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### Advising Calendar

**April-June 2018**
- **First Meeting with Career Advisor**
  - Individual 30-60 minute meeting with your career advisor to discuss specialty choice and fourth year schedule

**April-July 2018**
- **MSPE Meeting & Advisor Meetings**
  - Schedule your Medical School Performance Evaluation (MSPE) meeting with Dr. Fromme
  - Continue to meet with your Career Advisor to finalize specialty choice and develop an application strategy
  - Meet with your specialty advisor to discuss program selection
  - Work on your personal statement and CV
  - Ask for LORs

**June-August 2018**
- **Personal Statement Check-In with Career Advisor**
  - Review and finalize your personal statement with your Career Advisor’s input (can be done over email)

**May 29 and June 6, 2018**
- **Optional Workshop: Optimizing Your Personal Statement**
  - Choose only one workshop date

**June 4, 2018**
- **MS4 Class Meeting #1: Residency Application Overview**
  - Review the timeline for the residency application process
  - Learn details and strategy for assembling your application

**June 5, 2018**
- **MS4 Class Meeting #2: ERAS Overview**
  - Learn the logistics of applying for residencies via the Electronic Residency Application System (ERAS)

**August-September, 2018**
- **Program List Meeting with Career Advisor**
  - Schedule a 30-minute meeting with your Career Advisor to review your program list for depth and breadth
  - Practice interview strategies

**September 25, 2018**
- **MS4 Class Meeting #3: Interviewing for Residency**
  - Learn tips from UCM Program Directors on how to interview successfully
  - Learn about the Alumni Residency Hosting Program

**December 1, 2018**
- **Deadline to take Step 2**

**January-February, 2019**
- **Rank List Meeting with Career Advisor**
  - Schedule a 30-minute meeting with your Career Advisor to discuss strategies for finalizing your rank list

**January 22, 2019**
- **MS4 Class Meeting #4: Preparing Your Rank List**
  - Learn how to enter your rank list and strategies for finalizing it

**February 20, 2019**
- **Submit your Rank List by 8 pm CST**

**March 15, 2019**
- **Match Day!**
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Web Resources

Careers in Medicine
www.aamc.org/cim

ERAS (Electronic Residency Application Service)
www.aamc.org/eras

FREIDA
www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

NRMP (National Residency Matching Program)
www.nrmp.org

AUA (American Urological Association)
www.auanet.org

San Francisco Match
www.sfmatch.org

USMLE (United States Medical Licensing Exam)
www.usmle.org

NBME (National Board of Medical Examiners)
www.nbme.org

Military Match
www.militarygme.org

Visiting Student Application Service (VSAS)
www.aamc.org/students/medstudents/vsas
Glossary of Terms

**Advanced (PGY-2) Residency Positions:** An “advanced” or PGY-2 position does not commence until 1-2 years after the match and requires completion of 1 or more years of preliminary training. The following specialties offer advanced positions (some of these may also have programs which offer categorical positions): anesthesiology, dermatology, neurology, ophthalmology, PM&R, radiation oncology, and radiology. Programs in neurosurgery, orthopaedic surgery, plastic surgery, and urology are advanced programs which “bundle” in a preliminary year in general surgery and do not generally require a separate preliminary application process.

**Career Advisor:** One of eight faculty members assigned by the Pritzker School of Medicine to assist you in the application process. A Career Advisor provides counseling and feedback in the career selection and implementation process, navigation of the match process, and review of application materials, including the personal statement and ERAS application.

**Categorical Residency Positions:** A “categorical” position is one which offers full residency training required for board certification in that specialty. You do not need a preliminary year for these programs.

**Early Match:** Ophthalmology, urology, and all residency programs run by the military are early match programs. Applicants in ophthalmology apply and match through the San Francisco Match (http://www.sfmatch.org/), while applicants in urology apply via ERAS and match via the American Urological Association (http://www.auanet.org). Ophthalmology applications are due in July and urology applications in September. Rank lists are submitted in December/January, and match results are posted in January.

**ERAS (Electronic Residency Application Service):** ERAS is a service that transmits applications, letters of recommendation, Medical Student Performance Evaluations (MSPEs), medical school transcripts, USMLE transcripts, and other supporting documents from you and your designated dean’s office to residency program directors using the internet. ERAS begins transmitting applications on September 15.

**LORs (Letters of Recommendation):** Anywhere between 3-6 LORs are necessary for an application to residency, depending on the program and number of specialties to which a student applies. Applicants should ask for LORs no later than 6 weeks in advance of submitting their application and they should ask a physician with a good sense of their clinical ability, clinical performance, and personal interests.

**Match Day:** Match Day is held on Friday of the third week in March. All US seniors open their match envelopes from the NRMP at 12:00 pm Eastern Standard Time to find out into which residency program they have matched.

**MSPE (Medical Student Performance Evaluation):** A letter of evaluation (not recommendation) which describes a student’s performance in medical school. The MSPE includes an assessment of both the student’s academic performance and professional attributes. It is released to residency program directors on October 1.

**MSPE Director:** The MSPE Director is responsible for meeting with all fourth-year medical students, overseeing the construction of each student’s MSPE, and reviewing the MSPE with the student.

**MSPE Survey:** Rising fourth-year students receive this online survey in the spring of the third year. The survey helps students prepare for the initial meeting with the MSPE Director, which is held sometime between May-July. Some of the information provided by the student feeds directly into the MSPE. Other information (eg. specialty selection, letter of recommendation writers’ names) is used to help the career advising team best advise students throughout the application process.
NRMP (National Resident Matching Program): The NRMP (http://www.nrmp.org/) conducts a residency match that is designed to optimize the rank ordered choices of students and program directors. On Friday of the third week of March, the results of the match are announced. With the exception of early match programs, all residency programs use the NRMP. The applicant registration deadline is the end of November and the Rank Order List deadline is the end of February.

The NRMP is not the same as ERAS. You use ERAS to submit your application; you use the NRMP to submit your rank list.

PGY: Post-graduate year. PGY-1 is an intern position; PGY-2 or higher is a resident position.

Preliminary Residency Positions (PGY-1): A “preliminary”, or PGY-1, position offers only 1-2 years of training prior to entry into advanced specialty programs. Many internal medicine and surgery training programs offer preliminary positions in addition to categorical positions. Transitional year programs are also considered preliminary programs.

ROL (Rank Order Lists): Rank order lists are the lists of programs in order of preference submitted by applicants to the NRMP before the deadline (last week of February). Matched applicants consistently have longer ROLs than unmatched applicants; in 2017, the average number of ranked programs for matched U.S. applicants was 12.1.

SLOE (Standardized Letter of Recommendation): Some specialties, like emergency medicine and plastic and reconstructive surgery, require a SLOE from an applicant’s home institution. Check with your specialty advisor to see if this applies to you.

SOAP (Supplemental Offer and Acceptance Program): SOAP is a program administered by the NRMP that begins on the Monday of Match Week. Through the SOAP, students who have not matched to a residency program can submit additional applications through ERAS in an effort to obtain a residency position.

Specialty Advisor: A faculty member from the specialty to which you will apply. You choose this person based on the recommendations of the department and your own familiarity with the faculty member. This advisor provides “specialty care” in the match process, including constructing a list of programs, identifying letter of reference writers, and reviewing rank lists for breadth and depth.

Transitional Residency Positions: A “transitional” position is an alternative to a preliminary year. It offers a mosaic of experiences in surgery, medicine, pediatrics, and more, and is for people who want broader exposure to clinical issues. It may be a good option for those seeking specialties that support other disciplines, like radiology or anesthesia.

VSAS (Visiting Student Application Service): VSAS is an AAMC service that helps streamline the process of applying for away rotations. Through VSAS, students are able to submit one single application for an away rotation. Check the VSAS website (https://www.aamc.org/students/medstudents/vsas) to find a list of participating institution. VSAS also provides a centralized location for managing offers and tracking decisions.
Honors & Awards
(Taken from the 2017-18 Academic Standard Guidelines)

Graduation with Honors

The Honors and Awards Committee, consisting of selected faculty, course directors and clerkship directors, is appointed by the Dean for Medical Education. The committee, chaired by a faculty member designated by the Dean for Medical Education, is charged with determining selection of students for graduation with Honors and designation of specific awards at graduation. The same committee chooses students for Alpha Omega Alpha and a separate committee chooses students for Gold Humanism Honor Society.

Determination of Graduation with Honors is at the discretion of the Honors and Awards Committee. Generally, only 10% of the graduating class receives the “Graduation with Honors” designation.

A student may receive a designation of Graduation with Honors on the diploma if so designated by the Academic Honors Committee. In order to qualify for Graduation with Honors, students must have:

1. Demonstrated academic excellence during their years at the University of Chicago Pritzker School of Medicine.
2. Demonstrated outstanding professionalism during their years at the University of Chicago Pritzker School of Medicine.
3. Performed significant research while enrolled as a student in the medical school. Ordinarily, such research will have led to either publication of results in scientific journals, presentation of the research project at professional meetings, or presentation at the Senior Scientific Session in May of senior year.

Other Graduation Awards

The Pritzker School of Medicine awards several specific named awards to graduating students, as well as several departmental awards. Each award has specific criteria. Such designations are decided by the Academic Awards Committee, with consultation from the departmental chair or representative, when appropriate.

Departmental representatives may also designate awards to members of the graduating class who demonstrated outstanding proficiency in their respective departments/sections. For a listing of the potential awards, please visit http://pritzker.uchicago.edu/page/academic-honors-and-awards.

Alpha Omega Alpha

The University of Chicago is home to the Illinois Beta Chapter of Alpha Omega Alpha, the national medical honor society. Election to the chapter occurs in the early fall of Pritzker students’ fourth year.

Strong clerkship performance (High Pass or Honors) is a starting point for criterion for selection, but not the only one used to determine election into AΩA. Other qualities noted in the AΩA constitution, such as capacity for leadership, professionalism, a strong sense of ethics, and a commitment to service in the school and community, are also considered, along with outstanding academic performance and achievement in research. Curriculum vitae are provided to the AΩA Selection Committee for these students, who are then considered to be in the top quartile of the class.

“Those students chosen from the top quartile for election are picked not only for their high academic standing, but as well for leadership among their peers, professionalism and a firm sense of ethics, promise of future success in medicine, and a commitment to service in the school and community. By
adherence to these criteria it has happened that one or more of the highest ranked students by grade point average have not been elected to the society.” – ΑΩΑ Constitution

According to the ΑΩΑ constitution, the number selected cannot exceed 1/6 of the graduating class.

**Gold Humanism Honor Society**

In 2005, the Pritzker School of Medicine established a Gold Humanism Honor Society (GHHS) chapter to recognize our students for their humanistic attributes. The GHHS seeks to recognize medical students who have demonstrated exemplary attitudes and behaviors characteristic of the most humanistic physicians. The election process is based upon the recommendations of third-year peers of the Pritzker School of Medicine and from the GHHS Selection Committee deliberations. The selection committee is composed of a broad array of individuals who interact with students in a variety of settings: clerkship administrators, nurses, residents, faculty, and medical school staff.
Requirements for Graduation
(Taken from the 2017-18 Academic Standard Guidelines)

Assignment of Credit Units in the Fourth Year

The fourth year experience at the Pritzker School of Medicine is intended to consolidate the knowledge, skills, and habits that students will need to be successful residents and practicing physicians and consists of both required and elective experiences. In total, students must complete a minimum of 1200 units of work over the course of the year.

Required and elective courses are assigned units based on:
- Intensity of workload
- Comparability to other Pritzker courses
- Time commitment
- Curricular priority

Units for standing courses and clinical experiences are assigned by a committee (Associate Dean for Medical School Education, Pritzker Registrar, Executive Director of Medical School Education and Director of Medical Education) and are reviewed and approved by the Pritzker Initiative Steering Committee. All new elective proposals are reviewed in detail by the Pritzker Initiative Steering Committee and are assigned credit units by that committee.

Required experiences include a minimum of 525 units:
- Subinternship (150 units)
- Emergency Medicine Clerkship (125 units)
- Scholarship & Discovery (100-300 units)
- Scientific Basis of Medical Practice “Selectives” (150 units total)

If a student has deferred either Family Medicine or Neurology to the senior year in order to do subspecialty electives the third year, the student will receive 125 units for that clerkship in the senior year.

The remainder of the senior schedule is comprised of elective courses and clerkships, teaching assistantships, mentored independent study, and offsite rotations.

Determination of Units for Away Rotations

Students may do up to three months of electives at outside institutions. Students work with their career advisors to choose off-site rotations that will enhance their career and learning goals. They fill out a form that includes a detailed description of the off-site rotation, including learning goals, assessment methods, time commitment, and responsibilities. The form is signed by the student’s career advisor. A committee consisting of the Associate Dean for Medical School Education, the Pritzker Registrar, the Executive Director of Medical School Education and Director of Medical Education assign credit units based on comparable courses or clerkships at Pritzker. Sometimes additional information is required from the student or the school in order to assign appropriate units. If a student believes that the unit assignment is not appropriate, the student has the opportunity to ask for additional review and to provide additional information and details about the proposed experience.

Determination of Units for Independent Study Electives

Students may work with faculty members to create independent study electives for research, basic science, or clinical experiences. Students fill out an online Independent Study Form that is signed by the faculty member.
with whom they will be working. This form requires a detailed description of the proposed experience, including learning goals, time commitment, and evaluation methods. Credit units are assigned in a manner parallel to that for away rotations.

**Specific Requirements for Graduation**

- Successfully complete all coursework, as determined by the departments and the Committee on Academic Promotions.
- Demonstrate professionalism and ethical conduct in all personal and professional actions and interactions, as determined by departments, medical school administration, and the Committee on Academic Promotions.
- Complete fourteen (14) quarters of full-time enrollment and full tuition payment.
- Register for and record a score for the United States Medical Licensing Examination (USMLE) Steps 1 and 2 (CK and CS). Students are responsible for meeting NBME deadlines.
  - Step 1 is usually taken during the spring quarter following the completion of all second year courses.
  - Step 2 (CK and CS) **must** be taken by December 1 of the senior year.
  - Students may not receive the MD degree from the Pritzker School of Medicine if these exams are not completed as required.
  - If a student fails the Step 1 exam, he or she should notify Dr. Woodruff immediately, and retake the exam prior to beginning the residency application process.
- Complete all core course requirements by **April 30** of senior year.
- Complete all course evaluations following each course, clerkship or elective.
- Discharge all financial obligations to the University at least four weeks prior to the June Convocation date.
- Apply to graduate no later than the first week of the quarter in which the degree is expected (Spring Quarter of fourth year).

Upon successful completion of the curriculum of the Pritzker School of Medicine, the student is recommended to the Board of Trustees of the University of Chicago for the degree of Doctor of Medicine.
Scheduling Fourth Year to accommodate residency interviews

Basic Principles

- It is not acceptable to miss days during sub-internship rotations, basic science selective courses or third year clerkships that were deferred. If this cannot be avoided, it should be kept to a minimum and always with permission from the Course or Clerkship Director. For instance, a one month selective meeting 5 days/week has a total of 20 class days; therefore, every two days missed is 10% of the class time. If you need any days off to interview during rotations, you must ask the course director first. Be aware that there is no guarantee that you will be given any of these days away from the rotation.

- Keep October, November, early December or January open (e.g. no class/clinical responsibilities), if at all possible, for interviews.

- Incorporate studying for and taking Step 2 into your schedules. All students must take Step 2 exams by December 1. You do not want to take either test “cold.” Remember that Step 2 CS is based on a checklist of clinical skills, so review the checklist prior to taking the test.

- Use the fourth year efficiently, especially time after Match Day to complete graduation requirements.

- If applying in “early” match (military, ophthalmology, and urology), keep September–December flexible.

- If applying to dermatology, neurosurgery, orthopaedics, or emergency medicine, plan to keep November–February flexible.

Specifics

- Emergency Medicine rotation provides some limited flexibility. Students select from a template schedule with a required didactic/simulation series and clinical “shifts.” If you miss any of the didactics, the time must be made up in another month to fulfill the requirements of the rotation. Similarly, if you miss shifts during the month, they must be made up in order to complete the rotation. Making shift changes with other students or arranging to complete missed shifts or didactics at a later time must be cleared in advance with the clerkship directors.

  - Note: Shifts cannot be front or back loaded. You must attend the Emergency Medicine orientation on the first day of the rotation. Alternate orientation arrangements cannot be made.

- Electives that provide maximum flexibility during the fourth year include readings, research, and independent study preceptorships. These may be good courses in which to enroll during peak interview times. This is also the perfect time to study for Step 2.
Fourth Year Schedule Examples

“Normal” Schedule (for majority of programs):

July, August (September)  Sub-I’s/Work on residency application
September 15  Submit ERAS application
September/October  Study for and take Step 2
October -January  Interviews
December 1  Deadline for Step 2 CK & CS
January/February  Emergency Medicine rotation

“Early Match” Schedule (for those applying in the military, urology, or ophthalmology matches) keep September – November flexible):

July, August (September)  Away rotations/Residency Application
September-November  Study for and take Step 2/Interviews
September 15  Submit ERAS application
September-December  Interviews
December 1  Deadline for Step 2 CK & CS
January/February  Sub-I’s/Emergency Medicine rotation

“Selective Specialties” Schedule (for those applying in dermatology, emergency medicine, neurosurgery, orthopaedic surgery, plastic surgery, or radiation oncology; interview days are not flexible and tend to be later in the season):

July  Study for and take Step 2
July, August (September)  Away rotations
September 15  Submit ERAS application
October/November  Sub-I’s
December 1  Deadline for Step 2CK and CS
November-February  Interviews
Post-Match  Emergency Medicine rotation
(Or schedule this July-August)
Away Rotations

A fourth year student may spend a maximum of three months during the fourth year on off-campus rotations. Students choose to do away rotations as a way to learn more about a particular program or specialty. Most programs do not require fourth year off campus rotations; however, some specialties expect medical students to participate in away rotations prior to applying for residency. These specialties include: dermatology, emergency medicine, orthopaedic surgery, ophthalmology, otolaryngology, neurosurgery, plastic surgery, PM&R, radiation oncology, and urology. Away rotations should not be taken lightly. Prior to applying for away rotations, students should discuss their options with their career advisor.

Timing of Applications

• While the overwhelming majority of away rotation experiences open for applications in February and March, there are a small number, especially in emergency medicine and ophthalmology, which open for applications before the New Year.
• Application deadlines vary by medical school/medical center, but generally they begin in February and end in April.

Resources for Program Information

• Many away rotations now use the AAMC Visiting Student Application Service (VSAS) (http://www.aamc.org/vsas). If you are applying to a VSAS school, email Registrar Maureen Okonski (mokonski@bsd.uchicago.edu) to receive authorization and begin the process.
• If the institution does not participate in VSAS, look for visiting student information on the medical school's website.

Materials Needed

Applications vary by each school or program, but in general students will need the following:
• Letter of Good Standing: Email Jill Kelly (jkelly@bsd.uchicago.edu)
• Curriculum Vitae (CV): see sample in this book on page 32 or on our website
• Photo: Email Jill Kelly if you would like to use your photo from the UCID
• Letter of Recommendation (LOR) from faculty: Only sometimes required

Away Rotations & Credits

The Associate Dean for Medical School Education approves all off-campus rotations and assigns credits. Below is the process for assigning credits:
1. Submit an Off-Campus Rotation Application (on our website) with supporting documentation to Jill Kelly. Make entries directly into form and then print. Do not print and fill out manually.
2. You will be informed by e-mail about disposition of application and number of units awarded.
3. Upon approval, forward the Institutional Evaluation Form (on our website) to the person evaluating your performance during the off-campus rotation.
## Timeline: Regular Match

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<th>May</th>
<th>June</th>
<th>July</th>
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<tbody>
<tr>
<td>Decide on a Specialty</td>
<td>Ask for Letters of Recommendation</td>
<td>Complete ERAS Application</td>
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<tr>
<td>Meet with a Career Advisor</td>
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<tr>
<td>Sign Up for STEP II</td>
<td>Begin Drafting Personal Statement</td>
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<tr>
<td>Finalize Senior Schedule</td>
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<td>Review MSPE</td>
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<tr>
<td>Meet with Specialty Advisor</td>
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<tr>
<td>Complete Residency Survey/Schedule MSPE Meeting</td>
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<th>August</th>
<th>September</th>
<th>October</th>
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<tr>
<td>Decide on a Specialty</td>
<td></td>
<td>MSPE Released October 1</td>
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<tr>
<td>Review MSPE</td>
<td></td>
<td></td>
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<tr>
<td>Complete ERAS Application</td>
<td></td>
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<tr>
<td></td>
<td>Register for the NRMP</td>
<td>Interviews Starting in Late September</td>
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<tr>
<th>November</th>
<th>December</th>
<th>January</th>
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<tr>
<td>Interviews Lasting until Mid-January</td>
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<tr>
<th>February</th>
<th>March</th>
<th>April</th>
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<tr>
<td>Enter Rank Order List Before NRMP Deadline</td>
<td>Match Week!</td>
<td>Complete Grad Requirements</td>
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<td>Senior Scientific Session (May)</td>
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<td>Divisional Academic Hooding Ceremony (May)</td>
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<td>Convocation (June)</td>
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Checklist: Regular Match

April–June 2018

☐ Work toward narrowing your specialty choice.
  • Attend departmental seminars and use electronic resources (http://www.careermd.com; Careers in Medicine: www.aamc.org/cim; FRIEDA: https://www.ama-assn.org/go/freida)
  • Take advantage of the remaining months that seniors are here and talk with them about the programs they visited, ranked, and did not rank.
  • Select a specialty advisor and meet with them to discuss career decisions and senior year plans, including whether you need to arrange an away rotation.

☐ Determine whether you want or need to complete any away rotations. Review information on other medical schools' websites, paying attention to deadlines for applications.

☐ Finalize senior schedule.
  • Most interviews will occur in October, November, December and January, so keep your schedule light and flexible during those months. Please refer to guidelines for the Fourth Year Schedule on page 12.
  • Lottery results will be available by May 8, 2018.
  • Sign up for Step 2 CK & CS. **Step 2 CK & CS must be taken by December 1!** (Schedule Step 2 CS early, as dates may fill up.)

☐ Career advising.
  • Mid-May through the end of June: **meet with your assigned career advisor** to review career choice, senior year organization, (elective/selective choices, flexible time for interviews), letter writers, CV, personal statement, and choice of specialty advisor.
  • Set up a time to meet with the MSPE Director between late April and July to discuss your MSPE and residency application.
  • If you are doing an away rotation or will be off campus for part of the summer, notify Rebecca Silverman (rsilverman@bsd.uchicago.edu) as soon as you know when you will be gone, so she can help schedule your MSPE meeting.

☐ Get started on your personal statement. Get lots of feedback on your statement from your career advisor and your specialty advisor, in that order. For extra help, attend one of Dr. Woodruff’s *Optimizing Your Personal Statement* workshops: May 29 and June 6, 2018 (choose one), 5 pm, J-103.

☐ Attend the **MS4 Class Meeting #1: Residency Application Overview on June 4 at 5:00pm in the BSCLC.**

July–August 2018

☐ Attend the **MS4 Class Meeting #2: Overview of ERAS on July 5 at 5:00pm in the BSCLC.**

☐ Start filling out your ERAS application (a token to allow you to register will be emailed to you in June).
  • Update your CV (see page 32 for an example).
  • Identify faculty who will write your letters of recommendation (LORs). Remember, letter writers will need your CV and a draft of your personal statement. You should give your writers at least 6-8 weeks to complete their letters by September 1, so **ask them before mid-**
July. Download a Letter Request Form from ERAS and email it to your letter writers so they can upload their LOR directly to ERAS.

- Have your photograph taken for use on your application and for the graduation composite photo. See page 19 for details.

☐ Choose programs to which you wish to send applications.

- Apply to enough programs so that you have choices. It is better to cancel interviews than to not have enough scheduled.
- Ensure that you have a list of programs that is long enough to cover the categories of Dream Programs, Hope Programs and Safety Programs.

☐ MSPE Review

- In July/August, you will be contacted when your MSPE is ready to be read. Please schedule your MSPE review time within 2 days of being notified. **If you will be gone in the fall, it is very important that you notify Rebecca Silverman (rsilverman@bsd.uchicago.edu) as soon as you know when you will be gone, so she can help schedule your MSPE meeting.**

September–October 2018

☐ Complete ERAS application and apply! More and more programs are selecting students for interview on a first-come, first-served basis. **ERAS opens on September 15.**

- Complete ERAS early, but not hastily. Your ERAS application cannot be changed once it is submitted.
- The dean’s office will begin to upload documents (Pritzker transcript) after you have registered for ERAS. Your LOR authors will upload your letter based on the Letter Request Form you have sent them. All MSPEs will be uploaded in advance of the October 1 release date.
- Register for the NRMP (http://www.nrmp.org).
- Check ERAS regularly to monitor the status of your LORs.

☐ Attend the MS4 Meeting #3: Interviewing for Residency on September 25 at 5:00pm in the BSLC.

☐ If you are doing an away rotation in August or September, be sure that all of your letter writers have been contacted, that you have reviewed your MSPE, and have taken your photo before then.

☐ Prepare to interview.

- Meet with your career advisor to discuss interview strategies and consider doing a “mock interview” in September or October.
- Accept interviews quickly, within 1-2 days. Spots will fill up.
- Develop a calendar for the interview dates you have accepted.
- Contact the Alumni Residency Hosting Program to stay with a graduate of Pritzker and save money on the interview trail (link is on the Residency section on our website).
- Contact students who have graduated and who are in the various programs in which you are interested to determine whether they can give you any insights or suggestions. If you need help getting in touch with alumni, contact Rebecca Silverman.

☐ Save money by using UChicago discount programs when you rent cars, purchase plane tickets, and stay at hotels (link is on the Residency Resources page of our website).
• As a University of Chicago Student, you have access to a discount program that is established at specific vendors. The list of hotels, car companies and airline companies is not long, but it’s worth peeking at if you are interested in cutting costs this interview season.
• Visit http://finserv.uchicago.edu/purchasing/travel/uchicagodiscountprograms.shtml.

October–December 2018
☐ Interview!
☐ The MSPE will be released to program directors on October 1 per requirements for all US medical schools.
☐ Take Step 2 CK & CS by December 1, 2018.

January–February 2019
☐ Attend the MS4 Class Meeting #4: Constructing Your Rank List on January 22 at 5:00pm in the BSLC.
☐ Release your Step 2 scores in ERAS once they are received.
☐ Decide on your rank order list.
  • Meet with your career advisor after you are done interviewing to discuss how to rank your programs.
  • Ensure that you have sufficient programs to rank (generally, 10-12; see the Specialty Pages section for more precise data), and that you have an adequate backup plan (discussed with advisors).
  • In early January, discuss your highest choices with your career advisor & specialty advisor of your intended discipline.
☐ Enter your Rank Order List.
  • Certify your final Rank Order List by February 14, 2019, to be assured that your list will be in if the server crashes on final submission day later in the month. You can change your ROL up until the final deadline, but the servers get very slow in the last week. Print out a copy of your certified ROL for your records.
☐ Sign up for the Senior Scientific Session, scheduled for May 2019.
☐ All students must complete the AAMC Graduation Questionnaire (available February 2019).
☐ Fill out your Match Results Release Survey.

March 2019
☐ Plan on being on campus for all of Match Week.
  • On Monday, March 11, 2019*, the Pritzker School of Medicine will receive information about students who have not matched. We will contact unmatched students by phone (and at their homes) at 10:00 am. The list of unfilled programs will be posted and ERAS will open in SOAP (Supplemental Offer and Acceptance Program) mode.
  • Throughout the week, the Pritzker staff, deans, and career advisors will work with SOAP students to secure a residency position.
  • On Friday, March 15, the Match results will be announced at 11:00 am CST in P-117. This event is followed by a party, sponsored by the Alumni Association.
☐ Two to three weeks following the Match, students will receive contracts from their matched programs.

April–June 2019

☐ Fill out licensure and verification paperwork, available on our website.
☐ Prepare to move.
☐ Check your transcript for completion.
☐ Consider whether you want to continue disability insurance through your residency years.
☐ Plan on participating in all senior events: Senior Scientific Session, Senior Skit, Student/Faculty Recognition Dinner, Divisional Academic Ceremony and Convocation (schedule available online).
☐ Graduate in mid-June.

* Dates and times subject to final confirmation by NRMP.

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**ERAS/Graduation Photos**

UChicago Creative has set up five Pritzker portrait sessions during the summer. These dates were chosen because they are conveniently after shelf exams, and were spread out to accommodate both people on sub-I’s and people on away rotations.

Therefore, if you are doing an away rotation later in the summer, prioritize getting your portrait taken early.

Sessions are held at the Edelstone Center at 6030 S. Ellis Ave. on these dates:

1. May 11, 12-2
2. May 25, 12-2
3. June 22, 12-2
4. July 20, 2-4
5. August 3, 2-5

How to sign up:

- Navigate to [http://uchicagocreative.schedulista.com/](http://uchicagocreative.schedulista.com/) and choose the date that works best for you

Once you have your portrait taken, you will sit down with the photographer and choose your favorite. The photographer will distribute them to you for uploading into ERAS, and Rebecca will receive them for the graduation composite.

Tips:

- Men, wear a coat and tie; women, wear a suit coat or blouse
- Do not wear white
- People with long hair should wear a color top that contrasts
  - Dark hair—a medium to medium light toned shirt
  - Light hair—a medium to darker color shirt
- Make-up helps, as the camera lights can wash out skin tone
# Timeline: Early Match

<table>
<thead>
<tr>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decide on a Specialty</td>
<td></td>
<td>Submit Applications</td>
</tr>
<tr>
<td>Sign up for STEP II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet with Specialty Advisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meet with Career Advisor</td>
<td>Begin Drafting Personal Statement</td>
<td></td>
</tr>
<tr>
<td>Complete Residency Survey/Schedule MSPE Meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review MSPE</td>
<td>Interviews Starting in Late September</td>
<td>MSPE Released October 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>November</th>
<th>December</th>
<th>January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews Lasting until Mid-December</td>
<td>Submit Rank Order List</td>
<td>Receive Rank Results</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If Necessary) Enter Rank Order List Before NRMP Deadline</td>
<td>Match Week!</td>
<td>Complete Grad Requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Senior Scientific Session (May)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divisional Academic Hooding Ceremony (May)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Convocation (June)</td>
</tr>
</tbody>
</table>
Checklist: Early Match
Military, Ophthalmology, Urology

Note: Pay attention to the checklist for the regular match too. It may be important for your PGY-1 (preliminary) position.

April–June 2018

☐ Work toward narrowing your specialty choice.
  • Attend departmental seminars and use electronic resources (http://www.careermd.com; Careers in Medicine: www.aamc.org/cim; FRIEDA: https://www.ama-assn.org/go/freida)
  • Take advantage of the remaining months that seniors are here and talk with them about the programs they visited, ranked, and did not rank.
  • Select a specialty advisor and meet with them to discuss career decisions and senior year plans, including whether you need to arrange an away rotation.

☐ Determine whether you want or need to complete any away rotations. Review information on other medical schools’ websites, paying attention to deadlines for applications.

☐ Finalize your senior schedule.
  • Most interviews will occur in October, November, December, and January, so keep your schedule light and flexible during these months. Please refer to guidelines for the Fourth Year Schedule on page 12.
  • Lottery results will be available by May 8, 2018.
  • Sign up for Step 2 CK & CS. Step 2 CK & CS must be taken by December 1! (Schedule Step 2 CS early, as dates may fill up.)

☐ Career advising
  • Mid-May through the end of June: meet with your assigned career advisor to review career choice, senior year organization, (elective/selective choices, flexible time for interviews), letter writers, CV, personal statement, and choice of specialty advisor.
  • Set up a time to meet with the MSPE Director between late April and July (before any away rotations) to discuss your MSPE and residency application.
  • If you are doing an away rotation or will be off campus for part of the summer, notify Rebecca Silverman (rsilverman@bsd.uchicago.edu) as soon as you know when you will be gone, so she can help schedule your MSPE meeting.

☐ Get started on your personal statement. Get lots of feedback on your statement from your career advisor and your specialty advisor, in that order. For extra help, attend one of Dr. Woodruff’s Optimizing Your Personal Statement workshops: May 29 and June 6, 2018 (choose one), 5 pm, J-103.

☐ Ask for letters of recommendation (LORs). Students applying in Ophthalmology should begin asking for LORs in June; ideally, all Ophthalmology applications are submitted by August.
  • Update your CV (see page 32 for an example).
  • Identify faculty who will write your letters of recommendation (LORs). Remember, letter writers will need your CV and a draft of your personal statement. You should give your writers at least 6-8 weeks to complete their letters, so ask them before mid-June.

☐ Attend the MS4 Class Meeting #1: Residency Application Overview on June 4 at 5:00pm in the BSCL.
July–August 2018

☐ Attend the **MS4 Class Meeting #2: Overview of ERAS on July 5 at 5:00pm in the BSLC.**

☐ Start filling out your ERAS application (a token to allow you to register will be emailed to you in June).

  - Download Letter Request Forms from ERAS and email it to your PGY-1/preliminary application letter writers so they can upload their LOR directly to ERAS.
  - Have your photograph taken for use on your application and for the graduation composite photo. See page 19 for details.

☐ **Complete Specialty Match applications** and register for the specialty matching programs.

  - For **Military** (generally): apply through ERAS and match through the military. Check the instructions provided by your branch of service. Military match results available in mid-December.
  - For **Ophthalmology**: apply and match through the San Francisco Match (www.sfmatch.org) for your categorical programs and ERAS/NRMP for your preliminary programs. Applications are due at the beginning of September, though you are encouraged to mail in your application by August. The rank deadline for the SF Match is in early January.
  - For **Urology**: apply through ERAS and match through the AUA (www.auanet.org). Submit your ERAS application on September 15. Deadline for rank lists at the AUA is in early January.

☐ **MSPE Review**

  - In July/August, you will be contacted when your MSPE is ready to be read. Please schedule your MSPE review time within 2 days of being notified. **If you will be gone in the fall, it is very important that you notify Rebecca Silverman** (rsilverman@bsd.uchicago.edu) as soon as you know when you will be gone, so she can help schedule your MSPE meeting.

August–October 2018

☐ Choose programs to which you wish to send applications.

  - Apply to enough programs so that you have **choices**. It is better to cancel interviews than to not have enough scheduled.
  - Ensure that you have a list of programs that is long enough to cover the categories of Dream Programs, Hope Programs and Safety Programs.

☐ **PGY-1 (preliminary) programs**: For those applying via the San Francisco Match, all PGY-1 applications should be made through ERAS. Do not neglect your preliminary year applications; these programs can be competitive. ERAS opens on **September 15**.

  - Complete ERAS early, but not hastily. Your ERAS application cannot be changed once it is submitted.
  - The dean’s office will begin to upload documents (graduation photo and Pritzker transcript) after you have registered for ERAS. Your LOR authors will upload your letter based on the Letter Request Form you have sent them. All MSPEs will be uploaded in advance of the October 1 release date.
  - Register for the NRMP (http://www.nrmp.org).

☐ If you are doing an away rotation in August or September, be sure that all of your letter writers have been contacted, that you have reviewed your MSPE, and have taken your photo before then.
☐ Attend the **MS4 Meeting #3: Interviewing for Residency on September 25 at 5:00pm in the BSLC.**

☐ Prepare to interview.
  
  - Meet with your career advisor to discuss interview strategies and consider doing a “mock interview” in September or over the phone if you are away.
  - Accept interviews quickly, within 1-2 days. Spots will fill up.
  - Develop a calendar for the interview dates you have accepted.
  - Contact the Alumni Residency Hosting Program to stay with a graduate of Pritzker and save money on the interview trail (link is on the Residency section on our website).
  - Contact students who have graduated and who are in the various programs in which you are interested to determine whether they can give you any insights or suggestions. If you need help getting in touch with alumni, contact Rebecca Silverman.

☐ Save money by using **UChicago discount programs** when you rent cars, purchase plane tickets, and stay at hotels.
  
  - As a University of Chicago Student, you have access to a discount program that is established at specific vendors. The list of hotels, car companies and airline companies is not long, but it's worth peeking at if you are interested in cutting costs this interview season.

**October 2018–January 2019**

☐ Interview!

☐ The MSPE will be released to program directors (both via ERAS and via the SF Match) on October 1 per requirements for all US medical schools.

☐ Take Step 2 CK & CS **by December 1, 2018.**

☐ Decide on your rank order list.
  
  - Since you will have to submit a rank order list before the January 22 MS4 class meeting about constructing your rank list, meet individually with your career advisor or Dr. Woodruff after you are done interviewing to discuss how to rank your programs.
  - Ensure that you have sufficient programs to rank (generally, 10-12; see the Specialty Pages section for more precise data), and that you have an adequate backup plan (discussed with advisors).
  - Discuss your highest choices with your career advisor & specialty advisor of your intended discipline.
  - Urology and ophthalmology rank list deadlines are typically in **early January.** Know your deadlines!

☐ **Match Day** for early match specialties (PGY-2 spots) is in mid-January!

**February 2019**

☐ For PGY-1 programs: release your Step 2 scores in ERAS once they are received.

☐ For PGY-1 programs: enter your Rank Order List in ERAS.
  
  - Certify your final Rank Order List by February 14, 2019, to be assured that your list will be in if the server crashes on final submission day later in the month. You can change your ROL up until the final deadline, but the servers get very slow in the last week. Print out a copy of your
• Submit your rank list even if it is just a formality (i.e. if your PGY-2 position includes a PGY-1 position). This is required of all US seniors.

☐ Sign up for the Senior Scientific Session, scheduled for May 2019.
☐ All students must complete the AAMC Graduation Questionnaire (available February 2019).

March 2019

☐ Plan on being on campus for all of Match Week.

• On Monday, March 11, 2019*, the Pritzker School of Medicine will receive information about students who have not matched. We will contact unmatched students by phone (and at their homes) at 10:00 am. The list of unfilled programs will be posted and ERAS will open in SOAP (Supplemental Offer and Acceptance Program) mode.

• Throughout the week, the Pritzker staff, deans, and career advisors will work with SOAP students to secure a residency position.

• On Friday, March 15, the Match results will be announced at 11:00 am CST in P-117. This event is followed by a party, sponsored by the Alumni Association. (You will receive a pint glass imprinted with the date of your graduation.)

* Dates and times subject to final confirmation by NRMP.

☐ Two to three weeks following the Match, students will receive contracts from their matched programs.

April–June 2019

☐ Fill out licensure and verification paperwork, available on our website.
☐ Prepare to move.
☐ Check your transcript for completion.
☐ Consider whether you want to continue disability insurance through your residency years.
☐ Plan on participating in all senior events: Senior Scientific Session, Senior Skit, Student/Faculty Recognition Dinner, Divisional Academic Ceremony and Convocation (schedule available online).
☐ Graduate in mid-June.
Everything You Wanted to Know About Applying to Residencies but were afraid to ask...

....about the MSPE:

- What is the MSPE?

The MSPE (Medical Student Performance Evaluation, formerly known as the Dean’s Letter) is a letter of evaluation describing performance in medical school—not a letter of recommendation. It contains a summary of a student’s academic activities, clerkship narratives, and awards. Some residency programs wait to receive the MSPE before inviting applicants to interview, but many do not. In terms of importance to selection committees, it is of value, but not of the highest priority. The MSPE is intended to be supportive in nature, but it also provides the residency selection committee with an accurate picture of a student’s ability.

- Why do we have two MSPE meetings? How do I schedule them?

Your first meeting with the MSPE director lasts one hour, and is intended for the MSPE Director to get to know you as a person. You will discuss your interests, motivations, challenges, and experiences. Not everything you discuss will be included in your MSPE, but it will be used to inform how we piece together all of your information. This happens earlier in the summer, from April through July.

The second MSPE meeting happens in late summer (July through August) and is shorter, usually lasting 10-15 minutes. You must arrive 20 minutes early to retrieve a paper copy of your MSPE from Rebecca Silverman, and a red pen to mark up any typos or content errors. You will then review your markups with the MSPE Director. The MSPE is not distributed to students electronically, and you are not allowed to retain a copy, which is why these reviews must be done in person.

To schedule your initial MSPE meeting, go to https://pritzker.uchicago.edu/page/residency-resources and click “Sign up for your MSPE meeting”.

- If a student is elected to AΩA or to Gold Humanism Honor Society, will that information be included in the MSPE?

Yes. The Selection Committees meet in late August/early September and students are notified at the conclusion of that meeting. This is sufficient time to include this information on applications and in the MSPE.

- Does the MSPE discuss my specialty choice?

The MSPE does not stipulate the specialty you have chosen. It is intended to be generic, since some students may be applying to more than one specialty; it is also used by graduates who are reapplying for other specialties. The MSPEs are not rewritten at that time.

- After the MSPE is written in draft form, will I be able to review it and suggest revisions?

Yes, you will be able to review your MSPE (see above). You will be notified via email when it is ready for
review. Revisions will be largely in the form of correcting any inaccurate factual data.

- **Who sends out the MSPE?**

The MSPE for students applying through ERAS will be transmitted electronically to the designated programs on October 1. For students applying through the San Francisco match, the Pritzker School of Medicine will upload the MSPEs to the SF Match portal on October 1. No MSPEs will be released before October 1.

....about letters of reference (LORs):

- **How many letters of recommendation should I ask for?**

Three letters of recommendation are required and no more than four are allowed. Often, one of the three should be from the Department Chair in your specialty. Please check with the individual disciplines for their specific requirements (see pages 64-122). You will need a minimum of three letters for both an advanced specialty, as well as a preliminary year application if you are applying in a discipline which requires preliminary training. You will need three letters for your preliminary application and 3-4 for the advanced program, totaling 6-7 letters.

- **Whom should I ask?**

The best letter writers are those faculty members who know you well and can strongly support your application. Clinical letters are preferred. Research letters can be used as supplemental letters but not as primary letters.

- **How do I get a Chairman’s Letter if s/he doesn’t know me?**

Nearly all specialties want specific information about a student’s ability to perform in the specialty of choice, and this information is conveyed through the departmental chairman’s letter. It is best to contact the secretary in the department to determine (1) if the Chairman sends a letter, and (2) what process has been established for completing this process. Internal Medicine, Medicine-Pediatrics, General Surgery, and Obstetrics & Gynecology require a chairman’s letter. Most surgical sub-specialties also require a letter from the section chief. (see pages 64-122 for specialty specific information).

- **When should all my letters be in?**

Generally, faculty members upload their letters directly to ERAS within 6-8 weeks of being asked by students. Begin asking your letter writers in June/July. Aim to have all letters in by September 1.

- **What do I do if my letter has not been uploaded, I can’t get in touch with my letter writer, and it is well after the 4-6 week period?**

Please let your career advisor or Rebecca Silverman know. We will advise you on your next steps or follow up on your behalf.

- **Do I need to have all my letters of reference uploaded before I can apply?**

No, you can send in your application even if the letters haven’t been received yet. We will let you know when letters arrive so that you can assign them to programs. Please also check ERAS to track the status of your
letters.

- Do I have to designate all my letters to certain programs at the time that I apply?

No, you can apply without designating any letters at all. You can apply with a few letters designated and add letter writers later.

#### ...about transcripts:

- Who sends out transcripts and what do they cost?

Students do not need to obtain a Pritzker transcript. We will arrange with the Registrar to get your transcript and either upload it to ERAS or to the San Francisco Match website.

- How do I send my USMLE Transcript and how do I update it when my Step 2 score is available?

ERAS participants will be able to electronically request that their scores be sent directly from the NBME. When Step 2 scores become available, students will have to retransmit the USMLE transcript in ERAS. Students applying via the San Francisco Match need to request that an original copy of their NBME score report be sent directly to Rebecca Silverman.

- If my programs ask for my college transcript, can I photocopy the one the Pritzker School of Medicine has on file?

No. The undergraduate programs must be contacted individually, and an official transcript requested from them. Students participating in ERAS must ask the undergraduate institution to send a hard copy to the programs. Undergraduate transcripts cannot be transmitted via ERAS.

- If I am asked where I rank in my class, where can I get this information?

You cannot, since class ranking is not possible under our pass/fail grading system.

#### ...about preliminary years (PGY-1’s):

- What types of post-graduate positions are there?

*Advanced Residency Positions:* An “advanced” position does not commence until 1-2 years after the match and requires completion of 1 or more years of preliminary training. The following specialties offer advanced positions (some of these may also have programs which offer categorical positions): anesthesiology, dermatology, neurology, ophthalmology, PM&R, radiation oncology, and radiology. Programs in neurosurgery, orthopaedic surgery, plastic surgery, and urology are advanced programs which “bundle” in a preliminary year in general surgery and do not generally require a separate preliminary application process.

*Categorical Residency Positions:* A “categorical” position is one which offers full residency training required for board certification in that specialty.

*Preliminary Residency Positions:* A “preliminary” position offers only 1-2 years of training prior to entry into advanced specialty programs. Many internal medicine and surgery training programs offer preliminary
positions in addition to categorical positions. Transitional year programs are also considered preliminary programs.

Transitional Residency Positions: A “transitional” position is an alternative to a preliminary year. It offers a mosaic of experiences in surgery, medicine, pediatrics, and more, and is for people who want broader exposure to clinical issues. It may be a good option for those seeking specialties that support other disciplines, like radiology or anesthesia.

- How do I apply for preliminary or transitional positions?

You apply through ERAS, like you would for any other position.

- How do I know if I need a preliminary or transitional position?

Here is a chart of post-graduate position requirements by specialty:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>PGY-1 Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Some programs require PGY-1</td>
</tr>
<tr>
<td>Child Neurology</td>
<td>No</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Some programs require PGY-1</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>No</td>
</tr>
<tr>
<td>General Surgery</td>
<td>No</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>No</td>
</tr>
<tr>
<td>Internal Medicine &amp; Pediatrics</td>
<td>No</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>Some programs require PGY-1</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>No</td>
</tr>
<tr>
<td>Neurology</td>
<td>Yes</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>No</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Yes</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>No</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>No</td>
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<tr>
<td>Pathology</td>
<td>No</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>No</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
<td>Yes</td>
</tr>
<tr>
<td>Plastic &amp; Reconstructive Surgery</td>
<td>No</td>
</tr>
<tr>
<td>Psychiatry</td>
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</tr>
<tr>
<td>Radiation Oncology</td>
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<td>Radiology</td>
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<tr>
<td>Urology</td>
<td>Yes</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>No</td>
</tr>
</tbody>
</table>
...about personal statements and CVs:

- Should I write a different personal statement for every program I apply to?

There is no need to tailor your personal statement to each specific program, but it should be tailored to reflect your residency specialty choice. If you are applying to advanced specialty programs, you will also need to modify your personal statement for preliminary or transitional programs explaining what you hope to gain through preliminary year training.

- Why do I need to work on a CV since I will be creating one in ERAS?

You need to give a CV to your letter writers, and it is helpful at this stage in your career to have an up-to-date professional CV to bring on interviews and for your future accomplishments.

- What information should my CV contain? How long should it be?

The CV should be as long as you need to include important information about your academic, research, and work experience—for both undergraduate and medical school. Do not sacrifice readability by trying to squeeze all the information on one page. An example is included in this book on page 32.

...about document management in ERAS:

- Can I change my personal statement and letters of reference even after I have assigned them to programs?

*Personal statement:* Once you have sent a personal statement to a program, you may no longer make changes to that specific document. If you want to make a change, you must un-assign the original document, create a new personal statement, and assign the new document. However, un-assigning a personal statement does not erase it from a program’s records. A program may already have downloaded and printed a hard copy of your file. Do not assume they will not be able to reference your original document in the future.

*Letters of Recommendation:* Once an LOR is made available in ERAS and you have assigned it to a program you have applied to, you will not be able to un-assign that specific LOR from those programs.

There are dangers associated with “over-tweaking” your application. You have put a lot of thought already into writing your personal statements and in selecting your letter writers. A last-minute change may not be as well thought-out as the choices you have already made. Finally, programs will see your changes and may interpret your behavior as indecisive.
Interview Tips

Before the Interview

☐ Try to set up your interviews from October onwards; plan on interviewing between then and mid-January.
  - See if you can schedule the interview on a day when you can attend morning rounds or a teaching conference.
☐ Establish your priorities for a good residency-training program.
  - Know the latest developments in the specialty that you’re interested in and what types of people they are looking for.
☐ If possible, schedule several interviews for programs lower on your list first in order to familiarize yourself with the interviewing process.
☐ Research the program as much as possible before the interview.
☐ Treat everyone with respect—especially Program Assistants. They are the gatekeepers to the programs.
☐ Confirm the interview date and time in advance.
☐ Plan for enough time—if necessary, arrive the night before. Leave extra time to navigate unknown city streets and buildings. Beware of winter snowstorms.
☐ Plan for sufficient time before the interview to gather your thoughts.
  - Review your application, personal statement and CV.
  - Prepare a list of questions that you want to have answered. Different specialties demand that different questions be asked. It is imperative to gather the information that you need to assess the program.
  - Spend some time on personal reflection. Give some thought to who you are, both as a doctor and as a person; what you like and dislike; why you are in medicine and what you want out of your residency.
☐ Save money by using UChicago discount programs when you rent cars, purchase plane tickets, and stay at hotels.
  - As a University of Chicago Student, you have access to a discount program that is established at specific vendors. The list of hotels, car companies and airline companies is not long, but it’s worth peeking at if you are interested in cutting costs this interview season.
  - Visit http://finserv.uchicago.edu/purchasing/travel/uchicagodiscountprograms.shtml or check out the link on Pritzker’s Residency Resources webpage.

During the Interview

☐ Be on time.
☐ Get the names (including spellings and pronunciation) of the interviewers from the departmental secretary so that you know with whom you will be meeting.
☐ Begin by smiling. Look the interviewer in the eye, greet them by name, and offer your hand for a firm handshake.
☐ Show enthusiasm for the residency program.
☐ Be assured and look confident.
☐ Be an active listener.
☐ Ask intelligent, well thought-out questions. (This requires insight and preparation.)
☐ Be yourself.
☐ Present yourself as a team player.
☐ If an interviewer asks “taboo” questions (plans to marry, have children, support of your spouse) it is okay not to respond. You can say you had not thought of that question before, that it is not an issue for you right now, or that it is a topic you need to consider with your spouse/partner/family/etc.
  - Visit the NRMP website (http://www.nrmp.org/code-of-conduct/) to learn more about illegal or coercive questions. If you are concerned that you were asked an illegal question, you can always get in touch with Dr. Woodruff to discuss it.
☐ Try to use as many examples to back up your statements as you can. Using real-life stories gives the committee a better feel for your personality.

**After the Interview**
☐ Immediately after the interview, write down your impressions of the interview, including topics covered and names of interviewers.
☐ If you are interviewing at many programs, prepare a checklist in advance that you can use for all the interviews.
Pritzker Sample CV

Jack R. Doe

HOME ADDRESS
Street address
Chicago, IL ZIP
Phone #
Email

SCHOOL ADDRESS
Pritzker School of Medicine
924 E. 57th St., Room 104
Chicago, IL 60637-5415
(773) 702-1939

EDUCATION
2015–present  The University of Chicago Pritzker School of Medicine. MD, June 2019 (anticipated)
2012–2013  Johns Hopkins University Bloomberg School of Public Health. MPH
2008–2012  University of Michigan. BS, Biology, graduated summa cum laude

HONORS AND AWARDS
2018  Selected for membership to Gold Humanism Honor Society
2018  Selected to teach Clinical Pathophysiology and Therapeutics (top 25 students)
2016  Joseph P. Kirsner Research Award for Excellence
2016  Volunteer of the Year Award, New Life Volunteering Society Free Clinic
2012  Departmental Honors for Senior Thesis

WORK EXPERIENCE (Only include if you took years off between college and medical school)
2013–2015  Project Assistant, Aon Corporation, Chicago, IL
- Organized and facilitated transition of files for new clients
- Assisted Project Managers with day-to-day account management

RESEARCH EXPERIENCE
Start-end date  Institution, Department of XX, Name and degree of mentor; “Title of project.”
- Brief description of project
- Use action verbs to start each bullet point when possible

2016–present  University of Chicago, Department of Medicine, Section of General Internal Medicine, Julie Oyler, MD; “Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality.”
- Researched post-discharge mortality among elderly patients
- Selected to participate in the NIH-funded Pritzker Summer Research Program
- Received the Joseph P. Kirsner Research Award for Excellence at the 2016 Pritzker Summer Research Forum
- Expanded project to investigate geriatrics patients through longitudinal Scholarship and Discovery experience (Quality and Safety Scholarship track)

2011–2012  University of Michigan, Department of Neuroscience, Melissa S. Times, PhD; Honors research thesis: “Sensory and motor cortical interactions in complex voluntary movements.”
- Recruited volunteers for research
- Collected and analyzed data
**PUBLICATIONS/ABSTRACTS**

*Last first middle initials of authors as listed in the paper. Your name underlined. Title of article. Journal. Publication date; vol (issue): pages. PMID: ID number*

**Peer-Reviewed Journal Articles**


**Oral Presentations**


**Poster Presentations**


**TEACHING EXPERIENCE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Title, Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Institution: Course directors (with degrees after their names)</td>
</tr>
<tr>
<td></td>
<td>Duties (use action verbs to start each bullet point, when possible)</td>
</tr>
</tbody>
</table>

2018 (anticipated) Peer Educator, Clinical Pathophysiology and Therapeutics
University of Chicago Pritzker School of Medicine
Course Directors: Scott Stern, MD, and Aliya Husain, MD
- Selected to teach review sessions for required second-year medical course
- Positions only offered to the top 25 students in the class

2011 Teaching Assistant, Introductory Biology – Genetics
University of Michigan
Course Organizer: Charles Darwin, MD
- Conducted student review sessions for the genetics portion of the undergraduate biology course
- Graded tests, prepared lecture presentations, and conducted literature reviews for course director

**INSTITUTIONAL SERVICE**

2015-2016 Emergency Medicine Student Interest Group, Pritzker School of Medicine
- Coordinated school-wide events to promote the field of Emergency Medicine
2010-2011 President, University of Michigan School Government, Ann Arbor, MI
- Led the executive branch of the student government
- Reported on student affairs to the University Chancellor's office
- Oversaw budget, programming, and programming initiatives

COMMUNITY SERVICE
2015-2017 Board Member, New Life Volunteering Society Free Health Clinic, Chicago, IL
- Medical volunteer for student-run health clinic
- Served as treasurer of the student board
- Coordinated grant submissions and fundraising events
- Provided essential administrative help around the clinic

2014-2015 Field Organizer, Habitat for Humanity, Chicago, IL
- Participated in weekly planning meetings and quarterly trips to build housing for low-income populations in rural areas of the Midwest

HOBBIES & INTERESTS
Fluent in Spanish; completed the 2015 Chicago Marathon and the 2013 New York Marathon; play guitar.

CV Tips
- List everything in reverse chronological order
- Use action verbs to start each bullet point
- Be consistent with punctuation
- Be detailed: use numerical data whenever possible (eg. “interviewed 40 volunteers” or “taught 35 students”)
- Use the word “anticipated” if something has not happened yet and definitely will happen (do not use it if you are hopeful that something will happen, but do not know for sure)
- Do not list publications that have been submitted; only list them if they have been accepted, are in print, or have been published
- Only list hobbies that show initiative, perseverance, or skill (eg. sports, cooking, language fluency)
- Do not list hobbies that would show a Program Director that you may be distracted (eg. social media, fantasy football, trying out different bars, playing video games)
General Information
Name: Doe, Jack R.
Previous Last Name: 
Preferred Name: Jack
Most Recent Medical School: University of Chicago Division of the Biological Sciences The Pritzker School of Medicine
Email: jdoe@uchospitals.edu
Gender: Male
Birth Date: 10/19/1990
Birth Place: Palm Springs, CA
Citizenship: U.S. Citizen
Present Mailing Address:
924 E. 57th St
Suite 104
Chicago, IL 60637
Preferred Phone #: 773-702-3333
Alternate Phone #:
Mobile #:
Pager #:
Fax #:

Permanent Mailing Address:
924 E. 57th St
Suite 104
Chicago, IL 60637
Phone: 773-702-3333

Military Service Obligation/Deferral? No
Other Service Obligation? No
Misdemeanor Conviction in the United States? No
Felony Conviction in the United States? No
Limitations? No

Medical Licensure
ACLS: Yes
ACLS Expiration Date: 07/20/2018
PALS:
BLS: Yes
BLS Expiration Date: 07/22/2018
DEA Reg. #: None
Board Certification: No
Medical Licensure Suspended/Revoked/Voluntarily Terminated? No
Ever Named in a Malpractice Suit? No
Past History? No

State Medical Licenses
<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>State</th>
<th>Exp. Date</th>
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<tr>
<td>None</td>
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### Medical Education

<table>
<thead>
<tr>
<th>Institution &amp; Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Date of Degree</th>
</tr>
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<tbody>
<tr>
<td>University of Chicago Division of the Biological Sciences The Pritzker School of Medicine United States</td>
<td>08/2015 - 05/2019</td>
<td>Yes, M.D.</td>
<td>05/2019</td>
</tr>
</tbody>
</table>

Medical Education/Training Extended or Interrupted? No

### Medical School Honors/Awards

- TA for Winter 2018 Clinical Pathophysiology and Therapeutics (offered to top 25 students in class); Summer Research Program
- Joseph P. Kirsner Research Award for Excellence (2016)

### Membership in Honorary/Professional Societies

- Gold Humanism Honor Society (Member of GHHS)
- Student member, American College of Physicians

### Education

<table>
<thead>
<tr>
<th>Education</th>
<th>Institution &amp; Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Degree Date</th>
<th>Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>University of Michigan Ann Arbor, MI</td>
<td>08/2008 - 05/2012</td>
<td>Yes, B.A.</td>
<td>05/2012</td>
<td>Biology</td>
</tr>
<tr>
<td>Other</td>
<td>Johns Hopkins University Baltimore, MD</td>
<td>07/2012 - 06/2013</td>
<td>Yes, M.P.H.</td>
<td>06/2013</td>
<td>Public Health</td>
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</table>

### Current/Prior Training

<table>
<thead>
<tr>
<th>Institution, Location, &amp; Training Type</th>
<th>Program Director</th>
<th>Program Supervisor</th>
<th>Dates Attended</th>
<th>Month(s)</th>
<th>Discipline</th>
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<tbody>
<tr>
<td>None</td>
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### Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience</td>
<td>Organization &amp; Location</td>
<td>Position</td>
<td>Dates</td>
<td>Supervisor</td>
<td>Average Hours/Week</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Work Experience</strong></td>
<td>Aon Corporation, Chicago, IL, United States</td>
<td>Project Assistant</td>
<td>06/2013 - 05/2015</td>
<td>Dana Levinson, MPH</td>
<td>40</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Organized and facilitated transition of files for new clients. Assisted Project Managers with day-to-day account management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for Leaving:</strong></td>
<td>Matriculated at medical school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Experience</strong></td>
<td>University of Chicago Pritzker School of Medicine, Chicago, IL, United States</td>
<td>Peer Educator</td>
<td>09/2018 - 12/2018</td>
<td>Scott Stern, MD</td>
<td>15</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Selected to teach review sessions for required second-year medical course. Positions only offered to the top 25 students in the class.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for Leaving:</strong></td>
<td>Anticipated to start in Fall 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer Experience</strong></td>
<td>New Life Volunteering Society, Chicago, IL, United States</td>
<td>Medical Student Volunteer</td>
<td>09/2015 - 05/2017</td>
<td>Jane Smith, MD</td>
<td>5</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Volunteered on Tuesday nights at the Local Community Clinic drawing bloodwork, updating EMRs, evaluating patients, and helping with referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for Leaving:</strong></td>
<td>Entered my clerkship year</td>
<td></td>
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</table>
### Experience

<table>
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<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volunteer Experience</strong></td>
<td><strong>Emergency Medicine Student Interest Group, Chicago, IL, United States</strong></td>
<td>Member</td>
<td>09/2015 - 09/2016</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

**Description:**

Coordinated school-wide events to promote the field of Emergency Medicine.

**Reason for Leaving:**


<table>
<thead>
<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volunteer Experience</strong></td>
<td><strong>Habitat for Humanity, Chicago, IL, United States</strong></td>
<td>Field Organizer</td>
<td>08/2014 - 08/2015</td>
<td></td>
<td>5</td>
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</tbody>
</table>

**Description:**

Participated in weekly planning meetings and quarterly trips to build housing for low-income populations in rural areas of the Midwest.

**Reason for Leaving:**

Medical school duties.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volunteer Experience</strong></td>
<td><strong>University of Michigan, Ann Arbor, MI, United States</strong></td>
<td>Teaching Assistant</td>
<td>08/2011 - 12/2011</td>
<td>Charles Darwin, MD</td>
<td>10</td>
</tr>
</tbody>
</table>

**Description:**

Conducted student review sessions for the genetics portion of the undergraduate biology course. Graded tests, prepared lecture presentations, and conducted literature reviews for course director.

**Reason for Leaving:**

Semester ended.
<table>
<thead>
<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Experience</td>
<td>University of Michigan School Government, Ann Arbor, MI, United States</td>
<td>President</td>
<td>08/2010 - 08/2011</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Led the executive branch of the student government. Reported on student affairs to the University Chancellor’s office. Oversaw budget, programming, and programming initiatives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for Leaving:</strong></td>
<td>Transitioned to another student.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Experience</td>
<td>The Univ. of Chicago Dept. of Medicine, Chicago, IL, United States</td>
<td>Research Assistant</td>
<td>12/2015 - 05/2018</td>
<td>Julie Oyler, MD</td>
<td>10</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Researched post-discharge mortality among elderly patients. Selected to participate in the NIH-funded Pritzker Summer Research Program and received the Joseph P. Kirsner Research Award for Excellence.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reason for Leaving:</strong></td>
<td>Project ended.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Experience</td>
<td>University of Michigan Department of Neuroscience, Ann Arbor, MI, United States</td>
<td>Research Assistant</td>
<td>09/2011 - 05/2012</td>
<td>Melissa S. Times, PhD</td>
<td>10</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Recruited volunteers for research on sensory and motor cortical interactions in complex voluntary movements. Collected and analyzed data.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Reason for Leaving:</strong></td>
<td>Graduated.</td>
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</table>
Publications

**Peer Reviewed Journal Articles/Abstracts**


**Peer Reviewed Journal Articles/Abstracts(Other than Published)**


**Poster Presentation**


**Oral Presentation**


Language Fluency

<table>
<thead>
<tr>
<th>Language</th>
<th>Language Proficiency</th>
<th>Proficiency Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Native/functionally native</td>
<td>I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.</td>
</tr>
<tr>
<td>Spanish/Spanish Creole</td>
<td>Advanced</td>
<td>I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.</td>
</tr>
</tbody>
</table>

Hobbies & Interests

*I enjoy running marathons and other road races, playing guitar, and traveling.*

Other Awards/Accomplishments

*Volunteer of the Year Award, New Life Volunteering Society Free Clinic (2016)*
Certification

I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the attached policy (PDF); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC Web Site Terms and Conditions and to the AAMC Privacy Statement and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data (attached policy, PDF) and to these AAMC’s collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.

Certified by: Doe, Jack R.                        Date:
Sample ERAS Application in CV Format

Curriculum Vitae

Doe, Jack R. (Jack)
AAMC ID: 13909272

Present Mailing Address
924 E. 57th St
Suite 104
Chicago, IL 60637
Preferred Phone: 773-702-3333
Alternate Phone:
Mobile Phone:
jdoe@bsd.uchicago.edu

Permanent Mailing Address
924 E. 57th St
Suite 104
Chicago, IL 60637
773-702-3333

Medical Education
University of Chicago Division of the Biological Sciences The Pritzker School of Medicine, United States
08/2015 - 05/2019
M.D., 05/2019

Education
Undergraduate - University of Michigan, Ann Arbor, MI
Biology
08/2008 - 05/2012
B.A.; 05/2012

Other - Johns Hopkins University, Baltimore, MD
Public Health
07/2012 - 06/2013
M.P.H.; 06/2013

Membership and Honorary/Professional Societies
Gold Humanism Honor Society (Member of GHHS)
Student member, American College of Physicians

Medical School Awards
TA for Winter 2018 Clinical Pathophysiology and Therapeutics (offered to top 25 students in class); Summer Research Program Joseph P. Kirsner Research Award for Excellence (2016)

Certification/Licensure
ACLS Certified, 07/20/2018
BLS Certified, 07/22/2018

Volunteer Experience
09/2018 - 12/2018
University of Chicago Pritzker School of Medicine, Chicago, IL, United States
Peer Educator, Scott Stern, MD
Average Hours/Week: 15

Selected to teach review sessions for required second-year medical course. Positions only offered to the top 25 students in the class.
Volunteer Experience

09/2015 - 05/2017
New Life Volunteering Society, Chicago, IL, United States
Medical Student Volunteer, Jane Smith, MD
Volunteered on Tuesday nights at the Local Community Clinic drawing bloodwork, updating EMRs, evaluating patients, and helping with referrals

09/2015 - 09/2016
Emergency Medicine Student Interest Group, Chicago, IL, United States
Member,
Coordinated school-wide events to promote the field of Emergency Medicine.

08/2014 - 08/2015
Habitat for Humanity, Chicago, IL, United States
Field Organizer,
Participated in weekly planning meetings and quarterly trips to build housing for low-income populations in rural areas of the Midwest.

08/2011 - 12/2011
University of Michigan, Ann Arbor, MI, United States
Teaching Assistant, Charles Darwin, MD
Conducted student review sessions for the genetics portion of the undergraduate biology course. Graded tests, prepared lecture presentations, and conducted literature reviews for course director

08/2010 - 08/2011
University of Michigan School Government, Ann Arbor, MI, United States
President,
Led the executive branch of the student government. Reported on student affairs to the University Chancellor’s office. Oversaw budget, programming, and programming initiatives.

Work Experience

06/2013 - 05/2015
Aon Corporation, Chicago, IL, United States
Project Assistant, Dana Levinson, MPH
Organized and facilitated transition of files for new clients. Assisted Project Managers with day-to-day account management.

Current/Prior Training
None

Research Experience

05/2015 - 05/2018
Average Hours/Week: 10
The Univ. of Chicago Dept. of Medicine, Chicago, IL, United States
Research Assistant, Julie Oyler, MD

Researched post-discharge mortality among elderly patients. Selected to participate in the NIH-funded Pritzker Summer Research Program and received the Joseph P. Kirsner Research Award for Excellence.

09/2011 - 05/2012
University of Michigan Department of Neuroscience, Ann Arbor, MI, United States
Research Assistant, Melissa S. Times, PhD

Recruited volunteers for research on sensory and motor cortical interactions in complex voluntary movements. Collected and analyzed data.

Publications

Peer Reviewed Journal Articles/Abstracts

Cited in PubMed; PMID: 22223333.
Pub Status: Published.

Peer Reviewed Journal Articles/Abstracts(Other than Published)


Poster Presentation


Oral Presentation


Hobbies & Interests

I enjoy running marathons and other road races, playing guitar, and traveling.

Language Fluency
Language | Language Proficiency | Proficiency Description
--- | --- | ---
**English** | Native/functionally native | I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.

**Spanish/Spanish Creole** | Advanced | I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.

**Other Awards/Accomplishments**

Volunteer of the Year Award, New Life Volunteering Society Free Clinic (2016)
Writing a Personal Statement

☐ Use your personal statement to introduce yourself to your interviewer.
  • Be sincere and help the interviewer know what's important to you.
  • Include only the information that you want to discuss.

☐ Write a focused essay, about four paragraphs in length, that covers the basics.
  • The first paragraph should introduce the reader to you (Who Am I?).
  • The second paragraph should let the reader know how you arrived at your choice of the specialty.
  • The third paragraph should confirm why you think this choice is right for you, and could include such things as research, extracurricular or work experiences that are pertinent.
  • The fourth paragraph should inform the reader what you see as your long-term goals, or how you see yourself in this specialty. If your goals are not clearly defined at this point, it is worth stating that fact.

☐ Your starting point in writing does not have to be the “Who Am I?” section. This is the most difficult part to write. Start with the ending paragraph—that will potentially be one of the easier ones to write.

☐ Your goal should be to write a well-crafted statement that is both original in its presentation and grammatically correct.
  • These are difficult pieces to write. If you can't be original, your secondary goal is to achieve a fresh quality about it.
  • Articulate your personal drive in as eloquent language as you can provide.
  • The writing should flow. Include the proper use of punctuation.
  • No one expects you to be a poet or a novelist. The most important thing is to write a concise, clear statement about yourself.

☐ If you explain your reasons for entering the field of medicine, do so to inform the reader of points beyond the career choice. It's unnecessary to tell the reader “Why I Wanted To Go Into Medicine.” You are well on your way to becoming a physician and will be within six months of receiving your MD degree.

☐ If you repeat accomplishments already listed on your CV, they should be germane to your personal/professional growth. You want the emphasis in order to encourage the reader to bring this up in the interview.

☐ Use your own words rather than rely on quotes; your own thoughts are more powerful. Students have been hung up in writing personal statements because they are intent on developing the whole document around some favorite quote. If you can make it work, fine, but don't get mired down hanging onto a quote. If possible, develop a theme that carries you through the document.

☐ Make the statement easy to read. The interviewers will normally have about two minutes to get through the information. Use paragraph breaks to encourage reading. One solid page of type is formidable to someone who just has a few moments to read what you wrote.

☐ Show your document to lots of people. The hard work invested in this is worth it for the feedback.

☐ Do NOT plagiarize your personal statement. Program directors are increasingly adept at using software to determine if the language in an applicant's personal statement comes from sources other than the applicant. It is also increasingly common for programs to receive identical personal statements from more than one applicant. This same issue also affects thank-you notes. Your written work should reflect only your own effort.

☐ Your statement should be about one page. Arial 12-point font with one inch margins most closely replicates how ERAS will format the statement.
Sample Personal Statement #1

Years ago, I was involved in a junior version of the Rube Goldberg Competition. Participants in this annual national engineering contest work within a set of parameters to design the most creative device possible that accomplishes a basic task such as placing a ball into a cup. My team always did well. However, it is the countless hours spent brainstorming, exciting energy exchanges, and creative engineering solutions that I am most fond of. The exhilarating rush of working with a team to generate a detailed plan for a problem and adapting it as new challenges arose was indescribable. Even then, I knew that I wanted a career that recreated that “rush.” I found what I was looking for in Internal Medicine.

My fascination with Medicine began with my father. Over a decade ago, he suffered a “widow maker” heart attack. Thanks to the prompt medical care he received at the hands of skilled physicians, he survived. Since that day, I have curiously observed as my father’s physicians have worked to scientifically and strategically optimize his health. My father’s ongoing journey has been an inspiration for my career as well as my research interests. It has been a privilege applying the lessons I have learned from him about patient care to the care of my own patients. For instance, as a student, it is a powerful feeling to know that the trust you have forged with a shy twenty-two year old has freed him to speak candidly with you about his sexual history—particularly when the subsequent testing is diagnostically revealing. The full story of this young man’s HIV diagnosis highlights the dedication, teamwork, and professionalism necessary to effectively address the complexities in Medicine. Wielding a knowledge base of great breadth and depth, my residents and attendings in Medicine effortlessly addressed a multitude of medical and social issues with confidence and compassion. These are the physicians I want caring for my own father and the kind I aspire to become.

Communicating with my patients the fine points of their hospital course has been one of the most gratifying aspects of working clinically. In the research realm, I cherish opportunities to discuss with colleagues the details of my findings. Exchanging ideas on the unsolved mysteries underlying ischemia-reperfusion injury and therapeutic hypothermia evokes a visceral sensation that is identical to the thrill I discovered years earlier as a tennis instructor; dissecting and developing the techniques of novices over months and years as they evolve into budding tennis players has been incredibly rewarding. In the hospital, I have been able to achieve this same sense of satisfaction by working to enhance my patients’ awareness of their health problems. Coming from a family of teachers, it is the abundance of opportunities to teach, educate, and thereby impact the lives of others that draws me to the field of Internal Medicine.

It has been over ten years, but I still feel a surge of adrenaline when I reflect upon my Rube Goldberg days. The patience, dedication, optimism, and leadership that this humbling experience demanded are the same qualities that are exercised daily by my mentors in Medicine. After residency, I hope to pursue an academic career in which I can coach the next generation of physicians while continuing to research my interest in improving outcomes following cardiac arrest and resuscitation. It is invigorating to know that I am on the cusp of a career that will routinely recreate that Rube-Goldberg-“rush.” Thus, it is with great enthusiasm that I look ahead to my next chapter in training as a resident in Internal Medicine.
Sample Personal Statement #2

I spent my holiday visits home from college watching my mother care for her dying father. My grandfather suffered from Parkinson’s. While his mental faculties remained intact, the rigidity with which he moved during the simplest task left a lasting impression on me. These visits were admittedly marked with a sense of dread as I was forced to confront the struggles of aging and dying. The frailty of the human body so starkly apparent in my grandfather, I repeatedly questioned how there was not more we could do to preserve or restore neurological function as our bodies grow old. None of these things seemed to unnerve my mother. I watched her care for my grandfather with ease, showing no expression other than one of confidence, or perhaps, acceptance.

Inspired by grandfather’s struggle against neurodegenerative disease, neuroscience is what ultimately brought me to medicine. My academic studies, however, did not immediately direct me to become a physician. After graduating with degrees in math and economics, I worked as a researcher and programmer at a public policy research firm. I managed and analyzed data for health and education organizations such as Centers for Medicare & Medicaid Services. While I knew I contributed to important work, I wanted to do more to tangibly help people and impact health. I wanted to do something that I truly loved. I resolved to pursue medicine, enrolling in a post-baccalaureate pre-med program at American University while continuing to work full-time. Resuming school while working full-time was daunting, but I was motivated by the prospect of applying my training and experience in public policy to advance patient care.

As a medical student, my work quickly started to revolve around neuroscience and neurosurgery. I spent the summer after my first year working in an epilepsy lab, where I wrote code for computational models of neural networks in order to understand how seizures propagate. This was an opportunity to apply the quantitative and analytic skills that I had developed in my previous work experience. Following the completion of my third year, I took a year off from medical school to expand my investigative career in neurosurgery. During this time, I initiated and contributed to several projects with my mentor, Dr. Sandi Lam. We used large administrative databases to investigate clinical neurosurgery questions that were otherwise difficult and expensive to study in individual, smaller institutions. For example, we analyzed national data from an insurance claims database to study predictors of success for endoscopic third ventriculostomy in children with hydrocephalus. Using another database, we published a study examining risk factors for venous thromboembolism in children with traumatic brain injury.

These experiences have culminated in a love for neurosurgery. The direct application of technical skills to alleviate neurological impairment has great personal and academic appeal for me. As my grandfather so clearly embodied, the nervous system enables the body’s most basic functions as well as the complex behavior that define us as individuals. I was struck by the impact I could have as a neurosurgeon in helping patients retain their identity and independence. I am also aware that operations of this order have extremely high stakes and require a lifelong commitment to training and honing one’s craft. I cannot imagine spending my life doing anything else. I offer a deep analytical foundation and intend to build on this throughout my career, in the operating room and through healthcare outcomes research.
Sample Personal Statement #3

I continue to find myself amazed by the dramatic recoveries made by patients after reconstructive surgeries. Seeing my patients walking pain-free the day of their arthoplasty surgeries convinced me to pursue a career in orthopaedic surgery. Even though I decided to become an orthopaedic surgeon during my third year of medical school, my decision was grounded in experiences prior to medical school. My cousin was born with cerebral palsy, and I have seen him go through multiple botox injections, tendon release and lengthening surgeries, and the subsequent spica casts. I remember the painful rehabilitation he went through, but at the same time, I saw the progress he made following these procedures. These experiences had introduced me to orthopaedic surgery and its potential for healing patients, but participating firsthand in the treatment and care of patients affirmed that orthopedic surgery is the right career for me.

Research has been a significant part of my life thus far. I have participated in several research internships, from working on oncoproteins to investigating the potential side effects of the drug sibutramine. I took away important lessons from all of these research experiences and applied to and participated in the Howard Hughes Medical Institute - National Institutes of Health Research Scholars Program. This program gave me a year-long opportunity to conduct research at the NIH. Working with Dr. Bradford Wood, I investigated the use of liposomes to improve the delivery of thrombolytic drugs. I started my project from the ground up, made a significant amount of progress, and gained experience presenting at a national conference. Most importantly, I found that I have the patience, persistence, creativity, and curiosity that a career in academic medicine will satisfy.

During my year away from medical school, I also shadowed Dr. Benjamin Potter, an orthopaedic surgeon, at the Walter Reed Army Medical Center (WRAMC). Once a week, I assisted on oncology or trauma surgeries and saw patients in the clinic. Over six months, I saw complex trauma that very few hospitals see. What impressed me most was that despite the gruesome injuries sustained by soldiers deployed to Afghanistan and Iraq, nothing fazed the orthopedic surgeons. In every case, they went to work meticulously repairing and reconstructing shattered bones, charred flesh, and severed nerves. My time at WRAMC reinforced the unique capability that orthopedic surgeons have not only to heal patients but to mend them.

Throughout my life, I have tried to broaden my understanding by taking part in a variety of activities. Each of these experiences has not only enhanced my knowledge, but all together they have guided me in choosing my career path. I see myself becoming an academic orthopaedic surgeon who balances clinical practice with research. I realize that achieving such a balance is difficult, but I have been fortunate in working with physicians and research mentors who effectively balance these two aspects of modern medicine. I aim to one day join these physicians at the cutting-edge, helping to improve clinical medicine and patient care.
The Pritzker School of Medicine provides each student with an MSPE letter when applying for post-graduate training to supplement the transcript.

The letter is intended to provide a fair summary of student performance. It includes a review of student’s academic history, including a summary of the clinical skills sequence, third-year clerkship summaries, and the listing of the clerkship internal designators. The Pritzker School of Medicine retains some latitude in editing departmental comments in order to provide accurate information about student performance. Any disciplinary sanctions imposed during medical school will be included in the MSPE. The MSPE will include information about required remediation of academic performance, as appropriate. Pritzker-sponsored honors and awards, participation in research projects, community service work, summer activities, and other relevant activities may be mentioned. Reference to academic performance during the basic science years will occur when warranted.

The Pritzker School of Medicine does not use a numeric ranking system. Generalized descriptors given to each student including “exceptional performer,” “outstanding,” “excellent,” “very good,” and “good” are based on the student’s performance in the third year. The MSPE appendix includes two graphs showing 1) the distribution of clerkship internal designators within the class and 2) the distribution of summary designators within the class.
MEDICAL STUDENT PERFORMANCE EVALUATION

Jack Doe

October 1, 2018

Identifying Information
Jack Doe is currently a fourth year medical student at the University of Chicago Pritzker School of Medicine in Chicago, Illinois.

Noteworthy Characteristics
• Jack aims to inspire the next class of learners through teaching and peer mentorship, and has served as a peer educator in two required courses.
• Jack is dedicated to advancing knowledge and hopes to incorporate his scientific curiosity into his future career, as shown through his long-term involvement in and dedication to scholarly projects.
• Jack hopes to incorporate his passion for reducing disparities in health care into his future practice, and has been a consistent volunteer in one of our school’s student-run free clinics.

Medical School Experience:
Jack matriculated at the University of Chicago Pritzker School of Medicine in Summer 2015 and has distinguished himself in the following activities as a medical student.

Scholarship and Discovery:
As a part of the Pritzker curriculum, all students are required to participate in Scholarship and Discovery, a longitudinal scholarly program that incorporates core coursework, research, electives, service activities, and dissemination of scholarship with the goal of providing each student with an advanced level of knowledge and expertise in a given track. Jack selected the Healthcare Delivery Sciences track through which he investigated the topic of “Quality of care for hospitalized vulnerable elders and post-discharge mortality.”

Academic History
Transfer student: Not applicable
Initial Matriculation in Medical School: Summer 2015
Expected Graduation from Medical School: Spring 2019
Extensions, Leave(s) of Absence, Gaps or Breaks: NA
Dual/Joint/Combined Degree: NA

Selected Honors/Awards
Peer Educator for Clinical Pathophysiology and Therapeutics, 2018: Jack's selection to serve as a Peer Educator for the winter/spring 2018-19 Clinical Pathophysiology and Therapeutics course is an honor only offered to the top 25 students of the class and demonstrates his mastery of a curriculum which integrates both the basic and the clinical sciences.
Academic Progress

Preclinical/Basic Science Curriculum:
The Pritzker School of Medicine uses a Pass/Fail grading system. Jack received passing grades in all courses in Years 1 and 2.

The following summary evaluation was submitted regarding Jack's performance in the two year Clinical Skills course sequence:

Jack performed very well during his clinical skills course. He was bright, energetic, a fast learner and responded well to feedback. It was a pleasure seeing his skills progress consistently. He challenged himself by picking up complicated and non-straightforward cases and he always rose to the challenge. His differentials were thorough and thoughtful and his plans demonstrated an excellent understanding of the disease processes and hospital systems. He conducted himself with the utmost professionalism throughout the course.

The following comments were made about Jack's professionalism:
- "He conducted himself professionally with his patients and their families."
- "Jack demonstrated a high level of professionalism, was always reliable, and was a joy to work with."
- "Overall, Jack integrated into his clinical teams without fail, and showed dedication and a focus on learning that were exemplary."

Core Clinical Clerkships and Elective Rotations:
The following summaries are edited for length and grammar. The clerkships are presented in chronological order.

Clerkship #1 -- Surgery (High Pass):
Overall grade composition: Clinical, 60%; OSCE, 7%; Exam, 20%; Oral Exams, 10%; Case log, 3%
Jack's overall performance in the Surgery clerkship was outstanding. He showed a strong understanding of the scientific basis of medicine. He also demonstrated impressive history and physical exam skills, as well as surgical technical skills. Appropriate for early third year, Jack did very well with note taking, performing patient interviews, and presenting cases. He was able to reason through dyadic sessions masterfully and overall displayed a strong foundation of rational thought and processing. Jack was a very motivated student, always taking responsibility for his learning. He was very motivated in his approach and this was reflected in his presentations. He was always prepared for each day's work. He was empathetic to his patients as well as their families. Jack was very clear and concise in his day-to-day communications. Jack became a strong member of his teams, evidenced by his hardworking demeanor and willingness to go the extra mile in assuring that the work was finished each day. He integrated well and played a pivotal role. Jack conducted himself in a professional manner at all times, always mature and well mannered. He conducted himself professionally with his patients as well as their families. Some of the attendings said that Jack was "well read, asked appropriate questions, was helpful, and was thoughtful in the OR".
Eager to learn, Jack always asked great questions and was an overall outstanding student with a strong fund of knowledge. He will be an outstanding resident and physician.

**Clerkship #2 -- Medicine (Honors):**

*Overall grade composition: Clinical, 65%; Exam, 15%; OSCE, 15%; Case presentation, 5%*

Jack's overall performance in the Medicine clerkship was outstanding. He demonstrated a thorough understanding of the scientific basis of medicine. He also made it a priority to look up review articles for common conditions as well as recent articles which were pertinent to rarer conditions. Jack was able to synthesize the medical history of complex patients into a thoughtful and thorough summary, later presenting this on his rounds. When directed, he focused his presentations and was able to identify pertinent positives and negatives. Jack had great problem-solving abilities, often knowing when to be persistent, and when to change his approach. He frequently read up on topics relevant to patient care, asked questions, and was thorough in his assessment and plan. He demonstrated great communication with patients, the members of our team, and ancillary staff as well. The families of the patients he followed trusted him and confided in him and he responded by taking ownership of their care. He always spoke well with the consult team, with the ancillary staff, and with the nurses. Leadership wasn't a problem as one could say that he was in charge. He was an asset to our team. Jack demonstrated a high level of professionalism, always reliable, timely, and a joy with whom to work. His performance puts him among our top students.

**Clerkship #3 -- Neurology (High Pass):**

*Overall grade composition: Clinical, 50%; Exam, 25%; OSCE, 25%*

Jack's overall performance in the Neurology clerkship was outstanding. He demonstrated an excellent base of neurology knowledge and had a solid background medical knowledge. He showed outstanding ability to gather and process clinical data into a thorough and insightful case formulation. He performed very well in clinical reasoning and differential diagnosis. He took a serious, deep dive into several clinical and academic problems, resulting in an improvement with patient care. Dedicated to his own education, Jack learned a great deal from the residents and fellows, and stayed late one weekend to watch an endovascular ischemic stroke case. He exhibited strong communication skills and delivered an impressive and comprehensive presentation on the neurological manifestations of acute liver failure. He did a fantastic job integrating with the team during his neuro ICU week. He also showed genuine interest in the patients’ pathology. Jack demonstrated outstanding professional characteristics. His fund of knowledge was superb, and he applied it very effectively in the clinical setting. Overall, Jack integrated into his clinical teams without fail, and showed dedication and a focus on learning that were exemplary. He is developing into an outstanding physician.
Clerkship #4 -- Psychiatry (Honors):
Overall grade composition: Clinical, 67%; Exam, 33%; OSCE, P/F
Jack's overall performance in the Psychiatry clerkship was outstanding. His knowledge of psychiatry was very strong. He was also fantastic with his patients. Jack was a good listener and directed interviews skillfully. He was able to integrate patient data at the level of a resident. Throughout the clerkship he demonstrated exceptional self-directed learning and enthusiasm for the rotation. He communicated clearly and displayed an excellent level of professionalism. He was a pleasure to work with and we would highly recommend him to prospective programs. The inpatient service found him to be intelligent, hard-working, and a great team member. He worked at the level of a resident and made a real difference in his patient's hospital stays. He will be a fantastic, thoughtful resident in any program he matches to and will be an asset for them every day.

Clerkship #5 -- Family Medicine (Honors):
Overall grade composition: Clinical, 50%; Professionalism, 20%; Exam, 15%; OSCE, 15%; Reflection participation, 5%
Jack's overall performance in the Family Medicine clerkship was outstanding. He also demonstrated strong understanding of the basic fund of knowledge of diseases and complex cases. He consistently obtained basic histories, appropriate and relevant to the chief complaint. He was able to obtain a thorough and accurate physical exam. His oral presentations and written records were always organized and thorough. He consistently generated a complete differential diagnosis and was able to demonstrate clinical reasoning. Jack constructed treatment plans that were excellent, including follow-up, education, and prevention. He always read primary and review literature. Jack succeeded in what was required of him and often sought additional learning opportunities beyond required levels. He collaborated and established appropriate relationships with patients and their families, as well as with team members. He was always prompt and prepared. He included prevention, identified patient's high risk behaviors, and offered counseling for his patients. We were impressed by Jack's thoroughness, his professionalism, and his collegiality. His work ethic and attitude were excellent. He will make a fine intern at any residency of his choosing.

Clerkship #6 -- Obstetrics and Gynecology (High Pass):
Overall grade composition: Clinical, 50%; Exam, 25%; OSCE, 15%; Case presentation, 5%; Case log, 5%
Jack's overall performance in the Obstetrics and Gynecology clerkship was excellent. He applied his gynecology knowledge in the clinical setting very well. In the OR he was able to assist, close skin incisions, and generate differentials very well. He asked appropriate
questions and often impressed us by comprising his own list of topics to read. Jack's questions were appropriate and showed he had done preparation beforehand. He also took excellent histories, presenting his patients well as a result of his strong communication with patients in the outpatient setting. Inquisitive, having a wonderful rapport with patients, and confident in a unassuming way, Jack was overall a wonderful team member who was enthusiastic about being involved. A team player, Jack was always on time, interested, and engaged throughout our clinical setting. He demonstrated highly professional manners, was punctual at rounds, and showed a balance in his knowledge and his ability to share discussions with the team. He was a well-read student with good clinical reasoning ability. His communication skills were excellent, with patients and team members alike. He was comfortable in the OR. Jack displayed an excellent grasp of team-based medicine and was able to provide excellent care to his patients in this setting. He will clearly excel in the field of his choice.

**Clerkship #7 -- Pediatrics (Honors):**

*Overall grade composition: Clinical, 60%; Exam, 25%; General Care Nursery, 10%; Professionalism, 5%*

Jack's overall performance in the Pediatrics clerkship was outstanding. He demonstrated excellent medical knowledge and was easily able to connect his pre-clinical knowledge to patient care and process new information learned on the fly. He had excellent clinical skills as well. Jack's exams were thorough, as were his history taking skills. He picked up on subtle historical and exam findings and understood how to incorporate those into his description of the patient. His notes and presentations were well organized and allowed us to understand his thought processes as he presented an assessment and plan. Jack demonstrated a high level of clinical reasoning with well-constructed differentials as well. His assessments and plans were on-target, and he was able to defend his thought process. He completed an evidence-based medicine topic review in pediatrics which will be incorporated into our clerkship website. Jack was very respectful of parents and interacted beautifully with children. He displayed a lovely bedside manner and was thoughtful in his presentations, speaking to families in a way they understood and felt included. He was very receptive to feedback and proactive about improving. He conducted himself with the utmost professionalism. Jack participated in family centered rounds in a way that made families feel included, welcome to participate, and respected. This skill will carry him far, and we are confident he will excel at whatever he chooses.

**Summary**

**Clerkship Grades:**

(H=Honors; HP=High Pass; P=Pass)

Clerkship #1 - Surgery: **HP**
Clerkship #2 - Medicine: **H**
Clerkship #3 - Neurology: **HP**
Clerkship #4 - Psychiatry: **H**
Clerkship #5 - Family Medicine: **H**
Clerkship #6 - Obstetrics and Gynecology: **HP**
Clerkship #7 - Pediatrics: **H**

Jack is a grounded, hardworking individual who enjoys first and foremost, an engaging, team-focused environment. This interest is no better represented than within his clerkship remarks,
though additionally by his philanthropy work with the Community Health Clinic in West Town, Chicago. Jack values unique perspectives and understands the importance of multiple perspectives from team members contributing to the aims of the collective whole, especially as it pertains to the field of medicine. Jack's volunteer work, focusing mostly on problem-solving and language translation, speaks to his compassion for what he calls, "the interpersonal nature of medicine." What he means by this may best be conveyed within his peer group of friends where he considers himself the organizer and mediator, bridging the members together. His role within groups and teams suggests the type of person that is by nature a strong communicator, though also one who is patient with natural processes. This is especially important when regarding the field of medicine where the demand for a hardworking and insightful individual is a must. Jack is ready for this and enthusiastic about the challenge that it will require of him. Our overall evaluation of Jack's performance in mastering the competencies of our curriculum demonstrates that he is an outstanding candidate for your residency training program.

The University of Chicago’s evaluation system was not designed to provide information comparing one student to another and for that reason no ranking regarding Jack Doe can be provided. The grading system is pass/fail and there are no class rankings. The curriculum has been designed for a competency-based evaluation system. The students are measured by their achievement of the competency, not in terms of comparative performance. Descriptors provided for the third-year clerkships reflect the degree to which Jack has attained the competencies taught in that clinical experience. For that reason, we encourage review of this evaluation letter in its entirety.

Sincerely,

H. Barrett Fromme, MD, MHPE
Associate Professor of Pediatrics
MSPE Director, Pritzker School of Medicine

Holly J. Humphrey, MD, MACP
Ralph W. Gerard Professor in Medicine
Dean for Medical Education

Attachments: MSPE Appendices
Appendix A – Pre-Clerkship/Basic Science Performance

The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Therefore, no graphic representation of the student’s performance relative to his or her peers in pre-clerkship/basic science courses can be provided.

Appendix B – Clinical Clerkship Performance

The University of Chicago Pritzker School of Medicine has an official Pass/Fail System for all seven required clerkships in the third year:

- Internal Medicine (12 weeks, including 2 weeks Radiology)
- Surgery (12 weeks, including 2 weeks Perioperative Care)
- Pediatrics (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Psychiatry (4 weeks)
- Family Medicine (4 weeks)
- Neurology (4 weeks)

During the third year, students are given internal grades for the seven required core clerkships (Honors, High Pass, Pass, or Fail) based on the extent to which they meet or exceed a given competency. In each of these clerkships, clinical performance is evaluated by the clerkship directors as to the extent to which the student achieves the performance objectives of the clerkship. Accordingly, this evaluation system does not assume a normal distribution of grades as students are assessed against performance objectives, not each other. The distribution of the internal designators by clerkship for the Class of 2019 is outlined below.

<table>
<thead>
<tr>
<th></th>
<th>Medicine</th>
<th>Surgery</th>
<th>Pediatrics</th>
<th>OB-GYN</th>
<th>Psychiatry</th>
<th>Neurology</th>
<th>Family Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>59%</td>
<td>56%</td>
<td>72%</td>
<td>47%</td>
<td>62%</td>
<td>40%</td>
<td>83%</td>
</tr>
<tr>
<td>High Pass</td>
<td>40%</td>
<td>41%</td>
<td>24%</td>
<td>47%</td>
<td>31%</td>
<td>49%</td>
<td>17%</td>
</tr>
<tr>
<td>Pass</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
<td>7%</td>
<td>7%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Incomplete</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
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<tr>
<td>Failure</td>
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<td>Total</td>
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Because the third-year core clerkships do not conclude until June 30, the University of Chicago Pritzker School of Medicine is not able to capture performance evaluation data from fourth-year clinical electives and sub-internships in time to report prior to the MSPE release date.
Appendix C – Professional Attributes

The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Professional attributes are considered in the Pass/Fail designation and addressed in the clinical performance evaluation summaries prepared by the Clerkship Directors. Therefore, no graphic representation of the students’ professional attributes relative to his or her peers can be provided. Professional attributes assessed in the clerkships relative to his or her peers include the extent to which students:

— Demonstrate enthusiasm, interest, and self-motivation
— Pursue self-directed learning
— Exhibit responsibility, integrity, and caring in establishing trusting relationships with patients and family members
— Interact appropriately and respectfully with other health professionals
— Are punctual and prepared
Appendix D – Overall Comparative Performance

The Pritzker School of Medicine has a Pass/Fail System. However, in evaluating our students for residency, students receive a summary designator based on their performance during their clerkship rotations. Below is the distribution of these designators for the Class of 2018.

- Exceptional: 33%
- Outstanding: 23%
- Excellent: 36%
- Very Good: 8%
- Good: 8%
- Acceptable: 8%

Appendix E – Medical School Information Page

Specific Programmatic Emphases of the Medical School and its Educational Programs:

Mission Statement: “At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.”

Pritzker traditionally attracts and recruits culturally diverse student leaders with strong academic backgrounds and personal accomplishments. The curriculum emphasizes the importance of humanistic care and skills of critical analysis. Pritzker operates on a Pass/Fail grading system to encourage students to develop teamwork skills, to discover and develop their unique talents, and to promote cooperative learning through focused curricular and co-curricular activities.

These medical education programs include the following:
— Integration of basic science and clinical medicine across the four years of the curriculum.
— All students except those who matriculated prior to 2009 and those who are enrolled in a joint MD/PhD program at the University of Chicago participate in a longitudinal curriculum designed to provide enhanced training in fundamental concepts and scholarly skills. The cornerstone of Scholarship and Discovery is the completion of a mentored scholarly project by the time of graduation, focusing on one of five scholarly tracks: (1) **Scientific Investigation: (Basic Sciences, Clinical Research, Social Sciences)**, (2) **Medical Education**, (3) **Healthcare Delivery Sciences (formerly Quality and Safety)**, (4) **Community Health**, and (5) **Global Health**. Guidance is provided by core faculty during the first-year Scholarship & Discovery Course 1A, B, C. Throughout subsequent years, students also participate in activities related to their scholarly track. Examples of such activities include advanced elective coursework, conference participation, or track specific activities (i.e. a service-learning project for Community Health, out-of-country rotations for Global Health, serving as a Teaching Assistant for Medical Education, etc.). During the fourth year, students either complete their scholarly project or continue their advanced training in their scholarly area with guidance from faculty Track Leaders. All students are encouraged to disseminate their work at the Pritzker Senior Scientific Session and share their findings with a broader regional and national audience whenever possible.
— Summer research training supporting nearly **80** percent of the students to explore their research aptitudes before entering the second year. The experience often serves as a scholarly foundation from which students continue to research throughout their medical school tenure, often resulting in dissemination via presentation or publication.
— Clinical experiences with patients and standardized patients beginning the first quarter of medical school aided by the formative feedback provided by review of recorded patient encounters with full-time faculty preceptors.
— A comprehensive group of required core clerkships beginning in the third year and combining ambulatory and inpatient experiences taught by full-time faculty together with highly selected residents to promote and model clinical proficiency.
— Web-based programs and instruction in academic computing and medical informatics to integrate curricular and co-curricular educational programs.
— Opportunities to participate in MD/PhD and MD/JD programs, master degree programs (MBA, AM, MS) and research “year out” experiences.
— An extensive array of co-curricular activities that provide the arena for students to develop further their altruism, collegiality, leadership, and professionalism.
— Integration of humanism in medicine through programs such as the First Year Orientation and White Coat Ceremony, Gold Humanism Honor Society Induction Ceremony, and Student Clinician Ceremony. In these and other student programs, upperclassmen and residents model a mentoring demeanor promoting collegial approaches to medical education.
Average Length of Enrollment (Initial Matriculation to Graduation):

The average duration of enrollment was approximately 4.7 years.

Of the 86 students anticipated to be in the graduating Class of 2019, 25 took more than 4 years to complete medical school:

- 10 students completed joint MD/PhD training, which added an average of 4.9 years to their medical education.
- 1 student obtained a joint degree in Public Health, completing a MPH program at John Hopkins University.
- 12 students participated in additional scholarly and clinical experiences for an additional year. Of these 12 students, 2 obtained support via Pritzker Fellowship, 1 obtained an NIH Research Scholars Grant, and 1 obtained a HHMI Fellowship.
- 4 students chose to utilize the Extended Curriculum Option to decompress an academic year for personal, family and/or medical reasons.

Guidelines for Medical Schools Regarding Academic Transcripts:
The Pritzker School of Medicine is compliant with the AAMC “Guidelines for Medical Schools Regarding Academic Transcripts.”

Description of the Evaluation System Used at This Medical School:
Please see Appendix A, B, C, and D.

AOA Membership
Membership in AOA is considered for senior students, and is strongly influenced by academic performance and scholarship, participation in research, leadership in co-curricular activities, and character as evidenced by their professional behavior.

Medical School Requirements for Successful Completion of the USMLE Step 1 and Step 2 for Promotion and/or Graduation

To graduate from the University of Chicago Pritzker School of Medicine, students must have registered and taken Step 1, Step 2 (CK) and Step 2 (CS) of the USMLE exam. Passing the exams is not required for graduation.

Medical School Requirements for Successful Completion of Objective/Observed Structured Clinical Evaluation (OSCE) at Medical School.

Observed Structured Clinical Evaluations (OSCEs) are used for formative feedback during the first- and second-year Clinical Skills course, both throughout the course and during the assessment in the final exams. Following the third year, all students participate in a required Clinical Performance Exercise (CPX) which simulates USMLE Step 2-CS. The CPX experiences are for self-assessment and feedback but passing is not a requirement for promotion or graduation.
Students participating in the neurology, obstetrics and gynecology, family medicine, and psychiatry clerkships must also take Objective Structured Clinical Evaluations.

Utilization of Narrative Comments from the Medical School Course, Clerkship, or Elective Director in the Composition of the MSPE.
The narrative comments from the seven required third-year clerkships have been edited for length but not for content.

Process of MSPE Composition at the Medical School.
The Medical Student Performance Evaluation is prepared by the Medical Student Performance Evaluation Director. Administrative support is provided by the Communications Manager, the Curriculum Management Specialist, and the Registrar.

MSPE Review by Students.
Students at the Pritzker School of Medicine are permitted to review the MSPE letter in its entirety prior to its transmission and can request changes for factual information only.
Residency Application Information by Specialty

The information in the following pages comes directly from UChicago Medicine Program Directors, edited only for grammar. It is updated annually.
Preliminary Programs
PGY-1

These programs require a separate application in addition to your specialty application.

Program Director at UCM
John McConville, MD

NRMP Data
Source: Results and Data: 2016 Advance Data Tables (NRMP publication)

<table>
<thead>
<tr>
<th>Number of positions offered</th>
<th>1,918</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of positions filled by US Applicants</td>
<td>1,415</td>
</tr>
</tbody>
</table>

Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The student should identify an internal medicine advisor. This is usually a faculty member that the student has had a chance to interact with previously as either a supervising clinical attending or preceptor. This advisor will provide advice regarding the application process and serve as co-author for the Chairman's letter. The Office of the Chairman of the Department of Medicine will edit/co-author this advisor's letter. The other two letters of recommendation should be from faculty who observed your clinical performance.

Personal Statements

Internal medicine programs are looking for thoughtful, sincere personal statements that relay enthusiasm for preliminary training in medicine. The statement should demonstrate attention to detail and organization. It should be clear that the applicant put effort into the statement. Write humble essays which contain information about interests and career plans. Program directors read the personal statement to make sure that the applicants are levelheaded, so avoid taking unusual measures to be noticed, as it runs the risk of alienating some percentage of readers.

A poorly written personal statement may lower your rank or prevent you from receiving an interview. A well-written personal statement is unlikely to raise your ranking but it will help you in receiving an interview and give you a chance to have a meaningful discussion during your interview.

In many cases, you do not need to write an entirely new personal statement for preliminary applications. Often, it is enough to substitute the final paragraph of your advanced program personal statement with a paragraph that outlines enthusiasm for preliminary training. A classic strategy for this paragraph is to outline the benefits of internal medicine training for your chosen career path.
Application Timing

| When do programs begin reviewing applications? | As soon as ERAS opens in September |
| When do programs begin offering interviews?    | End of September                 |

Pritzker students send in an average of 13 applications for preliminary programs and receive a mean of 7 interviews (2016-17 PSOM survey data).

Every program has a different process for reviewing applications, but many programs begin reviewing applications shortly after the applications become available. You can minimize the risks of being lost in an incomplete application pile by getting the bulk of your application completed by mid-September.

Providing a cohesive application in which the personal statement, letters of recommendation, the CV and the interview are concordant regarding interests and career plans is to your advantage. Planning the content of these items in this manner provides programs with a strong sense of candidate professionalism and sophistication regarding career interests. You can help letter writers contribute to this concordance by asking prospective letter writers in person if they would write a letter and then, when the answer is affirmative, sit and discuss your career plans and accomplishments. Doing this over a final or draft personal statement and CV helps a lot.

Interview Advice

Scheduled

The average number of interviews a preliminary medicine-bound student from Pritzker schedules and executes during a season is ~7. It is not always possible to schedule interviews by geography to save money on travel, because students do not have control over when invitations are offered. Do not attempt to reschedule interviews multiple times. Always be polite in discussions with administrators at a program.

Interview day

Be on time. Be polite. Display humble behavior (avoid anything that may be interpreted as arrogance). Prepare for your interviews by learning about the program through the web or other information materials. Ask questions that reflect you’ve studied the program (i.e. do not ask questions that are easily answered by the website or program materials). Do not talk poorly of your own institution as this is a “red flag” to the interviewer. Such students come across as either “not loyal” or extremely needy.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but it will not affect rank. It is not expected that you communicate about your intentions. It is unlikely to change your rank, but it does make your application stand out in ranking discussions. If you are going to tell a program it is number one on your rank list, make sure that it is the only program you are saying this to (it is unprofessional to tell more than one program that you are ranking them first, and program directors do talk with each other).
Transitional Programs
PGY-1

These programs require a separate application in addition to your specialty application.

**Program Director at UCM/NorthShore University HealthSystem**
Shashi Bellam, MD (sbellam@northshore.org)

**Advisor for Transitional Programs**
James Woodruff, MD

**NRMP Data**
*Source: Results and Data: 2016 Advance Data Tables (NRMP publication)*

<table>
<thead>
<tr>
<th>Number of positions offered</th>
<th>838</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of positions filled by US Applicants</td>
<td>673</td>
</tr>
</tbody>
</table>

**Letters of Recommendation**

| Number of letters recommended | 3 |
| Chair/Chief’s letter required? | No |
| Number of letters from within the specialty | N/A |
| Number of letters from external institutions | N/A |

**Personal Statements**

Transitional programs are looking for thoughtful, sincere personal statements that relay enthusiasm for medicine. The statement should demonstrate attention to detail and organization. It should be clear that the applicant put effort into the statement. Write humble essays which contain information about interests and career plans. Program directors read the personal statement to make sure that the applicants are levelheaded and sincerely interested in learning about general patient care during their transitional year, so avoid taking unusual measures to be noticed, as it runs the risk of alienating some percentage of readers.

A poorly written personal statement may lower your rank or prevent you from receiving an interview. A well-written personal statement is unlikely to raise your ranking but it will help you in receiving an interview and give you a chance to have a meaningful discussion during your interview.

In many cases, you do not need to write an entirely new personal statement for transitional applications. Often, it is enough to substitute the final paragraph of your advanced program personal statement with a paragraph that outlines enthusiasm for transitional training. A classic strategy for this paragraph is to outline the benefits of transitional training for your chosen career path.

**Application Timing**

| When do programs begin reviewing applications? | As soon as ERAS opens in September |
| When do programs begin offering interviews? | As soon as ERAS opens in September |

Pritzker students send in an average of 13 applications for transitional programs and receive a mean of 6
interviews (2016-17 PSOM survey data).

Every program has a different process for reviewing applications, but many programs begin reviewing applications shortly after the applications become available. You can minimize the risks of being lost in an incomplete application pile by getting the bulk of your application completed by mid-September.

Providing a cohesive application in which the personal statement, letters of recommendation, the CV and the interview are concordant regarding interests and career plans is to your advantage. Planning the content of these items in this manner provides programs with a strong sense of candidate professionalism and sophistication regarding career interests. You can help letter writers contribute to this concordance by asking prospective letter writers in person if they would write a letter and then, when the answer is in the affirmative, sit and discuss your career plans and accomplishments. Doing this over a final or draft personal statement and CV helps a lot.

**Interview Advice**

*Scheduling*

The average number of interviews a transitional year-bound student from Pritzker schedules and executes during a season is ~6. It is not always possible to schedule interviews by geography to save money on travel, because students do not have control over when invitations are offered. Do not attempt to reschedule interviews multiple times. Always be polite in discussions with administrators at a program.

*Interview day*

Be on time. Be polite. Display humble behavior (avoid anything that may be interpreted as arrogance). Prepare for your interviews by learning about the program through the web or other information materials. Ask questions that reflect you've studied the program (i.e. do not ask questions that are easily answered by the website or program materials). Do not talk poorly of your own institution as this is a “red flag” to the interviewer. Such students come across as either “not loyal” or extremely needy.

**Post-Interview Advice**

*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

Yes, but it will not affect rank. It is not expected that you communicate about your intentions. It is unlikely to change your rank, but does make your application stand out in ranking discussions. If you are going to tell a program it is number one on your rank list, make sure that it is the only program you are saying this to (it is unprofessional to tell more than one program that you are ranking them first, and program directors do talk with each other).
Anesthesiology
Categorical and Advanced

Some programs are advanced and require a separate application for a PGY-1.

Program Director at UCM
Jennifer Hofer, MD

Recommended Specialty Advisors
In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Dan Rubin, MD (Clerkship Director)
- Jennifer Hofer, MD (Residency Program Director)
- Jennifer Banayan, MD (Medical Student Interest Group Director)
- Jeffrey Apfelbaum, MD
- Stephen Cohn, MD
- David Glick, MD
- Jerome Klafta, MD
- Mohammed Minhaj, MD, MBA
- Peter Nagele, MD
- Michael O'Connor, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

| Min. Step 1 score for UCM program | See below* |
| Mean Step 1 score of US matched applicants (NRMP) | 232 |
| Does Step 2 CK influence rank? | Yes |
| Min. Step 2 score for UCM program | See below* |
| Mean Step 2 CK of US matched applicants (NRMP) | 242 |
| Mean number of contiguous ranks of matched US applicants (NRMP) | 14.7 |

*There is not necessarily a “minimum” USMLE Step 1 score necessary to match in anesthesiology. Many high-profile academic programs will not give consideration to candidates with USMLE Step 1 scores less than 230. However, while anesthesiology continues to be a competitive specialty, there are over 1,000 positions offered in the Match and there are many programs across the country that vary in how competitive they are. It is imperative that a student interested in anesthesiology meet with a faculty advisor to review their entire individual application (USMLE scores, academic grades/standing, extracurricular activities, etc.) so they can be guided as to the programs at which they will be the most competitive candidates.

Should applicants do away rotations?
No. The question of whether to pursue an away rotation is largely dependent on the applicant. In most cases we do not recommend that an applicant do an away rotation, but we will counsel each individual student based on their academic record and where they desire to train.

Research
Research experience is almost always a good thing! Be prepared to discuss all aspects of projects you have been involved in during your interviews. According to data from the NRMP, the mean number of research
experiences for US seniors was 2.2 and the mean number of publications/presentations/abstracts was 2.5.

Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>No, though some programs may request it</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>

A strong letter of recommendation should come from someone with whom you have worked closely and have developed a strong rapport. Your letter writer should be someone who can write about your attributes in a highly favorable fashion.

Letters from medicine and surgery are often well received. It is more important that the letter conveys the unique attributes of the applicant than that it comes from a specific specialty. The most important aspect of a LOR is that it can convey to the program the most positive attributes of the applicant. Thus it is less important what specialty or who the letter comes from, but that it can provide good perspective as to the candidate’s strengths.

Personal Statements

The personal statement should reflect why the candidate has chosen a career in anesthesiology and what the candidate’s future goals are. Personal statements should be well written—no grammatical errors or spelling mistakes, which demonstrate a lack of attention to detail. Most personal statements will not help candidates, but can hurt them.

Have a couple of trustworthy people review the statement—not only for grammar, but also to ensure that it reflects positively on the applicant. Again, one’s advisor is key to helping in this process.

Application Timing

| When do programs begin reviewing applications? | As soon as ERAS opens in September. |
| When do programs begin offering interviews? | As soon as ERAS opens in September. |

Most programs begin reviewing applications as soon as they are made available. MSPEs are not released until October, and by that time most programs have already scheduled the vast majority of their interviews. Having your application completed by the time ERAS opens to programs is ideal.

There are over 1,000 positions in Anesthesia every year so there is a lot of variety in program types. While the competitive applicant will have many strong attributes beyond just performance on standardized exams, many programs use USMLE scores to screen applicants for interviews. For example, if an applicant’s Step 2 CK score is far lower than the Step 1 score, or if there is a failing score, that would preclude most programs from offering an interview to the applicant.

Realize that students have matched with scores that are lower than what is listed above; the key is to apply to and interview at programs where you will be most competitive—this is where an advisor is invaluable in guiding you in the right direction. Meet with your advisor early and often!

Interview Advice

Be yourself! Be honest and relaxed. If you try to be someone different it will not reflect well.
Be prepared to answer questions about your application (CV, Personal Statement, etc) but also be prepared to demonstrate that you are prepared to ask questions specifically about that program. Look up the program on the internet to find out more about it prior to your interview to help you prepare.

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

There is no expectation that a student communicate to a program that it is their #1 choice and it will not affect how a program will rank the candidate. If you are going to write a thank you note, be honest. Do not tell three different programs they will be your #1 choice—this will end up reflecting poorly on you.
Child Neurology
Categorical
Residents start in pediatrics for 2 years before transitioning to child neurology in PGY 3-5.

Program Director at UCM
Chalongchai Phitsanuwong, MD

Recommended Specialty Advisors
In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:
- Chalongchai Phitsanuwong, MD (Residency Program Director, Child Neurology)
- Julia Henry, MD
- Nicola Orlov, MD (Associate Program Director, Pediatrics)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Min. Step 1 score for UCM program</th>
<th>200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>229</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>201</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>242</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Should applicants do away rotations?
Away rotations are not required. We only recommend rotations where you are strongly interested in a program and will perform exceedingly well. This experience can be very beneficial, but could potentially hurt you as well if you do not perform at an exceptional level.

Research
Having research is desirable, but not required.

Letters of Recommendation

| Number of letters recommended | 3 |
|Chair/Chief’s letter required? | No |
|Number of letters from within the specialty | At least 1 |
|Number of letters from external institutions | N/A |

Applicants should ask a physician with a good sense of the applicant’s clinical ability, as well as a personal knowledge of the applicant’s interests and performance history.

Personal Statements
Be sure to clearly state your rationale for entering the specialty. Explain gaps in training or education, and explain aspects of the academic record that could be perceived negatively.
Application Timing

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>As soon as ERAS opens in September.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>October (through November)</td>
</tr>
</tbody>
</table>

There is no separate application for pediatrics required by the UCM program, though this may vary for other institutions.

**Interview Advice**
Candidates should be polite and professional throughout the interview—to all staff, faculty, and residents; this is critical. Candidates should be able to articulate why they want to enter the specialty, the institution, and what their career goals are. It is important to do your homework before the interview.

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

It is common, though it may not affect your ranking.
Dermatology
Advanced
Requires a separate application for a PGY-1 via the NRMP.

Program Director at UCM
Sarah Stein, MD

Recommended Specialty Advisors
In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Christopher Shea, MD (Rotation Director)
- Sarah Stein, MD (Program Director)
- Adena Rosenblatt, MD, PhD (Associate Program Director)
- Diana Bolotin, MD, PhD
- Keyoumars Soltani, MD
- Yu-Ying He, PhD
- Arlene Ruiz de Luzuriaga, MD
- Julianna Basko, MD
- John Fox, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Min. Step 1 score for UCM program</th>
<th>235</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>249</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>257</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>8.9</td>
</tr>
</tbody>
</table>

Should applicants do away rotations?
One to two away rotations can be helpful if the applicant is potentially interested in a residency position at the visited site and can make a positive, stand-out impression during the rotation.

Most applicants arrange to take at least two months of dermatology electives. We recommend going to away rotations in August-September of your MS4 year in order to include those experiences in your residency application.

Research
Research is desirable if you are applying in this specialty, though research does not need to be in dermatology.

Dermatology is very competitive and having a first-authored publication is ideal. Among matched US seniors, the average number of research experiences is 4.0 and the mean number of abstracts, publications, etc. is 13.0. Participating in scholarly work is essential to matching in this competitive specialty.
Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>Section chief letter not required</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>2</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>Useful if the applicant has worked closely with an individual and can get a strong letter of support.</td>
</tr>
</tbody>
</table>

Letters of recommendation should come from individuals who have observed your clinical performance and/or research initiatives and can write a strong and enthusiastic letter on your behalf.

Personal Statements

Statements should reveal the applicant’s personality, and be articulate and engaging. One should avoid eccentric stories that could create a negative impression.

Application Timing

| When do programs begin reviewing applications? | After MSPEs are released in October |
| When do programs begin offering interviews?   | November |

Dermatology is one of the most competitive specialties. Applicants should apply to numerous programs. Do not limit yourself to a single city or geographic location. Even outstanding applicants typically apply to 40 or more programs. [Editor’s note: Pritzker students who matched successfully in this specialty applied to 60-90 programs.]

Interview Advice

Get some notion of who your interviewers are likely to be, and what their program emphasizes. It is a good idea to research the program beforehand and have thoughtful questions in mind.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but it will not affect your ranking. While it is customary for applicants to say that they will rank a program highly, most program directors distrust and discount these statements.
Emergency Medicine
Categorical and Advanced

Some programs are advanced and require a separate application for a PGY-1.

Program Director at UCM
Christine Babcock, MD

Recommended Specialty Advisors
Any student interested in applying in emergency medicine should contact Christine Babcock, MD, or Keme Carter, MD, early in the application process. Potential letter-writers could include:

- Linda Druelinger, MD (Section Chief)
- Christine Babcock, MD (Program Director)
- James Ahn, MD (Associate Program Director)
- Cliff Rice, MD (Assistant Program Director, NUH/Evanston)
- Keme Carter, MD (Clerkship Director)
- Sarah Donlan, MD (Assistant Clerkship Director)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th></th>
<th>See below*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td></td>
</tr>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>233</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>See below*</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>245</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>12.3</td>
</tr>
</tbody>
</table>

*Students with a Step 1 or Step 2 score of 220 or less should meet with Dr. Babcock and Dr. Carter early in the application process to discuss the competitiveness of their application.

Should applicants do away rotations?
Yes. Students should plan to do at least two emergency medicine rotations; one here and one away. The best time to do an away rotation is in August or September, though October is acceptable. Students should always do their University of Chicago rotation before doing their away rotations.

Students should consult with emergency medicine faculty when deciding where to apply for away rotations, as there is quite a bit of nuance in the discussion. It also varies a great deal depending upon the applicant’s competitiveness and the region of the country where they would like to train. See the Letters of Recommendation section for advice about getting LORs from away rotations.

Research
Emergency medicine research experience is nice, but is not an absolute requirement. Having some evidence of research/scholarship is helpful for the University-based programs, but is optional in the Community-based programs. According to NRMP data, the US seniors who matched in emergency medicine had an average of 1.8 research experiences and 2.1 publications/abstracts/presentations.
Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>No</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>2</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>1</td>
</tr>
</tbody>
</table>

All students applying in emergency medicine will be provided a Section of Emergency Medicine composite letter of reference using the CORD Standardized Letter of Evaluation (SLOE) form. Every SLOE carries the names/positions of: Christine Babcock MD, Program Director; Linda Druelinger, MD, Section Chief; Keme Carter MD, Clerkship Director; Sarah Donlan, MD, Clerkship Site Director (NUH/Evanston); James Ahn, MD, Associate Program Director; and Cliff Rice, MD, Assistant Program Director (NUH/Evanston). Each individual SLOE is authored by 1-2 of the above people per the decision of the group authors (the student will be apprised of who is authoring her/his SLOE).

If you do an away emergency medicine rotation, you must obtain a letter of recommendation. If you fail to obtain this LOR, the assumption will be that you performed poorly.

Students can expect that many programs will wait to see two SLOEs (one from their home institution and one from an away rotation) before offering an interview. It is ideal to have two SLOEs by October 1, when the MSPEs are released.

**Standardized Video Interview (SVI)**

Developed by the AAMC, the SVI is a video recording that is submitted along with your application; it is a way for program directors in Emergency Medicine to gauge interpersonal communication and professional behavior. Applicants can use any device to record their interview, which consists of six questions presented in text prompts. Applicants are given up to 30 seconds to read the prompts and are then given up to three minutes to record their video responses.

The Career Advising Team and ERAS will provide more detailed information about registering and completing the SVI as the residency application period progresses. In the summer, your Career Advisor will simulate the SVI by asking you to video-record your answers to two sample questions for their review. Your Career Advisor will then sit down with you in person to review your performance, help you hone the content of your answers, and give you feedback on any verbal or physical mannerisms that may need to be addressed.

More information, preparation materials, and registration can be found at https://students-residents.aamc.org/applying-residency/applying-residencies-eras/aamc-standardized-video-interview/.

**Personal Statements**

Your personal statement should cover the following topics:

1. What experiences have informed you in your decision to become an emergency physician
2. The personality characteristics you possess that will allow you to be a successful emergency physician
3. What you plan to do with your training (think lofty thoughts!)

**Application Timing**

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>Late September</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>Early to mid-October</td>
</tr>
</tbody>
</table>
Interview Advice
The interview is critical. The emergency medicine Program Director will meet individually with each candidate for up to 1 hour to provide interview guidance and will provide frequent follow up meetings/phone conversations to ensure that as the student progresses through the cycle, their needs are met. Email thank-you notes to the Program Director are optional.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

If students desire to contact their top program, they should inform only their top choice that they are ranking the program #1. The majority of programs appreciate feedback. No program expects to be everybody’s #1—so if a program is your #1 choice, tell them. If you like several programs (1-3) a great deal, say so.
**Family Medicine**

**Categorical**

**Program Director at UCM/NorthShore University HealthSystem**
Deborah E. Miller, MD

**Recommended Specialty Advisors**
Choose someone with whom you feel comfortable. Do not be afraid to get advice from more than one person. All family medicine faculty will be helpful in answering your questions about the specialty. The following faculty can assist you:
- Sonia Oyola, MD (Director of Predoctoral Education and Co-Clerkship Director)
- Deborah E. Miller, MD (Program Director, University of Chicago (NorthShore) FM Residency; dmiller2@northshore.org)
- Miriam Whiteley, MD (Associate Program Director, University of Chicago (NorthShore) FM Residency; mwhiteley@northshore.org)
- Fred Martin, MD (Medical Student Director, University of Chicago (NorthShore) FM Residency Medical Student Director; amartin3@northshore.org)
- Janice Benson, MD (Vice Chair of Education; jbenson@northshore.org)
- Bernard Ewigman, MD (Department Chair)

There are other recently graduated family medicine faculty working at University of Chicago. The above faculty can direct you to recent graduates from programs that interest you.

**USMLE Data**
*Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>221</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>See below*</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>See below*</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>237</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>10.7</td>
</tr>
</tbody>
</table>

* Failing either Step 1 or Step 2 is a definite red flag. You should address any failed exam in your personal statement. Most programs want applicants to have taken and passed Step 2 CK and CS by the end of the interview season and prior to the rank list submission date. You may not be ranked if your test scores and clinical skills assessment are not available in ERAS. USMLE scores are just one of the criteria that programs will look at when deciding whether to interview and/or rank applicants.

**Should applicants do away rotations?**
Away rotations are not necessary. Family medicine programs do not require that you do away rotations, but one could help you secure a spot at a desired location. If you do a rotation at a place you might like to match, be prepared to work really hard while you are there. The program will know more about you—both positives and negatives—than the other candidates. It is also a great way to learn about what programs are looking for in applicants and to get the inside scoop on a given program.

Doing an away rotation in family medicine can be a good way to help you see how the specialty differs across the country. Family medicine experiences can be unique in each community and practice setting (i.e.
academic, community, rural).

**Research**
Research experience is desirable but not required. Different programs may have different requirements. Pay attention to website direction in this area for a particular program. Leading family medicine programs at major academic hospitals will tend to value research experience more than community-based programs.

**Letters of Recommendation**

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>No; however, if you want to request a letter from the Chair, please contact Drs. Ewigman or Oyola for assistance.</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The strongest letters are those from faculty who know a student’s clinical work. A student must have at least one letter of recommendation from a family physician to demonstrate their sincere interest in the specialty. Faculty in the Department of Family Medicine can also write you a letter of recommendation and review clinical evaluations you received in family medicine. Talk with your family medicine advisor about who should write your letters of recommendation.

**Personal Statements**
Family medicine programs are looking for evidence of genuine interest in family medicine and a demonstrated commitment to primary care. A personal statement is one of the important ways programs look at your fit with their residency and your decision to become a family medicine resident. You could also explain any potential “red flags” in your application, and if there are any, what you learned from the experience.

**Application Timing**

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>September/October</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>Shortly after ERAS opens. UCM starts the first week in October.</td>
</tr>
</tbody>
</table>

Programs will continue interviewing into mid-January. Family medicine programs usually will have their rank meetings and submit their list by the second week of February.

**Interview Advice**
Spend time reviewing the program website prior to your interview. Identify the qualities in a residency program that are really important to you and be sure to ask about them.

Be on time. Dress appropriately. Do not let the conversation lag; asking the same questions you have asked other interviewers is OK. Plan your questions ahead of time while reviewing family medicine programs and always have some that are specific to the program where you are interviewing. Interview days usually start with an orientation to the residency program and you may think of questions during this orientation. Take notes and write down questions to ask during your interviews. Know which questions are appropriate for the Program Director and which are better suited for faculty or residents. Remember to be polite and pleasant to administrative staff. The interview is an important time for you to decide if this program is good for you.
as well as if you would be good for this program. Identify before you interview the qualities in a residency program that are really important to you and be sure to ask about them.

Do not check your luggage when you fly (especially not the clothes you will wear to the interviews). Go to any dinners they have after the interviews, as this will help you to decide if these people could be your teachers and colleagues for the next 3 years.

Many residency programs are open to applicants coming back for a “second look”. This “second look” should be completed when you are really interested in a program and want to see more about how the residency functions. If the residency is far away, programs are often happy to schedule for the day after the interview. If you are seriously considering a program, you may want to schedule a “second look” at the same time as your interview. Applicants are usually scheduled in the morning with the family medicine inpatient team in the hospital and the afternoon in the outpatient clinics. Let scheduling personnel know if you have special requests so time can be allotted appropriately.

The “second look” dinner generally occurs sometime between mid January and early February. It is an opportunity to meet more of the residents and faculty. It is not mandatory that you attend especially if you are remote from the program's location. However, if you have strong interest in a program you should consider attending. If you cannot attend, send regrets, especially to programs that you intend to rank highly.

**Post-Interview Advice**

*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

No, but you should feel free to do so if you really are interested.

Keeping in contact with a program you really liked is a good thing, especially when you are making your rank list. Also, do not hesitate to contact a program after your interview day if you think of additional questions.
General Surgery
Categorical

Program Director at UCM
Kevin Roggin, MD

Recommended Specialty Advisors
In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Nora Jaskowiak, MD (Clerkship Director)
- Kevin Roggin, MD (Residency Program Director)
- Konstantin Umanskiy, MD (Associate Program Director)
- Mitchell Posner, MD (Section Chief, General Surgery)
- Stephen Haggerty, MD (Associate Program Director, NorthShore University HealthSystem)
- Peter Angelos, MD
- Mustafa Hussain, MD (Associate Program Director)
- Neil Hyman, MD
- Jeffrey Matthews, MD
- Nancy Schindler, MD (NorthShore University HealthSystem; nschindler@northshore.org)
- Mark Talamonti, MD (NorthShore University HealthSystem; mtalamonti@northshore.org)
- Jennifer Tseng, MD (Associate Program Director)
- Kiran Turaga, MD, MPH
- Michael Ujiki, MD (NorthShore University HealthSystem; mujiki@northshore.org)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td>244</td>
</tr>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>235</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>252</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>247</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>12.9</td>
</tr>
</tbody>
</table>

Programs will look at a wide variety of factors to determine which students to interview, so if your Step 1 scores do not fall into the categories above, it is still possible to match in general surgery. If your Step 1 score is lower than the national mean, it may be a good idea to take Step 2 CK early to show improvement. ERAS 2013 data shows an increasing percentage of AOA candidates applying to general surgery (28%); in 2015-2016, more than half of our matched applicants were AOA.

Should applicants do away rotations?
Away rotations are not required. General surgery does not require letters from away rotations; however students may want to consider doing away rotations at programs where the candidate knows they would ideally want to match or if they want a surgical experience outside of UCM. Students should talk to their specialty advisor about their options before making this decision. If students decide to do an away rotation,
be prepared for the rotation and treat it like an extended job interview.

**Research**
While research is not required, recent data from the NRMP shows that matched US seniors had an average of 4.3 research experiences and 6.5 publications.

**Letters of Recommendation**

| Number of letters recommended | 3 |
| Chair/Chief’s letter required? | Highly recommended |
| Number of letters from within the specialty | 3 |
| Number of letters from external institutions | N/A |

General surgery programs look for a letter from a prominent, nationally recognized faculty member. There is a myth within the University of Chicago community that all students need to rotate on the Dragstedt service in order to have both Drs. Matthews and Posner write them a letter of recommendation. While personal exposure to the candidate helps, this is not a requirement for writing these letters. All letter should be from surgeons.

*Procedure for asking for a Chair’s letter:*
Contact the Chairman’s office and set up an appointment.

**Personal Statements**
Your personal statement should demonstrate initiative, passion, and a well-grounded approach. Personal statements should be concise and limited to one page.

Additional advice on personal statement:
1. Try to answer the question, “Why do you want to become a general surgeon?”
2. Avoid quotations from famous surgeons.
3. Emphasize that this decision has been well-thought out and properly vetted with your mentors and career advisors.
4. Explain your 5- and 15-year vision of your career in general surgery.
5. Be specific about whether you want to do research and if so, what do you want to investigate.

**Application Timing**

| When do programs begin reviewing applications? | September |
| When do programs begin offering interviews? | October-December (UCM offers interviews in November and December) |

**Interview Advice**
Be yourself, demonstrate passion for your life’s work, have a clear understanding of why you are going into the chosen specialty, and have a plan. Dress conservatively, come with questions, and research the program ahead of time (i.e. know the faculty). Be aware that everyone you talk to may influence the process (including the program coordinators and residents).

Be sure to screen your personal webpages for inappropriate content (i.e. Facebook) prior to the interview.
Also, avoid critically discussing programs with other candidates on the “interview circuit”, and be careful about comments/discussion in online forums that discuss matching in general surgery and specific programs. In addition, avoid text messaging and other informal modes of communication with faculty during the interview process.

**Post-Interview Advice**

*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

While it has been common practice to notify programs if they are your #1 choice, this is not required. Make sure you only tell one program if they are your #1 choice; the world of surgery is small, and program directors will often talk to one another.
Internal Medicine
Categorical

Program Director at UCM/NorthShore University HealthSystem
John McConville, MD
Liza Icayan, MD (NorthShore University HealthSystem)

Recommended Specialty Advisors
Students should have an advisor that can provide 1) information about the specialty, 2) information about the logistics of applying to that specialty, and 3) information about the programs around the country in that specialty. Advisors who can tell you about all three aspects of the application process tend to be intimately involved in the application/recruitment process. These people could include:

- Everett Vokes, MD (Department Chair)
- Adam Cifu, MD (Clerkship Director)
- Diane Altkorn, MD (Clerkship Director)
- Amber Pincavage, MD (Clerkship Director)
- Jim Woodruff, MD (Associate Program Director)
- Katherine Thompson, MD (Core Faculty)
- Julie Oyler, MD (Associate Program Director)
- Bill Seiden, MD
- Janardan Khandekar, MD
- Shannon Martin, MD (Associate Program Director)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td>205</td>
</tr>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>233</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>No</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>246</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>11.7</td>
</tr>
</tbody>
</table>

In many cases the scores for Step 2 CK are not available, so we cannot even see this number at the time of ranking. If the Step 2 CK number is high (>255), it may be worth reporting to the programs by email, but this will likely only have a small effect.

Should applicants do away rotations?
No. In general, away rotations offer more risk than advantage. There are only a handful of discrete circumstances where away rotations are advantageous. Away rotations are appropriate if 1) you have received advice that the target program would be a “stretch”, or 2) you absolutely need to be at a particular institution because of a personal relationship or proximity to family. Otherwise, away rotations offer greater risk than they are worth. “Stretch” means you are unlikely to get an interview at a program unless you go there and show the program your commitment.
Research
Scholarship (including research) is not required, but often adds strength to your application especially when applying to academic internal medicine training programs. Conducting research in medicine is preferred, but conducting research in any specialty is better than not having any at all. According to NRMP data, of the US seniors who match in internal medicine, the average number of research experiences is 2.3 and the average number of presentations, publications, etc. is 3.2.

Letters of Recommendation

| Number of letters recommended | 3 (2 + 1 chair's letter) |
| Chair/Chief’s letter required? | Yes |
| Number of letters from within the specialty | 2 |
| Number of letters from external institutions | N/A |

Procedure for asking for a Chair’s letter:
The student should identify an Internal Medicine advisor. This is usually a faculty member that the student has had a chance to interact with previously as either a supervising clinical attending or preceptor. This advisor will provide advice regarding the application process and serve as co-author for the Chairman's letter. The Office of the Chairman of the Department of Medicine will edit/co-author this advisor's letter.

The other two letters of recommendation should be from faculty who observed your clinical performance.

Personal Statements
Internal medicine programs are looking for thoughtful, sincere personal statements that relay enthusiasm for medicine. The statement should demonstrate attention to detail and organization. It should be clear that you put effort into the statement. Write humble essays which contain information about interests and career plans. Program directors read the personal statement to make sure that the applicants are levelheaded, so avoid taking unusual measures to be noticed, as it runs the risk of alienating some percentage of readers.

A poorly written personal statement may lower your rank or prevent you from receiving an interview. A good personal statement is unlikely to raise your ranking but it will help you in receiving an interview and give you a chance to have a meaningful discussion during your interview.

Application Timing

| When do programs begin reviewing applications? | As soon as ERAS opens in September (UCM) |
| When do programs begin offering interviews? | October (NorthShore) |
| When do programs begin offering interviews? | End of September (UCM) |
| When do programs begin offering interviews? | November (NorthShore) |

Note: Every program has a different process for reviewing applications, but many programs begin reviewing applications shortly after the applications become available. You can minimize your risk of being lost in an incomplete application pile by getting the bulk of the application completed by mid-September.

Providing a cohesive application in which the personal statement, letters of recommendation, the CV and the interview are concordant regarding interests and career plans is to your advantage. Planning the content of these items in this manner provides programs with a strong sense of candidate professionalism and sophistication regarding career interests. You can help letter writers contribute to this concordance by
asking prospective letter writers in person if they would write a letter and then, when the answer is in the affirmative, sit and discuss your career plans and accomplishments. Doing this over a final or draft personal statement and CV helps a lot.

Interview Advice

Scheduling
The average number of interviews an internal medicine-bound student from Pritzker schedules and executes during a season is ~12. It is not always possible to schedule interviews by geography to save money on travel, because students do not have control over when invitations are offered. Do not attempt to reschedule interviews multiple times. Always be polite in discussions with administrators at a program.

Interview day
Be on time. Be polite. Display humble behavior (avoid anything that may be interpreted as arrogance). Prepare for your interviews by learning about the program through the web or other information materials. Ask questions that reflect you’ve studied the program (i.e. do not ask questions that are easily answered by the website or program materials). Do not talk poorly of your own institution as this is a “red flag” to the interviewer. Such students come across as either “not loyal” or extremely needy.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but it will not affect rank. It is not expected that you communicate about your intentions. It is unlikely to change your rank, but does make your application stand out in ranking discussions. If you are going to tell a program it is number one on your rank list, make sure that it is the only program you are saying this to (it is unprofessional to tell more than one program that you are ranking them first, and program directors do talk with each other).
Internal Medicine and Pediatrics
Categorical

Program Director at UCM
Rita Rossi-Foulkes, MD

Recommended Specialty Advisors
Students can choose advisors from a variety of faculty members in internal medicine or pediatrics if he/she is familiar with med-peds training. Medicine-pediatrics faculty at the institution include:
- Rita Rossi-Foulkes, MD (Residency Program Director)
- Nabil Abou Baker, MD
- Deborah Burnet, MD
- Maria Dowell, MD
- Tina Gupta, MD
- Valerie Press, MD
- Milda Saunders, MD, MPH
- Sachin Shah, MD
- Christine Yu, MD
- Anna Volerman, MD
- Phillip Verhoef, MD
- George Weyer, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Min. Step 1 score for UCM program</th>
<th>200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>236</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A*</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>249</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>10.4</td>
</tr>
</tbody>
</table>

* Med-peds programs look for an improvement from Step 1 in the Step 2 CK.

Should applicants do away rotations?
Possibly. Whether or not a student should do an away rotation depends upon the student. If you wish to match at a specific program AND you make a great first impression AND you adapt well to new situations, then consider rotating at the institution where you wish to match. If, however, you are quiet, and take a while to adapt to new situations, then doing an away rotation may not be a good idea. Away rotations can hurt as well as help your chances.

Research
Scholarship (including research) is not required, but adds strength to the application especially if you are applying to academic internal medicine training programs. According to NRMP data, of the US seniors who match in internal medicine-pediatrics, the average number of research experience is 1.9 and the average number of presentations, publications, etc. is 2.3.
Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>Yes: 1 from Medicine, 1 from Pediatrics</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>4: 2 from Medicine, 2 from Pediatrics</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Med-peds programs look for letters of recommendation from faculty members who have worked closely with students clinically.

Procedure for Asking for Chairs’ Letters

Medicine Chair’s Letter: Identify a Departmental Advisor in the Department of Medicine. This is usually a faculty member that you have had a chance to interact with previously as either a supervising clinical attending or preceptor. This advisor will provide advice regarding the application process and serve as co-author for the Chairman's letter. The Office of the Chairman of the Department of Medicine will edit/co-author this advisor's letter.

Pediatrics Chair’s Letter: Identify a Departmental Advisor in the Department of Pediatrics. This is usually a faculty member that you have had a chance to interact with previously as either a supervising clinical attending or preceptor. This advisor will provide advice regarding the application process and serve as co-author for the Chairman’s letter. The Office of the Chairman of the Department of Pediatrics will edit/co-author this advisor's letter.

Personal Statements

The personal statement should demonstrate a strong interest commitment to med-peds as a career as well as clarity in writing and organization. The personal statement should demonstrate that you are adaptable and flexible.

Application Timing

| When do programs begin reviewing applications? | As soon as ERAS opens in September |
| When do programs begin offering interviews? | After the MSPE is released in October |

Students should demonstrate a strong record of volunteerism and research. Program directors will be looking for High Pass to Honors grades in the medicine and pediatric core clerkships.

Interview Advice

During your interview, you will want to demonstrate a strong interest and commitment to adult and pediatric medicine. Be sure to convey a strong interest in the program, not just the city or town. Ask informed and interesting questions (review website and written materials). Be prompt, polite and enthusiastic. Visit medpeds.uchicago.edu and www.medpeds.org for more information.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes. It is not expected that you communicate about your intentions, but if you are extremely interested in a given program, it is wise to send an email to the program director expressing that interest.
Interventional Radiology
Categorical and Advanced
Some programs are advanced and require a separate application for a PGY-1.

Program Director at UCM
Rakesh Navuluri, MD

Recommended Specialty Advisors
Specialty advisors should be a faculty member with whom the student feels comfortable. Potential specialty advisors include:

- Rakesh Navuluri, MD (Residency Program Director)
- Brian Funaki, MD
- Steven Zangan, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Min. Step 1 score for UCM program</th>
<th>240</th>
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<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
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<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
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<tr>
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<td>Data not available</td>
</tr>
</tbody>
</table>

* Step 2 scores could help the applicant if the scores are substantially higher than the applicant’s Step 1 score.

Should applicants do away rotations?
Away rotations can be a great opportunity to audition for a program in which you are really interested, but you must be prepared to perform at your best. We have ranked students number one and also kept students entirely off the rank list based on their away rotation performance.

Research
Research that leads to peer-reviewed publications or presentations demonstrates that a candidate understands the scientific method, and has experience in compiling data and synthesizing it into a clinically meaningful conclusion. Additionally, research that is relevant to radiology and/or interventional radiology demonstrates a genuine interest and commitment to the specialty. This can be an important factor in differentiating several very competitive applicants.

Letters of Recommendation

| Number of letters recommended | 3-4 |
| Chair/Chief’s letter required? | No |
| Number of letters from within the specialty | Minimum 1; 2 is preferable |
| Number of letters from external institutions | N/A |
Letters of recommendation should come from a faculty member who has worked closely with the student clinically. At least one should come from a core specialty such as internal medicine, surgery, OB/GYN or pediatrics. Ideally, two letters should come from interventional radiology faculty.

**Personal Statements**
Your personal statement should explain your motivation for pursuing interventional radiology. It can be also be beneficial to outline strengths that may make you a strong resident and practicing interventional radiologist.

**Application Timing**

| When do programs begin reviewing applications? | Mid-late September |
| When do programs begin offering interviews?    | Mid-late September |

**Interview Advice**
Learn about the program and have thoughtful questions to ask about the program.

> When I was interviewing, my secret interview trick was to subtly sell myself to the program by asking the interviewer what qualities they look for in applicants. I would then respond with examples of how I demonstrated those qualities. —Dr. Navuluri

**Post-Interview Advice**
Thank-you notes or emails are a *must.*
Neurological Surgery
Categorical

Program Director at UCM
Ben Roitberg, MD

Recommended Specialty Advisors
A specialty advisor should be familiar with your academic and clinical achievements. Advisors could include:
- Edwin Ramos, MD (Residency Program Director)
- David Frim, MD, PhD
- Issam Awad, MD
- Peter Warnke, MD
- Bakhtiar Yamini, MD
- Edwin Ramos, MD
- Javad Hekmat-Panah, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Min. Step 1 score for UCM program</th>
<th>220</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>249</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>No</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>251</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>15.7</td>
</tr>
</tbody>
</table>

Should applicants do away rotations?
Yes. Most students do two away rotations between July-September. However, this is not a requirement, and some students who have not done away rotations have matched.

Research
While research is not technically required, it can be a huge help and is recommended especially if it is in the neurosciences. Among matched US Seniors, the average number of research experiences is 3.4 and the mean number of abstracts, publications, etc. is 7.4.

Letters of Recommendation

| Number of letters recommended | 3-5 |
| Chair/Chief’s letter required? | No |
| Number of letters from within the specialty | 2-3 |
| Number of letters from external institutions | 1-2 |

Make sure that your letters will be strong and will be from faculty members who have done clinical work with you. Letters from local neurosurgeons are key. It is common for programs to call each other about applicants.
Letters from outside of neurosurgery should come from faculty in neurology or surgery or from a research mentor.

If you would like to request a letter of recommendation from a neurosurgery faculty member, please contact Amy Johnson, Residency and Education Coordinator in the Section of Neurosurgery, at ajohnson1@surgery.bsd.uchicago.edu. Amy will work with the faculty member to secure the letter.

**Personal Statements**
The personal statement should demonstrate understanding, accomplishment, productivity, uniqueness, and evidence that the applicant will “fit in.”

**Application Timing**

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>As soon as ERAS opens in September</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>September-October (see below)</td>
</tr>
</tbody>
</table>

Invitations to interview are offered as early as the week after ERAS opens and continue throughout October. Almost all programs finish sending out invitations by early November. Applicants are advised to submit applications to programs as soon as possible and prior to ERAS opening, if possible.

**Interview Advice**
Stay relaxed, smile, and be prepared to articulate your goals and what you want in a residency program.

**Post-Interview Advice**

*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

No, but you may express interest in programs that you will be ranking highly. If you do have a favorite program, it helps to send that program a note or email stating your interest in the program. However, if a program asks you to tell them where you ranked them, it is a violation of the NRMP regulations.
Neurology
Categorical and Advanced

Some programs (including UCM) are advanced and require a separate application for a PGY-1.

Program Director at UCM
Helene Rubeiz, MD

Recommended Specialty Advisors
Specialty advisors should be a faculty member with whom the student feels comfortable. Potential specialty advisors could include:

- James Brorson, MD (Co-Clerkship Director)
- Naoum Issa, MD, PhD (Co-Clerkship Director)
- Thomas Kelly, MD (Interim Chair)
- Raymond Roos, MD (Associate Director for Education)
- Christopher Kramer, MD (Neurocritical Care Fellowship Director)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Min. Step 1 score for UCM program</th>
<th>Score criteria not advertised</th>
</tr>
</thead>
<tbody>
<tr>
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<td>231</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
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<tr>
<td>Min. Step 2 score for UCM program</td>
<td>Score criteria not advertised</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>243</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>11.5</td>
</tr>
</tbody>
</table>

Should applicants do away rotations?
Away rotations are not required.

Research
Research is desirable but not required. According to the NRMP, US seniors who matched in neurology had an average of 3.0 research experiences and 4.8 publications/presentations/abstracts.

Letters of Recommendation

| Number of letters recommended | 3 |
| Chair/Chief’s letter required? | No |
| Number of letters from within the specialty | At least 1; preferably 2 |
| Number of letters from external institutions | N/A |

Neurology programs look for letters from faculty who have worked closely with students clinically.

Procedure for Asking for a Chair’s Letter
Although a letter from the chair is not required, if the student has worked with the chair and wants a letter from him, they can email Dr. Kelly directly at tkelly@neurology.bsd.uchicago.edu.
**Personal Statements**
Be sure to state your reason for entering the specialty. The personal statement is used to identify negative and positive traits pertaining to an applicant. We read personal statements closely.

**Application Timing**

| When do programs begin reviewing applications? | September |
| When do programs begin offering interviews?   | September |

Neurology programs look at the entire application when deciding who to select for interviews. This includes performance in medical school, LORs, USMLE scores, and the MSPE. An average USMLE performance does not necessarily have a negative impact if other components of the application are strong.

**Interview Advice**
1. Communication is crucial; many students do NOT check their ERAS email accounts frequently enough and many do not respond to interview invitations in a timely way.
2. Do NOT cancel interviews at the last minute.
3. During the interview, try to be engaging. Show the positive aspects of your personality, and show interest and passion for the specialty.

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

It is common, but may not have an impact.
Program Director at UCM
Adrianne Dade, MD

Recommended Specialty Advisors
The program director and chairman can be a resource for advice but should not have a formal role as an individual student advisor. This relationship could represent a conflict of interest in the overall application process. If desired, prior to the ERAS application submission, the program director welcomes the opportunity to meet with the student individually to review the application.

All faculty members in the department who are involved in the student rotation are willing to be specialty advisors. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. In addition, faculty letters of recommendation can come from the following physicians:
- Ernst Lengyel, MD, PhD (Department Chair)
- Adrianne Dade, MD (Program Director)
- Sabrina Holmquist, MD (Clerkship Director)
- Sangeeta Senapati, MD (NorthShore University HealthSystem Site Director)
- Richard Silver, MD (NorthShore University HealthSystem Department Chair)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

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<tr>
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<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td>225</td>
</tr>
<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>227</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>No</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A*</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>244</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>11.7</td>
</tr>
</tbody>
</table>

* The Step 2 CK is not used to select students for interview because it is not always available at the time that interviews are offered.

Should applicants do away rotations?
Yes, they can do one if desired. However, an away rotation is not essential. It should primarily help you gain more information about a specific program of high interest to you. It should not be considered as an “audition” for residency. An away rotation may be helpful if a candidate has a suboptimal record of USMLE scores and desires to go to a specific program that is competitive. If a student chooses to do an away rotation, this usually happens from August-November. Be sure to shine in your effort if you do an away rotation. Always introduce yourself to the program director and chair of the department that you visit.

Research
Research that results in publications or presentations is particularly helpful for applicants. The research does not need to be done in the field of OB/GYN. According to data from the NRMP the average matched applicant participates in 2.8 research experiences and has published 3.5 publications, presentations, and
Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>4: 3 from faculty and 1 from chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>Not required but can be helpful</td>
</tr>
</tbody>
</table>

Letters of recommendation should come from faculty who have worked with students clinically. Letters from any long term mentor or research advisor are also helpful.

External letters are not mandatory as some students do not participate in any external rotations. It is helpful to have a letter from the University of Chicago if the student performed a sub-internship at Chicago. Faculty always review the evaluations from the University of Chicago sub-internship.

Procedure for Asking for a Chair’s Letter
Please contact Nancy Martinez, the Chairman’s Secretary, to schedule an appointment to meet with the department chair, Ernst Lengyel, MD, PhD. The Chair’s letters are better if they are written with personal insight and knowledge of the candidate. Sometimes the letter is co-written by another member of the faculty who knows the candidate in more detail.

Personal Statements
Programs want to see a genuine interest in OB/GYN and to hear you describe at what point you became passionate about a career in women’s health. Include unique experiences, personal events and qualities that are relevant to the specialty.

Application Timing

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>October</td>
</tr>
</tbody>
</table>

Submit your ERAS application as early as possible because of the limited number of interview slots.

Interview Advice
Be prepared to explain any inconsistencies in your medical school performance. Be polite and nice to everyone including the administrative staff and residents. Relax! Do not try to over-impress—be yourself.

If there are any pre-interview dinners, please do your best to attend. These usually involve being in a social setting with residents and can give you some insight into how the residents interact with you and each other. However, remember this is a part of your interview experience at the institution.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Occasionally candidates send emails but this is not an expectation. The Department of OB/GYN does not contact individual candidates after the interview process.
Program Director at UCM
Peter Veldman, MD

Recommended Specialty Advisors
You will want to select a specialty advisor who knows you well. The better they know you, the better they can advise you!
- Kathryn Colby, MD, PhD (Department Chair)
- Peter Veldman, MD (Residency Program Director)
- Hassan Shah, MD (Associate Program Director)
- Susan Ksiazek, MD
- Seenu Hariprasad, MD
- James Reidy, MD

USMLE Data
Sources: UCM Program Directors and San Francisco Match

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td>220</td>
</tr>
<tr>
<td>Mean Step 1 score of US matched applicants (SF)</td>
<td>245</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Helpful if improved from a low Step 1 score</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (SF)</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (SF)</td>
<td>N/A (UCM recommends ranking at least 11 programs)*</td>
</tr>
</tbody>
</table>

* Percent of applicants with a successful match: US Seniors—86%; US Graduates—65%

Should applicants do away rotations?
It depends. A strong away rotation at the right program can help you get over the top, at that program. The strongest applicants may not need to do away rotations assuming they have great exposure to UCM Ophthalmology (rotations, research/papers, letters etc). If you and your advisor determine that your application is borderline, having some very successful away rotations may be a good strategy for you. Recognize however that away rotations can be challenging (new system, new faculty, local students etc) and you will have to be your best and most engaged self throughout your time there. Because ophthalmology is an early match, and away rotations fill up quickly, advanced planning is important. The purpose of an away rotation is twofold—for you to get a more in-depth look at the program and for the program to get a more detailed look at you.

Research
It is important to have research experience and better yet to have a publication under your belt. However, this research can be done in any field as long as students are able to discuss it during their interviews and they can speak to the experience with authority. Students who are interested in ophthalmology research should contact Dr. Colby.
Letters of Recommendation

<table>
<thead>
<tr>
<th>Number of letters recommended</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>No, but recommended</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>

In a competitive specialty like ophthalmology, the name recognition of your letter writers can play a role in receiving more interview offers. The best letter comes from someone who knows you well and can write a strong personalized letter that articulates your strengths.

Letters from away rotations are not required, but under exceptional circumstances (for example, you spent an extended time at another institution doing research) they may be helpful to your application. Please discuss specifics of your situation with Dr. Colby.

Personal Statements
The personal statement should demonstrate that you are a unique individual, but also a team player. Personal statements should be reviewed for content by Dr. Colby, who is willing to serve as an advisor for any Pritzker student interested in advice about ophthalmology.

Application Timing

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>September</th>
</tr>
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<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>October for November-December interviews</td>
</tr>
</tbody>
</table>

Ophthalmology participates in the San Francisco Match (www.sfmatch.org), which has an application deadline of early September (you do not want to submit anywhere near the deadline) and a rank deadline of early January. You should apply to at least 45 programs as this was the most clear inflection point for applicants to receive enough invitations. In 2018, the average number of programs applied to was 73 for matched individuals with an average of 12 interview invitations.

Pritzker recommends submitting your application by the end of July/beginning of August. Eighty-three percent of US seniors who submitted rank lists matched successfully in 2018.

To be successful in the ophthalmology match, your rank list should have “reach” programs, reasonable programs, and “safety net” programs. The mix of these will depend on the strength of your candidacy. You should rank every program at which you interview, unless you truly feel you could not train at that program.

Interview Advice
Applicants should be comfortable discussing their strengths and selling themselves. A clear view of why candidates are interested in ophthalmology is a must. Be prepared to speak in depth and validate anything, however minor, that is in your application.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Once you have decided on your number 1 program, it is better for either Dr. Colby or Dr. Veldman to reach out to the program.
Helpful Reference
Orthopaedic Surgery
Categorical

Program Director at UCM
Brian C. Toolan, MD

Director of Residency Recruitment
Robert Bielski, MD

Recommended Specialty Advisors
A faculty member who has mentored you in a research project or who knows your clinical work is ideal.

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Score</th>
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<td>Does Step 2 CK influence rank?</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>12.1</td>
</tr>
</tbody>
</table>

Should applicants do away rotations?
Yes, you should complete two. You will want to do an away elective and shine there. Away rotations should be done at institutions where you really want to match and have a competitive chance of matching. We recommend doing these in the summer and early fall of your fourth year. Your orthopaedic surgery specialty advisor can help you determine these institutions. Apply for away rotations early (April-May) to avoid being shut out because all available spots are filled.

Research
While research is not required, it increases the chance of matching successfully. According to NRMP data, students who match successfully in orthopaedic surgery are more likely to have done research that has resulted in publication. In 2017, the average number of publications for students who matched in our program was 4.4.

Letters of Recommendation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of letters recommended</td>
<td>3</td>
</tr>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>Yes</td>
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<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>Not required but can be helpful</td>
</tr>
</tbody>
</table>

In general, letters that come from within this specialty are most helpful. The persons reviewing your application are much more likely to know another person in their specialty. If you have done a significant research project with someone who knows your work well, and is outside of that specialty, that can also be
helpful. However, in general, submit letters from orthopaedic surgeons.

Procedure for Asking for a Chief’s Letter
Set up a meeting with the Director of Resident Recruitment, Dr. Bielski.

Personal Statements
Be honest and direct. Do not be too short (only one paragraph) or too long (more than one page). Avoid using poetry or excessive use of quotations. A good personal statement gives the reader insight into the candidate's background and personal story.

Application Timing

| When do programs begin reviewing applications? | After the MSPE is released in October |
| When do programs begin offering interviews?   | First week of November               |

Interview Advice
It is best to do your homework and find out the highlights, or strong points, of the program. You will inevitably be asked why you are interested in that program. Show that you spent time looking at the program’s web site and ask about specific features of the program. Avoid generic answers like, “I heard this was a good program”.

Be yourself. Students often get too worried about “trick questions”. On paper, all of the candidates have great academic credentials. The interview process is about finding people who will fit with the program. Letting the program see who you really are is important.

Thank-you notes are not necessary and are often discarded. If you did a clinical rotation, then an email to one or two faculty members whom you worked with during that rotation, letting them know that you are still interested in the program, can be helpful. An email to the chief resident you worked with on the rotation can also be helpful.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No. There is no expectation that a student communicate their preference list.
Otolaryngology (ENT)
Categorical

Program Director at UCM
Fuad Baroody, MD

Recommended Specialty Advisors
In selecting someone as a specialty advisor, try to select someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. Potential advisors could include:

- Nishant Agrawal, MD (Section Chief)
- Fuad Baroody, MD (Program Director)
- Semirra Bayan, MD (Associate Program Director)
- Elizabeth Blair, MD
- Michael Gluth, MD
- Zhen Gooi, MBBS
- Jay Pinto, MD
- Lou Portugal, MD
- Andrea Shogan, MD
- Dana Suskind, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

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Step 2 CK reports can help if a student’s Step 1 score is low.

Should applicants do away rotations?
Yes, you should complete two. It is important to do a sub-internship between June and September to be sure you are committed to this specialty. Doing your sub-internship at UCM first and then doing one or two away rotations at other institutions is optimal, but certainly not required. Doing an away rotation gives you a chance to learn about the specialty and a chance to get an outside letter. But most importantly, it is basically an extended interview at programs in which you might be interested. Our Program Director and faculty can help you choose away rotations by giving you information about outside programs.

Research
Research experience is desirable although not a major consideration. According to the NRMP, the US Seniors who matched participated in an average of 3.5 research experiences and published 5.1 abstracts, presentations, and publications. Work in progress is useful even if there are no publications or presentations yet as it supports the candidate’s interest.
**Letters of Recommendation**

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<td>Yes</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>2</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>Not required but can be helpful*</td>
</tr>
</tbody>
</table>

* Typically obtained from the Chair or the Program Director at institutions where away rotations were pursued

If you cannot get three excellent letters, do not apply in ENT. Letters from faculty members in the Department of Surgery or from a research mentor are appropriate.

**Procedure for Asking for a Chief’s Letter**
Set up an appointment to speak with Dr. Agrawal. The letter is a summary of the student’s clinical performance during the ENT sub-internship.

**Personal Statements**
Otolaryngology programs are just looking to see if you are able to write. A poorly written personal statement can hurt an applicant. A newly added option for personal statements for an ENT application is a paragraph describing reasons you are applying to each specific program (i.e. a separate paragraph for each program to which you are applying). This used to be mandatory but is now elective and depends on the programs you are applying to (some mandate it and some do not). It is encouraged as it helps match applicants with programs they are interested in.

**Talent Assessment**
Over the past two cycles, applicants have been asked to fill out a psychometric survey referred to as ORTA (Otolaryngology Resident Talent Assessment). This is an endeavor initiated by the American Board of Otolaryngology with the hope that answers to the survey will help determine suitability of the candidate to the specialty and predict successful performance as an otolaryngology resident. It is an hour-long survey where applicants answer questions posed by a computer remotely.

When it was introduced (during the 2016-17 application cycle), it was mandatory, and results were made available to program directors prior to putting together their rank lists. As the predictive value of the survey had not yet been validated, many programs (including ours) ignored these results in ranking applicants. The process has been improved this year and during the last cycle (2017-18), applicants were encouraged to take the ORTA survey, though the results will not be made available to programs. The hope is that data will be collected over the coming several years and will be matched with resident performance to validate the predictive value of the tool. With that information in mind, we encourage applicants to take the survey.

**Application Timing**

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<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>October</td>
</tr>
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Note: The UCM program reviews applications in November. This is late relative to other programs. We interview in January and early February.

In order to improve applicants’ chances of matching in otolaryngology, it is desirable for them to have a
grade of Honors in their surgery rotation. Other useful, but not necessary, accolades are induction into the AOA National Medical Honor Society and strong USMLE Step 1 scores (above 240). A student’s performance on the sub-internship is another major factor. In the end, the student’s personality should match with the program’s personality.

**Interview Advice**
The interview is the most important part of the process. Applicants should be enthusiastic and prepared to ask good questions. Remember that the interview begins when you arrive and ends when you leave. Be sure to speak to the residents. While you should appear enthusiastic about the program, you really need to consider whether this is the program where you want to spend the next 5 years.

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

Yes. If you have a strong preference for a program, you should feel free to communicate that to them.
Program Director at UCM/NorthShore University HealthSystem
Aliya Husain, MD
John Lee, MD, PhD (NorthShore University HealthSystem)

Recommended Specialty Advisors
Your specialty advisor should be the person with whom you have common interests or goals and good lines of communication. MSTP students should be matched with research-oriented faculty if their career goals include substantial independently funded research, and MDs should be matched with a diagnostic pathologist. Specialty advisors should be experienced in the appropriate clinical area, have time and "chemistry" with the student, and have a broad view of the field. Potential advisors could include:

- Aliya Husain, MD (Residency Program Director)
- John Lee, MD, PhD (Residency Program Director, NorthShore University HealthSystem)
- Anthony Chang, MD (Associate Program Director)
- Angela Charnot-Katsikas, MD (Associate Program Director)
- Nicole Cipriani, MD
- John Hart, MD
- Kammi Henriksen, MD
- Thomas Krausz, MD
- Anthony Montag, MD
- Husain Sattar, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

| Min. Step 1 score for UCM program | 210 |
| Mean Step 1 score of US matched applicants (NRMP) | 233 |
| Does Step 2 CK influence rank? | Yes |
| Min. Step 2 score for UCM program | 220 |
| Mean Step 2 CK of US matched applicants (NRMP) | 243 |
| Mean number of contiguous ranks of US matched applicants (NRMP) | 9.9 |

Should applicants do away rotations?
Possibly. Away rotations are useful if you are interested in going to a specific institution for your residency. However, they are not required.

Research
Research experience is desirable, but not a requirement for our program. According to the NRMP, the US seniors who matched in pathology had an average of 2.5 research experiences and 4.6 publications, presentations, or abstracts.
Letters of Recommendation

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Number of letters recommended</td>
<td>3</td>
</tr>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>No</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>2</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>Yes (if away rotation was done)</td>
</tr>
</tbody>
</table>

The strongest letters are those written by faculty who have worked clinically with the student. At least two of the three letters should be from a pathologist who worked with the student.

Personal Statements
The personal statement is the only opportunity for you to have a voice. In particular, use this space to state your career goals and what you want from your residency training.

Application Timing

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<tbody>
<tr>
<td>When do programs begin reviewing applications?</td>
<td>As soon as ERAS opens in September</td>
</tr>
<tr>
<td>When do programs begin offering interviews?</td>
<td>October</td>
</tr>
</tbody>
</table>

Make sure you have had some experience in pathology. Complete an elective or two. Try to work on a research project. Make sure this is the field that you want to go into.

Interview Advice
Interview widely if you can afford the cost of traveling around. You learn a lot from meeting people and seeing how programs differ. It is a small field. If you make a positive impression, people may remember you when you apply for fellowships or jobs.

We do not require a thank you note, but it is much appreciated and reflects well on the applicant. It also indicates your interest in the program.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

It is recommended. It is helpful to know that a student is highly interested in us.
Program Director at UCM
Alisa McQueen, MD

Recommended Specialty Advisors
In selecting someone as a specialty advisor, try to select someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. Potential advisors could include:

- Lolita Alkureishi, MD (Clerkship Director)
- H. Barrett Fromme, MD, MHPE (Associate Program Director)
- Karen Goldstein (Associate Program Director, Director of Primary Care Training)
- Alisa McQueen, MD (Residency Program Director)
- Rochelle Naylor, MD (Associate Program Director, Director of Intern Selection)
- Nicola Orlov, MD (Associate Program Director)

For MD/PhD students and for physician-scientists:
- John Cunningham, MD, MSc, MRCP
- Jill DeJong, MD, PhD
- James LaBelle, MD, PhD
- Timothy Sanders, MD, PhD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
<tr>
<th>Source</th>
<th>Value</th>
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<tbody>
<tr>
<td>Min. Step 1 score for UCM program</td>
<td>See below*</td>
</tr>
<tr>
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<td>230</td>
</tr>
<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>See below*</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>244</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>11.9</td>
</tr>
</tbody>
</table>

*While our program does not enforce a strict minimum cut off for Step 1 or Step 2, if you have questions regarding the impact of your score on your application, we would be happy to review this with you. Step 2 CK must be passed prior to the start of the program.

Should applicants do away rotations?
Away rotations are not necessary and we do not routinely recommend them. We only recommend rotations where you are strongly interested in a program and will perform exceedingly well. This experience can be very beneficial in giving you insight into a particular program and exposure to a particular pediatric subspecialty, but could potentially hurt you if you do not perform at an exceptional level.

Research
More important than research experience is demonstration of a sustained commitment to a project with a product to show for it. According to data from the NRMP, US seniors who matched had an average of 2.0 research experiences and 2.4 publications, presentations and abstracts. If a project is listed on your CV, be prepared to discuss it.
Letters of Recommendation

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>2</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Applicants should ask any physician with a good sense of the applicant’s strengths, and personal knowledge of the applicant’s interests and performance history. The strongest letters speak to the individual’s strengths rather than just recapitulating the applicant’s CV.

Procedure for Asking for a Chair’s Letter
Chair’s letters are only required at a few programs, although they are becoming more common. If a Pritzker student needs a Chair’s letter, they should approach Dr. Alkureishi at least one month prior to the deadline. Physician-scientists and MD/PhD students should have a letter from their research mentor.

Personal Statements
Pediatric programs are looking for a description of the person that cannot be gleaned from their ERAS application. Our program uses personal statements to help match applicants and interviewers, though this is not the case everywhere. The personal statement gives you an opportunity to explain gaps in training or aspects of your file that could be perceived negatively. Make sure your personal statement is spell checked, well written, and no longer than one page. An exceptional statement can help an average file and a very poorly written statement could negatively impact a good file. Otherwise, the personal statement has minimal effect.

Application Timing

| When do programs begin reviewing applications? | As soon as ERAS opens in September |
| When do programs begin offering interviews?   | As soon as the MSPE is released in October |

Interview slots fill quickly. We recommend accepting invitations and scheduling your interviews as soon as an offer is received.

Interview Advice
Being polite and professional to all the staff that the applicant has contact with cannot be over-emphasized enough in pediatrics. Applicants should learn about the features of the program before they visit so that they are well informed and can make the most of their interview day.

While the playful nature of children attracts many applicants to this field, do not fall into the trap of behaving less professionally in efforts to appear more appealing to children. This is still a job interview, and overly casual comments and communication will hurt you.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Though we do not change our rank order list based upon applicants’ stated intentions, letting a program know of your intention to rank them #1 does not hurt. However, do not assume that lack of communication from a program equals lack of interest.
Physical Medicine & Rehabilitation
Categorical and Advanced

Most programs are advanced and require a separate application for a PGY-1 position.

Program Director at Schwab Rehabilitation Hospital
Michelle Gittler, MD

Recommended Specialty Advisors
In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:
- Michelle Gittler, MD (Residency Program Director; michelle.gittler@sinai.org)
- Cheryl Benjamin, DO (UCM)
- Mary Lawler, MD, PT (UCM)
- Lisa Thornton, MD (at UCM once per week)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

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<td>Mean Step 1 score of US matched applicants (NRMP)</td>
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<tr>
<td>Does Step 2 CK influence rank?</td>
<td>No*</td>
</tr>
<tr>
<td>Min. Step 2 score for UCM program</td>
<td>200</td>
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<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
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</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>14.2</td>
</tr>
</tbody>
</table>

*If there is a low Step 1, a strong Step 2 can help.

Should applicants do away rotations?
Yes, they can do one. It is more important to get a strong LOR than an audition rotation at multiple sites.

If you were unable to get a PM&R elective at Schwab and you would like to rotate, please contact Dr. Gittler to arrange a rotation. Also, you may do a PM&R sub-internship at Schwab, or arrange to spend a day or two there, even if you did not rotate there.

Research
Research is recommended, but not required. Bench research is not critical. According to the NRMP, US seniors who matched had an average of 1.9 research experiences and 2.1 publications, presentations, abstracts.

Letters of Recommendation

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<tr>
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<td>3</td>
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<tr>
<td>Chair/Chief’s letter required?</td>
<td>No</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>
It is highly recommended that a student have one strong letter from PM&R physicians from the institution where the student did their PM&R rotation.

**Personal Statements**
PM&R programs are looking for students to discuss their specific interest in PM&R. Tell a story about unique or interesting experiences, perhaps a story about a patient, that corroborates your interest in PM&R. We reviewed 500 applications this past cycle; use your personal statement to differentiate yourself and make us remember you!

**Application Timing**

| When do programs begin reviewing applications? | October |
| When do programs begin offering interviews?   | October |

**Interview Advice**
Applicants should know a little bit about each program where they plan to interview. During the interview, you should be truthful, honest, and know your own CV. Be engaging!

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

No, but let the program know you’re interested—send a thank-you note specific to the program.
Plastic and Reconstructive Surgery
Categorical

Program Director at UCM
Russell Reid, MD, PhD

Recommended Specialty Advisors
Your specialty advisor should be someone who is dedicated to medical education. Potential advisors could include:

- Russell Reid, MD, PhD (Residency Program Director)
- David Chang, MD (Interim Section Chief)
- Rebecca Garza, MD
- Larry Gottlieb, MD
- Raphael Lee, MD
- Patrick Reavey, MD
- Amanda Silva, MD
- Lawrence Zachary, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

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<tbody>
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<tr>
<td>Does Step 2 CK influence rank?</td>
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<tr>
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<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
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<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>12.6</td>
</tr>
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</table>

Should applicants do away rotations?
Yes. Usually only one away rotation is necessary; more than three is not necessary.

Research
Students should choose a research project they are interested in, not just one to pad their resume. According to data from the NRMP, US seniors who match in plastic surgery have an average of 3.8 research experiences and 8.1 abstracts, presentations and publications.

Letters of Recommendation

| Number of letters recommended          | 3                   |
| Chair/Chief’s letter required?         | Yes                 |
| Number of letters from within the specialty | 3                 |
| Number of letters from external institutions | 2              |
Procedure for Asking for a Chief’s Letter
Set up an appointment to speak with the Section Chief, David Chang, MD. Please contact his executive assistant at 773-795-1240.

Personal Statements
Plastic surgery programs are looking for honesty and a detailed reason why the applicant chose plastic surgery.

Application Timing

| When do programs begin reviewing applications? | As soon as the MSPE is released in October |
| When do programs begin offering interviews?   | November 1                                  |

Plastic surgery programs are looking for excellent achievements outside of medicine. This includes an interest in sports, literature, etc. Plastics has a great focus on doing well on Step 1. Students interested in this specialty need to become active and engaged early in the application season.

Interview Advice
During the interview, you should be truthful, honest, and know your own CV. Be engaging!

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No. It is against the policies of the American Council of Academic Plastic Surgeons.
Program Director at UCM
Deborah Spitz, MD

Recommended Specialty Advisors
Your specialty advisor should know about psychiatry departments in other cities. The advisor should have a willingness to meet with students and an enthusiasm for the field. Potential advisors could include:
- Deborah Spitz, MD (Vice Chair for Education and Program Director)
- Michael Marcangelo, MD (Director of Medical Student Education)
- Karam Radwan, MD (Director of Child Psychiatry)
- Seeba Anam, MD (Child Psychiatry)

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

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<tbody>
<tr>
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<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
<td>224</td>
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<tr>
<td>Does Step 2 CK influence rank?</td>
<td>Yes</td>
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<tr>
<td>Min. Step 2 score for UCM program</td>
<td>N/A</td>
</tr>
<tr>
<td>Mean Step 2 CK of US matched applicants (NRMP)</td>
<td>238</td>
</tr>
<tr>
<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>9.6</td>
</tr>
</tbody>
</table>

USMLE scores may count differently in various programs. Highly competitive programs may pay attention while less competitive programs will disregard them.

Should applicants do away rotations?
Yes, if there is a specific institution in which you are interested. If you really want to get accepted into a particular away institution, you should definitely do a rotation in that school. This means selecting only one or two places to rotate, as we would NOT recommend that a psychiatry applicant take much Psychiatry in the fourth year. During the fourth year, you need as much medicine or pediatrics as possible. The best time to go on an away rotation is early in the fourth year.

Research
Having research experience is not required, but it is desirable. According to the NRMP, US seniors who matched in psychiatry had an average of 2.1 research experiences and 3.0 publications, presentations, and abstracts.

Letters of Recommendation

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<table>
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<tbody>
<tr>
<td>Number of letters recommended</td>
<td>3</td>
</tr>
<tr>
<td>Chair/Chief’s letter required?</td>
<td>No</td>
</tr>
<tr>
<td>Number of letters from within the specialty</td>
<td>1</td>
</tr>
<tr>
<td>Number of letters from external institutions</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Most letters are generic. A letter with specifics about the applicant, including their specific clinical performance is most helpful. Letters of recommendation from faculty members in medicine and pediatrics are relevant to psychiatry. Letters should come from faculty members who have worked closely with you clinically.

**Personal Statements**
The personal statement is especially important in psychiatry. We also look at extracurricular activities.

Psychiatry programs are looking for answers to the following questions:
- What attracts this applicant to psychiatry, in as specific a manner as possible?
- What are the applicant’s goals in psychiatry?

We want the application to convey something about who the applicant is, what they value, what interests and excites them about the field, and what makes them unique.

In general, highly competitive psychiatry programs do look at scores and grades but still pay a great deal of attention to the personal statement and interview. There are many very good programs in psychiatry which are not so competitive, so it would be very unusual for a Pritzker student not to match in psychiatry, and that might be due to applying only to the most competitive programs.

**Application Timing**

| When do programs begin reviewing applications? | As soon as ERAS opens in September |
| When do programs begin offering interviews? | October |

**Interview Advice**
We recommend talking to faculty members in psychiatry before going on your first interview. Be prepared to engage with the interviewers. They will want to know who you are and what you are passionate about in the field. Students should be prepared to be asked somewhat personal questions by some interviewers. Some more psychodynamic programs ask about family background and relationships; if you do not want to reveal much, you should not apply to those places. Use the interviews to find out what other programs are “really” like, how the residents feel about the program, and if you will feel comfortable there. Ask questions freely—if you are not happy with the answers, then you probably should go somewhere else even if it is a prestigious program.

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

Yes, but does not affect rank.
**Program Director at UCM**

Steven Chmura, MD, PhD

**Recommended Specialty Advisors**

In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Steven Chmura, MD (Residency Program Director)
- Daniel Golden, MD, MHPE (Clerkship Director and Associate Program Director)
- Yasmine Hasan, MD
- Stan Liauw, MD

**USMLE Data**

*Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)*

<table>
<thead>
<tr>
<th>Source/Score Type</th>
<th>Value</th>
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<tr>
<td>Min. Step 1 score for UCM program</td>
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<tr>
<td>Mean Step 1 score of US matched applicants (NRMP)</td>
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<tr>
<td>Does Step 2 CK influence rank?</td>
<td>No</td>
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<tr>
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<td>251</td>
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<td>Mean number of contiguous ranks of US matched applicants (NRMP)</td>
<td>11.6</td>
</tr>
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</table>

**Should applicants do away rotations?**

Yes, complete two. Be sure to apply early, because summer spots fill early at competitive departments. Feel free to discuss your ideas for away rotation locations with your specialty advisor.

**Research**

We recommend that at least one of your research projects should relate specifically to radiation oncology. According to the NRMP, the US Seniors who matched in radiation oncology had an average of 4.2 research experiences and 8.3 publications, abstracts and presentations.

**Letters of Recommendation**

<table>
<thead>
<tr>
<th>Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of letters recommended</td>
<td>3</td>
</tr>
<tr>
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</tr>
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<td>2</td>
</tr>
<tr>
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<td>1</td>
</tr>
</tbody>
</table>

Typically, it is a good idea to get at least one letter from a well-known faculty member at an outside institution. It is a good idea to get a mix of letters from nationally prominent faculty members, faculty who know you well, and those who have worked with you clinically.
Personal Statements
The personal statement should be carefully thought-out and well written. Be careful not to send up red flags: things that could be misinterpreted or could be detrimental to your application. It’s best to be fairly conservative.

Application Timing

<table>
<thead>
<tr>
<th>When do programs begin reviewing applications?</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do programs begin offering interviews?</td>
<td>November-December</td>
</tr>
</tbody>
</table>

The UCM program waits until after the MSPE arrives to invite students to interviews, but many programs start reviewing applications earlier.

Radiation oncology is highly competitive. We recommend that you have an honest discussion with the program director; Dr. Chmura will be up-front if he thinks you should also apply to other specialties if you do not match in rad-onc. You should consider applying for preliminary medicine internships rather than transitional years. This will provide more flexibility in the event that you do not match in rad-onc.

Interview Advice
Be prepared to have a good explanation of why this is the right field for you. Also be very prepared to discuss your research in depth.

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No. Candidates should never specifically say that a program is number one; just express strong interest.

Candidates are encouraged to read the article “Taking ‘the Game’ Out of The Match: A Simple Proposal,” found here: http://www.ncbi.nlm.nih.gov/pubmed/26581129
Radiology
Categorical and Advanced

Some programs are advanced and require a separate application for a PGY-1.

Program Director at UCM
Seng Ong, MD

Recommended Specialty Advisors
Specialty advisors should be a faculty member with whom the student feels comfortable. Potential specialty advisors could include:

- Chris Straus, MD
- Saad Ali, MD
- Pritesh Patel, MD

USMLE Data
Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)

<table>
<thead>
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<tr>
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<td>12.2</td>
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*Step 2 scores could help the applicant if the scores are substantially higher than the applicant’s Step 1 score.

Should applicants do away rotations?
Away rotations are not required and can help or hurt, depending on the student. If you are really interested in that particular program, it may be a good idea. Remember, you will need to perform at your best.

Research
While research in radiology is not required, it certainly helps. Recent data from the NRMP shows that US seniors who matched in radiology had an average of 2.8 research experiences and 3.9 publications.

Letters of Recommendation

| Number of letters recommended | 3 |
| Chair/Chief’s letter required? | No |
| Number of letters from within the specialty | 1 |
| Number of letters from external institutions | N/A |

Letters of recommendation should come from a faculty member who has worked closely with the student clinically. At least one should come from a core specialty such as internal medicine, surgery, OB/GYN or pediatrics.
Personal Statements
Your personal statement should demonstrate characteristics that show motivation for lifelong learning of radiology.

Application Timing

| When do programs begin reviewing applications? | October 1 |
| When do programs begin offering interviews?   | October   |

Interview Advice
Learn about the program and have thoughtful questions to ask about the program. Thank-you notes are highly recommended. Thank-you emails are an alternative to actual thank-you notes.

Post-Interview Advice
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

It is recommended but will not affect rank. It is probably in the student’s best interest to do so.
Program Director at UCM
Glenn Gerber, MD, PhD

Recommended Specialty Advisors
Your specialty advisor should be someone on the faculty to whom applicants can relate. Potential specialty advisors could include:
- Arieh Shalhav, MD (Section Chief)
- Greg Bales, MD
- Scott Eggener, MD
- Sarah Faris, MD
- Glenn Gerber, MD, PhD
- Mohan Gundeti, MD, PhD
- Norm Smith, MD
- Gary Steinberg, MD
- Donald Vander Griend, PhD
- Gregory Zagaja, MD

USMLE Data
Sources: UCM Program Directors and the AUA

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<tr>
<th>Metric</th>
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Should applicants do away rotations?
Yes, do two. Students should try to do their away rotations in August and September, spreading them between a competitive program and a non-competitive program.

Research
Research is desirable in this specialty, but it does not need to specifically be in urology.

Letters of Recommendation

<table>
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<tr>
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<td>Number of letters from within the specialty</td>
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<td>Number of letters from external institutions</td>
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Procedure for Asking for a Chief’s Letter
Speak with Dr. Gerber to make an appointment with him; the letter will come jointly from Drs. Shalhav and Gerber.

Personal Statements
Urology programs want to know why you are interested in going into urology. Keep it short and direct.

Application Timing

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>When do programs begin reviewing applications?</td>
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</tr>
<tr>
<td>When do programs begin offering interviews?</td>
<td>As soon as ERAS opens in September</td>
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</table>

Urology participates in an “early match” through the AUA (www.auanet.org) Applicants apply to programs through ERAS, but must submit their rank list through the AUA by early January.

Interview Advice
N/A

Post-Interview Advice
Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No.
**Program Director at UCM**
UCM does not have an Integrated (0+5) Vascular Surgery Residency; however, Christopher Skelly, MD is the Program Director of the vascular surgery fellowship and can be used as a resource.

**Recommended Specialty Advisors**
In selecting a specialty advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Christopher Skelly, MD (Fellowship Program Director)
- Chelsea Dorsey, MD’10 (Career Advisor; MS3 Vascular Surgery Clerkship Director)*
- Ross Milner, MD (Career Advisor)
- Trissa Babrowski, MD

*Dr. Dorsey is a graduate of an integrated vascular surgery residency.

**USMLE Data**
*Sources: UCM Program Directors and 2016 Charting Outcomes in the Match (NRMP publication)*

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**Should applicants do away rotations?**
Yes, one or two is appropriate. Students should try to do their away rotations in July, August, and/or September so that a letter of recommendation from that institution can be included in their ERAS application. Keep in mind that most programs only have one residency spot (only a handful of programs now have two spots). As such, your away rotation is an extended interview. If not asked, you should offer to do a case presentation or present your vascular-related research to your team.

**Research**
Research experience is definitely desirable. Though research within the field is ideal, this is certainly not a must. According to the NRMP data, of US seniors who match in vascular surgery, the average number of research experiences is 4.2 and the average number of presentations and publications is 8.3.

**Letters of Recommendation**

<table>
<thead>
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<th>Value</th>
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<td>Number of letters from external institutions</td>
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</table>
* Though letters from vascular surgery faculty are ideal, any other letters included in your application should at least be from within the Department of Surgery or from a research mentor.

**Personal Statements**
Make sure you are clear about your reason for entering the specialty. This is also your opportunity to give the reader insight into your unique background and personal story. If you are double-applying in another field (e.g. general surgery), make sure your personal statement for the vascular residency is specific to vascular surgery.

**Application Timing**

| When do programs begin reviewing applications? | As soon as ERAS opens in September |
| When do programs begin offering interviews?   | September-October                 |

Applicants are advised to submit applications to programs as soon as possible and prior to ERAS opening.

**Interview Advice**
Try to attend the social event and/or dinner the night before. It is a bit of a red flag if you do not participate in all activities included in the interview.

Make sure you look up specific information about each program and be prepared to ask a number of questions about that program. Be honest and genuine with your responses. The programs are primarily looking for the applicant who is the best fit so just be yourself!

Be kind and courteous to everyone you interact with (including residents, fellows, program coordinators, etc.). These individuals often have some kind of say in the selection process.

**Post-Interview Advice**
*Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?*

Yes, but usually this is done via one of your advisors at UCM. Only communicate this information to one program. It is unprofessional to tell more than one program that you are ranking them #1. Vascular surgery is a small community and program directors do talk to one another.
# Class of 2018 Match List

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<th>Inst Name</th>
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