Pediatrics
Henriques	Jane	Childrens National Med Ctr-DC	Pediatrics
Leon	Andrea	U Miami/Jackson Health System-FL	Pediatrics
Liu	Grace	U Colorado SOM-Denver	Pediatrics
Mijares	Joseph	Childrens National Med Ctr-DC	Pediatrics
Milki	Anthony	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
Reilly	Curran	Childrens Hosp-Philadelphia-PA	Pediatrics
Sallander	Kayla	Walter Reed- Army	Pediatrics
Sankar	Mathavi	Childrens Hosp-Philadelphia-PA	Pediatrics
Schmitt	Sarah	NYU Grossman School Of Medicine-NY	Pediatrics
Shalkevich	Jacob	Phoenix Childrens Hospital-AZ	Pediatrics
Torroella	Kristin	Johns Hopkins Hosp-MD	Pediatrics
Phan	Megan	U Washington Affil Hosps	Pediatrics/Health Equity
Uppal	Prayerna	U Washington Affil Hosps	Pediatrics/Health Equity
Davis	Elisabeth	Childrens National Med Ctr-DC	Pediatrics/LAUnCH Community Hlth
Ipe	Abraham	Childrens National Med Ctr-DC	Pediatrics/LAUnCH Community Hlth
Moore	Brenna	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
Emamzadeh	Emily	TJU/Nemours Childrens Health-PA	Pediatrics-PM&R
Broadbent	Geoffrey	Childrens National Med Ctr-DC	Pediatrics-Primary
Eng	Jared	U Washington Affil Hosps	Phys Medicine & Rehab
Jain	Esha	MedStar National Rehab Hosp-DC	Phys Medicine & Rehab
Mortman	Ryan	UPMC Medical Education-PA	Phys Medicine & Rehab
Zarabian	Kimia	U Washington Affil Hosps	Phys Medicine & Rehab
Anderson	Alyssa	VA Greater LA Hlth Sys-CA	Phys Medicine & Rehab/UCLA
Martinez	Paul	MedStar Georgetown Univ Hosp-DC	Plastic Surgery (Integrated)
Schwartz	Rachel	Carilion Clinic-Virginia Tech Carilion SOM	Plastic Surgery (Integrated)
Dasher	Kegan	ISMMS Mount Sinai Hospital-NY	Psychiatry
Duffy	Samuel	MedStar Georgetown Univ Hosp-DC	Psychiatry
Elnasseh	Abdelrhman	Duke Univ Med Ctr-NC	Psychiatry
Galla	Jonathan	MedStar Georgetown Univ Hosp-DC	Psychiatry
Hovsepian	Gary	George Washington Univ-DC	Psychiatry
Kalsi	Simran	Thomas Jefferson Univ-PA	Psychiatry
Mehta	Varun	ISMMS Mount Sinai Beth Israel-NY	Psychiatry
Seo	Veri	Cambridge Health Alliance-MA	Psychiatry
Sevier	Justin	George Washington Univ-DC	Psychiatry
Silva	Olivia	NYU Grossman School Of Medicine-NY	Psychiatry
Wang	Yixue	University of Virginia	Psychiatry
Yadgar	Ramsin	George Washington Univ-DC	Psychiatry
Ritter	Rebecca	Indiana University SOM	Psychiatry/Merrillville
Jacobs	Lauren	ISMMS Mount Sinai Hospital-NY	Radiation Oncology
Vaziri	Tina	Johns Hopkins Hosp-MD	Radiation Oncology
Brown	Lauryn	U Washington Affil Hosps	Radiology-Diagnostic
Calabria	Emily	Boston Univ Med Ctr-MA	Radiology-Diagnostic
Herman	Sean	Virginia Commonwealth U Hlth Sys	Radiology-Diagnostic
Olivares	Philip	Eastern Virginia Med School	Radiology-Diagnostic
Rahimi	Murwarit	U Texas Med Sch-Houston	Radiology-Diagnostic
Bonitto	Stephano	Ochsner Clinic Foundation-LA	Surgery-Preliminary

McSweeney	Benjamin	Wake Forest Baptist Med Ctr-NC	Surgery-Preliminary
Nasser	Jacob	ISMMS Mount Sinai Hospital-NY	Surgery-Preliminary
Panahi	Armon	NYMC-Metropolitan Hosp Ctr-NY	Surgery-Preliminary
Cho	Kevin	Riverside Reg Med Ctr-VA	Transitional
Herman	Sean	Geisinger Health System-PA	Transitional
Acosta	Christian	Nassau Univ Med Ctr-NY	Transitional
Jacobs	Lauren	Zucker SOM-Northwell South Shore-NY	Transitional
Nemirovsky	Daniel	Creighton University	Urology
Wynne	Michael	George Washington Univ-DC	Urology
Saini	Prashant	Zucker SOM-Northwell Lenox Hill Hosp-NY	Vascular Surgery

### CLASS OF 2022 RESIDENCY MATCH LIST

Last Name	First Name	Institution Name	Program Name
Chemtob	Erica	George Washington Univ-DC	Anesthesiology
Danielson	Madalyn	UC San Diego Med Ctr-CA	Anesthesiology
DeFreitas	Cory	George Washington Univ-DC	Anesthesiology
Garcia	Andrew	Harbor-UCLA Med Ctr-CA	Anesthesiology
Hu	Nina	B I Deaconess Med Ctr-MA	Anesthesiology
Ip	Alexander	Brown Univ/Rhode Island Hosp	Anesthesiology
McKiernan	Brianna	U Maryland Med Ctr	Anesthesiology
Mortimer	Nakita	Montefiore Med Ctr/Einstein-NY	Anesthesiology
Nguyen	Connie	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Sun	Emily	Thomas Jefferson Univ-PA	Anesthesiology
Weinshel	Talya	Tufts Medical Center-MA	Anesthesiology
Ome Irondi	Obinna	U Washington Affil Hosps	Anesthesiology/Clin Base Yr
Mehta	Nikita	NYU Grossman School Of Medicine-NY	Anesthesiology/NYU Man
Greaves	Tori	Northwestern McGaw/Lurie Childrens-IL	Child Neurology
Adusumilli	Nagasai	George Washington Univ-DC	Dermatology
Millan	Sarah	MedStar Washington Hosp Ctr-DC	Dermatology
Shah	Nidhi	George Washington Univ-DC	Dermatology
Barshay	Allison	Brown Univ/Rhode Island Hosp	Emergency Medicine
Chan	Bill	UC San Diego Med Ctr-CA	Emergency Medicine
Haridasa	Naeha	Univ of Chicago Med Ctr-IL	Emergency Medicine
Herrera	Rachael	Temple Univ Hosp-PA	Emergency Medicine
Hodgson	Ryan	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
Jacobs	Erica	NYU Grossman School Of Medicine-NY	Emergency Medicine
Keswani	Meghana	University of Virginia	Emergency Medicine
Kotil	Michael	St Lukes Hosp-Anderson-PA	Emergency Medicine
Larsen	Victoria	George Washington Univ-DC	Emergency Medicine
Markin	Katherine	George Washington Univ-DC	Emergency Medicine
Mullings	Jordan	Alameda Health Sys-Highland Hosp-CA	Emergency Medicine
Munday	Adam	Nassau Univ Med Ctr-NY	Emergency Medicine
Parekh	Neil	St Johns Riverside Hospital-NY	Emergency Medicine
Pradarelli	Brad	ISMMS Mount Sinai Morningside-West-NY	Emergency Medicine
Ravishankar	Veda	Cook County Health and Hosps Sys-IL	Emergency Medicine
Rego	Angelica	University of Virginia	Emergency Medicine
Felton	Erin	Sutter Med Ctr of Santa Rosa-CA	Family Medicine
Kerrigan	Michael	Inova Fairfax Hospital-VA	Family Medicine
Kovacs	Mitch	Penn Highlands Healthcare-PA	Family Medicine

Vincent	Kathryn	Inova Fairfax Hospital-VA	Family Medicine
Wang	Elaine	UC San Francisco-CA	Family Medicine
Mehta	Esha	Institute for Family Health-NY	Family Medicine/Harlem-Mt Sinai
Cavallo	Kathryn	George Washington Univ-DC	General Surgery
Cohn	Ellen	Univ of Chicago Med Ctr-IL	General Surgery
Helbing	Alexandra	Parkview Health-IN	General Surgery
Kelley	Devon	Rutgers-R W Johnson Medical School-NJ	General Surgery
McClanahan	Megan	Methodist Hospital-Houston-TX	General Surgery
Perkins	Molly	LSU SOM-New Orleans-LA	General Surgery
Kapani	Nisha	Creighton University-AZ	General Surgery/Valleywise
Ghandakly	Elizabeth	Cleveland Clinic Fdn-OH	Internal Med/Clin Ed
Asif	Usman	Stony Brook Teach Hosps-NY	Internal Med/Southampton
Adeshoga	Kathleen	Kaiser Permanente Mid-Atlantic-MD	Internal Medicine
Agronin	Jacob	Temple Univ Hosp-PA	Internal Medicine
Bergstrom	Annika	UC San Diego Med Ctr-CA	Internal Medicine

Bernstein	Andrew	Thomas Jefferson Univ-PA	Internal Medicine
Bush	Haley	Duke Univ Med Ctr-NC	Internal Medicine
Chhabra	Kabir	U Maryland Med Ctr	Internal Medicine
Distler	Allison	U South Florida Morsani COM-Tampa	Internal Medicine
Gerhard	Eleanor	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Gurijala	Nyshidha	Boston Univ Med Ctr-MA	Internal Medicine
Halaseh	Rami	Kaiser Permanente-SF-CA	Internal Medicine
Lum	Nicole	Univ of Chicago Med Ctr-IL	Internal Medicine
Miller	Christian	NYU Grossman School Of Medicine-NY	Internal Medicine
Mirda	Danielle	Hosp of the Univ of PA	Internal Medicine
Moalem	Kamilia	U Miami/Jackson Health System-FL	Internal Medicine
Okezue	Chisom	Westchester Medical Ctr-NY	Internal Medicine
Ortiz	Adriem	CMSRU/Cooper University Hospital-NJ	Internal Medicine
Osman	Kareem	UCLA Med Ctr-CA	Internal Medicine
Pelaez	Guido	Barnes-Jewish Hosp-MO	Internal Medicine
Schonman	Ian	Johns Hopkins Hosp-MD	Internal Medicine
Shincovich	Christina	Massachusetts Gen Hosp	Internal Medicine
Soriano	Rachelle	U Texas at Austin Dell Medical School	Internal Medicine
Stein	Jason	Anne Arundel Med Ctr-MD	Internal Medicine
Vemu	Prasantha	U Washington Affil Hosps	Internal Medicine
Zegarra	Diego	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Syed	Fahim	Trident Medical Center-SC	Internal Medicine
Gowda	Nikhil	George Washington Univ-DC	Interventional Radiology (Integ)
Bernstein	Brittany	Temple Univ Hosp-PA	Medicine-Preliminary
Chan	Christabel	George Washington Univ-DC	Medicine-Preliminary
Gowda	Nikhil	Montefiore-New Rochelle/Einstein-NY	Medicine-Preliminary
Mangera	Linda	Zucker SOM-Northwell Lenox Hill Hosp-NY	Medicine-Preliminary
Mehta	Nikita	George Washington Univ-DC	Medicine-Preliminary
Millan	Sarah	George Washington Univ-DC	Medicine-Preliminary
Vaynberg	Idelle	Greenwich Hospital-CT	Medicine-Preliminary
Weinshel	Talya	St Elizabeths Med Ctr-MA	Medicine-Preliminary
Gopinath	Charlotte	George Washington Univ-DC	Medicine-Primary
Rehman	Muhammad	Advocate Health Care-IL	Med-Prelim/ALGH
Chernet	Sofia	Northwestern McGaw/NMH/VA-IL	Med-Prelim/Neurology
Martin	Gwen	Virginia Commonwealth U Hlth Sys	Med-Prelim/Ophthalmology
Mark	Veronica	Indiana University SOM	Med-Prelim/SW Indiana
Ratnaseelan	Aarane	UPMC Medical Education-PA	Neurodevelopmental Disabilities
Chernet	Sofia	Northwestern McGaw/NMH/VA-IL	Neurology
MacKenzie	Isobel	Barnes-Jewish Hosp-MO	Neurology
Newman	Matthew	George Washington Univ-DC	Neurology

Polyakov	Diane	HCA Medical City Healthcare-TX	Ob-Gyn/Arlington
Akin-Olugbade	Olamide	Northwestern McGaw/NMH/VA-IL	Obstetrics-Gynecology
Bhatnagar	Gauri	Mercy St Vincent Med Ctr-OH	Obstetrics-Gynecology
Dzienny	Alexa	Yale-New Haven Hosp-CT	Obstetrics-Gynecology
Goldstein	Naomi	Ohio State University Med Ctr	Obstetrics-Gynecology
Kripalani	Shawn	ISMMS Mount Sinai Hospital-NY	Obstetrics-Gynecology
Nair	Isabel	Sinai Hospital of Baltimore-MD	Obstetrics-Gynecology
Rossi	Cecilia	Case Western/Univ Hosps Cleveland Med Ctr-OH	Obstetrics-Gynecology
Saleeb	Monica	U Connecticut School of Medicine	Obstetrics-Gynecology
Scanlon	Natalie	Penn State Hershey Med Ctr-PA	Obstetrics-Gynecology
Serpas	Andrea	Anne Arundel Med Ctr-MD	Obstetrics-Gynecology
Skjoldager	Kara	UPMC Medical Education-PA	Obstetrics-Gynecology
Gatens	Heather	Virtua-NJ	Obstetrics-Gynecology

Bernstein	Brittany	Temple Univ Hosp-PA	Ophthalmology
Chan	Christabel	George Washington Univ-DC	Ophthalmology
Sandler	Alexis	William Beaumont Army Medical Center	Orthopaedic
McDaniel	Lea	U Arizona COM-Phoenix	Orthopaedic Surgery
Whiting	Zachariah	Case Western/Univ Hosps Cleveland Med Ctr-OH	Orthopaedic Surgery
Chillakuru	Yeshwant	NYU Grossman School Of Medicine-NY	Otolaryngology
Crowder	Hannah	Duke Univ Med Ctr-NC	Otolaryngology
Terhaar	Samantha	SUNY Upstate Med University	Otolaryngology
Marchak	Alexander	U Louisville SOM-KY	Pathology
Andretti	Olivia	Childrens Hosp-Philadelphia-PA	Pediatrics
Arocha	Rebeca	U Miami/Jackson Health System-FL	Pediatrics
Batoon	Dale Andrew	U Washington Affil Hosps	Pediatrics
Chen	Leon	Montefiore Med Ctr/Einstein-NY	Pediatrics
Desai	Sajani	Montefiore Med Ctr/Einstein-NY	Pediatrics
Johnson	Margot	U Colorado SOM-Denver	Pediatrics
Knapp	Kelsi	Vanderbilt Univ Med Ctr-TN	Pediatrics
Kuipers	Connor	Spectrum Health/Michigan State Univ	Pediatrics
Nolan	Abigail	Childrens National Med Ctr-DC	Pediatrics
Nwasike	Chukwunonso	Baylor Coll Med-Houston-TX	Pediatrics
Partridge	Marie-Claire	Childrens Hosp-Philadelphia-PA	Pediatrics
Pettit	Elizabeth	Childrens National Med Ctr-DC	Pediatrics
Poranki	Menitha	Childrens Hospital-Oakland-CA	Pediatrics
Sandhu	Pavneet	Nicklaus Childrens Hospital-Miami-FL	Pediatrics
Schreiner	Katherine	Childrens Hosp-Philadelphia-PA	Pediatrics
Vanmali	Bobby	Kaiser Permanente-Los Angeles-CA	Pediatrics
Ray	Randall	Childrens Hospital-Boston-MA	Pediatrics-Medical Genetics
Vij	Abhya	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Vaynberg	Idelle	NYP Hosp-Columbia & Cornell-NY	Phys Medicine & Rehab
Aledort	Emily	ISMMS Mount Sinai Morningside-West-NY	Psychiatry
Clark	Martin	George Washington Univ-DC	Psychiatry
DeSilva	Samantha	U North Carolina Hospitals	Psychiatry
Edouna Obama	Levi Brice	Emory Univ SOM-GA	Psychiatry
Kupsky	Genevieve	Rush University Med Ctr-IL	Psychiatry
Mohyuddin	Hira	George Washington Univ-DC	Psychiatry
Qadir	Sarah	Thomas Jefferson Univ-PA	Psychiatry
Schlager	Samuel	Navy Medical Center, San Diego	Psychiatry
Smith	Kirklin	U Texas at Austin Dell Medical School	Psychiatry
Tillery	Shannon	U Washington Affil Hosps	Psychiatry
Vemulapalli	Keerthi	U Texas at Austin Dell Medical School	Psychiatry

Zurlo	Jessica	Prisma Health-U of SC SOM Columbia	Psychiatry
Messing	Ian	Hosp of the Univ of PA	Radiation Oncology
Thomas	Rehema	U Texas MD Anderson Cancer Ctr	Radiation Oncology
Arsenault	Lauren	Rush University Med Ctr-IL	Radiology-Diagnostic
Goncalves	Tiffany	U Southern California	Radiology-Diagnostic
Kauffman	David	Yale-New Haven Hosp-CT	Radiology-Diagnostic
Liu	Matthew	MedStar Georgetown Univ Hosp-DC	Radiology-Diagnostic
Mangera	Linda	ISMMS Mount Sinai Morningside-West-NY	Radiology-Diagnostic
Osorio	Andrew	Duke Univ Med Ctr-NC	Radiology-Diagnostic
Rehman	Muhammad	U Florida COM-Shands Hosp	Radiology-Diagnostic
Boulos	Sameh	Zucker SOM-Northwell NS/LIJ-NY	Surgery-Preliminary
Lee	Grace	Riverside University Health Sys-CA	Surgery-Preliminary
Lee	Ryan	Rutgers-New Jersey Medical School	Surgery-Preliminary
Liu	Matthew	B I Deaconess Med Ctr-MA	Surgery-Preliminary
Palosaari	Andrew	ISMMS Mount Sinai Hospital-NY	Surgery-Preliminary
Ip	Alexander	MedStar Georgetown Univ Hosp-DC	Surg-Prelim/Georgetown-WHC
Adusumilli	Nagasai	Ascension St Vincent Hosp-IN	Transitional
Arsenault	Lauren	Mountain AHEC-NC	Transitional
Kauffman	David	St Lukes Hosp-Bethlehem-PA	Transitional
Osorio	Andrew	Northside Hospital Gwinnett-GA	Transitional
Shah	Nidhi	Riverside Reg Med Ctr-VA	Transitional
Subramani	Dhanusha	Navy Medical Center, San Diego	Transitional
Thomas	Rehema	Memorial Sloan-Kettering-NY	Transitional
Walker	Ian	NCC-Walter Reed National Military	Transitional
Goncalves	Tiffany	UHS So California Med Ed Consortium	Transitional Year
Danielson	Madalyn	Scripps Mercy Hosp-San Diego-CA	Transitional/Anesthesia
Cruz-Bendezu	Alanna	George Washington Univ-DC	Urology
Dadashian	Eman	Cedars-Sinai Medical Center	Urology
Fu	Melinda	Rutgers-R W Johnson Medical School-NJ	Urology
Nguyen	Andrew	Cooper University Hospital	Urology
Reddy	Akshay	Massachusetts Gen Hosp	Urology
Mangipudi	Sowmya	UC San Francisco-CA	Vascular Surgery
Rodriguez	Stephanie	Medical University of SC	Vascular Surgery

**CLASS OF 2021 RESIDENCY MATCH LIST**

<b>Applicant Name</b>	<b>Institution Name</b>	<b>Program Name</b>
Gougelet, Jonathan	Univ of Vermont Medical Center	Anesthesiology
Dunn, Patrick	U Texas Med Branch-Galveston	Anesthesiology
Powell, Alva	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Yao, Caylynn	MedStar Georgetown Univ Hosp-DC	Anesthesiology
Dominah, Gifty	Johns Hopkins Hosp-MD	Anesthesiology
Hebenstreit, Trevor	George Washington Univ-DC	Anesthesiology
Richards, Stephen	George Washington Univ-DC	Anesthesiology
Vilardo, Lauren	Childrens National Med Ctr-DC	Child Neurology
Chung, Stacey	U North Carolina Hospitals	Child Neurology
Aizman, Leora	Johns Hopkins Hosp-MD	Dermatology
Baruffi, Francesca	West Virginia University SOM	Emergency Medicine
Whiteside, Tess	Wellspan Health York Hosp-PA	Emergency Medicine
Croskey, Annabelle	UPMC Medical Education-PA	Emergency Medicine
Lee, Paulyne	UC San Diego Med Ctr-CA	Emergency Medicine
Hollister, Nathaniel	U Nevada Las Vegas SOM	Emergency Medicine
Rapp, Abigail	U Illinois COM-Peoria OSF	Emergency Medicine
Sobelman, Samantha	Stanford Univ Progs-CA	Emergency Medicine
Aly, Iman	St Johns Riverside Hospital-NY	Emergency Medicine
Kuppanda, Nitin	St Johns Riverside Hospital-NY	Emergency Medicine
Van Nispen, Christiaan	San Antonio Military Medical Center	Emergency Medicine
Kaul, Pranav	Northwestern McGaw/NMH/VA-IL	Emergency Medicine
Alsamman, Marya	ISMMS Mount Sinai Hospital-NY	Emergency Medicine
Hartley, Charles	ISMMS Mount Sinai Hospital-NY	Emergency Medicine
Thomas, Daniel	ISMMS Mount Sinai Hospital-NY	Emergency Medicine
Rahman, Md Mostafizur	HCA Healthcare/USF Morsani GME-Brandon	Emergency Medicine
Akhtar, Aslam	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Hussain, Arman	George Washington Univ-DC	Emergency Medicine
Gordon, Brittney	Emory Univ SOM-GA	Emergency Medicine
Wahrenbrock, Taylor	Cook County Health and Hosps Sys-IL	Emergency Medicine
Tronnier, Amy	Brown Univ/Rhode Island Hosp	Emergency Medicine
McClintock, Kime	Swedish Med Ctr-WA	Family Med/Ballard
Howard, Louisa	U Michigan Hosps-Ann Arbor	Family Med/Ypsilanti
Knowles, Jessenia	UC Irvine Med Ctr-CA	Family Medicine
Hung, Chen-min	PeaceHealth Southwest Med Ctr-WA	Family Medicine
Emamian, Sara	Oregon Health & Science Univ	Family Medicine
Greenblatt, Melissa	Kaiser Permanente-San Diego-CA	Family Medicine
Mangini, Marissa	Inova Fairfax Hospital-VA	Family Medicine
Rao, Madhuri	Cambridge Health Alliance-MA	Family Medicine/Tufts
Rosseau, Natalie	MedStar Georgetown Univ Hosp-DC	Gen Surgery/Georgetown-WHC
Aivaz, Marudeen	Zucker SOM-Northwell NS/LIJ-NY	General Surgery
Barq, Rabab	Virginia Commonwealth U Hlth Sys	General Surgery
Ichijji, Brynne	U Southern California	General Surgery
Marsden, Daniel	Nassau Univ Med Ctr-NY	General Surgery
Berger, Peter	Mt Sinai Med Ctr-Miami-FL	General Surgery



Habboosh, Noor	Montefiore Med Ctr/Einstein-NY	General Surgery
Potarazu, Deepika	Inova Fairfax Hospital-VA	General Surgery
Lin, Ryan	George Washington Univ-DC	General Surgery

Matecki, Mary	George Washington Univ-DC	General Surgery
Ong, Paulina	NYU Grossman School Of Medicine-NY	Int Med/NYU-Tisch-Kimmel
Mire, Muhammad	Univ of Chicago Med Ctr-IL	Internal Medicine
Abraham, Tsion	UC San Francisco-CA	Internal Medicine
Agdashian, David	UC San Diego Med Ctr-CA	Internal Medicine
Kubendran, Sindhu	UC San Diego Med Ctr-CA	Internal Medicine
Hayrapetian, Laurie	U Southern California	Internal Medicine
Hoffman, Eric	U Southern California	Internal Medicine
Hand, Taylor	U Minnesota Med School	Internal Medicine
Rao, Sanjana	U Miami/Jackson Health System-FL	Internal Medicine
Kaji, Raina	U Maryland Med Ctr	Internal Medicine
Roman, Aida	U Connecticut School of Medicine	Internal Medicine
Khudenev, George	U Arizona COM-Tucson	Internal Medicine
Houle, Matthew	Tulane Univ SOM-LA	Internal Medicine
Finau, Melesilika	Portsmouth Naval Medical Center	Internal Medicine
Panda, Arjun	Oregon Health & Science Univ	Internal Medicine
Mandler, Ari	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Onyilofor, Chinelo	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
Atienza, Matthew	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Varghese, Reshma	MedStar Georgetown Univ Hosp-DC	Internal Medicine
Moazzami, Mitra	Mayo Clinic School of Grad Med Educ-MN	Internal Medicine
Mai, William	Mayo Clinic School of Grad Med Educ-FL	Internal Medicine
Clark, Christina	Maine Med Ctr	Internal Medicine
Zafar, Nadia	Maine Med Ctr	Internal Medicine
Haley, Mairin	Lankenau Med Ctr-PA	Internal Medicine
Aquino, Gabrielle	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Darwish, Christina	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Dharia, Ishaan	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Al Shabeeb, Reem	Inova Fairfax Hospital-VA	Internal Medicine
Roche, Kyle	George Washington Univ-DC	Internal Medicine
Chan, Emily	Family Health Ctrs at NYU Langone-NY	Internal Medicine
Chan, Melissa	Family Health Ctrs at NYU Langone-NY	Internal Medicine
Hennessey, Megan	Dartmouth-Hitchcock Med Ctr-NH	Internal Medicine
Makonnen, Tirsit	CMSRU/Cooper University Hospital-NJ	Internal Medicine
Gupta, Simran	Brown Univ/Rhode Island Hosp	Internal Medicine
Cerezo, Maria Abigail	Boston Univ Med Ctr-MA	Internal Medicine
Zepp, Molly	B I Deaconess Med Ctr-MA	Internal Medicine
Imtiaz, Danish	UPMC Medical Education-PA	Interventional Radiology (Integ)
Zemel, Rachel	MedStar Georgetown Univ Hosp-DC	Medicine-Pediatrics
Osei, Kendrah	St Agnes Hospital-MD	Medicine-Preliminary
Nguyen, Chantal	Santa Clara Valley Med Ctr-CA	Medicine-Preliminary
Aizman, Leora	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
McCullum, Catherine	George Washington Univ-DC	Medicine-Preliminary

Richards, Stephen	George Washington Univ-DC	Medicine-Preliminary
Sohal, Preet	George Washington Univ-DC	Medicine-Preliminary
Duggal, Neel	HCA Healthcare/USF Morsani GME-Trinity	Medicine-Preliminary
Pugliese, Christina	NYP Hosp-Weill Cornell Med Ctr-NY	Medicine-Primary
Pashai, Erika	George Washington Univ-DC	Medicine-Primary
Ormond, Jelyca	Kaiser Permanente-Santa Clara-CA	Medicine-Primary/CHOICE
Dominah, Gifty	MedStar Union Memorial Hosp-MD	Med-Prelim/Anesthesiology-JHU
Rokni, Alex	U Illinois COM-Chicago	Med-Prelim/UIH
Almeida, Neil	University at Buffalo SOM-NY	Neurological Surgery
Archuleta, Christine	Virginia Commonwealth U Hlth Sys	Obstetrics-Gynecology
Georgakopoulos, Bianca	U Kentucky Med Ctr	Obstetrics-Gynecology
Konigkramer, Megan	U Illinois COM-Chicago	Obstetrics-Gynecology
Thirunagaru, Koumudi	St Lukes Hosp-Bethlehem-PA	Obstetrics-Gynecology
Hynds, Elaine	Pennsylvania Hospital	Obstetrics-Gynecology
Fuerst, Megan	Oregon Health & Science Univ	Obstetrics-Gynecology
Milando, Rose	ISMMS Mount Sinai Morningside-West-NY	Obstetrics-Gynecology
Sadeghi, Noushine	Christiana Care-DE	Obstetrics-Gynecology
Tsaturian, Mary	Arrowhead Reg Med Ctr-CA	Obstetrics-Gynecology
Walker, Taniya	Brigham & Womens Hosp-MA	Obstetrics-Gynecology/BWH-MGH
Aneja, Prabhleen	Beaumont Health-MI	Obstetrics-Gynecology/Royal Oak
Baker, Dara	Illinois Eye and Ear Infirmary	Ophthalmology
Sohal, Preet	George Washington Univ-DC	Ophthalmology
Kartalias, Katina	Walter Reed National Medical Center	Orthopaedic Surgery
Rodenhous, Thomas	U Rochester/Strong Memorial-NY	Orthopaedic Surgery
Ward, Caitlin	Rush University Med Ctr-IL	Orthopaedic Surgery
Ramamurti, Pradip	University of Virginia	Orthopaedic Surgery/5 Yr
Bestourous, Daniel	University of Utah Health	Otolaryngology
Straughan, Alexander	U Minnesota Med School	Otolaryngology
Shim, Timothy	Stony Brook Teach Hosps-NY	Otolaryngology
Mamidi, Ishwarya	LSU SOM-New Orleans-LA	Otolaryngology
Nogues, Juan	ISMMS Mount Sinai Hospital-NY	Otolaryngology
Michel, Margaret	Cleveland Clinic Fdn-OH	Otolaryngology
Photavath, Jai	Westchester Medical Ctr-NY	Pediatrics
Kafashzadeh, Dariush	UCLA Med Ctr-CA	Pediatrics
Lipsitz, Joshua	U Texas Southwestern Med Sch-Dallas	Pediatrics
Chun, Camille	U Colorado SOM-Denver	Pediatrics
Bakizada, Zayna	Oregon Health & Science Univ	Pediatrics
Pudalov, Natalie	Medical University of SC	Pediatrics
Patrick, Kristin	Cincinnati Childrens Hosp Med Ctr-OH	Pediatrics
Rashidi, Ghazal	Cincinnati Childrens Hosp Med Ctr-OH	Pediatrics
Brown, Ciara	Childrens National Med Ctr-DC	Pediatrics
Chase, Hannah	Childrens National Med Ctr-DC	Pediatrics

Considine, Colleen	Childrens National Med Ctr-DC	Pediatrics
Ben-Maimon, Sivan	Childrens Hosp-Philadelphia-PA	Pediatrics
Marwah, Harleen	Childrens Hosp-Philadelphia-PA	Pediatrics
Nishikawa, Moena	Childrens Hospital-Oakland-CA	Pediatrics
Burkholder, Joshua	U Nevada Las Vegas SOM	Pediatrics
Johnson, Sheryl	Rutgers-Newark Beth Israel Med Ctr-NJ	Pediatrics
Ceneri, Nicole	Childrens National Med Ctr-DC	Pediatrics-Research
Summerlin, Maxwell	U Colorado SOM-Denver	Peds/Med Genetics & Genomics
Nguyen, Chantal	Stanford Univ Progs-CA	Phys Medicine & Rehab
Satin, Zachary	MedStar National Rehab Hosp-DC	Phys Medicine & Rehab
Gable, Brenda	Ohio State University Med Ctr	Psychiatry
Keshavarz, Samaneh	MedStar Georgetown Univ Hosp-DC	Psychiatry
Taylor, Benjamin	MedStar Georgetown Univ Hosp-DC	Psychiatry

Peace, Melissa	Medical University of SC	Psychiatry
Siddiqi, Tulha	Johns Hopkins Hosp-MD	Psychiatry
Quinn, Margot	ISMMS Mount Sinai Hospital-NY	Psychiatry
Islam, Celia	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Momeni, Kimia	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Pepin, Abigail	Hosp of the Univ of PA	Radiation Oncology
Osei, Kendrah	Johns Hopkins Hosp-MD	Radiology-Diagnostic
Imtiaz, Danish	Swedish Med Ctr-WA	Surgery-Preliminary
Maghsoudi, Taneen	Carilion Clinic-Virginia Tech Carilion SOM	Surgery-Preliminary
Brodsky, Spencer	Weiss Memorial Hospital-IL	Transitional
Osman, Omer	LewisGale Medical Center	Transitional
Elovic, Andres	Mount Sinai Medical Center	Urology
Shoen, Ezra	Mount Sinai Medical Center	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](http://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.

Some GW Alumni offer to host interviewing students coming to their local area. For more information on the GW Medical Alumni Connect (GWMAC) Program please visit: <https://smhs.gwu.edu/alumni/volunteer/GW-Med-Alumni-Connect/student-information>. You may fill out the GWMAC student registration form here: [https://docs.google.com/forms/d/e/1FAIpQLSf7JPjgVrWKdwA79U3P5AXDdu16G7Nh0\\_rX9B3MRvAOpq7Sfw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSf7JPjgVrWKdwA79U3P5AXDdu16G7Nh0_rX9B3MRvAOpq7Sfw/viewform).

- ✓ For help in finding local housing during your interviews, you can also call the American Medical Association. The AMA Alliance, in partnership with the AMA Resident and Fellow and Medical Student Sections, runs the Community Welcoming Program -- which finds on-site hosts for fourth- year medical students and their families as they interview for residency. This helps medical students minimize travel costs while keeping them connected with organized medicine. More information about the Community Welcoming Program, including how to request housing and how to become a host is available on the AMA Alliance Website.