

# **OBTAINING A SURGERY RESIDENCY**

A Guide for University of Virginia Medical Students

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## **Introduction to the First Edition**

Donald B. Schmit, M.D.

You are about to enter a year of medical school like no other. You assume a coveted position somewhere between the scut of third year and the scut of an intern; residents tell me that is the most stress-free period you are likely to experience for many years to come. But it isn't all fun and games; you are also faced with the awesome responsibility of seeking a residency position. The decisions you make can prove to be either one of the best or the worst decisions you have ever made. Even your decisions regarding medical school may not have the same long-reaching implications that your residency decision will have. As you enter fourth year, the key to the residency game is organization. You need to anticipate deadlines that you may not even know exist. I suspect that 90% or more medical students approach fourth year without a clear understanding of the process and without knowledge about the resources available to them. That's where this guide should prove useful. My predecessors and I have attempted to compile information and resources that we found helpful during our residency searches. You will find that a number of other resources exist that are designed to assist students applying for residencies. This guide, however, has been tailored for candidates, seeking residencies in general surgery. Nevertheless, a good portion of the information contained herein is applicable to the surgical subspecialties as well.

Two other points need to be mentioned: First, this information is in no way meant to replace the guidance that you will receive from your faculty advisor. It is merely meant to be an *adjunct* to their advice. And finally, it is our intention that this handbook be constantly evolving and that a fourth year student will take on the responsibility of keeping it up-to-date. If you find areas that contain inaccurate or dated information, please pass on your suggestions to the fourth year in charge of the manual (if that isn't already you)!

**GOOD LUCK!**

## **Introduction to the Second Edition**

John W. Davis, SMD'94

We have all heard the cliché "advice is cheap, you can take it from me." This phrase certainly applies to much of what a fourth year student will hear from the residents and faculty members on the subject. Just think back to the two other times you have all been through this application song and dance—college and medical school. During the process you collected information from older students, faculty advisors, admissions procedures, alumni, etc., and probably found some more valuable, than others. You have been through applications and interviews in the past and have obviously done very well to get to this point in life. In the end, we all compile information from all sources— and make the decisions as best we can. The process of applying for residency is the same as before; the details are just a bit different. As for the cliché "advice is cheap..." this guide aims to collect opinions and information from many different sources— demographics, books, students, residents, and faculty. Thus, you now have a great source of orientation into the residency application process and can quickly organize your fourth year.

On a personal level, I used the previous version of this guide and edited improvements for the second edition as I went through the application process myself. I hope that future classes will continue to update and improve this guide so that the next class will always benefit from the experiences of UVA students applying for surgical residency.

## **Introduction to the Third Edition**

Curtis G. Tribble, M.D.

We do not have a student editor this year for the application guide. Thus, some of the information has not been updated with this spring's information as of this printing. I did, however, want to add some of my own comments. Some of these thoughts are from my own perspective, and some are from published information as I receive as a member of the Association of Program Directors in Surgery and as a member of the Association for Surgical Education. Sometimes my ideas about things are somewhat different from those of other faculty members who have written chapters, but at least the two perspectives will give you a balanced view of the subjects. I will include these as editor's notes following the other sections

## **Introduction to the Fourth Edition**

Tae W. Chong, SMD'00

This year, most general surgery programs will be using the ERAS, Electronic Residency Application System, service to process your applications. How does this impact you? The application process will be simplified manifold as ERAS will transmit your applications, recommendation letters, transcripts, and Dean's letters. The department of student affairs handles all the deadlines for the software, freeing you up to concentrate on which programs to apply to, who to get letters from, advisor selection, interview strategy, etc... You should take the time to honestly and seriously consider what you are looking for in your programs, career, and life as you are making these decisions. To further assist your decision making, we have compiled advice and data from previous classes as well as faculty opinion on key issues that arise during the 4<sup>th</sup> year.

I decided at the end of my 4<sup>th</sup> year to pursue general surgery, and I went to Dr. Tribble as stressed and confused about the match process as you are currently feeling. I felt almost an urgency to get things rolling, and Dr. Tribble suggested I read this manual to expedite my decision making and application. The manual helped to answer a lot of my initial questions about the process. Consequently, I was able to focus my meetings with my mentor, Dr. Minasi, on more important, fundamental issues, rather than the minutia. This prevented a lot of wheel-spinning, and it really allowed me to optimize my time. I hope that you find it as useful, and I would encourage you to volunteer to revise the next edition.

## **Introduction to the Fifth Edition**

Joseph J. DuBose, SMD'01

Each year this document continues to evolve and improve itself as a useful tool to the senior medical student in his/her quest to secure a training position in general surgery or one of the surgical subspecialties. The advent of ERAS and computerized USMLE testing signal the herald the continued march of medical education into the computer age; in an attempt to keep up with the rapid pace of this progression we are planning to make this document available via the internet in the near future. Additions to the most recent edition include are minimal, as Tae Chong did such a wonderful job of updating every aspect of the guide only a year ago. I have, however, taken the liberty of adding a section on the unique aspects of matching with the armed services; a topic which I have become familiar with in the past year.

Irrespective of the medium in which it is made available, this guide provides you as a student with some wonderful advice in preparing yourself for matching in surgery. I encourage you to supplement this reading with the sound council of your advisors and residents. As you have likely found in your medical education, no degree of reading is as valuable as the personal anecdotes which you can learn from these individuals who have "been there, done that". I wish you all the best of luck in your endeavors and look forward to hearing of your accomplishments.

## **Acknowledgements**

Editors SMD'92,'93,'94,'00, '01

We would like to thank Dr. Tribble for his help in assembling this manual in addition to his editorial comments. This manual would not be possible without the sections contributed by Dr. Irving L. Kron, Dr. John B. Hanks, and Dr. Bruce D. Schirmer.

# Chapter One

## Military Surgical Match

*Joey DuBose '01*

The Military Match presents unique situations, challenges and opportunities. Accepting one of the military's Health Professions Scholarships allows one to pay for their medical tuition without having to worry about the burden that debt from student loans may represent following medical school. These scholarships also pay students a monthly stipend which allows them to pay for living expenses while in medical school. In addition, the scholarship program reimburses students for books, diagnostic kits, lab coats and other supplies. In return, students are required to do one month of active duty per year of their medical education. These months, or "tours" are conducted during the summer following the first year of medical school and during the clinical years of the medical education. The military is typically very understanding of the limitations that individual medical schools may place on scheduling such tours, as with the lack of third year electives at UVA during which students can do "away" electives a military instillations. In these instances, students are simply required to submit a waiver indicating that their schedules do not permit them to fulfill their military obligation for that particular academic year. One of the fringe benefits of these tours is the fact that the student receives active duty pay while fulfilling their month-long duty, a very nice addition to the checking account of a financially-challenged medical student.

Of course, the trade off for these wonderful benefits is that you are contracted to serve as a physician in the armed service you are contracted with for four years following residency training. You may also be called upon to conduct your residency training at a military training hospital. Typically this situation is agreeable, as military pay during residency will actually be better than what most civilian residents make and the training facilities and experience is for the most part comparable. Much of the circumstances involving residency training are service specific, so I encourage you to contact the Army, Navy or Air Force recruiter or program personnel officer for full details. I also encourage you to inquire about the specific training sites within your service. Just as in the civilian world, all programs are not equal.

All materials for the military match are typically submitted in October, with results announced in mid-December. In filling out your request for training for your respective service you may request civilian deferral, in which case you will be allowed to undergo your residency training in a civilian program. Keep in mind that if you chose this option you will be paid by the respective civilian program, and not by your military service. Traditionally, it is also more difficult to obtain permission from the service to attend fellowship training if you have not done a military residency. You must also "rank" at least one military program in the military match, keeping in mind that the military must fill their training slots prior to cutting individuals loose to do civilian training.

In preparation for the military match I would encourage you to do a rotation during your early 4<sup>th</sup> year at a military training site you are considering. This is particularly important if you want to match at that particular military training site. Unlike the computerized civilian process, the military match is conducted with the various program directors sitting around a table in Washington doing a "draft" type process (like the NFL). They do, however, pay careful attention to your own desires as expressed in your rank list for the military match and make every effort to place you according to those wishes. The military will,

however, insure that they fill all their training slots before allowing individuals requesting civilian training to do so.

Most every specialty is available in the military programs. Projection boards announce in the spring of each year how many applicants will be permitted to attain training in each of these fields. Some of these numbers may fluctuate substantially from year to year (they may take 8 ENT's one year and 1 the next). After submitting your Department of Defense / military rank list in October you will learn the results in mid-December. In the interim you should continue on, "full speed ahead", with plans to enter ERAS and schedule civilian program interviews; if you are deferred for civilian training you will need to have everything in order to pursue a residency spot at one of these institutions. I would recommend that you make as many interviews AFTER the mid-December announcement as possible, that way you don't waste money traveling to interviews for a job you aren't going to take anyway because the military grants you one of their training slots.

Lots of folks lament that they want to do a competitive specialty, but the military only has minimal training slots with lots of folks applying for them. The beauty of the military is that, unlike most civilian situations, years spent in active duty improve your "stock"...you get to move higher up the pecking order for the training slots in the competitive specialties based upon seniority and time in service. In other words, if you don't get the spot in ENT you wanted you can come on active duty and serve as a general medical officer (GMO) or flight surgeon to a "field" unit or command and actually improve your chances at getting that competitive slot following completion of the GMO tour.

I have found the military health professions scholarship a rewarding program, and I encourage you to collect more information on this opportunity if you are interested. Many UVA graduates have done so in the past, and we would all be happy to talk with you about the type of experience we have had. **GOOD LUCK WITH YOUR PURSUITS!!!!**

## **CHAPTER THREE**

### **PLANNING THE FOURTH YEAR**

#### **THE FOURTH YEAR CURRICULUM FOR STUDENTS** **INTERESTED IN GENERAL SURGERY**

Bruce D. Schirmer, M.D.

The following is a brief summary of my personal opinions as to what would constitute a reasonable fourth year program for a student interested in a career in general surgery. However, the reader must understand that there is no "right program" for everyone, and each individual differs and should base their choices of curriculum more on interests than on recommendations.

The goals of the fourth year should be to obtain a maximal amount of broad medical education on an advanced level in order to step into an internship prepared to care for patients from the first day. Such goals therefore must by nature encompass at least one or two rotations in the area of defined clinical interests. In addition, areas that the student feels might have been neglected or poorly covered, or areas in which he or she feels further attention should be addressed through the elective courses in the fourth year. Granted, the fourth year tends to be a time when easy courses are taken to "rest up" for residency, but I personally don't believe that there is a great deal of value in that. Rather, the knowledge gained from taking a course that is a bit more strenuous prepares you better for internship and will probably make your internship significantly easier.

There is no one rotation that will prepare you for a residency in surgery completely. However, acting internships or preceptorships, are probably the best experience available, since they more closely than anything else duplicate what you will be doing as an intern. In addition, you might also consider courses in subspecialty areas to which you have had little exposure, simply from the point of view of having some, exposure to these areas and perhaps considering a career in them as well. These would include the surgical subspecialties such as Urology, Orthopedics, ENT, Plastic Surgery and so forth. An intensive care rotation is desirable, but it need not be a surgical intensive care rotation necessarily. If a career in pediatric surgery is planned, then certainly some experience in a pediatric intensive care unit might be of benefit.

In general, I recommend that the more stringent rotations or ward-type advanced surgery rotations be taken in the late summer, fall, or early winter. This has a dual purpose. First, it will allow the student to evaluate further his interest and capacity for general surgery residency. Second, it will allow those with whom he or she works to evaluate and form an opinion of his or her performance. The best recommendation that one can have for a residency is a personal letter of recommendation from someone who has actually worked with the student who strongly recommends that student in no uncertain terms. As to the quantity of general surgery that should be done, I would think that at least two rotations are necessary. I recommend that one rotation be done at the home institution, on an advanced level such as a preceptorship. If an acting

internship is available then that too can be used. Either preceptorship or acting internship are both valuable, and the particular institution or setting should dictate which of these is taken.

I also recommend quite strongly that students consider taking an acting internship or preceptorship at an outside institution during the first half of the fourth year. The institution that is chosen should be one the student is highly interested in applying to for residency training. A realistic expectation of the student's ability to match at that program should be incorporated into the decision. When the student feels that he or she has determined exactly where it is that they would most like to go, that program might then be the logical choice. The chances of matching at a program outside of the University of Virginia go up tremendously if surgeons at that institution have worked with you, and know exactly your capabilities. If you establish a good reputation and prove by personal experience that you can do the work of an intern and have the skills necessary to be a good surgical house officer, that will go a long way toward enabling you to have an excellent chance of matching at the top program of your choice. Again, be mindful of that fact that a realistic choice for matching should be chosen, based on the types of students that normally match at any given program, their past medical records, compared to yours, and so forth. If you have chosen the program wisely, and do an excellent job at your externship, then I believe that there is very little to be said against following that route. However, if the program is chosen poorly and if the effort is poor during the externship, then that naturally will significantly decrease your chances of matching at your program of choice.

I have been asked to comment as to when Part II of the boards should be taken. I do not believe there is any specific time that is beneficial. However, in my opinion the more information about you on your application the better. I would much prefer to see someone's Part II Board scores than not to see them, and this is particularly true if they are good. It is rare that Board Scores will be so bad that they will count strongly against you. However, if your Board Scores are in the very high range, this will also count strongly toward you.

Another recommendation in terms of applying for your internship is to try to choose a reasonable number of programs. It often is best to incorporate the interview and visiting portion of your fourth year into a block of time. During that time it is probably most advisable to either take the type of curriculum where a mandatory weekly attendance is not necessary, such as a research month to do an assigned project where work load can be distributed at odd hours, or some other similar curriculum. It also might be advisable to take a period of vacation to do the intern interviewing.

My final word of recommendation for the student anticipating a career in general surgery is to follow the things that interest you. If you are strongly interested in a course in pathology, then by all means take it. The same is true for radiology or any other area of your medical education that you feel should be enhanced in order to be able to care for patients. When considering a preceptorship with an attending surgeon, be certain that the attending surgeon will be in town much of the time and available to you for a close working relationship.

Finally, approach your courses with an attitude of general interest rather than an attitude of trying to impress people. The former does much more in the long run toward learning and making a good impression than does the latter.

Best of luck in your endeavors.

**Dr. Tribble's Note:** While this statement on fourth year electives represents the opinion of most of the faculty at UVA, there are a few areas where not all agree. Dr. Jones and Dr. Tribble question the value of "away" rotations. They believe that they are expensive and rarely of much help in landing residency spots. Also, remember that there are two areas with which most medical school graduates are uncomfortable but

with which all surgeons must be familiar: pediatrics and neurosurgery. Finally, as you choose your fourth year electives, pay particular attention to who your teachers will be.

## **FOURTH YEAR CURRICULUM FROM A MEDICAL STUDENT'S PERSPECTIVE**

Stephano Agolini, M.D. (SMD '93)

1. One of the best ways to get a strong letter of recommendation is by doing a preceptorship. Pick a professor that is interested in students, has time to spend with you, and that you think you will get along with. Aside from the letter, this is a great learning experience.
2. Do the preceptorship as early as possible your fourth year because otherwise it will be too late to get a letter out in time.
3. Most students take Part 11 of the Boards in October, therefore if you can arrange to do a rotation that is less time consuming like ER, anesthesiology and so forth, you will have time to study for Part 11. It is also around this time period when you will be filling out your applications, which is also time-consuming.
4. Most students interview during December and January. Some rotations are more lenient about allowing you to take time off while you interview, so rotations like radiology, SICU would be ideal. However, the best solution for "obtaining credit while you interview" is to do a rotation that has a flexible time schedule like anatomy or a research project.
5. The later in the year you do anesthesiology the better the residents themselves are becoming more experienced and will allow you to do more procedures.
6. You will learn more by working with Dr. Bergin than by doing the cardiology consult team.
7. The SICU is an excellent rotation.
8. NNICU/Burn Unit are good places to learn to put in central lines.
9. All of Dr. Hook's Humanities courses are worth considering.

### **EDITOR'S NOTE** (CGT)

I believe that one should plan the fourth year with the following principles in mind.

1. Always try to do two things at once (For instance, if you want to get experience in a surgical discipline and get some more pediatrics, do pediatric -surgery. If you want to learn more neurology and need some surgery experience, do a neurosurgery rotation. If you want to interview and have some free time, do a very flexible and low key externship during interview time.).

2. Pick out things you are weak in. Most people are weak in pediatric neurological issues by the time they finish medical school. Surgeons particularly need to know both of these areas and often have not had as much experience with them as they should.

3. Opt to take as many inpatient externship type rotations as possible. The main way that one learns medicine is by seeing real patients and taking real care of them. Consult services are not optimal learning environments in my opinion since the leadership of these services are very variable, the patients who are seen are odd by definition, and one does not take any front line care of these patients. Still, some of the consult services are of value.

4. Choose teachers in the medical centers. These are well known. Seek out ways to spend time with good teachers.

5. When on surgical services, try to put yourself in a position of being a real house officer as to being a protected "protege" of one of the attendings. The residents will appreciate your participation on the service much more if you are with them rather than hanging around with one attending acting as a "dabbler". You do not need to do rotations just to get letters of recommendation. You will get plenty of letters from the various people that you have worked with for your applications. You do not need to have all your letters come from surgeons when applying for a surgical residency.

6. Away rotations are a waste of time. A study was done recently published in the AMERICAN JOURNAL OF SURGERY showing that they rarely helped a person get a job and often detracted from the ability to get a job. If my memory serves me correctly, we have taken three people in the last fifteen years at UVA who did externships here. I think away rotations are expensive and may be counterproductive. There may be a good reason to do an away rotation, such as if you have a significant other in another city or something of that sort. There may also be some reason to take an away rotation if the subject matter is something that you cannot get in the same way at UVA. (For example, a rotation at Maryland in shock trauma or Cook County Hospital in Chicago for trauma.) Intersperse hard rotations with easier rotations. Some of these somewhat easier rotations that will allow you to catch your breath are superb, such as the humanities with Dr. Hook, the radiology fourth year course, and other things like this. However, do not neglect your obligations even in these courses.

## **THE IMPORTANCE OF RESEARCH DURING YOUR FOURTH YEAR**

Editor's Notes (CGT)

Despite the fact that I help with coordinating research for fourth year students, I personally do not believe that it is mandatory that a strong applicant for a surgical residency have research experience. I certainly do not think that you should spend a great deal of time in your fourth year on research. I believe that you can present a strong application to a residency program without having any research whatsoever. I certainly do not look at research as being a vital part of a person's background when looking at applicants to our own program.

## **Outline for the Fourth Year**

Month	Specific Deadlines	What you should be doing
June	6/1- Biosketch, CV, Personal Statement for students with June Dean's interview	<p>Garner faculty recommendations</p> <p>Begin researching programs of interest on Web (FREIDA)</p> <p>Contact programs via e-mail for info about their residency program (many of which will simply tell you to check out their website)</p> <p>Meet with your advisor to discuss a preliminary list of schools to apply to, to determine your caliber as a Surgery applicant and ways to maximize your CV (bring transcript, CV, PS, list of schools you are interested in)</p>
July	<p>7/1- Biosketch, CV, Personal Statement for students with Dean's interview after June</p> <p>First week of July- NMRP Student match agreements due</p>	<p>General Surgery AI- preferably during blocks 1,2, or 3</p> <p>Attending Conference every Wednesday</p>
August		Surgery AI (if completed during block 1, you may want to take Step 2, especially if Step 1 was not very strong, or consider other electives such as TCVPO, SICU, Research, Radiology, ACLS, ER )
September	<p>9/1- Programs begin accepting ERAS packets (don't forget to get 1 passport-size photo of yourself)</p> <p>10/8 - Letters of recommendation due for all ERAS programs</p> <p>9/24- Address list and labels for Dean's letter for non-ERAS programs</p>	<p>Same as August</p> <p>Check to see that letters of recommendation have arrived at Student Affairs</p>
October		Towards the end of the month you may start getting offers for interviews, so make sure you have web access and e-mail access at all times (hotmail, yahoo, gmail, etc...)
November		Plan interviews (relax, some programs won't contact you till December or even January- at all costs DO NOT pester programs about when they will let you know...I speak from personal experience)
December/ January		<p>Either take December or January (depending on when the majority of your interviews are) as a vacation month or do a lesser demanding elective during this time</p> <p>Write thank you letters promptly to the program directors whom you interviewed with. Think about a preliminary rank list</p>
February	Mid February- Enter NRMP rank list via web	Start thinking about your post-interview strategies
March	Mid March- Match Day	Celebrate, a lot

## CHAPTER FOUR

### CHOOSING RESIDENCY PROGRAMS

#### CHOOSING RESIDENCY PROGRAMS

Choosing a residency program involves a process that essentially begins on your first day of medical school. The average second or third year medical student is unaware of this process until he or she comes to evaluate their own academic performance in medical school and combines that with consideration of their career goals. These are the two main areas that choice of residencies are predicated upon.

The type of residency obviously reflects the young physician's own interest. If this interest entails surgery, it is important to understand what aspect of surgery the potential applicant is interested in. A sincere and honest appraisal somewhere in the middle of the third year allows a thoughtful approach to residency selection. For instance, did the student have an interest in medicine, then rotated through surgery and realized that many of the aspects of endocrinology that he or she learned in medicine apply in surgery? If so, is his or her interest really in the surgical approaches to endocrinologic problems or does this interest lie in the diagnosis and care of these patients in a nonsurgical fashion? Other medical specialties and subspecialties entail a large number of surgical considerations; however, the student may come to realize that he or she is interested in the broad specialty area, not really in surgery itself. For instance, the student may have a sincere interest in aspects of invasive radiology (arteriography, invasive CT, evaluation of disease, etc.) to which he or she was exposed during surgery rotations. This reflects more of an interest in radiology than in surgery, per se. The same can be said for gynecologic surgery. Many aspects of endocrinology and oncology are incorporated into this subspecialty which may overlap with surgery but which may not reflect student's true interest.

#### PERSONAL CONSIDERATIONS

My own philosophy is that personal considerations have a great deal to do with the choice of a residency program. These include geography, university versus nonuniversity setting, and consideration of a spouse's interests and/or employment. A lot of anxiety can be overcome if the candidate realizes that he or she is only interested in places in a defined geographic area. Additionally, he or she might only be interested in places where the spouse is able to find suitable employment or a lifestyle that is important for their own family development. An example of the latter would be combined matching of residents. It is certainly no

sin to deal with these problems forthrightly and initially. No one will think less of the applicant who is absolutely convinced that he or she does not want to move out of a geographic location and makes that decision in advance. Therefore, I usually tell my advisees to deal with that problem initially if it is an important consideration. Obviously, the wider the scope of choices, the better off the applicant potentially might be.

### PAST PERFORMANCE

There is no doubt that, sooner or later, your academic record comes back to haunt you. It is not difficult to recognize the candidate who is first in his class, has perfect scores on the Boards, is AOA, and has an appointment from President Obama, begging him to become Secretary of Health and Human Services. Obviously, few candidates have all of these credentials, so each residency program must utilize some criteria to evaluate the credentials of potential candidates.

**Academic Record:** Obviously, straight A's makes life easier for the applicant; however, programs are willing to evaluate B and Cs in the candidate's record. This is especially important if lower grades occur early in the medical school career, and a pattern of improvement occurs, particularly in the clinical years. Everyone realizes that there is a change in emphasis and educational aspects from the-preclinical basic science programs into the clinical arena. However, since many applicants currently have straight A's, grades in the C category severely limit one's choices. On balance, grades in the 3<sup>rd</sup> year are of greatest importance.

**Alpha Omega Alpha:** The purpose of AOA is general recognition of leadership and academics. However, it is understood that the election into AOA varies from institution to institution and covers a spectrum anywhere from not existing in certain excellent medical schools to being a "popularity contest" in other institutions. Of course, having the AOA designation on your application certainly won't hurt.

**Extracurricular Activities:** Obviously, a smattering of extracurricular activities is regarded in the light of potentially multifaceted talent. However, too many of these' can be seen to be "hiding something". It is certainly easy to look through seven or eight extracurricular activities and realize that the applicant may be spending only minimal time on each--just enough to cite them in his or her CV. Personally, I think it is better to be involved with one or two extracurricular activities in a full and meaningful way whereby you make a serious contribution to the effort.

**Research:** Some medical schools strongly emphasize research to the point of allowing the students to spend a full year in research efforts (e.g., Duke University); others down-play research in medical school completely (e.g., University of Rochester). Most candidates at the University of Mississippi are not going to have a long and extensive research experience unless they are in the MD-PhD Program or have spent several years in the research environment. My personal feeling is that research should be attempted at the end of the third year or at the beginning of the fourth year in an area in which the student is seriously interested so as to waste neither his or her advisor's time nor their own time. Whether working on "bench research" in a laboratory or investigating an ongoing clinical problem (chart review, retrospective analysis), it is something that should allow the medical student to learn about a problem in depth while being involved in a publication. Personally, a project like this, while not completed, could appear on one's CV as "work in progress" rather than as a finished curriculum vitae designation. This demonstrates an outside interest in a particular clinical problem and, as such, is a positive statement on an application. I don't think any residency programs expect fully completed research to be an absolutely mandatory part of a strong candidate's portfolio.

### ACADEMIC VERSUS NON-UNIVERSITY RESIDENCY

The choice between these sort of residencies has a lot to do with the applicant's potential career choices. It is perfectly acceptable to make the career choice to return to one's hometown and be involved in a private practice of surgery. Such applicants can and do come through the system with this as their stated goal, and

no one thinks any less of them. Even if there is an inclination towards private practice, it is often most advantageous to find an academic setting and keep the options of private practice and academic surgery open as long as possible. This is by no means to say that excellent non-university affiliated programs do not exist. Top-notch training for people who are not so strongly tied to an academic career certainly is available. Examples of these would include Union Memorial Hospital in Baltimore and Mary Imogene Bassett in Cooperstown, New York, and Roanoke Memorial Hospital in Roanoke, Virginia.

In conclusion, I think that many decisions about your residency program can be made with a thoughtful and thorough analysis of your own performance sometime during the third year. To this end, it is advisable to pick an advisor in surgery and, together, thoroughly appraise both the academic record and career choices. The academic record is easy to analyze and represents a beginning of choices of residencies. Career goals can sometimes be more difficult to assess and that can be perfectly appropriate if an honest choice has not been reached. Under those circumstances, the applicant needs to realize that while options remain open, dealing with those may necessitate putting off certain career goal decisions.

## **WHERE TO APPLY FROM A MEDICAL STUDENT'S PERSPECTIVE**

The first thing you should do is to talk to your advisor and find out how competitive you are (bring your transcript and board scores). Your advisor will then be able to suggest some suitable schools for you to apply to.

The next step is to think what part of the country you want to live in, which can be further broken down into a rural, small city or large city location. Then send away for applications and a brochure to any place that you have the slightest interest in considering. You should request the applications early because most places take a long time sending them back to you. Also, the sooner you have the brochures, the better you can evaluate the individual places (e.g. If you're interested in research and a given institution offers no research, you probably would not apply there).

I believe that you cannot go wrong applying to a lot of places. If everyone offers you an interview, all the better, but if you apply to only ten places and get only four interviews you could be in big trouble. Another reason is that it is often hard for you to know initially what is important to you in a residency program and the relative importance of certain characteristics may change for you (reputation, how happy the residents are, research, salary, safety, call schedule ... ) and therefore if you have applied to a lot of places you will have all areas covered.

## **WHERE TO APPLY FROM A PROGRAM DIRECTOR'S PERSPECTIVE**

Unless you are the number one person in your medical school class, you will need to write off to about 25 or 30 residencies and plan to apply at about 15 to 20 and rank 13 to 15 with a good spectrum of places. You should not put a place on your list if you could not bear to be there, but most programs will be tolerable.

The time has come that all residencies will provide you with solid residency training. You cannot match at a truly bad residency program. I do believe that your own personal feel for the program is the most important criterion, and I do not think that the reputation of the program is nearly as important as it used to be. Thus, please, please, please rank an adequate number of programs. Almost every time someone does not match it is because they have had poor match strategy. There is no need for a student who is in the

middle of the class to have 15 programs listed that are the equivalent of Duke, UVa, Michigan, Pittsburgh, The Brigham, and Hopkins. You must have a broad cross section. I would not put too many long shots on your list either. No matter how many times a discussion of the match occurs, it is impossible for me to imagine that the person who puts a program high on their list wouldn't get higher consideration by the computer for that program than a person who had it listed a long way down on their list.

## **WHERE TO APPLY FROM A MEDICAL STUDENT'S PERSPECTIVE**

You can apply for 70+ programs in general surgery in less than 30 minutes: once you completed your personal statement, CV, and recommendation letter file, you simply double click on your programs of choice. Gone are the days of misery when each program required a separate application by mail along with different essays and letter requirements. Does this mean you should apply to 70+ programs? Absolutely not, unless you have an extra \$1000 and are very concerned about getting interview requests. Most apply for about 30 programs and should be able to interview at most of the programs that you are interested in if you've made your list realistically. You should apply to enough programs to ensure that you have at least 15 interviews, and these programs should span the spectrum from strong academic to community.

As mentioned before, this is a time of honest introspection, and it is important that you work out what you are looking for not only in a residency, but also in your career. If you are married or have a significant other, you should discuss what you are both expecting out of your relationship and how a general surgery residency will affect that. Make it absolutely clear what the lifestyle, call schedule, and hours will be like during your residency and career. Remember that your significant other will live in the city more than you will. Consequently, what part of the country and rural vs urban setting will be as important as decisions about community vs academic programs.

Next, you should discuss your CV, personal statement, and letters of recommendation with your advisor. Many of the faculty members at UMMC are actively involved with the resident selection process, and they will have a good sense of how competitive you are. I personally think that everyone should apply to at least a few academic programs, even if you know that you want to go into private practice. There are a lot of academic programs that are a straight 5 years without research requirements. Academic programs provide the most opportunities for your career, and it is easier to go from an academic to a community program than the other way around. Once you and your advisor have picked programs that you should apply to, you should visit the AMA FREIDA website for demographic information on these programs and for websites/addresses that will have more detailed information on the curriculum and faculty. Use the web; next to your advisor it is your best resource.

Also, apply to a few longshots (but only a few). ERAS billing is graded so that the fee for each program increases as you apply to more programs, but as long as you keep the number reasonable (around 30) you should be able to throw in some fun programs. You never know how good you are until you try.

# CHAPTER FIVE

## SOURCES OF INFORMATION

### GENERAL INFORMATION

As part of the premise of this manual, we are attempting to supply you with information that although difficult to gather, is potentially quite useful in your efforts to find a program with which you can achieve the best fit. In this chapter, several sources of information will be identified that should help you get a feel for different institutions before you visit them during your interview.

It can not be overstated how useful members of the faculty can be when descriptions of the programs are desired. The best approach would probably be to consult first with your advisor and then seek further information from other members of the faculty. Two caveats need to be kept in mind regarding this information. First, you will likely be getting an attending-level view of the program. This, at times, may not be fully reflective of the experiences and interactions that the housestaff have with the faculty or with one another. That is, there can often be animosity and friction between the house staff and faculty of which our faculty is unaware. Secondly, some of the information that faculty members (as well as residents) will give about institutions with which they have remote affiliations (i.e., medical school), may be outdated. Most faculty will remind you of that when they answer your questions. I do not mean to imply, however, that their advice is not useful. I think their insights, in general, are excellent, and they will likely tell you something, about a program that you might not otherwise learn.

Another useful source of information is the AMA-FREIDA system. The information (lots of it) is there. It is essentially a residency data base that can be searched by state, region, specialty, and other characteristics (or combinations of them). The data about each program has a broad scope, and it ranges from terribly useful to needlessly esoteric. The information can also be printed out. Be sure to be selective about printing information, because it can take a very long time to obtain printouts from several programs. Also beware that specific facts about a residency can change rapidly, and FREIDA may not have been updated recently enough to reflect those changes.

# CHAPTER SIX

## PREPARING THE APPLICATION

### Editor's Note

We have retained this section with minor changes because it contains invaluable information on components of your CV and personal statement. While you are no longer allowed the freedom to personalize your CV format, you will need to know which qualities and achievements to highlight. The process has been reduced to entering data fields and having the software autoformat your CV. However, you still have artistic license on your personal statement, and this is perhaps the most painful part of the application process. However, it is your only opportunity to individualize your application and to present yourself in the most favorable light. I have added some comments throughout this section and marked them with double \*\*. Also, you can bring your own stylized version of your CV with you on your interviews.

### GENERAL INFORMATION

The steps involved in preparing your residency application need to be undertaken early in order to maximize your resources and in order to give you the largest period of time to make your application the best that it can be when complete. Initially, the most time-consuming portions of the application are the curriculum vitae and the personal statement, with the latter certainly being the most burdensome. The CV, personal statement, and letters of recommendation will be addressed in the sections that follow.

Speaking of disqualifying factors, it should go without saying (but I'll say it anyway) that misspellings, poor or improper grammar, or incorrect punctuation will get your application discarded early. Therefore, it is essential that you very carefully review all of your documents before sending them out. Since your tendency to miss small errors increases as you write, review, and rewrite the same document over and over, it is also advisable to have someone else read over the document both for grammatical errors as well as for meaning.

Another result of the immense number of residency applications to each program is that, in many instances, interviews are granted to qualified applicants on a first come, first served basis. Therefore, it is very much to your advantage to apply early and make every effort to see that your file is completed as quickly as possible. Even though the Dean's letter is not sent until the first of November, some programs are willing to make interview offers without having the Dean's letter. On the other hand you will probably deal with several programs which do not even look at an application until the Dean's letter and transcript are sent.

\*\*The office of Student Affairs sets strict deadlines on ERAS submission and recommendation letters. The dates are very early in the application process; so, you should be ahead of the game.\*\*

### LETTERS OF RECOMMENDATION

The letters of reference that accompany your application are very important. Some feel that these letters should be from reasonably well-known people within the Department of Surgery and that these people should know you fairly well. Certainly, a letter from the Department Chairman is important and should, be

requested during a personal interview with him. In fact, many programs require such a letter. Likewise, letters from faculty members that have supervised externships or research activities might provide special insights into your character and qualifications. There is a danger, however, to asking for too many letters, and three or four (not including the Dean's letter) should be the maximum. Occasionally, it might be appropriate to solicit a letter from an outside individual, particularly if this individual has been actively involved in some of your unique outside activities.

**\*\*If you have research experience, by all means submit a recommendation letter from that individual, even if he/she is not a surgeon. Also, strong letters from faculty members who know you well carry much more weight than weak or marginal letters from well known faculty members who are superficially familiar with you. \*\***

As will be the case with your Dean's letter, it is always in your best interest to provide the faculty members who are writing your letters with your CV and personal statement to help them in writing your letter. In fact, for your personal interview with the Chairman, you should provide him that information well in advance of your interview date. You also may be able to receive some constructive criticism of your personal statement from the faculty members that read it.

A few notes about your Dean's letter: During the summer months and September work is being done on the Dean's Letter. The Dean's goal is to present you in the best light possible, so it is not the type of interview you need to get nervous about. Provide a CV and your personal statement. You can help yourself by carefully reviewing your record and writing a good CV. These letters are usually long narratives about you in which all of your academic records and evaluations are reviewed, and your CV is reviewed also. Thus, try not to forget anything important.

Several weeks later, you will receive a notice to come to the Dean's office and to proof-read your letter. First, read it carefully (at least twice). The first reading should be to correct typographical errors that would otherwise distract you while reading it for content. Next, read it for content and historical accuracy. Dr. Pearson has the tremendous job of dictating 140 Dean's letters and it is conceivable that he might misinterpret some of the facts on your CV. Also remember that dictated letters do not always sound the same when they are read as they do when they are dictated, so be sure that the letter paints an accurate picture of you. It is fair to politely suggest possible rewording of phrases that you feel do not accurately reflect the truth.

## **WRITING THE CURRICULUM VITAE**

When writing CVs, one should realize that for the most part they are not going to get scrutinized very carefully. Thus, they have to look good from the outset. You may want to take a look at the book Does Your Resume Wear Blue Jeans?

An essential phase of writing much of anything is brainstorming. I would suggest that you sit down and write down almost everything you can think of that might go on a CV. I think it is perfectly legitimate to put down really important activities and honors from your high school days such as, being president of the student body, being an Eagle Scout, being a concert pianist, and other important activities in your life. You can later decide how to organize them.

A CV is not a very good place to put things that are in the idea or formative stage. For instance, the CV is not a place to put down ideas you have had for submission to journals. List only things that have been actually accepted for publication or have already been published.

The previous edition of this manual included a comprehensive outline and format of categories commonly included in CVs. Three sample C.Vs were also given--some of which were by students with significant careers and research prior to starting medical school. This could be called the outline/example method of instruction, and some students followed this method quite literally and copied the given formats for their own CV. Be careful not to copy someone else's outline and create a weak CV that fails to put your best foot forward. Copying someone else's format can be a serious pitfall, for instead of emphasizing your strongest attributes and accomplishments, your entries may seem to be in a random format (e.g. the "laundry list" look). Remember that the first job of a CV is to impress a program director within seconds of reading it. If you pass this first "cut," then you are much further along the way towards landing an interview. Thus in an effort to direct the next class of fourth years towards more impressive CV writing, we have emphasized the principles of writing them rather than the outline/example method. We will now continue by giving you a database of categories with which to work..

The categories are divided as follows: 1) Categories pertaining to everyone 2) Additional information for those who have taken time off from school or have had other careers prior to starting medical school 3) Categories that will likely apply to none of you but will be added to your career in the future. Again, not all categories will apply to you individually. Use the ones that do apply and present them in a fashion that makes your most impressive accomplishments prominently displayed. An asterisk is marked by all items that are almost always included.

## **I. CATEGORIES--ALL WRITERS**

**DEMOGRAPHIC DATA\*** : Full name, home/work address and phone numbers, citizenship, social security number. Others (optional): date of birth, place of birth, marital status. Your NRMP match number could go here or elsewhere.

**AREAS OF INTEREST:** This can be general: academic general surgery, cardiovascular surgery, pediatric surgery, etc. In rare cases, this can be specific: the biology of wound repair, etc. Others omit this category.

**EDUCATION\*** : List here schools, locations, dates and degrees for all education including high school up to this point. Anticipated degree-i.e. M.D. expected May 2000. I like chronological order and not reverse chronological order.

**TEST SCORES:** Part I Boards \*(Program directors always want to see these, so there is no use in hiding them; Part II scores will usually not be available until November so you will have to mail them after you initially apply). Consider SAT, MCAT if impressive.

**HONORS:** List significant honors received in high school and college, and certainly any honors received in medical school.

**RESEARCH:** In general, list the name of the project, the faculty advisor, and dates of work. Then list any of the relevant categories (e.g. publications) listed in part III below.

**POSITIONS HELD\*:** This is usually job-related and won't necessarily apply to you. It might be fair, however, to list significant employment experience under the heading "EMPLOYMENT" to show someone that you have worked and what kind of jobs you have held, such as summer jobs since high school.

\*\*I listed a lot of interesting jobs that I had during high school and college. They served as excellent topics of conversation during many of my interviews, especially in the initial "getting to know you" moments. Remember that the interviews are to get a sense of who you are, and

therefore, many of the interviewers are interested in any of your unique experiences that will help them to personalize your application. \*\*

**EXTRACURRICULAR ACTIVITIES / HOBBIES\*:** This will usually concentrate on activities that demonstrate determination, leadership potential, commitment to education. There should be many opportunities here to distinguish yourself (see the “wow” factor mentioned above) – especially if you have little research or academic honors. Examples: high school/college athlete, tutoring, CPR instructor, student government, etc. Use your best judgement and seek advice when in doubt. Fraternity president or treasurer may look impressive (Ex: Fraternity treasurer-managed \$\_ yearly budget). On the other hand, fraternity social chairman may not be of much use.

**ADDITIONAL POSTGRADUATE TRAINING:** Here you may list education in laboratory techniques, ACLS, ATLS, and other courses taken outside of the usual realm of medical school.

**ELECTED OFFICES:** Any elected offices you have held including major elective offices even in high school (such as President of the student body). Elective offices would also include captains of sports teams if this were applicable to you. Early life experiences might be the type of thing you would drop off of your CV with time.

**COMMUNITY SERVICE:** List any volunteer experience that you may have, especially medically-related experience. This is the sort of information that would drop off of your CV as you got older, but at your current stage these would be appropriate.

## **II. INFORMATION FOR THOSE WHO TOOK TIME OFF FROM SCHOOL TO PURSUE OTHER INTEREST OR HAD OTHER CAREERS BEFORE "STARTING MEDICAL SCHOOL**

Use any of the above or below categories that are relevant. Carefully document and give dates of involvement that describe how you spent your time off or what prior careers you have pursued. A Curriculum Vitae by definition is a "course of life," which should easily give the reader the big picture as to how you have progressed through your career up to the point of applying for residency. Large chunks of time that are unaccounted for may raise suspicions that you are hiding something. For those of you who have taken time off for research projects, travel, teaching, or began other careers, the CV is your chance to distinguish yourself from the rest of the crowd that marched straight through school.

### **111. OTHER CATEGORIES THAT WILL BE ADDED TO YOUR CV AS YOU PROGRESS THROUGH YOUR CAREER:**

ABSTRACTS	MEDICAL LICENSE
BOOKS AND BOOK CHAPTERS	PROFESSIONAL MEMBERSHIPS.
FUNDING OF LABORATORY RESEARCH	PRESENTATIONS
INVITED ARTICLES	OTHER PUBLISHED WORK
SURGICAL TRAINING	COMMITTEES
BOARD CERTIFICATIONS	PRESENTATIONS BY SPONSORED
JOURNAL PUBLICATIONS	RESIDENTS

Finally, we will show you one example of a CV written by a student who has gone straight through school. This one is a good example of the principles discussed earlier and in the book Does Your Resume Wear Blue Jeans. In particular, note the simple format, the ease with which it reads, and the fact that it includes impressive entries from medical school, college, and high school. Do not be intimidated if your CV does not match some of these entries,(i.e. AOA, scholarships, big name schools, etc.). Undoubtedly, if you have succeeded in becoming a rising fourth year student there must be many impressive things about you.

Emphasize your strengths and no one may even notice the fact that you weren't AOA. For example, one could easily read through this CV and be very impressed and not even notice the fact that there are no research publications.

## **SAMPLE C.V.**

John Q. Applicant

Medical School Address  
101 High Street  
Charlottesville, VA 22903  
(804) 555-1212

Permanent Address  
101 Ridge St.  
Allentown, PA 10101  
(201)555-1212

Education  
University of Virginia School of Medicine; Charlottesville, Virginia M.D. expected May 1991

Duke University; Durham, North Carolina B.S.E. Biomedical Engineering, May 1987

Garfield Senior High School; Woodbridge, Virginia Advanced Studies Diploma, June 1983

### **Honors and Awards**

University of Virginia School of Medicine: Full Tuition Scholarship Alpha Omega Alpha

Duke University: Reginaldo R. Howard Memorial Scholarship, Southland Corporation Scholarship, Tau Beta Pi Engineering Honor Society, Dean's List

Garfield Senior High School: National Merit Finalist, National Honor Society, Governor's School for the Gifted and Talented

### **Professional Society Membership**

American Academy of Family Physicians  
American Medical Association

### **Leadership Positions**

University of Virginia School of Medicine: President, Mulholland Society (Medical School Student Government), 1990-91; Vice-President, Mulholland Society, 1989-1990; Representative to the University of Virginia Student Council, 1988-1989; Class President, 1990-1991

Duke University  
Resident Advisor, 1986-1987

Garfield Senior High School  
President, National Honor Society, 1982-1983  
President, Band Council, 1982-1983  
Drum Major, 1982-1983  
Vice-President, Band Council, 1981-1982

Student Government Council Co-Representative, 1980-1981

**Experiences and Activities**

University of Virginia School of Medicine Instructor, Surgical Techniques Laboratory, 1990-1991;  
Volunteer, Charlottesville Free Clinic, 1990-1991; Spinal Chords (an a cappella singing group) 1987-1988

Duke University

Resident Advisor, 1986-1987  
The Pitchforks (an a cappella singing group), 1984-1987  
Musical Director, 1985-1986  
Health Careers Volunteer Program, 1984-1987  
Chapel Choir, 1983-1986  
Wind Symphony, 1984-1985

Garfield Senior High School

Marching Band, 1979-1983  
Indoor and Outdoor Track, 1979-1983

**Additional Education**

BLS Instructor, 1988 to present  
Will receive ACLS certification in March 1991

Personal Data

Outside Interests: Running, Reading, Cooking, Singing, Piano, Clarinet

## **PRINCIPLES OF WRITING A PERSONAL STATEMENT**

The personal statement is a position paper, not an autobiography. Write it as a means of persuading someone that you are a good candidate for their residency. Do not tell about all the little subtle things that made you want to be a surgeon, and don't tell them why you think surgery is swell. Tell the reader something they don't already know.

The thesis of this statement is that you will be a good resident. The thesis is not that you like surgery or that surgery is great. Most program directors do not care all that much about your research, your future plans, what made you go into surgery, or why surgery is great. They do care about what there is about you that will make you a good resident.

Try writing it in the third person and later switch the pronouns to the first person. It is often easier to write about someone else than it is about yourself, and I have found this approach to be helpful for some people.

What makes a good resident? A partial list includes qualities such as organization, being methodical, intelligence, interpersonal skills, leadership, stamina, mental and physical discipline, compassion, ability to get along with people, etc. Look at this list of qualities and see which ones apply to you. Then find specific examples of these qualities from your own life experiences.

Write whatever qualities you want to defend at the top of the pages of a pad of legal paper. Then brainstorm. Anything is fair game. You need examples. You need more than just words. You need specific concrete evidence that you are who you say you are. For example, if you say you have common sense, the fact that you have worked on your car or that you have been an engineer would lend some credence to this assertion. If you say you have common sense and spent your whole life playing bridge, no one will believe you.

A thesis paper should have three paragraphs.. Basically each paragraph should in some way support the thesis. Remember, you must have examples. Another issue that you can raise in a sort of summarizing way is that you know what you are getting into. The more you can let someone know that you understand how tough your life will be, the better off you are.

## **THE PERSONAL STATEMENT-EDITORS' NOTES**

The personal statement is probably the most painful part of this whole process and will continue to hurt you until you get it done and get it out the door with your application. Procrastination will hurt you even more. Try to finish a rough draft of your statement during the summer

so that you can have a faculty member read it for an overall impression. You will be way ahead of the game if you can have an English major or graduate student read it to assess your writing mechanics. Find someone who will take the time to read your work critically and not just skim over it and say it looks alright. Program directors admit they are biased when they say what **POOR WRITING SKILLS** they see in many personal statements written by medical students and by the preliminary surgery residents. Granted our writing skills are bound to atrophy during medical school, but do your best to remember how to write effectively.

In researching this topic, we have found several different opinions and advice on how to write personal statements. We will try to summarize them below.

1.) See introductor's notes. Keep in mind that the program directors (or someone they designate) must read hundreds of these every year and are bound to develop strong opinions over time. It is their job to prescreen applications to designate which ones will be interviewed. You certainly can do no wrong by following this approach.

2.) Another opinion you will see in Dr. Leigh Donowitz's book (see bibliography) and other such books written for applicants to all specialties is that the personal statement needs to include such things as biographic information, the genesis of your interest in your desired field, what you are looking for in a residency program, academic or research accomplishments, long range plans, extracurriculars, travel experiences, etc. Some say they like to see a discussion of the writer's motivation for going into surgery, research -experience, and future plans. These thoughts may be more applicable to medical school applications than applications to surgical programs.

3.) Still another opinion among some of our faculty is that the personal statement does not help them evaluate applicants very well. Personal statements are a newer aspect to the application process and some senior faculty did not have to write them when they applied for residency. Some view the personal statement as nothing more than a sales pitch (which it is), and rather than read the sales pitch, they concentrate on your record of accomplishment and your interview.

4.) Another suggestion is to first and foremost rule to do yourself no harm. Thus, if you are not absolutely certain of your writing ability and how your statement is likely to be perceived by others, then write conservatively. The personal statement is not the place to try and win an essay contest (unlike the essays we may have written to get into college). How can you harm yourself? One surgery applicant wrote that when he was a boy he saw a frog smashed by a car on the side of the road. He found himself fascinated by the anatomy and wanted to be a surgeon. A medicine applicant here once wrote that he wanted to become an internist because his role model was Marcus Welby. We can only suppose that those writers were sincere, but they certainly were interpreted by the readers as ridiculous. Thus, avoid being frivolous or using amusing anecdotes or unusual jargon.

5.) Personal statements should be one page in length and single spaced with your name at the top of the page. This is the only consistent guideline.

Now that you have read these thoughts you can judge for yourself how to proceed. At the very least, you will know some of the key issues involved in writing these statements. We can offer no magic formula for resolving the above differences in opinion. However, we can suggest that you brainstorm as many ideas as possible and then meet with a faculty advisor to develop your own strategy. Finally, we encourage you to get to work on these as early in the summer as possible. When it comes time to request letters of recommendation from faculty members, many will want to see your personal statement in addition to your CV and grades. Even if you only have a draft version available, the personal statement will help them write a more meaningful letter.

## **The Personal Statement – Editor’s Note**

In summary there are several key components and features of a personal statement. You can briefly outline why you are going into surgery and correlate it with your attributes and clinical ward experience. This is your opportunity to emphasize the characteristics that will make you a good resident which should also be reflected in your past experiences. If it is possible, try to show a theme of diligence, hard work, philanthropy, curiosity, and talent throughout your life. Highlight your accomplishments in a logical, fashion, but don't copy your CV. Your personal statement will be fodder for your interviewer; so, be honest and always read your statement over before your interview.

Below is a sample personal statement written by an applicant for a general surgery residency.

### **Personal Statement Sample**

Despite my first impressions of the profession as a grade schooler, I have decided to pursue a career in general surgery. I remember seeing my grandfather in the hospital after a coronary bypass. He was confused and the place smelled bad. This experience did not move surgery above my goals of being a cowboy or football player. However, my short lived, injury plagued athletic career pushed me in a different direction. My orthopedic surgeon allowed me to watch several of his procedures. After seeing him operate, I knew my future was in surgery. During my clerkship, general surgery excited me. I loved the breadth of the field. We actively took care of patients with each day bringing new challenges. I had found my field. With each new experience in medicine, I see more clearly that general surgery is the career choice for me.

Looking at the physicians I have worked with to this point, the surgeons I respect most share several characteristics. First, they take optimal care of their patients. Second, pressure does not compromise their performance. Finally, they are always learning. An excellent surgeon requires these three qualities. These are three areas where I excel. Throughout my life experiences and activities, I have shown aptitude in these areas. In addition, I have the work ethic to put these skills to use. Having grown up in ranching, I learned the lessons early of staying until the work is done and of doing the work right the first time. A torn fence is not going to mend itself. Waiting to fix the gap will only multiply the problem when the cattle or horses inevitably find the hole. This attitude applies to surgery; optimize the surgical skill with proper timing, even if this means sacrifice of some personal time to do the job correctly.

The first quality I respect in surgeons is providing the best possible care for patients. This definition of care is not limited to an interest in patients' needs. This care exemplifies a desire to make patients better. Patients must understand their diseases in terms of risks, benefits, treatment possibilities, and quality of life. They need an outlet for their fears. Only by putting all of these together can we approach their disease. Beyond addressing the needs of the patient, caring for the patient includes choosing the best direction for each individual in establishing diagnosis and in initiating therapy. My third year clerkship evaluations show that I give the full spectrum of care my patients deserve. I would not accept anything less. I used the same philosophy with my "little buddy" in college. He found reading and paying attention very difficult, so we created games to improve these skills. He responded better to competition than teaching. After only a few months, he was much more comfortable with himself and he was more confident in displaying his own abilities. We both learned from the experience. He learned to show his abilities, while I saw what it took to care for someone.

The second quality of an excellent surgeon is the ability to respond to pressure without compromise of performance. However, the best way to perform in a pressure situation is to prevent it. For instance, in training horses I found keeping the horse's head down limits the horse's ability to buck, which gives me better control. This attention to detail will help me sidestep much of the pressure that surgery creates. Pressure may be unavoidable in other situations. These times necessitate performance in the face of higher

stakes. But as I showed in my athletic career, the decision making process does not change. In my biggest football games, I had personal bests in scoring and catches. I approached the games the same way I had prepared in practice with the same successful outcome. I prevent the pressure with attention to detail, but I apply my everyday decision making and physical skills when the pressure cannot be avoided.

Finally, the best surgeons are constantly learning. They are able to build on their knowledge and surgical techniques throughout their careers. Learning includes personal growth of knowledge as well as assisting the learning of your peers. The last year has shown me I can always expand my knowledge. A good physician keeps up with the latest ideas that are proven better than their predecessors. My education to this point is only a foundation for me to become an adept clinician. Furthermore, teaching is as important as learning. Teaching helps others with new perspective of the subject while cementing the information in your mind. After helping teach the knot tying and the surgical techniques courses, the students and I both felt more comfortable with the skills involved. My learning will be most complete by organizing the information in my mind and sharing my understanding with my peers.

I look forward to entering a general surgery residency that will shape me into the best surgeon. I want to be a part of a program with strengths in diagnosis, in operative procedure, and in patient care. I would like the opportunity to participate in research to both improve my own skills and add to the evolving medical knowledge. I have a great deal to offer your residency program in terms of energy and medical talents. Under your supervision, I hope to have the chance to improve and grow as a general surgeon.

## CHAPTER SEVEN

### RIDING THE INTERVIEW TRAIL TO MATCH DAY

#### INTERVIEWING STRATEGIES

Many institutions will give you the impression that the personal interview is solely for you to judge the program and how well a fit the program is for you. Do not be fooled, however, into thinking that the personal interview has no bearing on your future. Even if it is little more than a "geek check," it is important to not be labeled badly. Of course, for marginal candidates, it is also your chance to shine and truly impress someone that you might otherwise not have had the opportunity to interact with.

The following outline is partially a summary of the work of Kenneth Iserson from his book, *Getting into a Residency*, I highly recommend that you read the appropriate sections from that book.

**APPAREL:** Like it or not, conservative is the key here. For men, solid dark blue or grey suit, possibly with understated, narrow pinstripes. Be sure that it fits. The shirt should be white or pale blue long-sleeved. Always wear a tie, and here too, remain conservative; this is not the time to be making a statement (you may not be stating what you intend to be stating). NO bow ties! Limit accessories to a conservative watch and (if married) a wedding band. NO lapel pins, tie clasps, or earrings. If you wear glasses, be sure they are not gaudy, colored, or in disrepair. Pens or pencils should be classy and not look like they were stolen from the hospital or obtained from a drug salesman. Stow them in an inner pocket of your jacket or carry them in an attache or leather-bound notepad. Haircut should be short; there is plenty of time to grow rowdy hairdos, ponytails, or have razorcuts after interviews are over. If you have facial hair, make sure mustaches and beards are well-groomed; avoid flavor-savers and goatees. Nails should also be trimmed. Avoid aftershaves and alcoholic beverages that will give you a lingering cheap odor.

For women, the skirted suit is uniform. Once again grey or blue are best in a solid, tweed or plaid pattern of wool or linen (or similar appearing synthetic). As with the guys, conservative style is also mandatory. Avoid flashy patterns, short skirts, or skin-tight dresses. Jackets should be long-sleeved. The blouse should be simply cut; avoid too much lace or frills and low-cut necklines. Shoes should be simple pumps with heels of 1 1/2" or less. Conservative styles and amounts of jewelry must be worn, avoiding jangly earrings,

excessive numbers of necklaces or rings. Overcoats should cover the bottom of your skirt, and also be classically styled; NO furs. Do not carry a purse; instead, carry a leather attache with the few essentials that you need. Avoid perfume or make-up that would make you appear gaudy or cheap; the less apparent the better. Your hair should be clean and well-groomed; it is not a bad idea to wear long hair up or pulled back in a bow or barrette. **[Editor's Note:** The comments with respect to women are summarized from Kenneth Iserson's book. Some women medical students have found this objectionable saying it suggests that women look like men when they interview or that grey or blue suits are too dull. We suggest that the women applicants research this topic on their own and come up with an appearance that is both attractive and appropriate.]

For both genders, it is essential that your clothes fit well and that you wear them proudly. All items should be clean, neat, and pressed. If at all possible, arrive in town the night before and be certain that you have everything you need while there is still time to alleviate these errors.

### **ONE OR TWO DAYS BEFORE:**

Call a day or two ahead to confirm the date and time of your interview. It is often possible to get an idea of the day's itinerary at that time (if you already haven't been provided with it). Allow ample time to get ready in the morning, check out of your hotel (if necessary), travel to the proper location, and find the specific room. This can often be tricky as many programs have you attend their Grand Rounds in Such-and-Such Auditorium at a time too early for there to be many people around to help you find your way. Carefully study any maps provided and bring it with you to help you find the appropriate location. If you get in early enough the day before, you can save yourself time and worry in the morning by scoping out the area ahead of time. Just DON'T BE LATE; it looks very irresponsible.

The program will have a considerable amount of information about you, and you should have (depending on the program) a reasonable amount of information about each program. Make sure you read over the information carefully the night before your interviews and prepare your list of questions. This will help you avoid asking questions that are obviously covered in their information and help you avoid confusing information from similar programs. The other advantage you can gain from your careful review of the information is to find out the clinical and laboratory interest of members of the faculty. This will give you insights into topics for discussion or possibly insights into questions that might be asked during an interview.

### **ONCE THERE:**

Smile, stand up straight, and be upbeat and pleasant to EVERYONE! Show enthusiasm for the program and for the opportunity to talk with residents and faculty members. Greet your interviewer and depart from your interviews with a smile and a firm handshake. Maintain good eye contact and speak confidently (but not arrogantly) during the interviews. This behavior does not come naturally to some and so may require some practice; therefore, do not be afraid to utilize the help of a friend and a video camera to practice and analyze your interview skills. Try to remain objective and remember that the more people with whom you are willing to practice your interview skills, the better you will become.

Consider yourself under observation the entire time that you are there. Although the program director's secretary does not sit on the selection committee, you can never be certain how much of his ear she may have; don't lessen your chances by being rude to anyone. You never know who may overhear! This applies equally as well to telephone conversations. You never know who may be answering the phone when you call, so don't make the mistake of mistreating someone over the phone on the notion that it is 'only one of the secretaries'. It just might be the program director answering his own phone while his secretary has stepped out.

If, as is the case at most interviews, you will be one of 20-25 candidates seen that day, you will need to strike a happy medium between completely being lost in the crowd and sticking out (negatively) like a sore thumb. You need to be noticed and remembered (positively), which may be difficult.

On the following page is a form for use in evaluating each surgical residency program at which you interview. Make copies of this form, and take one with you to each interview. When the interview day is complete, take a few minutes to evaluate the program and jot any notes you wish to make on the back. You might even want to make notes on the back as you go along throughout the day. When you have been on all of your interviews, you will then have a set of standardized sheets with which to judge the programs (if you do not document your visits as they occur, the programs will eventually run together).

### **THE INTERVIEW FROM A STUDENT'S PERSPECTIVE**

- 1.) You need to be psychologically prepared when you go into your interview. You want to concentrate on what is going on around you and what people are telling you. You need to have told yourself that this residency program is a place to which you would really be happy to be accepted. If you have the attitude that you are 'better' than the program, that you are arrogant, that you're not impressed by your interviewer it will show during your interview. You may regret that you acted like this at a later date.
- 2.) I think you should be "yourself". If you can't be yourself during the interview, that place is not for you.
- 3.) Rather than memorizing what you would answer to many different questions, I would more favor answering them spontaneously. There may be a couple specific questions that you may wish to memorize ( e.g What is your greatest- weakness?)
- 4.) I think you want to walk out of the interview knowing the following answers:
  - a. What is the pass rate on boards?
  - b. Length of program?
  - c. Are the residents happy?
  - d. What do residents go on to do?

### **THE INTERVIEW FROM ANOTHER STUDENT'S PERSPECTIVE**

I have a few things that I would like to add about the interview day. First of all, know your CV and your personal statement because you will be asked about them. Interviewers want to know if you are the type of person you appear to be on paper. Second, meet as many residents as you can and get to know them. Are they happy? Are these people that you can work with and be friends with, especially at 3AM during a stressful call night? How many of the residents are former students of that particular institution? Ask them all the questions that you shouldn't ask the attendings like salary, vacation, call schedule, pre-rounding vs work rounds, protected research, moonlighting opportunities, and relationships with the attendings. Does the program hide its residents? This is always a bad sign.

In addition to getting to know the residents, you'll find that you will interview with the same group of candidates, and you'll inevitably interview at one of their home programs. If the students are straight shooters (they typically are very candid), they can be an invaluable source of information on the feel of a program. Furthermore, these people may some day be your co-residents, and if not, you'll definitely encounter them at national conferences. So, network and make friends. Try to enjoy this time and use it to visit places that you've never been to or to visit old friends.

You should have a list of questions prepared for your interviewers. Having no questions is not optimal and equates to "I'm not interested in your program" or "I didn't prepare for this interview." Some questions that I found to be useful are as follows: 1.) How do the residents do on the specialty boards? 2.) What do the chief residents go on to do? How many academic? 3.) What is the faculty turnover like (be careful with this questions, especially at programs that are unstable or going through some personnel changes)? 4.) How do you evaluate your residents? 5.) Do you provide non clinical, administrative training?  
1.) How is it living in New York? Why are the Knicks so bad? Do you agree that 'so and so' is still one of the best centers in the game, much better than Shaq ever was? (you get my point)

## EVALUATION FORM FOR SURGICAL RESIDENCY PROGRAMS

**Program:**

**Date:** (circle the appropriate responses below)

**Number of Categorical Positions:** 1 2 3 4 5 6 7 8 9 10

**Program Type:** Academic Private

**Educational Programs (conferences, etc.):** 1 2 3 4 5 6 7 8 9 10

**Geography:** Urban Rural

**Safety:** poor fair good excellent

**Benefits:** 1 2 3 4 5 6 7 8 9 10 **Moonlighting?:** Yes No

**Income First Year:**

\$43000-44000 \$44000-45000 \$46000-47000 \$47000-48000 >\$48000

**Resident Backup:** poor fair good excellent

**Esprit de Corps:** poor fair good excellent

**Vacation (in weeks):** 1 2 3 4 other

**Chairman Expected to Stay Next Five Years?:** Yes No

**Overall Faculty Quality:** 1 2 3 4 5 6 7 8 9 10

**Too Many Fellows?:** Yes No

**Avg. Number of Cases in Five Years:**

<600 600-800 800-1000 1000-1200 1200-1400 >1400

**Fellowship Placement Strength:** poor fair good excellent

**Are Female Residents Comfortable Here?:** Yes No N/A

**Library Services Quality:** 1 2 3 4 5 6 7 8 9 10

**Research:** Unavailable Available Mandatory

**Available or Mandatory for How Long?:**

<6 months 6-12 months 1 year 2 years >2 years

**OVERALL RATING OF PROGRAM:** 1 2 3 4 5 6 7 8 9 10

## **THE INTERVIEW--OUTLINE AND QUESTIONS**

Lorne Blackbourne, M.D.

Interviews last between fifteen and thirty minutes, and most programs have you interview with two to four faculty (sometimes a chief resident is substituted or added). The outline of the interview is simple, however the details vary widely. In addition, you will encounter a wide variety of attitudes on behalf of your interviewers. The majority of programs want to sell the program to you. Consequently, the interview will seem like a relaxed and informal discussion. There are some programs (i.e. Mass General) where you can expect to be grilled with medical or ethical situations that put you on the spot. Once on the interview trail, you will learn by word of mouth which programs are like this. Regardless of the style of interview, almost 100% of interviews have the following outlined features.

### **1.) Introductions**

After being introduced and seated, interviewers often "break the ice" by referencing something they see in common with your background or medical record. Expect to be asked about how so-and-so on the faculty is back in Jackson or how your drive was.

### **2.) Reviewing your record--getting to know you better**

Most interviewers review your record in front of you and ask any specific questions they had. At some point, they will begin to ask you a variety of questions that will force you to think and to articulate well. Listen carefully to each question and focus on answering it rather than using it to start some prepared speech. Some questions will be generic and are covered in the list that follows this section. Others are directly off your application. If you did research, be ready to talk about it, etc. Everyone will ask you the following: what are your career goals, and why are you applying to our program.

### **3.) Telling you about the program**

At some point after they have talked with you a while, the interviewer will usually begin discussing what he sees as important for you to know about the program.

### **4.) What are your questions?**

Everyone will close the interview by asking you if you have any questions. The answer to this question is NOT: "No, I don't have any questions." Dr. Iserson's book devotes a whole section to answering this question, and we recommend reading it. The idea here is to ask intelligent questions about the program that show that you are well informed and very interested in doing your residency with them. Even if the residents answered your questions earlier in the tour, ask them again.

Listed below is a sampling of questions that several applicants have been asked during personal interviews. Questions are loosely grouped into categories and arranged into an order that attempts to keep similar questions together. However, interviewers may seem to be free associating during an interview, so questions may be asked in any order. It is a good idea to think over each of the questions and formulate the answer that you would give. Be careful, because some of the questions may have a deeper meaning than may be apparent. This exercise will help you keep from being caught off guard by the particularly tough questions. (Of course, you will undoubtedly be asked questions that haven't yet made it into this list.)

## **PERSONAL**

- 1.) Are you married? Do you have any plans to get married soon? Do you want to have a family? When?
- 2.) Is your wife with you today?
- 3.) What does your wife do?
- 4.) Do you think your wife is prepared and able to handle your life as a resident?

- 5.) What does your wife think of your being a surgeon?
- 6.) How would your wife describe you?
- 7.) Tell me about yourself.
- 8.) Tell me about your family.
- 9.) How do you keep in good physical shape?
- 10.) What do you do in your spare time?
- 11.) What do you read?
- 12.) What is the last nonmedical book you read?
- 13.) Do you like rock music?

## **CLINICAL**

- 14.) A 65 year old man comes into the E.R. with RUQ pain, how are you going to work him up?
- 15.) How do you work up a pulmonary embolus?
- 16.) How many mEq of sodium in normal saline?
- 17.) What situations will keep an enterocutaneous fistula open?
- 18.) So, how is Dr. X, Y, or Z in Charlottesville?

## **ETHICAL/POLITICAL**

- 19.) Okay, I have a situation for you .... You are doing a laparotomy for bowel obstruction and you find lap pad from a previous lap, but there is no association between the pad and the obstruction. Would you tell the patient?... Would you tell the previous surgeon?... If you were the previous surgeon who left the pad and were informed of your mistake, would you talk to the patient?... What would you say?
- 20.) Your attending says to schedule a patient for procedure A. You have been reading and discover that procedure B is more effective in addition to having less morbidity and mortality. You inform the attending of this, but he is adamantly procedure A. How do you handle the situation?

## **ACADEMIC**

- 21.) Tell me where you went to undergraduate college.
- 22.) Do you think the college you went to had anything to do with your preclinical grades?
- 23.) Why did you take Swedish as an undergraduate? (It's a good idea to know what the Dean sent.)
- 24.) How do you study?
- 25.) How do you feel about dog labs?
- 26.) If you could change something about medical school what would it be?
- 27.) What is the funniest thing that happened to you during medical school?
- 28.) Did any patient frustrate you during your surgery clerkship?
- 29.) During your clinical years did anything make you uncomfortable?
- 30.) Tell me about your most interesting patient as a medical student, and tell me what you learned from that case.
- 31.) (After reading a letter of recommendation from a pediatric surgeon ... ). Did you do a rotation on Pediatric Surgery? (yes) Well, tell me about your most interesting pediatric surgery patient. (Take home message: Have patients from different disciplines or subspecialties to present.)
- 32.) To what medical journals do you subscribe? What was the last article you read?
- 33.) What electives are you taking fourth year?
- 34.) Tell me about your grades in medical school. What were your undergraduate grades like?
- 35.) Why did you get X (grade) in X (course/clerkship/elective)?

- 36.) How come you're not A.O.A.?
- 37.) Why didn't you get a Ph.D.?
- 38.) What were your board scores? .... What overall percentage?
- 39.) Did you tell the house staff on services other than surgery that you wanted to be a surgeon?
- 40.) Why did you waive your right to read your letters of recommendation?
- 41.) Explain this sentence in your personal statement.

## RESEARCH

- 42.) Tell me about your research. (Be prepared to answer some fairly in-depth questions regarding your research. This includes basic science questions, clinical applicability, specifics of experiment design, depth of literature review, and occasional pimping. SO, UNDERSTAND YOUR RESEARCH THOROUGHLY!!)
- 42.) How did you find the time to do your research?
- 43.) Do you plan to take time off as a resident to do research?
- 44.) When do you think is the best time to take time off to do research?
- 45.) How do you feel about doing research on animals?
- 46.) What is it about research that you like and keeps you motivated?
- 47.) What percentage of your time as an attending do plan on spending on research?
- 48.) What does academic medicine mean to you?
- 49.) What does it mean to you when you say you want to be an academic surgeon, do research, or have your own lab? Why is research important to you?
- 50.) So, I see you have done-some rat surgery .... Can you tell me the name of the first abdominal muscle layer in the rat? (Yeah, right.)

## RESIDENCY

- 51.) Do you have any questions? (Do not ask attendings questions that should be reserved for residents., e.g. "What is your call schedule like?" Do not ask "Does your program have any weaknesses?") (100%)
- 52.) What do you like about our program? Why did you apply here?
- 53.) What do you like and dislike about our program?
- 54.) How did you find out about this program?
- 55.) Why did you choose an academic program over a community program?
- 56.) Where else have you applied? .... What programs have you liked?
- 57.) Are you interested in staying at UMMC? What have they told you?
- 58.) Are we your first choice?
- 59.) What do I have to say to make you come here? (Remember: Talk is cheap.)
- 60.) What would you change about our interview process?
- 61.) What are you looking for in a General Surgery program?
- 62.) If you could design your ultimate residency program, what would it include? ... What would you look for in faculty members to achieve those goals?
- 63.) What if you do not match, what then?
- 64.) What do you think are the advantages and disadvantages of every third and every fourth night on call?
- 65.) What do you think about every other night on call?
- 66.) Do you think you will be able to pursue your interests as a resident?
- 67.) What is the worst thing a resident can do?
- 68.) If you were on my service in June, what clinical weakness of yours would I have to be concerned about?
- 69.) As an intern, what do you see as your role in teaching medical students?

- 70.) How do you work with nurses?
- 71.) How many hours of sleep do you need a night?
- 72.) How do you know when you're overworked?

### **SOUL-SEARCHING**

- 73.) What makes you a better applicant than the other twenty students we are interviewing today?
- 74.) What makes you different from all those other applicants? Why should I pick you to be one of our residents?
- 75.) Why should we want you in our program?
- 76.) What makes you believe that you will be a good surgeon?
- 77.) What skill do you possess that will make you a good surgeon?
- 78.) Do you think that you have leadership potential?
- 79.) Do you think that surgeons are egotistical or arrogant? Is that a good or bad trait and why?
- 80.) If you could describe the ideal surgeon (and resident) in two adjectives, what would they be?
- 81.) Why do you like general surgery?
- 82.) When did you become interested in Surgery?
- 83.) So, why do you want to be a surgeon?
- 84.) Are you sure you want this and can give 100% to General Surgery?
- 85.) So, why do you want to do academic surgery?
- 86.) Why do you like cardiac surgery?
- 87.) Are you interested at all in cardiac surgery? (yes) Really? All the CT surgeons I know are asses.
- 88.) So, why not medicine?
- 89.) Why did you stop playing the french horn and decide to go into General Surgery? (He had the wrong chart.)
- 90.) Okay, tomorrow you lose your left hand ... What would you do then?
- 91.) What are your weaknesses?
- 92.) What is your greatest strength/weakness (pick only one)? -Why is that a strength/weakness?
- 93.) What do you consider your greatest accomplishment outside of medical school these past three years?
- 94.) What is the most memorable moment of your life outside of your academic career?
- 95.) About what aspect of your life- are you most pleased?
- 96.) About what aspect of your life are you most displeased?
- 97.) Who are your role models?
- 98.) Who has had the greatest impact on you during your lifetime?
- 99.) What are your two favorite books and why?
- 100.) Which two books would you bring to a deserted island?
- 101.) What book would you recommend to a historical figure being brought to the twentieth century?
- 102.) What do you think is the greatest problem in today's society?
- 103.) If you could invite any two famous people (living or dead) to a private dinner party, who would they be? Why those two?
- 104.) If you could visit any time and place in history for a day, when and where would it be? Why?

### **USE THE CRYSTAL BALL**

- 105.) What do you see yourself doing in ten/fifteen/twenty years? (>90%)
- 106.) How do you think you will be able to balance clinical practice, teaching, research, and family?
- 107.) Okay, I am your dad .... Tell me about your typical week as an academic surgeon?
- 108.) What is the greatest challenge to general surgery in the next five years?

109.) What do you think about the future of general surgery, and what do you say to people who feel it's a dying field?

### **"FEMALE" QUESTIONS**

110.) How do you define sexual harassment?

111.) How are you going to cope with the attitudes of some male surgeons toward female surgeons?

112.) What makes female physicians different from male physicians?' *Many* of the questions in other categories can take on a whole new meaning when asked of female applicants. Their meaning, of course, has to do with the context of the conversation and the affect of the interviewer.

## **FOLLOWING UP AFTER THE INTERVIEW**

Your work has not ended just because you pack up and go home after an interview. A thank you note written in follow-up is essential. Once again, some careful planning can help you tremendously. First, you should make a note of the names and positions of your interviewers and recall (and write down) some interesting aspect of your conversation with them. The process is somewhat time-consuming, but you should send a separate letter to each of your interviewers as well as the residency director. In your letter, make reference to that interesting piece of conversation that you wrote down before. Remember, you aren't trying to overwhelm them with your worldly accomplishments or your wit, you simply want to remind them of their conversation with you (and hopefully remind them of their favorable impression of you).

Although it will be difficult and cumbersome at times, the letters should go out within 48 hours of your interview. As with all of your written correspondences with residency programs, they should be type-written on high quality cotton bond paper.

Once you have been on all of your interviews, you should follow up once again, with all of the programs that you intend to rank. This is extremely important. As one program director remarked before I left at the end of the day:

"When you start making out your rank list, write us and let us know if you are still considering us. We have a lot of candidates come and go, and we never hear back from them. So we don't know whether or not to seriously consider them."

This suggests that an expression of interest on the part of an applicant may influence their final position on the program's rank list. Whether or not this actually applies to a particular program is probably irrelevant, and it would always be in your best interest to remind residency programs that you are still quite interested in them. (Remember, out of sight is out of mind.) If you have any unanswered questions that you feel would significantly affect your ranking decision, then this is the time to write for clarification.

To some extent your success will depend on how well you play this part of the game. Don't get me wrong; your CV and Interview will be the primary factors in a program's decision to rank you. First of all, thank you letters should be sent promptly, within 5 days, to the program director and to any members of the faculty that you have interviewed with. Try to incorporate your interest in the program, any aspects of the conversation that was personal and interesting, and reiterate some of your strong points. Do this in a brief fashion.

For those programs that you are very interested in, you may consider asking a faculty member who is well known to that program and who also knows you well if they would make a phone call on your behalf. Typically, they will ask you if this is your top pick, which is reasonable, as their credibility is on the line if they go to bat for you. Emailing your interest to a program director can never hurt and in fact can be helpful, but at the the same time try to avoid being a pest. There's a fine line between enthusiasm and annoyance.

Some programs like Brigham and Columbia won't rank anyone if they don't come back for a second look. A few programs won't rank you unless they know that you'll rank them highly, and this is a great way to show interest without telling them that they are your number one. If you are truly interested in a program, I don't see any harm in contacting the program director and asking for a second look: this affirms your interest to them and may answer some questions that you may have. I know some students who have dropped programs after their second look. Do not tell a program that they are your top pick unless you mean it: remember that these program directors do communicate, and you do not want to compromise your credibility.

Deciding your match list is extremely stressful, and I advise still more introspection. I can't stress the importance of being honest with yourself. Decide what you want in a program and in your personal life. Yes, it is sexy to go to UCSF or Duke for your residency, but if your personal goals suffer for your professional goals, you'll be unbalanced and extremely unhappy. Try to come to a joint decision on the rank list with your significant other. Make sure you include their input in every step of the process. By now, you and your advisor have become reasonably close, and he/she will be able to tell you if your match list is reasonable.

## **CHAPTER EIGHT**

### **Information From the Interview with a Program Director**

Before I begin with the Q&A format, here are some important points that Dr. Tribble would like to emphasize:

The first thing I would like to emphasize is that almost every student from University Virginia can get a surgical residency if they really want to. The primary task is to find the right place for those people (sometimes that place turns out not to be in general surgery, once the dust settles). Extrapolating from that first thought, the main goal for us, as your advisors, is to provide the proper frame for your application process. Your job as the applicant is to find the right fit within that frame. Working together I think we can usually achieve a good outcome.

I want to emphasize that two-thirds of all the surgical residencies in the country are community programs. These are generally well suited for people going into community practice (90% of all who train in general surgery). It is true that if you know for sure that you want to do a fellowship, it might be a little easier to get one from a University program. Still, I want to remind everyone that two of our last four cardiac residents at the University of Virginia came from community-based programs. A lot of the Roanoke residents get fellowships at various places. About the only fellowships you cannot really get from a community program is a pediatric fellowship, I think.

When we are trying to help you determine where you want to go we will need to have some idea what your geographical and personal preferences might be.

- 1) What courses should I take 4<sup>th</sup> year? One of the biggest questions at this time of year is what one should do for the fourth year. I think you have two main choices. One is to enhance the stature of your application and the other is to make sure you get an optimal education. These should not be mutually exclusive but there are slightly different psychological approaches to them. Ways you may enhance your stature are to do externships, research, and projects. The way you may enhance your education is with careful use of electives, attending Department Surgery activities, and broad reading. Most of us here, and I think in general surgery throughout the country, do not believe that externships per se really enhance your stature. I am specifically talking about away rotations at this point. I think a lot of you may want to do some sort of departmental rotation at UVA for purposes of getting letters and getting better known within the department. These are reasonable goals. I will tell you that just because you do not do general surgery within our department does not mean you absolutely have to do an externship. We can also help you work out externships beyond the traditional general surgical services at UVA. With regard to your own education during the coming year, I would urge you to seek out the best teachers, choose rotations that fill in the gaps in your own education, do the things that you will never get a chance to do again, and prepare yourself as best as you can for next July. One of my favorite house officers when I was a student, told me that his plan was to do a medical internship during his fourth year. Some of the great electives that people often don't think of are pediatric surgery and neurosurgery.

- 2) What is expected of me as far as surgical skills when I enter my internship? Very little. Two handed tying and maybe some skin suturing. The programs definitely want to teach you how to do things their way.
- 3) As a surgeon, will I have a life, time to pursue my outside interests? Committing to surgery is also committing to a lifestyle, more so than any other specialty. However, you do have some control. Your choice of surgical subspecialty can have a dramatic effect on your lifestyle, i.e. cardiac vs. endocrine. There are very few emergent endocrine or surgical oncology cases. You can also exercise some control by choosing to work in a large private practice vs. academics. Regardless of what you choose to do, you will probably have to be selective about which interests you pursue.
- 4) Do programs differ in OR time? I wouldn't be so concerned about the number of operative hours in the first few years of residency. In the end, the number and type of cases is much more important. Also, the most important thing to learn in the junior years of your training is how to be a good doctor. Learn how to manage sick patients. You should also be wary of programs that teach you how to operate by throwing you to the wolves. Remember that perfect practice makes perfect, and learning how to operate unsupervised is definitely suboptimal and dangerous.
- 5) Have I hurt my career if I decide to go to a community program? No. In all likelihood you will be a private practice surgeon and won't necessarily need an academic training program. Furthermore, community trained residents do go onto competitive fellowships like cardiothoracic, laparoscopy, and oncology. However, if you burn to be a pediatric surgeon, train at an academic center, publish, and meet all the right people. There just aren't very many spots for peds surgery, so you need all your pins in a row to match.

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\*The Association for Surgical Education has an information manual, red book, that is available for \$12.50.

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