WHAT IS ΑΩΑ?

Alpha Omega Alpha (ΑΩΑ) is the national medical honor society, which seeks to recognize high educational achievement, honor gifted teaching, encourage the development of leaders in academia and the community, support the ideals of humanism, and promote service to others. Students are elected to ΑΩΑ in their third or fourth year of medical school.

WHAT ARE THE ΑΩΑ PEARLS?

Part of the UWSOM ΑΩΑ Chapter’s mission is to serve our medical school community. The Pearls represent our compiled advice—from current ΑΩΑ members to you—about how to succeed in the preclinical years, clerkships, and residency applications. Check out the ΑΩΑ “Turkey Book,” available as a mobile app, for more detailed advice.

A BRIEF NOTE

The Pearls represent ΑΩΑ students’ opinions, and as such, may or may not resonate with your experience in medical school. They are intended as a guide, and not prescriptive rules, about how to succeed in your training. Above all, we hope they are helpful to you.
General Advice for the Preclinical Years: MS-1 and MS-2

- “These are the years, especially second year, where you learn the basis for clinical medicine. Your patients and colleagues will appreciate it greatly if you are prepared with the knowledge base in your clinical years and your future practice.”

- “Don’t be afraid to try new study techniques when your strategy doesn’t work for a particular subject matter. [...] Ask for help from your small group leader, the professor, or Jamey Cheek. Everyone wants you to succeed.”

- “UW made the first two years pass/fail for a reason—your grades in these classes will NEVER be used so try not to stress but use this time to really learn the material well.”

- “Use the freedom of the pass/fail system to make yourself unique. Explore your interests via research, volunteering, community building, art, expression, travel etc. It makes you more interesting when it comes to residency interviews.”

- “It is extremely hard to do, however, following in First Aid with your courses would be helpful for Step 1.”

- “The history and exam skills learned in ICM often may feel more like a work in progress than classes that have an exam and then are completed. Remember that you will be using the history and exam skills every day for the rest of school (and your career), so really spend time and energy learning from your ICM mentors how to do these well.”

- “Just keep swimming...each year gets better, although not necessarily any easier. Don’t be discouraged by the occasional poor test performance- we all have off days and areas that we struggle with more. It in no way reflects your potential to be a great clinical doctor! [...] Everyone struggles—some just more outwardly than others, so don’t feel bad for not always being at the top.”

- “Stay happy and healthy. There is a lot of extraneous information in the preclinical years so it’s worth sacrificing some study time to enjoy life. With the study time you do create, focus on the most clinically relevant topics.”
Tips for Succeeding on Board Exams

Board Exam Roundup: How did AΩA members prepare for Step 1 and Step 2 CK/CS? (n = 28)

<table>
<thead>
<tr>
<th>Time Taken to Study</th>
<th>Step 1</th>
<th>Step 2 CK</th>
<th>Step 2 CS</th>
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<tbody>
<tr>
<td>Median: 4 weeks</td>
<td>Median: 2.5 weeks</td>
<td>Median: 1.5 days</td>
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<tr>
<td>Range: 3-12 weeks</td>
<td>Range: 1.5-4 weeks</td>
<td>Range: 0-7 days</td>
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<table>
<thead>
<tr>
<th>Most Popular Resources (% used)</th>
<th>Step 1</th>
<th>Step 2 CK</th>
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</thead>
<tbody>
<tr>
<td>USMLE World Q-Bank (100%)</td>
<td>USMLE World Q-Bank (96%)</td>
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<tr>
<td>First Aid (86%)</td>
<td>First Aid (29%)</td>
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<tr>
<td>Doctors in Training (18%)</td>
<td>Step Up to Step 2 CK (29%)</td>
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<tr>
<td>Goljan Lectures (14%)</td>
<td>Step 2 Secrets (11%)</td>
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<tr>
<td>Kaplan Q Bank (7%)</td>
<td>Doctors in Training (7%)</td>
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<td></td>
<td>First Aid (89%)</td>
<td></td>
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<td></td>
<td>NBME Website (11%)</td>
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<tr>
<td></td>
<td>Step Up to Step 2 CS (4%)</td>
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Any specific advice for Step 1?

- The advice AΩA members cited again and again was:
  - Work with Jamey Cheek to set a study plan, and stick to your schedule!
  - Buy First Aid early and use it alongside your courses, especially in the MS-2 year.
  - Run through QBank twice: once during the school year during courses, and once during your dedicated Step 1 studying.

- “Take time during first and second year to figure out how you learn best-- whether its flash cards vs. diagrams, solo study sessions vs. group study sessions, doing questions before studying or after studying the relevant material.”

- “Take your time studying. While you will get tired of studying and ‘just want to take the test,’ it is far more important to do well. As you will hear from others, a bad Step 1 score does not completely sink you, but a great Step 1 score will open doors.”

- “Be serious about studying for Step 1 in the summer: budget ~10-14 hours per day and take regular interval practice exams to get a realistic sense of where you stand.”

- “Don’t blow off topics that are more challenging to learn such as the storage disorders. Keep a separate book with notes on the material that is most difficult for you and review it the night before [the exam].”

- “The NBME tests are expensive but (at least in my case) most similar to the actual test. Become accustomed to the pace and stamina required for such a lengthy timed test.”

- “I found DIT to be incredibly helpful, but everyone is different. If you like built-in structure, this program is for you.”

- “Doing well on these tests is a matter of repetition and doing a ton of questions. Also memorize as much of First Aid (mainly the tables and charts) as possible with flashcards.”

- “Make time for daily physical activity- provides a great release and will help you power through the many long hours of studying.”

- “After the exam you will feel unsure of how you did, this is normal.”

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Tips for Succeeding on Board Exams

Step 2

When is the best time to take Step 2 CK/CS? First, you must take Step 2 CK and CS before UW’s September 30th deadline. Beyond that, AΩA members (n = 28) recommend:

- Take Step 2 exams early! (75%) Or maybe late? (14%)
  - Most students recommend taking CK near the end of the MS-3 year, while clerkship information is still fresh. Popular times include the two-week break between MS-3 and MS-4 years and July of the MS-4 year.
  - 14% of students specifically recommended taking CK in September.
  - No consensus on when to take CS, but LA is the closest test site. Some students (14%) specifically recommended taking CS after the UW senior OSCE.

- Your Step 1 score may influence when you schedule Step 2 exams. (11%)
  - If you have a strong step 1 score: Consider taking CK later, as a lower score on CK can only hurt your residency application. If you take CK in September, scores won’t be in until after some programs offer interviews.
  - If you struggled on Step 1: a strong CK score can only help so taking CK early and having your score report back may increase your interview offers.

Any tips for Step 2 CK?

- “Do UWorld twice—once during third year (helps studying for shelves) and again during a two week block.”
- “QBank and practice tests are the most important parts of studying!”
- “Don’t use too many resources and consult with Jamey Cheek to make a plan.”
- “Step 2 CK is much easier than Step 1 (all your work in clerkships can really inform your answers, even if you don’t know a fact off the top of your head).”

- Unlike Step 1, there was no consensus about study books. Some students used First Aid, others used Step Up, and some used no books at all—just QBank. Consider flipping through the different books before deciding as the First Aid and Step Up books for CK are very different than others in their series. Jamey Cheek has copies in his office.

What should I know about Step 2 CS?

- “Don’t stress. There is a very high likelihood you will pass CS without any problems. Read the First Aid book to understand what they are looking for during your clinical encounters. The day goes by incredibly fast but it takes forever to receive your score. Try to combine taking the exam with a few days of vacation this will help make the plane ticket seem like less of a financial burden. If you can take CS close to senior OSCEs that’s great, but if not, don’t stress.”

- “Look on the NBME website to find the format for patient notes. You have to use their format, so it’s helpful to at least see what it looks like before you take your exam.”

- “Just smile, be nice, and don’t forget to take full H&Ps (the one person I know that failed just did SOAP notes). Be complete.”

- “This test is mostly about checking off boxes and knowing how they want you to present information. These logistics can be easily learned from the First Aid book.”
How can you succeed in the clinical years? AOA students say:

- The advice AΩA members cited again and again was:
  - Be enthusiastic, work hard, show up early and leave late, do whatever can help your patients and team, and take every rotation as an opportunity to learn and grow.
  - Keep a team mindset and treat every member of the team with respect.
  - Be grateful for the opportunity to learn from your team, including the patient.
  - Set aside time to study for the exams. They can be difficult, have a big impact on your rotation grade, and can help you prepare for step 2.
  - Approach each rotation open-minded, you never know what you may end up liking.
  - Ask for feedback regularly, this will help you know areas to focus on.

- “Every single part of the 3rd and 4th year contributes to your educational experience. Whether it is scut work, doing procedures, or picking up your 10th A fib with RVR patient, it all contributes to your education. There is no experience beneath you.”

- “Success in clerkships is overwhelmingly a human endeavor. I was terrified of not remembering pathophysiology or drug MOAs and found that these points were minor compared to the way I interacted with preceptors, patients, and clinical staff.”

- “My attendings and residents griped most about med students who didn't realize that their learning wasn't the first priority in clinic.”

- “Take note of attendings you really click with and ask them at the end of your rotation for a letter of rec for residency—better then than hurriedly during MS-4 summer when you’re 6 months out from the clerkship.”

- “The time and teaching your instructors and patients give you is truly a gift; seeing it that way helps get you through the inevitable rough days and rotations.”

- “Third and fourth years can be very isolating, as you're no longer amidst 200+ peers going through the same experience. Keep in touch with the network of people and activities that support you and bring you joy. And enjoy—the clerkships will remind you why you came to medical school!”

- “There is nothing that is "below you" so don't get an ego.”

- “Don't compete and DON'T SABOTAGE. Everyone knows what you are doing and it does nothing but hurt you.”

- “I'm still surprised by the number of attendings that are frustrated by medical students dressing inappropriately or not being respectful and conscientious with all team members. As with most things in life, you are more likely to earn a better evaluation when people enjoy working with you.”

- “If you enter the clerkship wanting to learn about that discipline both the attendings and residents will be excited to teach you. When they are interested in your education, the rotation is much more enjoyable.”

- “If you are concerned about the Shelf exams consider taking and NBME subject practice exam. They are approximately 20 dollars and give you 50 questions that will approximate the type of questions on the Shelf.”
• “If you feel less confident about your knowledge base, it is important to read and ask questions, but your residents and attendings know this is your first time learning how to practice medicine on that particular field so just be ready and willing to learn from them.”

• “At the beginning, you’re going to feel like you do not have anything to offer to the team, and the only thing you can do is slow the team down. This is not the case. Figure out what you have to offer each part of the team, from educating patients, taking more detailed histories, following up after tests, or helping get consults.”

• “I think it's really valuable to get experiences in non-academic, non-inpatient settings (community health, outpatient clinics, rural environments). There's a lot more to medicine than what you see in the hospital at the UW...”

• “A great attitude is a prerequisite to success. Do not lose the things most important to you in the incessant pursuit of honors. It will make you grumpy, depressed, and disconnected from your support system. Take time in your day (within reason) to reconnect with the things that you are passionate about.”

• “Show a genuine interest in every clinical opportunity you are privileged to be a part of—regardless of whether or not it may be your future career path.”

• “Pay attention to teaching sessions—especially the many "bedside pearls" that will likely stick with you the best.”

• “Spend as much time as possible with your patients. You have more time than anyone—and patients will come to rely on you and your communication.”

• “Be reliable. If you have a list of things to accomplish—get them done. Remember that you are starting to develop a professional identity—and your interactions with others (patients, hospital staff, team members), and your quality of work, will start to define this.”

• “Try to find what the team needs before being asked.”

• “Experience medicine in the large variety of settings that UW provides.”

• “I found the Case Files series to be incredibly helpful, especially for rotations with shelf exams. Otherwise, just be yourself, don't stress and have fun!”

• “Take responsibility for your patients. Act like an intern even if you don't know what this entails at the beginning. Get your case presentations down by the time you start your rotations (take advantage of college mornings). Do not complain.”

• “Just work as hard as you can while still trying to maintain a life outside of clerkships.”

• “Be eager and ready to learn, you never know what your patient might have. I had a patient that I was initially not very excited about because it seemed to me more of a "social" case—turned out she had carcinoid syndrome and became the topic of my residency application essay.”

• “Be aggressive about learning, no one will come find you to do something interesting, you have to be there asking to see touch examine ask questions. Put yourself out there.”
Advice for Required MS-3 Clerkships

Advice for the Family Medicine Third Year Clerkship

Exam Advice:
**Key points:** The exam can be difficult. The online cases cover all of the material on the exam but can take a long time to complete, so do them all early and review them before the exam.

- “There are no centralized didactic sessions [so] make sure you are covering all the basics either through clinic or during self-study. “

Clinical advice:
**Key points:** review preventative medicine and screening guidelines (USPTF is a good resource) as well as well child exams; family medicine is very broad and applicable to every other field of medicine; think about the “big picture” for patient care and learn to prioritize.

- “Practice agenda setting: this will help you conduct efficient, structured visits that set up your OCP and clinical note beautifully!”
- “Be interested in patients of all types, don’t just seek patients who are a particular subtype.”
- “Family doctors see so much variety that there will be experiences relevant to your field, no matter what that field may be.”
- “Try to think about the whole healthcare picture with each patient [...] vaccinations or other health maintenance that could be done even if a pt is there for an acute visit.”
- “Many [patients] have been going to the same family doc for several years, and really it is a privilege for you to learn their story and participate in their care.”
- “Read about each condition your pt has and how to diagnose and treat it.”
- “Think about social determinants of health. What are the underlying social and economic factors that keep your patient’s sick and from achieving good health? It is important to think about your patients outside of the scope of the clinic.”
- “Resources provided by the department are very helpful.”
- “Do as many procedures are you can.”
- “Enjoy learning from each of your patients and get to know all the staff at the clinic.”
- “Many of these patients have been seen in these clinics for years and you making drastic changes all at once may not be well received.”
- “Rural sites offer a lot in terms of patient diversity and what you get to do”.
- “I liked doing this rotation towards the end of the year because of the patient diversity you see (pediatrics, adults, pregnant women, psych stuff)”
- “Getting the full experience out of FM is almost just as much about learning how to connect with patients and become a better communicator as it is to learn the basic clinical information.”
- “Most sites entail giving you the chance to see as many patients as you can in an efficient manner. Try to use the time to find techniques that will make you efficient at seeing patients (e.g. learning to type while you take an H&P, focusing your H&P to relevant questions and defining the scope of the visit, seeing two patients at a time while waiting to staff with an attending, identifying the most important items of a physical exam for a particular patient, etc).”
- “Impress your attendings with the most uptodate info on the treatment of sinusitis! But really- a few minute search will help broaden your differential and offer management strategies.”
Advice for the Internal Medicine Third Year Clerkship

Exam advice:

Key points: this is a Shelf exam; important study materials include MKSAP, Step-Up 2 Medicine, USMLE World QBank, & Case Files; start studying early in the clerkship; studying for the Medicine Shelf is also helpful for Step 2 CK

• “This is a long clerkship and it can be easy to put off studying, but this will backfire on you.”
• “Do your Step 2 CK studying during this rotation. You need to study hard for medicine so you might as well use the same resources as you would for CK - this makes reviewing right before you take CK much more efficient.”
• “Get the most out of learning from your patients, you will remember things better this way.”
• “Try do most of studying during outpatient, because very limited time on inpatient.”
• “The shelf exam requires pacing in terms of completing it all in time.”

Clinical advice:

Key points: the MGH “Green Book” is an important resource; arrive early and leave late on inpatient services; ask for feedback; develop an efficient pre-rounding routine; practice your presentations when you have time; use literature; know your patients

• “Practice taking efficient histories and writing concise notes. Go back in the afternoons to talk to your patients, learn more history, and build relationships.”
• “Find or make a 1-page patient template that works for you. When you do your H&P with a patient, you can easily fill out your template so that it will be in the correct order if you’re asked to present the patient before you’ve actually written your note. You can also use the template on rounds so that everything is organized nicely and you can quickly find the answer to questions.”
• “Ask your resident early on in your inpatient period to give you a tutorial about pre-rounding. It is really tough at the start to figure out which information is useful in making clinical plans for the day and which details are superfluous. Establishing a methodological approach to pre-rounding saves you a lot of time during the day.”
• “This is your chance to delve into patients’ histories and really understand their diseases. During bits of downtime, study a patient’s problem list and use UpToDate liberally to make sure you understand it thoroughly. (Doing this is actually part of your job as a medical student; it’s amazing!) This will serve your patient and team (and yes, grade) very well.”
• “Keep a broad differential. There are several smart phone apps for just this purpose. UpToDate is essential. Figure out an organizational strategy early on for admit H&Ps as well as daily tasks and rounding. You will be responsible for knowing ALL info regarding your patient, so take time to thoroughly review charts and past labs. Practice practice practice your patient presentations.”
• “The reading can be overwhelming so make it more manageable by reading extensively about pathophysiology, diagnostic testing, and treatments for every admission you have initially. Over time, you will start to have similar diagnoses and remember what to do without having to reread it without the context of a specific patient.”
• “Spend as much time as you can with the inpatients, try to understand how they see their hospital time and their disease, then tailor your presentations and conversations within that framework.”
Advice for Required MS-3 Clerkships

...Advice for the Internal Medicine Third Year Clerkship

- “There is so much to learn in this clerkship that it can feel overwhelming at times, but just try to enjoy it, appreciate your ability to apply all of the physiology and pathology that you learned in 2nd year, and be a helpful member of your team. And occasionally bringing in articles/outside information to contribute evidence-based data to patient care is always appreciated and looked highly upon.”
- “Round early and often. Ask for feedback from your attendings and residents. With having to switch teams frequently during this rotation, it is important to understand expectations of you as a medical student on the team. Each intern, resident, and attending have different expectations.”
- “Get down a good oral case presentation and be confident with your differential (even if it’s not correct).”
- “Do all the medicine cases, not just the assigned ones. Perfect your presentations on rounds by asking your residents for help- this is some of the only time your attendings will see you.”
- “Students focus too much on notes and not enough time on being with the patient at the bedside or learning about the other salient clinical features of the other patients on the team. The notes that they have you write during this rotation are too detailed. While it shows what you understand about the patient, few people will read them. So do not let notes ruin your inpatient experience.”
- “Try to read up on the fly as you see patients on your computer or phone - even 1-2 minutes of review before presenting or discussing can be very helpful.”
- “Be excited to call consults or obtain outside records.”
- “Work really really hard! It’s a tough rotation. Avoid UWMC as much as possible, do it somewhere else.”
Advice for Required MS-3 Clerkships

Advice for the Obstetrics & Gynecology Third Year Clerkship

Exam advice:
**Key points:** this is a Shelf exam; helpful resources include the online UWise questions, Blueprints, Case Files, QBank; start studying early in the clerkship

- “The shelf exam is difficult and fast-paced. The online exams seemed to be most representative of the shelf."
- “Do not underestimate the shelf.” “Study hard for the shelf exam!”

Clinical advice:
**Key points:** be assertive, especially when it comes to participating in procedures and deliveries (this came up many times); be available; be enthusiastic; ask for feedback; practice your suturing skills; hours can be unpredictable

- “Get involved! Try to do and see as much as you can. BE AVAILABLE and enthusiastic! This is how you get deliveries, procedures, etc.”
- “Kids come at any time and if you make yourself available then you can deliver more, which is the cornerstone of OBGYN rotations."
- “Being on the L&D floor is a really amazing experience - I think you gain a lot from befriending the L&D nurses, they are an incredible wealth of knowledge. And spending quality time with the mothers earlier in the day and developing rapport with them greatly increases your chances of participating in their delivery.”
- “Practice your surgical knots before hand so that when you get a chance to help close, you can do it well and they will let you keep helping.”
- “Read the textbook or materials as soon as possible so you can have more time to practice hands on procedures and deliveries throughout the six weeks. This was one of my favorite clerkships and my positive attitude while at clinic helped provide me with the ability to have more hands-on interactions in the clinic and OR.”
- “Make sure people know you are there [L&D] and you'll get more deliveries.”
- “Be aggressive about getting hands on experience. Don't feel bad asking attendings to let you do things.”
- “Don't be rigid in which attending/team you are working with.”
- “Ask for daily feedback on interactions/procedures/exams with patients or technique in the OR. OB, like any surgical specialty, gets very busy, so it’s easy to let specific feedback fall by the wayside. Trust me, you don’t want to get surprised at the end of the clerkship!”
- “Try to spend the majority of your time in the triage room as this is most helpful to residents. Also, ask to call consultants and radiology for urgent reads.”
- “During days on L&D, there was a lot of time I had just sitting around waiting for checks or deliveries. Use this time to study practice cases or the basics from a book you keep with you.”
- “Choose your clinical site based on what you want to get out of the rotation (deliveries vs. procedures vs. gyn etc.)”
- “Be mindful of the often stressful environment and find ways to help wherever needed.”
- “If you want to deliver babies, ask your attending to let you and then show them you are capable by having read how to do it correctly.”
- “At UW you don’t get to deliver any babies, but you will be very well prepared for the exam.”
Advice for the Pediatrics Third Year Clerkship

Exam advice:
**Key points:** do the questions in the Blueprints book (current and past editions); do the online cases early in the clerkship and review the key points before the exam

Clinical advice:
**Key points:** familiarize yourself with the developmental milestones/stages, the well child exam, the vaccine schedule, and the common diseases in pediatrics; focus on family-centered medical care; kids are fun!

- “Use the Bright Futures website to help with pediatric milestones.”
- “Take ownership of the opportunity to develop some family-centered clinical skills.”
- “Being able to gather an HPI from parents is integral in mastering this rotation.”
- “Focus on connecting with the children and their families; that will make the rotation much more enjoyable and productive.”
- “Treat the family, not just the child. Pediatrics is one of the specialties that shows us how large the impact of family environment can be on health care.”
- “Keep a broad differential. Do your best to spend as much time with the patients and their families as possible and keep them updated. This will hopefully relieve anxiety for them and show you are actively involved in patient management.”
- “Buy or borrow some little toy/flashlight to attach to your stethoscope, it’ll make physicals much easier.”
- “Take every chance you get to play with the kids.”
- “Don’t be afraid to examine babies. Though they are floppy and cry a lot, they are very resilient to your "rough" physical exam.”
- “Buy the AAP’s pocket guide to developmental milestones. It's cheap and tiny. Use this to help you structure well-child visits and quiz yourself on normal development and vaccination schedules.”
- “Learn developmental stages in terms of what would be important for a physician to know.”
- “To help remember the developmental milestones I watched the short videos on http://videos.undergroundmed.net/”
Advice for Required MS-3 Clerkships

Advice for the Psychiatry Third Year Clerkship

Exam advice:
Key points: study the Powerpoint slides, drugs, and drug side effects.

- “The exam is difficult but fair. Don’t blow it off, many people found the difference between honors and high pass came down to one or two questions on their exam.”
- “The final is strictly from the Powerpoint slides.”
- “Make a table or some other type of visual representation to learn the drugs.”
- “Many of the medications are equally efficacious, focus on the side effect profiles.”

Clinical advice:
Key points: Psychiatry Current Clinical Strategies is a helpful pocket resource; always offer to collect collateral information; psychiatry is an opportunity to get better at conducting challenging patient interviews; psychiatric disease is present in all fields of medicine

- “Get comfortable talking about sex, addiction, abuse, suicide, and mental illness [...] The best way you can serve your patients is to understand the broader life circumstances surrounding their current admissions.”
- “Pay attention to how to take a history. Psychiatrists are particularly adept at observing how patients answer questions and also how to ask questions about sensitive topics. Ask your residents and attending a about observations they mention in the MSE and why they thought it was important.”
- “This rotation can be emotionally challenging at times”
- “Even if you are able to get out early on this rotation, taking just a little extra time to really develop rapport with your patients and get to know them can go a long way to developing a therapeutic relationship.”
- “This rotation is a great opportunity to develop your clinical presence with patients.”
- “These patients were some of the most resilient individuals I had the opportunity to work with in medical school and I consistently think of where they are at today.”
- “Don’t be judgmental.”
- “Enjoy yourself. Try to talk with patients outside of formal interviews while on inpatient.”
- “Use this to hone different speaking and interaction styles with difficult patients.”
- “Try to show initiative by asking your attending and/or resident if you can conduct entire psychiatric interviews.”
- “The question series in psychiatry can be difficult to get used to since it is so drastically different from the typical questions, get as much practice as possible. It may take 1-2 weeks before you feel familiar with which questions to ask and how.”
- “Ask questions about why each doc picks a specific medicine.”
- “Psych notes are different from Medicine notes, so ask your residents (or attending, if you don’t have residents at your site) for formatting advice.”
- “Attend some of the counseling/therapy sessions when you have time.”
- “Help the team as much as possible by writing discharge summaries and updating sign-out.”
- “If you’re in the Seattle clerkship, you have to go to the Western State tour - such an eye opening experience!”
Advice for Required MS-3 Clerkships

Advice for the Surgery Third Year Clerkship

Exam advice:
Key points: helpful resources include Surgical Recall, the MedWiki document, the Surgery section of the UW Healthlinks E-books

- “[The exam] covers so many surgical topics that you may not get exposure to. Try to cover the topics with supplemental reading and/or questions.”

Clinical advice:
Key points: be prepared for each case, especially in terms of anatomy; helpful resources include Surgical Recall (especially for pimpling questions), the Washington Manual, and the Surgery section of the UW Healthlinks E-books; be proactive; practice suturing and knots; be confident; ask your team about your role, what to include in presentations, and note structure early on.

- “Prep for cases (heavily) and be prepared to help in any way possible.”
- “It is not your job as the student to know about the order of the steps of the surgery, but you will be asked about anatomy and knowing it will help you follow the steps of what is happening and allow you to anticipate what the surgeon will want you to do.”
- “Try to be prepared to identify structures that you might see during the case.”
- “Get in on as many cases as possible.”
- “Do not take any criticisms too harshly. The culture of surgery is very straightforward and can be perceived as being rude/mean. Most of the time, it is them offering you tips on how to be a better student...in their own unique way.”
- “Always know the patient’s name, age, and other co-morbidity.”
- “Before you walk into an OR, know who your patient is, why they’re undergoing the operation, what anatomy (and thus complications) are relevant to the operation, and what the basic steps are. You owe that to the patient, and you’ll be set for pimpling!”
- “Your experience will vary heavily on where you are (mainly Seattle vs WWAMI) in that you will likely have a lot more hands on outside of Seattle.”
- “All operations take into account lymphatics (cancer), blood supply, innervation and embryology.”
- “Surgical Recall will give you the answers to frequently asked answers plus ideas for questions to ask in the OR.”
- “Know the appropriate time to ask questions in the OR.”
- “Follow up on patients, learn the OR (but don’t fret over mistakes, they happen), be prepared for cases by reading up on the patient beforehand and also reading up on the surgery, pay attention while retracting (with the goal in mind of always providing the best view), take advantage of suturing opportunities, learn to use your body in smart ways (ie if retracting for a long time, balance your arm on something or against your body), don’t drink a bunch of coffee before a super long procedure ;), always be thankful for each opportunity you are a part of – you may never see certain anatomy ever again!”
- “Ask to see touch do and have things explained to you. If you’re not aggressive people will assume you’re not interested.”
- “The hours can be difficult at times, but you can adjust and get through it! Also, the more helpful you are to your interns and the rest of the team, usually the more the seniors and attendings will reward you by letting you do stuff in the OR!”

AOA Pearls 2013-14

MS-3 Clerkship Advice
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Advice for Specific Electives

- Radiology
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  o “Radiology would be great during the MS-4 year for flexibility during interview season.”

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- Neurosurgery or neurology
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  o Neurology as a third year elective can be helpful in preparing for Step 2 CK.

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  o “I did a pathology elective at the VA and it was fascinating.”
  o “Lab Med: Hematopathology was a great elective in the sense of low stress.”

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  o “Anesthesia in Missoula was amazing - you'll feel pretty comfortable with airway management by the end.”
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- Others mentioned: hematology/oncology, pulmonary elective, pediatric cardiology, endocrinology, WRITE program
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  o “I really enjoyed nephrology at HMC.
  o “Derm at HMC is also really interesting, has great attendings and is overall pretty chill.”
  o “The STD clinic is also a really fascinating clinic and is really helpful for becoming more comfortable with taking a good sexual history.”
Advice for MS-4 Required Clerkships

Advice for the Chronic Care Fourth Year Clerkship

Exam Advice: No exam

Clinical Advice:
Key Points: Spend time learning about your patients and their experiences; focus on the patient as a whole and the multidisciplinary care; the lectures and didactics are fantastic.
- “Be friendly and go beyond what is asked of you.”
- “Have an open mind. You may not be a PMR physician in the future but learning what they do and how they coordinate care outside of the hospital for their patient is invaluable. This is the rotation where multidisciplinary care came alive for me.”
- “You will get out of this clerkship what you put in—it can be one of the best clerkships.”
- “Be attentive to your patients and ask for feedback from your attendings consistently.”
- “Be emotionally open. Don’t roll your eyes at "chronic care" and realize that these patients could be your loved ones. Take the opportunity to learn about the impact of financial constraints on treatment and how you can help. Do your home visit early and take it seriously. Have fun and learn about great people with great stories.”
- “This is a low-key rotation, so set individual learning goals for yourself and stick to them. For all students, the end-clerkship presentation is all about understanding a patient as a whole.”
- “There is so much flexibility in the type of patients you see on this rotation think about which experiences may benefit you the most in your future career. Enjoy this rotation; there are not a lot of requirements compared with other required electives. Dr. Tom McNalley is terrific; enjoy the didactic sessions with him. The end of clerkship presentation is actually very interesting, you have the opportunity to hear about other students' experiences.”
- “Try to lead as many family care conferences as you can.”
- “Some of the sites can have a lot of awkward down time, so be prepared with extra work to fill your time if needed. And don’t put off the home visit until the end!”
- “Be open to learning as much as possible from social work, occupational therapy, physical therapy, etc. Learn about what type of "rehab" is appropriate for each patient and begin to think more about what types of challenges patients face once no longer in the hospital.”
- “For chronic pain, it is imperative to think about the big picture for any patients you see in clinic; many of them come in with years of prior treatment attempts.”

Site & focus:
- “If you’re interested in Palliative Care, the service at UW is fabulous.”
- “Choose a site over the rotation. This is very site specific.”
- “Avoid inpatient rehab unless you are interested in PM&R. I would advise doing palliative care or chronic pain instead.”
- “I highly recommend checking out the lecture by Dr. Tauben on pain management (on the clerkship website) regardless of which track you’re in. That said, the chronic pain rotation was a really valuable experience.”
- “Geriatrics at HMC is very hard!”
- “Children’s is busy but with more success and recovery than the other sites.”
- “For geriatrics, brush-up on your causes of delirium differential and Beers criteria list.”
Advice for MS-4 Required Clerkships

Advice for the Emergency Medicine Fourth Year Clerkship

Exam Advice:
Key Points: Use the powerpoints for the exam
• “The website CARPE DEM is very useful for cases to study from.”

Clinical Advice:
Key Points: Learn to be independent; adapt daily to a different team with different expectations; follow up on every test/imaging study for your patients promptly; pick patients that interest you.
• “Present a broad differential and a concrete plan even if you are unsure.”
• “Try for Harborview just for the experience – work hard and know your differentials.”
• “Ask for feedback consistently and also set expectations for what residents and attendings expect you to do during your shifts.”
• “Realize that they may ignore you and be prepared to be pretty independent. Know when you should be alerting your team (go through your ABCDEs and STOP if you find one that is missing). Be ready to do procedures and don’t be timid. Be short and to the point with presentations.”
• “Make sure to check on patients and give your supervising physician updates periodically to show that you really are trying to actively participate in their care.”
• “Harborview is an amazing site. Pick up as many patients as you’re allowed to get a feel for balancing multiple issues.”
• “Just be up for taking part in anything/everything you can while you’re doing your shifts.”
• “You need to juggle a couple of patients and identify your priorities (which patients needs to be seen first/most frequently, which labs/imaging need to be done first, etc)”
• Enjoy feeling like a real doctor!”
Advice for MS-4 Required Clerkships

Advice for the Neurology Fourth Year Clerkship

Exam Advice:
Key Points: Good resources include Case Files, Qbank, First Aid CK, and NBME practice exams.

- “There is a ton of information to learn, so don’t stress if you feel you can’t master it all. Using question books is by far the best thing I did to prepare for the shelf. And be aware that there is a lot of busy work for the clerkship, including weekly cases, a CEX, an ethics write-up, a final presentation, and a shelf...all on top of what can be a lot of clinical work - so plan your time wisely!”
- “The clerkship grading is very fair. Consider taking this clerkship prior to CK if it fits into your schedule.”
- “Focus on clinical performance. The exam is either not graded or not weighted very much because it had no effect on my grade.”

Clinical advice:
Key Points: Learn the neuro exam well, have residents/attendings observe you, and ask for tips.

- “Find a good basic neuro text and read it over the course of the rotation.”
- “Do your rotation at Swedish. The attendings are all very laid back and will let you work up patients on your own without having to write the note (which they dictate for you).”
- “The didactic sessions held in Seattle by Dr. Eric Kraus are outstanding.”
- “Think about what type of experience inpatient vs. outpatient you are interested in prior to ranking sites.”
- “Practice the full neuro exam, ask your residents/attendings for tips for how to do it better.”
- “Getting a great neuro exam is probably the most useful part of the clerkship and will be very useful regardless of your specialty.”
- “Learn from patients with interesting neuro findings.”
- “Be assertive and try to locate the lesion and present your plan - even if you’re wrong. It’s much busier at HMC than the other sites.”
How do you recommend using the (ample) free time during MS-4 year?

Moral of the story: Have fun! Relax! Travel! Enjoy!

- “I am leaving myself some decompression time for the end of the year. I am also doing a sub I in Jan/Feb so I have some good medicine under my belt not so long before internship.”
- “Take electives that will prepare you for intern year or allow you to experience a side of medicine you were not or will not be exposed to.”
- “Use some of it to take interesting electives that you either are really interested in or you never get a chance to take again. And then take some time off to enjoy!”
- “If you are couples matching you need to take off at least 2 if not 2.5 months for interviews— don’t try to schedule anything else during that time.”
- “Take 4-8 weeks sometime November - January for interviews (and fun). Do not fill your schedule during every available block: you will have plenty of time as a resident to work constantly. Obviously meet the graduation requirements, and beyond that, take electives you truly find interesting. Do take time to relax and do those things you love but never had time for in med school-- and don’t feel guilty about it! Most students say it’s nearly impossible to muster enthusiasm for clerkships following Match Day, but also check with Diane Noecker to ensure you have enough credits to qualify for financial aid.”
- “Plan your time off for interviewing. I would actually recommend taking some time off before interviewing so that you can quickly respond to interview invites if possible. The time frame of your interviews depends heavily on your specialty so talk to your department. Take a 4th year required clerkship at the end of 3rd year if you can, it frees up a lot more time in 4th year. Travel and enjoy interviewing (it can be a lot of fun and a great way to meet awesome people in your field!). Spend time with family and friends who have been patiently awaiting your free time!”
- “Take a vacation! Everyone I have talked to including current residents recommends using your additional time in 4th year to do something for yourself. I have a five-week block in the spring time after match day during which I plan to travel.”
- “Do away rotations, global health work, research, and have some fun!”
- “I did the Hubert Fellowship with the CDC. It’s a nice way to squeeze in some global health time during the 4th year and get paid to do it! (http://www.cdc.gov/hubertfellowship/)”
- “Travel, spend time with friends/family, enjoy! Be sure to take enough time to travel for interviews, it takes more time than you think when you factor in the socials/happy hours and travel time.”
- “ENJOY IT! Really- good residency program will train you to be a good (heck- excellent!) physician- so don’t feel as though you need 5 back-to-back ICU months if you are destined for pulm/critical care. Enjoy your time off. Reconnect with friends/family/your former "pre med school" self. Travel, or don’t...just enjoy the free time you have most definitely earned!”
- “Schedule time around Nov-Jan to interview. Don’t back-load all your required clerkships.”
- “Make sure to give yourself some time off. Spacing that time out throughout the year was especially nice for me; I would do clerkships for a few months, then have a month off to study for Step 2, interview, or take some additional time around the holidays.”
- “I recommend spreading out your rotations so that you have multiple brief blocks of time off to do interviews, travel, and live a little.”
- “Take Winter C off for interviews.”
- “Take one summer block off (B or C?) for residency applications, Step 2 CK, and Step 2 CS so you can get it all done at once and not have to balance a rotation at the same time.”
Exploring Career Options & Interests:

- “Use the 4-6 weeks off [in MS-3] to pursue possible career fields you are vacillating over!”
- “I would recommend taking off at least 2 of the 6 elective weeks [in MS-3] off...I did 3 2-week electives and was exhausted without a real break by the end of the year
- “I took a lot of 2 week electives which I recommend if you want to get a brief introduction to a topic. Obviously these are not great scenarios for obtaining letters of recommendation therefore it is better to do this after your letters are secured. Most of my electives were related to my selected residency discipline but I also registered for clerkships that sounded interesting. Consider taking radiology, pathology, and/or lab medicine.”
- “Take what interests you, whether or not you think it will be relevant to your future career. It most likely will be :)
- “Whatever you think might be helpful in residency/ in your career (or subjects you think you might not ever see again).”
- “Just in general, if you’re trying to decide between specialties, try to take electives that give you a broader perspective (e.g. both inpatient and outpatient settings). I think this was much more valuable than doing a Sub-I and having exactly the same inpatient experience that you get during your required clerkship.”
- “Doing a month long elective in the area you’re applying in can be an interesting perspective and complement to a [SUB-I]. I did a pediatric sub-I and pediatric oncology, and felt much better about managing pediatric patients after those 2 months (and had a really fun time).”

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International Electives:

- “Do an international elective if you can.”
- “GHCE - Global health clinical elective is an excellent option for student passionate about international medicine. I haven’t left for my 7 weeks in Southeast Asia yet, but I’m looking forward to the opportunity to learn from students and physicians in a different part of the world, and see how to effectively practice medicine in much more resource limited settings.”
Advice for Surgical Selectives

Cardiothoracic surgery
- “The Cardiothoracic Surgery Subl at UW and Vascular Thoracic at HMC are great rotations. The CT Surgery SubI allowed me to put my hands on a beating heart, can’t beat that!”
- Cardiothoracic surgery is amazing, they make the OR a priority. The anatomy and pathology is interesting. They will work you to the max 80hrs though."

Urology
- “Urology - nice group of people but avoid if you do not want to go to the OR.”
- “Urology is good for seeing a lot interesting operations.”
- “Female Urology at UW is fantastic, even for students not going into a surgical specialty. Excellent attendings who love teaching, interesting pathology, and a learner-friendly OR.”

Neurosurgery
- “I had a mediocre experience on neurosurgery but it may have improved now that they take students for the required neuro rotation (might be a good option if you really like neuro).”
- “Neurosurgery was rigorous in terms of time commitment, but you are able to see and do a lot of really interesting things (even if you aren’t going into NS. But this was before it became a way to fulfill the Neuro requirement...”

Orthopedics
- “I did sport medicine ortho for 4 weeks. Good learning, good mix of clinic and OR time. Competing with everyone doing their sub-I in ortho though.”
- “Sports Medicine (UW): It was okay. I was hoping for more coaching on getting a good MSK exam, but found that you have to be very proactive to do physical exams [...] Sports med ortho is very specialized so you will likely get paired with someone who does the same procedure ad infinitum. I found sitting through 4 weeks of knee arthroscopy maddening. On the flip side: you get weekends off.”
- “Hand surgery is a really interesting and an easy way to fulfill the surgical selective.”

Other Surgical Selectives
- “Ophtho is easy but malignant.”
- “Vascular surgery was good training but you work like a sub-I.”
- “Two week surgical selectives that were extremely flexible, especially around interview season time were Otolaryngology and Ophthalmology, both in Boise, ID.”
- “I did a Gyn/Onc Sub I. It was a great experience but not a ton of "hands on" as far as surgery goes. That being said, gyn/onc is a phenomenal opportunity to learn about onc and to really get to know patients and the extensive treatments they are undergoing.”
- “Interventional radiology had great hands on experience and no call. It was great for learning how to do lines and ports.”
- “My electives were Otolaryngology at the Seattle VA and Ambulatory surgery at Seattle Children’s hospital. Both of these rotations were excellent. There is a nice balance of time in the clinic and OR at the VA. Children’s ambulatory surgery is all clinics and no OR. Great opportunity to see and learn about interesting pediatric cases, you are able to spend time in different clinics each half day.”
- “I did Trauma surgery in Boise, ID which was great learning though unorganized. The times I was on call, I learned how to do trauma assessments (though I didn’t run an assessment until I was on EM) and how much care coordination is done by the trauma surgeon. The rest of the time, it was very self-directed as I would spend most mornings seeing patients on my own but was not expected to present or write notes.”
- “I liked peds ENT, but it was a lot of work (long hours, etc.)”
Why do Students Choose a Given Specialty?

Emergency Medicine:
- “A wide spectrum of patients that you have the opportunity to work with. Shift work is extremely appealing and I felt at home with the attendings and residents in the Emergency Departments in which I rotated.”

Family Medicine:
- “[I] love the variety and continuity. Also the opportunity to specialize my practice more later in my training or stay broad if I choose to work rurally.”
- “Continuity of patient care. The ability to care for the whole person in the context of their family and community. Ability to do a bit of everything: procedures, OB, women’s health, outpatient and inpatient medicine.”

General Surgery:
- “Operating. Managing patients in clinic, in the OR, ICU and floor. Being able to handle any critical patient. Teamwork aspect.”

Integrated Cardiothoracic Surgery:
- “Personal family experience with congenital heart disease. These are very demanding and rewarding specialties. You work hard but your interventions can quickly have a significant effect on someone health. Surgery allows for you to be there for patients and families at arguably the scariest moment in their life.”

Neurology:
- “I liked the complexity of Neurology as well as the patient population. Neurology still places a major emphasis on the physical exam. It is a field that will most likely undergo a lot of changes in the next 10-20 years. There is a lot of opportunity for continuity of care with patients. Educating patients and their families as well as the use of anticipatory guidance is an integral part of providing good patient care.”

Obstetrics & Gynecology:
- “There are many reasons that I am applying in OB/GYN. To start, I love learning about and taking care of patients through pregnancy and deliveries and I enjoy the mix of surgical components and clinic work. There are few specialties that you can develop both acute and long term relationships with patients and I find that highly rewarding. In OB/GYN there is an opportunity for primary prevention at its earliest point, prenatally, and I feel like it is a tremendous opportunity to work toward a healthier society by giving babies their healthiest possible start through education of their mother. I also truly enjoy the opportunity to work with highly motivated women in pregnancy who are, often for the first time, willing to make great life changes for the health of their unborn child.”

Radiology:
- “Very intellectual field with a lot of procedures.”

Urology:
- “Urology employs a wide-variety of surgical techniques and technologies. It also is a field where there is a good deal of medical management and diagnosis of diseases.”
Why do Students Choose a Given Specialty?

Internal Medicine:

- “Complex pathophysiology; close, extensive patient exposure; diverse career possibilities.”
- “Patient contact, critical thinking, great people will allow me many options and paths in my future- a great career for working with international/underserved populations.”
- “I decided to apply in this field because I knew that I wanted to become a primary care physician and the patient encounters I enjoyed the most were with adults, often with multiple comorbidities. Additionally, my goal in the future is to work with vulnerable populations who may not have readily available access to subspecialists. As an internist, I will have the basic sub-specialist training to manage care for my patients until they can see a subspecialist.”
- “I love the diagnostic puzzles in Internal Medicine. I really enjoy thinking through complicated diagnostic problems and trying to figure out why something is happening. I also like that there are so many options still open to me, so I can decide about a specialty while I’m in residency (or even after that). On my Medicine rotation, it was very clear that I’d found "my people." I am also interested in public health and global health, and Internal Medicine has many opportunities to get involved in these areas.”
- “The academic rigor of the specialty. The ability to subspecialize (I’m interested in ID) and diversify your career (I’m interested in serving in the Epidemiology Intelligence Service--EIS). The ability to tackle a broad variety of diseases and function well in resource poor settings (though arguably family medicine is better for rural/resource-poor primary care).”
- “Challenging patients and pathology; taking care of the "entire patient;" versatility (primary care vs. subspecialty) vs. (hospital vs. rural community).”
- “Broad training; range of acute care to ‘sit and think’ types of careers.”
- “I love the problem-solving nature of this field and the structured way we think about clinical problems. I am very interested in primary care and I feel that IM provides the opportunity to be academically curious and active in advocacy, social justice, etc.”
- “Intellectual challenge for diagnosis, ability to treat and get to know patients, fellowship options.”
- “You can stay as general as you want, or specialize if that suits you better. I felt like there are so many great IM mentors and role-models: clinicians who epitomize good bedside manner, analytical and creative thinking, and patient advocacy.”
- “Requires a great breadth of knowledge with adequate depth into the science of medicine. This is the area of medicine where you really get to apply all of the physiology and pathology that you learned in your preclinical years and get to apply it to a wide variety of patients from all walks of life. It is also nice that there are such a variety of careers you can have through IM - so you can put off some decisions until later during residency!”
- “I picked Medicine over Radiology because I felt that having responsibility and ownership for the patients helped inspire me to work harder and would make me a better doctor. Medicine is a great field because there are so many options you can go into afterwards, including procedural and imaging-heavy modalities.”
**Why do Students Choose a Given Specialty?**

**Pediatrics:**
- “The opportunity to work with patients who are fun, resilient, and have a lot of life in front of them.”
- “I love working with children--childhood is a dynamic period, and kids are imaginative and rewarding to work with. I also love working with families and better understanding their perspective. Working with families can be challenging, and the clinical challenges can be staunch. But it’s a joy to advocate for the health of children and watch them get better.”
- “I love being around kids, they make me laugh all day and make even the longest hours seem worth it! They are so resilient and often get better. I also like being on a team where everyone is supporting the kid to get better. I love gen peds because you get to see kids grow up and be a part of families’ lives.”
- “Working with children; I think it's far more enjoyable than working with adults. Also, pediatrics has different medical problems to encounter - developmental, genetic, etc.”

**Psychiatry:**
- “Patients and colleagues are just more interesting in psychiatry. ;) It can be an emotionally challenging field for some but I found that aspect to be quite rewarding. The lifestyle is a nice benefit as well.”
- “I have always loved the humanistic side of medicine, and psychiatry was a perfect fit. In psychiatry, you get to serve truly disenfranchised patients with very serious illness, and it is so rewarding to help them reclaim functionality in their lives. (And yes, you do get great stories.) Treating psych patients requires a cross-disciplinary approach, and I loved that team model. It's also an exciting time to be in the field, with emerging neuroscience and genetics research, mental health parity laws, and integrated psychiatry. Beyond that, the psychiatrists I met were well-rounded and interesting people who valued balancing medicine with healthy relationships, hobbies, and generally living life fully. They had lives, both professionally and personally, that I admired.”
<p>| What makes a strong applicant? | Enthusiastic, energetic, enjoys procedures and making quick decisions. Thrives in a team environment. Enjoys shift work (both morning, afternoon, and graveyard shifts for the rest of your life). |
| Who are helpful advisers? | Dr. Jon Ilgen, Dr. Jamie Shandro |
| Should I complete a sub-I? | Yes...see away rotations comments section. |
| Should I do away rotations? | Yes. At least one rotation outside of the WWAMI region. Preferably two if you have the time and energy in your fourth year schedule. Where you perform sub-I will likely affect where you will get interviews (primarily in terms of regions of the country). Try to complete sub-I's in the late summer, early fall of your fourth year, although you could perform a sub-I as late as winter if need be. The plus side of doing a sub-I is that you most likely will be guaranteed an interview at places you rotate, so select programs you have a strong interest in. I know this is a tough choice to make early on, but ask current graduating students where they did their sub-I's and also think to yourself what regions of the country interest you the most. |
| How much do board scores matter? | Board scores are relatively important for getting you interviews, but I have a hard time believing that these scores will affect whether you get into a program or not. I think your interview may be more important at that stage of the process. Step 1 scores should shoot for greater than or equal to 220-225. Step 2 should be higher than your Step 1 score, preferably &gt;230, although not all applicants will have taken Step 2 CK by the time ERAS applications are submitted, so it’s more difficult for a program to use these scores to differentiate their applicants. |
| How many letters of recommendation will I need? | SLOE is a standardized letter of evaluation that is provided by each institution you rotate at. These are the most important letters in your application. Otherwise it is important to get a LOR from an Emergency Medicine physician in addition to your SLOE(s). UW will provide you with a SLOE, but EM interested individuals and applicants MUST do their EM rotation at Harborview or UWMC. |
| How many programs did you apply to/interview at? | One AOA matching in EM this year applied to 50 programs and interviewed at 12. |
| When are interviews? | Late fall – early winter |
| Time off for interviews? | 8 weeks: mid November – mid January |
| Are there AOA members I can contact to learn more? | Not yet, but we’re working on it! |</p>
<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>Well rounded, doing well in primary care clerkships, high step 2 scores. Involvement in FMIG or other academies of family medicine. Strong scores. Letters of rec that demonstrate hard working and care for patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are helpful advisers?</td>
<td>Dr. Jeanne Cawse-Lucas</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>Not required. Some programs recommend doing it. If nothing else, do one to see how an inpatient family medicine service runs. Do it June-August.</td>
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<td>Should I do away rotations?</td>
<td>Not required.</td>
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<td>How much do board scores matter?</td>
<td>Less so. Typical scores on Step 1: 190-230. They are beginning to matter a lot more as the specialty becomes more competitive.</td>
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<tr>
<td>What should I know about letters of recommendation?</td>
<td>3 letters, no department letter. Ask in June. Be sure to follow up about 3 weeks before you need it to give them time. Go to the July student resident conference in Kansas City if possible.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>Of two AΩA students this year, one applied to 21 programs and interviewed at 16; the other applied to and interviewed at 13.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>October – January</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>Two months: either November-December or December-January</td>
</tr>
<tr>
<td>Are there AΩA members I can contact to learn more?</td>
<td>Yes! Annie Gayman: <a href="mailto:anniegayman@gmail.com">anniegayman@gmail.com</a>, and Catherine Louw: <a href="mailto:louwc6@gmail.com">louwc6@gmail.com</a></td>
</tr>
<tr>
<td>Specialty</td>
<td>General Surgery (n = 1)</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What makes a strong applicant?</td>
<td>Willing to work hard. Team player. Ambition to develop technical skills. Self-driven for reading textbooks.</td>
</tr>
<tr>
<td>Who are helpful advisers?</td>
<td>Fellows on service, chief residents: these people help you get access to attendings to write you letters and get on projects.</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>Yes, you want honors in your sub-I before you submit your application. Should have letters of rec from sub-I as well.</td>
</tr>
<tr>
<td>Should I do away rotations?</td>
<td>Many people from other programs do, but I did not and was very happy not doing one.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>Many programs have a 220 minimum cut-off, up to 240 as a cut-off. These are more guidelines than firm. Average Step 1 is 225, higher in academics. Show improvement with Step 2.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>3 are required, 4 can be submitted. One needs to be a department letter (done through Dr. Tatum’s office). It’s mostly about the big names. Get section chairs to write you letters.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>One AOA student matching in General Surgery this year applied to 48 programs and interviewed at 15.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>December – January</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>I took 6 weeks but should have taken more.</td>
</tr>
<tr>
<td>Are there AOA members I can contact to learn more?</td>
<td>Yes! Megan Turner, <a href="mailto:megaturner@gmail.com">megaturner@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Integrated Cardiothoracic Surgery (n = 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes a strong applicant?</td>
<td>Strong Step scores, strong letters of recommendations from prominent surgeons in the field, strong clinical grades in Surgery, Internal Medicine, and Sub-Is.</td>
</tr>
<tr>
<td>Who are helpful advisers?</td>
<td>The CT faculty at UWMC and HMC</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>Yes. Students should do sub-Is the summer after MS-3 year. If you are interested in a competitive or specific program (MGH, PENN, etc.), I would recommend an away rotation there.</td>
</tr>
<tr>
<td>Should I do away rotations?</td>
<td>YES! Do as many as you can. Do away rotations especially at &quot;reach&quot; programs because what you have to gain is much more than what you have to lose.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>They are the major screening but not everything. Typical scores are 240+ (Integrated CT) and 220+ (Gen Surg) but lower scores are not a deal breaker if you have good clinical grades and strong letters of recommendation.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>Request letters after completing the rotation. Seattle-based writers are REQUIRED in Surgery/Integrated CT. General Surgery has a department letter.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>One AOA student matching in Integrated CT Surgery this year applied to 58 programs and interviewed at 18.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>November – January</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>All of December and most of January</td>
</tr>
<tr>
<td>Are there AOA members I can contact to learn more?</td>
<td>Yes! Eriberto Michel, <a href="mailto:eriberto.michel@gmail.com">eriberto.michel@gmail.com</a></td>
</tr>
</tbody>
</table>
**What Should I Know About Applying to Residency in…**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specific Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine (n = 13)</td>
<td></td>
</tr>
</tbody>
</table>

**What makes a strong applicant?**
1) Strong clinical grades, especially in Medicine clerkship
2) USMLE scores
3) Leadership, research, volunteering, extra-curriculars
4) Strong letters of recommendation
5) Stated plan and goals for your future (at least some ideal)
6) Personal traits: curiosity, thoughtfulness, good communication skills, taking initiative, commitment to patients

**Who are helpful advisers?**

Dr. Doug Paauw, Dr. Erika Goldstein, Dr. Margaret Chapman, Dr. Tara Spector, Dr. Gabriele Berger, Dr. Anne Eacker, Dr. James Branahl, Dr. Karen McDonough, Dr. John Sheffield, Dr. Steven McGee, chief residents

**Should I complete a sub-I?**
Not required, but strongly recommended by students, especially if you don’t honor in the MS-3 Medicine. Take this in the summer if you want a letter or honors grade for your application; otherwise, take it anytime in the MS-4 year.

**Should I do away rotations?**
Not necessary, and not recommended by students—even if applying to competitive programs. Students advise only doing an away rotation if you are certain you want to match at a specific program, and even then, it’s optional.

**How much do board scores matter?**
At the top ~20 programs, a Step 1 score of >230-240 is desirable. Otherwise, an average board score is sufficient if you have good clinical grades. Step 2 doesn’t matter as much, but looks bad if you bomb it compared to your Step 1. It helps if you have a better score compared to Step 1.

**What should I know about letters of recommendation?**
Students recommend 4 letters: one department letter (required), and 3 others (1-2 should be from IM attendings). Request them early, choose attendings who know you well, and aim for at least one Seattle-based letter. Once you are set on Medicine, you will meet with a member of the Dept. of Medicine to discuss residency/career goals, and they (or another member of the Dept. of Medicine) will write your department letter. You will also have a meeting with Dr. Paauw to discuss specifically your residency application list.

**How many programs did you apply to/interview at?**
This year, 12 AOA students are matching in Medicine. They applied to a median of 20 programs (range 11-90*) and interviewed at a median of 12 (range 9-23*).
*Note: this student is couples-matching with a partner in Ortho.

**When are interviews?**
November – January

**Time off for interviews?**
Most students took about 2 months off, ranging from 1-3 months sometime in November – January.

**Are there AOA members I can contact to learn more?**
Daniel Bushyhead, dwb85@uw.edu; Emily Cedarbaum, emilyrc2@uw.edu; Kendra Coonse, kcoonse@uw.edu; Michelle Christopher, msc1@uw.edu; Nathan Furukawa, furukn1@uw.edu; Lexie Graham, akgraham@uw.edu; Natalie Hale, nhale@uw.edu; Amy Kennedy, amy82201@gmail.com; Alan Kwan, alanckwan@gmail.com; Sarah McGuffin, sarah.mcguffin@gmail.com; Ryan Murphy, saxons05@uw.edu; Isis Smith, isissmith@gmail.com; Christina Wang, cdub141@uw.edu
<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>Traditionally Neurology is not as competitive of a field as some of the other specialties. However, it is still very competitive at the top programs around the country. Desired traits are very similar as other specialties. Having a good rapport with patients, working well in a team, and demonstrating good clinical grades are very important. In addition solid board scores and an understanding/commitment to the field are valued.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are helpful advisers?</td>
<td>Dr. Eric Kraus, who is the clerkship director as well as the career advisor, is very helpful with clerkship and additional elective planning. Dr. Patricia Oakes, the residency director, is very available to help provide information about specific residency programs.</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>There is no required sub-I for Neurology. Instead I mostly registered for Neurology-related electives such as neuropathology, pediatric neurology, EEG, ophthalmology, and neuroradiology. It is recommended to take at least one additional clerkship (Child Neurology or EEG) in addition to the basic neurology clerkship.</td>
</tr>
<tr>
<td>Should I do away rotations?</td>
<td>For personal reasons I did not do any away rotations and still received interviews at every residency program I applied to. From what other applicants have told me an away rotation is a great opportunity to see firsthand what a program is like.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>This question is better answered by Dr. Eric Kraus or Dr. Patricia Oakes.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>My letters of recommendation included 2 from the required neurology clerkship, 1 from internal medicine, and 1 from psychiatry. Give your letter writers your CV, personal statement, and your MSPE clerkship reviews. Request letters while on the clerkship, it is much easier to ask in person rather than over email. I choose to ask for letters from disciplines that have a lot of collaboration with Neurology.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>One AOA student matching in Neurology this year applied to 24 programs and interviewed at 11.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>November – December</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>I had an elective clerkship scheduled through the 3rd week of November. During that clerkship I was able to schedule a few interviews but completed the majority of my interview during 3 weeks in December. There are few interviews scheduled the week of Thanksgiving, Christmas, or New Years. I mostly interviewed on the West Coast and was able to cluster all of my California interviews into a 3 week block. Keep in mind to reserve extra time for preliminary medicine interviews.</td>
</tr>
<tr>
<td>Are there AOA members I can contact to learn more?</td>
<td>Yes! Nina Bozinov, <a href="mailto:ninabozinov@gmail.com">ninabozinov@gmail.com</a></td>
</tr>
</tbody>
</table>
**Obstetrics & Gynecology (n = 1)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes a strong applicant?</td>
<td>Dedication to primary care, strong surgical skills, drive to excel and become a leader in women's health, strong clinical grades and board scores, and dedication to advocacy and public health.</td>
</tr>
<tr>
<td>Who are helpful advisers?</td>
<td>UW OB/GYN faculty</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>Every applicant I have spoken to has done one. I would recommend doing it as early as possible in 4th year.</td>
</tr>
<tr>
<td>Should I do away rotations?</td>
<td>This is hit or miss for OB/GYN. Many say that you should only do them if you are interested in a specific program or region OR if you are an applicant who is borderline competitive for the field. I did not do any away rotations.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>Board scores are increasingly important but not more so than clinical grades in my perception. Typical step 1 scores are 220-230 I believe and there are programs with minimum cut-offs.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>Talk to people in rotations in 3rd year AS YOU DO THEM. Don't wait until 9 months after your rotation to ask for a letter, they won't remember you well and your letter will be more generic. Get a letter from your 3rd year rotation in your specialty and ideally also from your sub-I. Typically 3-4 letters are required, some programs require a department or chair letter but I was told to only send that if they required it as it would be more generic than my other letters (since it was written by someone who has not interacted with me clinically). GET EXTRA LETTERS if you can, sometimes people bail or don't get your letter in and you don't want to be waiting on them.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>One AΩA student matching in OB/GYN this year applied to 36 programs and interviewed at 16.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>October – January, with most in November – December</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>This year’s student took October 25 – January 20 off.</td>
</tr>
<tr>
<td>Are there AΩA members I can contact to learn more?</td>
<td>Yes! Shannon Son, <a href="mailto:shannonson@gmail.com">shannonson@gmail.com</a></td>
</tr>
</tbody>
</table>
What makes a strong applicant? | Someone who is interested in the dynamic clinical challenges presenting in childhood, but especially someone who enjoys working with children and families. Good communication and interpersonal skills are a must. Honors in peds, medicine, family medicine, and a strong letter from someone in pediatrics.

Who are helpful advisers? | Seattle Children’s: Dr. Sherilyn Smith and Dr. Boots Kronman. Mary Bridge: Dr. David Brunelle and Dr. Dustin Haferbecker. Pediatrics will also set you up with a faculty advisor.

Should I complete a sub-I? | Highly recommended, in summer-fall of MS-4 year. Note: 'sub-I' can also be things like the PICU or a pediatric ED rotation.

Should I do away rotations? | No need in pediatrics unless there is somewhere in particular you want to go for residency.

How much do board scores matter? | The average scores aren't terribly high in pediatrics, so if you're scoring around the median, it shouldn't be a big problem. There are cutoffs for some programs, but they are pretty low (e.g., 205). They are more interested in the whole picture. Though of course, higher scores don’t ever hurt.

What should I know about letters of recommendation? | Most programs are looking for 3-4 letters, and about half ask for a chair letter. Dr. Stapleton writes an excellent letter and is very well respected, so I would get one from him (try to schedule to meet with him as early as possible, early Aug). Doing a sub-I is also helpful to get letters, any of your attendings will expect to write a letter for you, so just ask! Request letters early on (March-ish and later), if for no other reason than to remind your letter writers that you would like a letter. That way you’ve planted the seed and can get them the requisite materials as you complete them. I don’t think it’s necessary that you have Seattle-based letter writers—aim for letters from the docs that you worked the closest with and developed good rapport.

How many programs did you apply to/interview at? | Four AΩA students matched in Pediatrics this year. They applied to 15-22 programs and interviewed at 9-15.

When are interviews? | October – January

Time off for interviews? | Students generally took 6-8 weeks off, either consecutively or split into blocks, anywhere from November – January.

Are there AΩA members I can contact to learn more? | Yes! Lindsay Braun, lindsaybraun16@gmail.com
Jacquelin Foss, jacquelin.foss@gmail.com
Adam Knappe, adam.knappe@gmail.com
Kyle MacQuarrie, macquarrie.kyle@gmail.com
What Should I Know About Applying to Residency in Psychiatry (n = 2)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What makes a strong applicant?</td>
<td>Good insight and a strong desire to work with the mentally ill are probably most important. Excellent communication skills, adaptability, empathy, a team-oriented approach to medicine, and strong analytical skills are also important. From a résumé perspective, good (don't have to be great) Step scores and honors in medicine can give you an advantage. Letter writers who really know you well are a plus as well.</td>
</tr>
<tr>
<td>Who are helpful advisers?</td>
<td>UW: Dr. Heidi Combs, Dr. Suzanne Murray, Dr. Deborah Cowley, Dr. Mitchell Levy, and Dr. Ryan Kimmel</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>A sub-I isn't necessary, but students highly recommend taking a psychiatry elective (outpatient and community psych if possible) prior to interview season. UW recommends doing a Medicine Sub-I sometime in the MS-4 year, as intern year is about half general medicine (not all students do this, though).</td>
</tr>
<tr>
<td>Should I do away rotations?</td>
<td>Away rotations aren't necessary unless there is one specific program that you're really, really interested in.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>Board scores matter in that you should pass the exams. Doing well is obviously a feather in your cap. But programs care much more about how you've performed in your clinical clerkships, and what your letter writers have to say about how you interact with patients and colleagues.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>3 letters for almost all programs (4 for a few), no department letter. Letters of rec are very important, as this field revolves around interpersonal interactions. Interviewers often commented on the letters, so they really do matter! Seattle-based writers don’t appear to be required or preferred; the priority is choosing letter writers who know you well. Get at least one letter from psych and one from internal medicine; family med and surgical specialties are also valued.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>Two AΩΑ students matched in Psychiatry this year. They applied to 12-15 programs and interviewed at 7-12.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>Late October – late January</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>6-8 weeks sometime in November – January.</td>
</tr>
<tr>
<td>Are there AΩΑ members I can contact to learn more?</td>
<td>Yes! Nicole Bates, <a href="mailto:nicole.e.bates@gmail.com">nicole.e.bates@gmail.com</a> Derek Paul, <a href="mailto:pauld323@gmail.com">pauld323@gmail.com</a></td>
</tr>
</tbody>
</table>

AOA Pearls 2013-14

Specialty-Specific Advice
Page 32 of 39
### Radiology (n = 1)

<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>Grades, scores, and commitment to radiology.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are helpful advisers?</td>
<td>Dr. Gautham Reddy and Dr. Charles Rohrmann were very helpful. Dr Karim Valji was a good advisor for IR.</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>No but an additional rotation in a rads subspecialty is helpful.</td>
</tr>
<tr>
<td>Should I do away rotations?</td>
<td>No unless you absolutely want to go there. It is very difficult to look good at an away rotation in rads. It is not helpful.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>Some use it as a screen. Highest I have heard is a 240. Rads is very broad though and lower scores still easily match, just not at top academic programs.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>I heard that letters from Seattle are preferred but not sure how true that is. One rads letter needed. Other letters can be from any provider.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>One AOA matching in Radiology this year applied to 48 programs and interviewed at 15.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>November – January</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>November – December</td>
</tr>
<tr>
<td>Are there AOA members I can contact to learn more?</td>
<td>Yes! Derek Hill, <a href="mailto:derekkenthill@gmail.com">derekkenthill@gmail.com</a></td>
</tr>
</tbody>
</table>

### Urology (n = 1)

<table>
<thead>
<tr>
<th>What makes a strong applicant?</th>
<th>Like all fields, great grades, excellent letters of recommendation, board scores (&gt;240) and research experiences are highly recommended.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are helpful advisers?</td>
<td>Dr. John Gore, Dr. Bruce Dalkin, Urology residents</td>
</tr>
<tr>
<td>Should I complete a sub-I?</td>
<td>Yes. Complete before your away rotations. October is too late to do a sub-I in a field with an early match.</td>
</tr>
<tr>
<td>How much do board scores matter?</td>
<td>Board scores are the initial screening tool for applications. While no one publishes the exact cut-offs, a score of &gt;240 is probably necessary to ensure a decent number of interviews.</td>
</tr>
<tr>
<td>What should I know about letters of recommendation?</td>
<td>Get your letters done early! Ask for them at the end of your clerkships and make sure they are from people that know you.</td>
</tr>
<tr>
<td>How many programs did you apply to/interview at?</td>
<td>One AOA student matching in Urology this year applied to 57 programs and interviewed at 17.</td>
</tr>
<tr>
<td>When are interviews?</td>
<td>October – December 15</td>
</tr>
<tr>
<td>Time off for interviews?</td>
<td>2 months, mid October through Mid December.</td>
</tr>
<tr>
<td>Are there AOA members I can contact to learn more?</td>
<td>Yes! Bryan Wilson, <a href="mailto:bwilson1@uw.edu">bwilson1@uw.edu</a></td>
</tr>
</tbody>
</table>
Residency Interview FAQs

What are the best parts of the interview process?

- **You really can enjoy it!**
  - “It’s a fun process! Just be yourself and don't stress out too much [...] Seriously, the most important thing at these interviews is to get to know the residents and figure out your gut feeling about how you would fit in there.”
  - “Have fun with it, and enjoy seeing a new cities and programs. Overall the experience is much more enjoyable than medical school interviews, but it was also very expensive.”
  - “It’s really fun to meet leaders in the field and think about where your interests might ultimately take you.”
  - “Other than traveling, the process is not very stressful. It is nice to have conversations with interviewers about what makes their program special [...]. Also, the UW is very well respected at other institutions so I was very proud to be representing the UW.”
  - “There is a strong focus on finding a program right for 'YOU,' as well as you being ‘right’ for a program. Many of the programs are very ‘customizable,’ so even large programs become seemingly much smaller and you can really tailor your training to your specific interests.”

- **Meeting other applicants is a lot of fun.**
  - “It is really fun to meet other applicants who have had very different medical school experiences than me.”
  - “Spend time with other applicants, go for hikes, out for drinks, etc. I ran into a lot of the same people and had lots of fun getting to know them all well.”
  - “You see the same people at many interviews, so always be nice! Also, you may meet some people you really connect with throughout the experience.”

- **Surprises on the interview trail:**
  - “Many people you will meet will have really pulled details out from your application. Sure I knew intellectually that I had ‘trivia’ listed in my interests, but it surprised me to have interviewers want to chat with me about it for a while.”
  - “I was surprised that the program I loved best was intended to be a practice interview! Realize that your rank-list may change drastically as the season progresses, and that’s okay.”

What were the most negative aspects about the interview process?

- “Traveling for interviews was exhausting.”
  - “It’s exhausting, even though you only had to talk about yourself for a couple hours and eat a couple free meals.”
  - “Back to back days are very difficult, try to avoid them.”
  - “How physically exhausted you become in the process (especially coming from the west coast). It's a wonderful experience, but your body takes a beating.”
  - “Interviews are tiring. Try to schedule ones you are most interested early in the season if possible.”
  - “Give yourself a diastole during a long interview swing. Try to keep weekends relatively free of traveling. Traveling takes a lot out of you and having some downtime to not have to worry about an interview dinner or day is nice...”
Residency Interview FAQs

- “It’s hugely expensive.”
  - “Make travel plans as much in advance as possible, otherwise you will pay double!”
    - Suggested resources: Kayak, Southwest Airlines, Google/Bing flight tracker notifications, and Megabus for cities in the same region.
  - “Take advantage of the Alumni Association Host program. I was able to stay with a really nice family in Portland and it gave me a much better feel for the community.”
  - “Make sure you take out more than enough loan money.”
  - “Only visit programs that you would want to seriously match to.”

What should applicants wear to an interview?
- No way around it: you’ll need a dark suit (black, gray, navy).
  - For men: button-down shirt and tie, with comfortable polished shoes.
  - For women: either pants or a skirt (but keep in mind the cold winter weather).
    - Opt for a flat or conservative heel—plan on lots of walking!

What should applicants wear to a pre-interview dinners?
- In general, think clinic-appropriate clothes. Formality varies by specialty and geography.
  - “Business casual is the safest approach. If unclear ask the program coordinator.”
  - “Most are pretty casual—pay attention to what they say in the invite.”
  - “It depends on the area. On the East Coast, all dinners were business casual. On the West Coast and Midwest, people wore jeans.”

What should I bring to my interview day?
- “I would try to only take a black leather folio to take notes in with a pen. You can bring your luggage with you, but ask the coordinator in advance of your interview day if there is a place to store it... otherwise leave it all at the hotel or place you are staying, unless you are in a rush to get back to the airport.”
- “I know some people bring a copy of their CV or a recent publication not included on their ERAS application. It is helpful, but not necessary as any additional material can just be forwarded to the program via the interview coordinator staff.”
- “Questions you have for the program directors and residents (and lots of them!)”
- “Pen, wallet, extra copies of CV, dental floss, mints.”
- “Nothing, but everyone always brings a leather folder.”
- “For women wearing heels, bring a pair of flats just in case! And an extra pair of nylons. I have never needed an extra CV or personal statement. Do bring a notebook/pen for taking the occasional note.”

What should I know about canceling interviews?
- Is it common?
  - YES! This year, 26 of 28 AΩΑ students surveyed canceled at least one interview.
    - And ALL students surveyed declined one or more interviews initially.
- Why do students cancel interviews?
  - Finances, more appealing interviews offered, location isn’t a good fit for the student or partner, limited time/conflicting schedules, interview fatigue, student feels confident in matching with fewer interviews.
Residency Interview FAQs

- **How much notice should you give when canceling an interview?**
  - The consensus seems to be AT LEAST 1-2 weeks, but sooner if possible so the program can offer your spot to another applicant. Canceling last-minute reflects poorly on UW applicants. Whatever you do, DO NOT simply fail to show up on your interview day.

What were the most memorable interview questions you were asked?

- **Most common questions**
  - Why <x specialty> (e.g., Surgery, Emergency Medicine)?
  - Where do you see yourself in 5 (or 10) years?
  - Tell me about yourself.
  - What questions do you have for me? *(Multiple times per interview day!)*
  - What are your strengths and weaknesses?
  - What are you looking for in a training program?”
  - Why <program name> (e.g., UW, Stanford, Michigan, etc.)?
  - How serious are you about moving here? *(Very common at East Coast programs!)*
  - You had initially planned for a career in X. Why did you make the switch to Y?

- **Most interesting or surprising questions**
  - Tell me about a mistake you've made and what you learned from it.
  - Tell me about a time when <difficult situation> happened... what did you do?
  - Tell me about a patient that impacted you.
  - Please tell me about X deficit in your application.
  - What do you like to do for fun?
  - What questions or concerns do you have?” *(as the only interview question!)*

What were the most useful questions YOU asked of program faculty/residents?

- **Training program structure and opportunities**
  - Where do residents get most of their learning?
  - Tell me about the: ward structure, admitting structure, call schedule, autonomy, collegial environment?, access to attendings, procedures, work/life balance, opportunities for research and protected time, support from program (conference travel), parking, food...
  - Tell me more about the international medicine opportunities for residents and whether the institution supports you while abroad (i.e. stay fully funded and insured - programs differ widely on this!).
  - What opportunities are there for residents to be involved in the community?
  - Is research required?

- **Career prospects**
  - What do residents go on to do?
  - Subspecialty specific opportunities - spectrum of research, fellowship match
  - What career/fellowship options do you feel are/aren't open to you as a graduate from this program?
  - What distinguishes graduates from this program as opposed to others?
  - What career development programs are in place?
**Residency Interview FAQs**

- **Getting to know the residency program’s people**
  - I liked to ask every interviewer to tell me "their story." Specifically, what they love about <x field> and what they love about the program they’re involved in.
  - Describe the ideal resident that would be best served by your program.
  - Tell me about how you value diversity.
  - How do people get along (residents, faculty, staff, nursing)?
  - What GLBT resources are available, and what have residents’ experiences been?
  - To residents: how comfortable do you feel with attendings?

- **Program strengths and weaknesses**
  - What drew you to the program?
  - What makes this place great?
  - What is the thing about the program that you are most proud of?
  - What aspects of this program have been most frustrating for you?
  - What do faculty/residents see as weaknesses?
  - For residents I asked what was their best day and worst day of residency so far.
  - What do you wish you had known about the program before coming here?

- **Mentoring**
  - What kinds of mentoring relationship exist in your programs?
  - How are mentors matched with residents?
  - How does your program teach residents how to teach?
  - How do residents find faculty mentors/research projects?
  - How does your program train future educators?
  - To faculty: why do you like working with residents?

- **Program’s views on, and ability to, change**
  - What are some examples of changes in the program that were a result of resident input?
  - What are some of the quality improvement projects current residents are working on?
  - What are changes you see occurring in the program in the next 3 years?
  - I really like x, y, and z about the program. What are areas the program is working to improve?

- **For surgical/procedural specialties**:
  - Volume of procedures? What percentage are done by residents?
  - Quality of community-based operative experience?
  - Strength of trauma experience?

- **Other**
  - Have at least 5 questions specific to the program to show you’ve done your research and are actively trying to imagine yourself in the program.
  - Most valuable discussions usually occurred at pre-interview dinners with residents. They are generally very open about their experience and want to present a candid view.
  - You’ve been in my shoes as an interviewee: what factors were most important to you in comparing programs?
Any things you definitely should or should not do in interviews?

- **Travel & logistics**
  - “Make sure you leave enough time for traffic delays, getting lost, etc… thankfully I was never late, but there were some close calls.”
  - “Prepare for the weather—I walked through a snowstorm.”
  - “Use carry-on for your interview clothes just in case things get lost.”
  - “Take the time to explore cities that you are considering for residency.”
  - “Always double-check your schedule the night before. It is so easy to confuse details, especially when you’re juggling multiple interviews per week!”

- **The pre-interview dinner**
  - “It is INTEGRAL you make it to the dinner the evening before, otherwise you will miss out on asking current residents all the questions you are interested in getting truthful answers to.”
  - “GO TO THE DINNERS. It is a red flag if you don’t go. Don’t drink too much and be social! I honestly think that the dinners are almost as important (if not equally important) as the interview day itself.”
  - “Getting a sense of the residents is probably the most important part of picking a residency.”
  - “Please please please do not get drunk at the pre-interview dinner. You would be amazed at how often applicants drink too much despite being told not to.”

- **Interview day tips**
  - “The coordinators have worked very hard to organize these days and so my advice would be to be very kind to them.”
  - “Always put your phone on silent or just turn it off.”
  - “Be ready for clinical scenarios.”
  - “Avoid Freudian slips, i.e., don’t accidentally say 'UCSF' when you mean to say 'Stanford' at your Stanford interview...You get looked at funny.”
  - “Go over a few "common" interview questions beforehand, just so you are comfortable in your answer.”
  - “Think about the wording of some more difficult questions before you ask them so as not to offend anyone! Also, don’t ask other applicants questions about their home institutions that you will interview at later during the interview day - wait until you are done and not around any residents/staff.”
  - “Don’t talk about other programs that you LOVE so much, try to stay in the moment and talk about the current program.”
  - “Be friendly towards other applicants and get to know them. They may be your future colleagues!”
  - “Sometimes it is a challenge to remember that a program’s culture is in its residents and not the other applicants. It’s hard not to have your “gut feel” of a program be colored by the other applicants on your interview day. But there’s no guarantee that any of them will match there-- so spend your day getting to know the people (residents, faculty) who are actually part of the program!”
  - “Smiling, enthusiasm, and being gregarious are really important in the interview. If this is natural to you, you will have a great interview season. If it is not, do your best to do practice interviews and exercises to compensate (e.g. check out Amy Cuddy’s lecture: [http://www.ted.com/talks/amy_cuddy_your_body_language_shapes_who_you_are.html])”
Final Pearls of Wisdom for Medical Students

Quotations in no particular order

- “Have fun at work and be easy to work with. This will help your grades more then your knowledge base, test scores, and getting pimp questions right.”
- “Make sure to have fun and look at the big picture throughout your medical training. Life is still awesome even if you are working too much.”
- “Always keep in mind that the reason why you’re going through medical school is to become the best physician you want to be. That means different things to different people, but you should figure out what that means to you and keep at it, both academically and extracurricularly.”
- “If you are going to couples match with a difficult specialty get help early.”
- “In medical school, you spend 4+ years consciously training to be a physician, but whether you acknowledge it or not, you continue to develop as a person during those years as well. And it’s the habits and character traits you reinforce, not your Step 1 score, that will shape your career and life beyond medical school. So as hackneyed as it sounds, don’t ignore the values, aspirations, and relationships that brought you to medical school. A career as a physician is incredibly demanding. It will take as much real estate in your life as you allow it. So if you don’t carve out time for the people and things that bring you joy, your medical career will happily subsume them. In the interactions I’ve had with residents and attending, I saw that medical training produces overwhelmingly competent physicians, but not necessarily happy ones. Pay attention to the physicians who have lives, and not just careers, that you want to emulate. When the time comes, choose a specialty and residency program that make you feel fulfilled. A prestigious specialty or training pedigree may satisfy your parents or impress on paper, but those things ring awfully hollow if you don’t also love what you’re doing. You are building a career to last the next 30-40 years of your life: you owe it to your loved ones, your patients, and yourself to build one that brings you joy.”
- “Be excited about your career choice! It is a lot of fun and yes a lot of work but it is a huge honor to be able to take care of people in good times and bad so do your best to remember the big picture!”
- “Don’t be afraid to reach out to people during medical school and ask for assistance. Follow your heart when choosing a field of medicine to enter. Don’t worry about asking for letters of recommendation; remember all the people you are asking were in your shoes at one point.”
- “Always keep in mind what a privilege it is to do what you’re doing. It’s difficult, draining work, but try to keep a thankful frame of mind.”
- “Remember, each day, how incredibly fortunate and privileged you are to be where you are, and remember how may people have helped you get where you are in life. Be gracious to patients, even the most trying ones, as they are your best teachers.”
- “Take time to have fun!”
- “Just enjoy your time, even though there will be long hours and things you do not like. Continue to pursue your interests both in and outside of medicine because you will both better be able to think about your career but also have a "story" to convey to your interviewers just like each patient comes in with the general "story" (i.e. assessment and plan).”
- “I was told by one of my chiefs to be a shark. Find what you want and vigorously and voraciously go after it, don’t give up, don’t be thwarted.”
- “Medical school is an amazing experience, one that is challenging both physically and mentally. Yet despite all of this, I hope you find time to realize what a gift it is you have to be able to take care of people at their weakest moments as well as their moments of great joy.”
- “Every year of medical school gets better! Enjoy it!”