

**DEPARTMENT OF OTOLARYNGOLOGY & COMMUNICATIVE SCIENCES  
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**

**STUDENT GUIDE TO SECURING A RESIDENCY  
IN OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

**WHY SHOULD I CONSIDER OTOLARYNGOLOGY AS A CAREER CHOICE?**

Otolaryngology-Head and Neck Surgery is a regional medical and surgical subspecialty. We have no medical counterpart; therefore, we are responsible for the entire management of patients with head and neck problems. This allows you to have the best of a medical and surgical subspecialty. Most otolaryngologists divide their time equally between seeing patients in the office and performing surgery. You get to make the diagnosis, treat it completely, and then follow the patient. Furthermore, the specialty has no patient age or gender limitations.

The field is much broader than you might imagine if you think only of Ear, Nose, and Throat. The specialty includes: head and neck oncology, facial plastic and reconstructive surgery, otology/neurotology, rhinology/sinus and skull base surgery, allergy, bronchoesophagology, pediatrics, speech and swallowing disorders, facial nerve disorders, balance problems, maxillofacial trauma, sleep surgery/medicine, and taste and smell disorders. There is something to interest everyone in this specialty. None of our names really describes all that we do. The wide diversity is reflected in the fascinating anatomy of the head and neck, which keeps one constantly learning.

Although no one can accurately predict the future of health care, otolaryngology is estimated to be one of the surgical subspecialties with the closest number of practitioners compared to need. The lifestyle of an otolaryngologist is manageable compared to all other surgical subspecialties and many other fields of medicine. The residency, while demanding, generally requires much less in-house call and results in fewer sleepless nights than a typical surgical residency. Private practitioners have few emergencies to bring them in at night and such rarely interrupt their office schedule. Schedules in otolaryngology practice generally allow you to balance personal and professional goals.

**HOW DO I FIND OUT IF I LIKE OTOLARYNGOLOGY?**

If you are a second-year medical student, you can request an elective rotation on Otolaryngology in your third year. If you are a third-year student and did not get to rotate on Otolaryngology during your third year or need more exposure to the specialty, you should do a one-month elective on the Otolaryngology service in your senior year. During that time, we will attempt to expose you to the entire spectrum of otolaryngologic care. We encourage you to do the rotation in the first two months of your senior year to allow time to make a considered decision about your specialty choice. You can also request a summer observership with us during your second year.

**HOW DIFFICULT IS IT TO MATCH IN OTOLARYNGOLOGY?**

Around 80% of U.S. seniors interested in otolaryngology obtained a residency slot. This is highly dependent on a number of factors, which we can discuss together. We have been very successful in matching our students at programs around the country. If you are in the top half of your class and have a Step I USMLE score greater than 230, you have a reasonable chance of getting a residency position. Obviously, the higher your score the easier it is to get interviews and match. Recent match rates by score: 230-240: 70%, 240-250: 80%, 250-260: 85%, greater than 260: 89%. The mode has been 240-250 for those who matched. We will advise you carefully about other factors that will help you assure that you are in the matched group of students. Matching with a spouse or significant other can create some challenges, but we have successfully done this a number of times. It is advisable that you take both USMLE Step 2 CK and CS as soon as possible so those scores will also be a part of your application.

Approximately 40% of all matched students are AOA members (which means that more are not AOA members than are). AOA members have an 88% chance of matching while non-AOA members have a 70% chance of matching.

You can go to [www.nrmp.org](http://www.nrmp.org) for all of the match data and reports on successful applicants.

## **DO I NEED TO DO A RESEARCH PROJECT?**

It is very helpful to for getting into an otolaryngology program. Having one or more publications or research projects is one of many factors considered in granting you an interview. If you have significant research exposure in any area in the past, that may help as well. If you have no exposure, you may want to consider doing a project with us either as a separate block or during your rotation. The earlier you get started on this the better so that you can have substantial progress to put in your application. The residency directors are simply looking to find the most motivated and curious students. Research work is one marker for this. We will be happy to get you involved with a mentor if you are interested. A list of available research projects in our department can be found on the Otolaryngology website at:

[http://www.umc.edu/Education/Schools/Medicine/Clinical\\_Science/Otolaryngology\\_Communicative\\_Sciences/Research\(Otolaryngology\\_Communicative\\_Science\)/Research\\_Home.aspx](http://www.umc.edu/Education/Schools/Medicine/Clinical_Science/Otolaryngology_Communicative_Sciences/Research(Otolaryngology_Communicative_Science)/Research_Home.aspx)

A recent national trend worth noting is that some students who seek to improve their application have chosen to defer graduation for a year in order to have an extended research experience. We are happy to discuss this option with you as we counsel you about your odds of success in the matching process.

## **HOW DO I APPLY FOR AN OTOLARYNGOLOGY RESIDENCY?**

Otolaryngology participates in NRMP and ERAS. You register with the NRMP via their web site <http://www.nrmp.org>. Registration for ERAS can be done at <https://www.aamc.org/services/eras/>. Both are in coordination with the Office of the Associate Dean for Academic Affairs. When it comes time to select programs to which you wish to apply, please talk to our faculty members for guidance. Most programs have very informative websites. You may get program addresses from <http://www.ama-assn.org> (Freida online). A few otolaryngology programs may directly contact you for additional information once they receive your application. ERAS automatically creates a CV from the application information so you should not be asked to provide an additional one.

## **APPLICATIONS**

The goal of applications is to show your best in order to get interviews. Please allow us to discuss your application prior to submitting it so we can help you project yourself best. Reviewers are looking at several areas including AOA status, USMLE Step scores, your transcript, history of research work or exposure, publications, community service, involvement in outside activities, leadership roles, and the ability to write a coherent personal statement. Your personal statement should not be outlandish but at the same time should serve to catch the attention of the reviewer. Most applicants tell what they like about otolaryngology and speculate on future career plans. We would encourage you to relate some personal experience that will serve to distinguish you from other applicants. At this point, you want to be noticed in a positive way.

We encourage you to stay on the early side of all deadlines since many program directors begin reviewing applications early. Getting applications in early suggests that you are an organized person. Also, the residency director may be able to pay more attention to yours than at the last minute when a great number arrive all at once. Finally, some programs give out interviews as the applications arrive and this puts you in a better position.

## **LETTERS OF RECOMMENDATION**

ERAS will advise you about the number of letters required or allowed. One should definitely be from the chair of our department. You should have at least three of your letters from otolaryngologists. Be sure to politely ask all of your recommenders if they are comfortable writing you a strong letter of recommendation. You do not want a mediocre letter sent in. You should request these well in advance of the deadline for applications.

## **TO HOW MANY PROGRAMS SHOULD I APPLY?**

The key to this entire game is getting interviews. If you get less than five interviews you are unlikely to match. If you get nine or more interviews, the odds go above 80%. Most students find that interviewing at eight to twelve places is adequate. It actually gets old after a while and can be quite expensive. Preferably, you want to end up in the position of being able to turn down interviews.

So how do you get to this situation? The typical student is applying to 50-60 programs. Many "experts" suggest that this is too many because it does not change the total number of interviews granted. This is true since the number of programs is stable, as are residency slots. However, a large number of applications increase your exposure to a greater number of residency directors. If you limit your number of applications, the program that might fit you best may not review you. So, except for all but the very top students, we recommend applying to at least 40 places. You can always turn down interviews, but you can't get them after the fact.

## **TO WHICH PROGRAMS SHOULD I APPLY?**

Obviously there are many considerations, including geographic preference, spouse's needs, and type of city where the program is located. Also remember not to be overly picky about applying, as you can always turn down an interview. After you have reviewed these issues, please come talk to us so we can give you a more personal view of each program. We have included a list of programs that have accepted our recent UMMC students at the end of this document.

The basic requirement for training at all programs is five years of otolaryngology with the following rotations required in the first year: up to three months of otolaryngology, neurosurgery, critical care, emergency medicine, anesthesiology, and at least five months on at least three services consisting of general surgery, thoracic surgery, vascular surgery, pediatric surgery, plastic surgery and surgical oncology. Rare programs offer or require an additional entire year of research. Instead, most programs have a several month research experience during your residency.

Finally, you may wish to talk to our faculty, residents and recent graduates to get their perspective.

## **WHAT IF I AM THINKING ABOUT AN ACADEMIC CAREER?**

Most otolaryngology programs are entirely capable of turning out academicians and do so. We will counsel you about a few programs with a strong reputation for doing so. Overall, we think it is hard to make such a decision so early in your career. But, we will make sure you focus on the right programs to keep all of your options open.

Most private practitioners do not do a fellowship and are capable of doing most otolaryngologic surgery. Currently, most but not all, people going into academics do a fellowship in some subspecialty of Otolaryngology such as: Pediatrics, Otology/Neurotology, Facial Plastics and Reconstructive Surgery, Laryngology, Rhinology, Sleep Medicine or Head and Neck Oncology.

## **DO I NEED TO DO AN EXTERNSHIP?**

As a rule, you do not need to do an externship. However, there are several reasons you may want to consider doing one. If you absolutely need to go to one city for some reason, you should do an externship there to make sure they know you well. If your USMLE scores are borderline, one or more externships may allow you to show your best side in action, which might overcome your paper record. On the other hand, if you are a top student, you can only look worse or as good as you do on paper. Finally, some students enjoy doing an externship to simply gain a more global view of otolaryngology. Otherwise, you do not have to do an externship to match at most programs.

## **HOW TO APPLY FOR AN EXTERNSHIP?**

Senior medical students who are enrolled in good standing in an LCME-accredited school, or an American Osteopathic Association (AOA)-accredited school, in the U.S. or Canada and who are formally approved by their parent school can be offered a senior elective in UMMC's School of Medicine or can do an externship in a host institution. The AAMC's Visiting Student Application Service (VSAS) is used to manage the application process. For more information, visit <https://www.aamc.org/students/medstudents/vsas/>.

## **INTERVIEW INVITATIONS**

In recent years, the Otolaryngology Program Directors Organization and the Association of Academic Departments of Otolaryngology have urged all programs to send out their interview invitations between October 15<sup>th</sup> and November 8<sup>th</sup>. However, you still may receive invitations anywhere from September through November from some programs. And if programs receive cancellations, you may receive interview invitations even later. As a general rule, accept all of the early invitations. Later on, if you receive a lot you can afford to be choosy. We would suggest, in fact, that you accept them immediately as some programs have been known to "overbook" leaving you without a slot or on a less convenient day. Stay on top of your e-mail at all times during this period. Once you have most of your invitations, you will realize you may have to decline some due to impossibilities in scheduling your travel dates. If you must cancel an interview, do so in a timely fashion so that the program may fill all of its interview slots and your fellow students may be granted the slot. Letting your fellow UMMC students know that you have declined an invitation allows them to call and express interest. As you hear from programs, please come by for guidance on which to accept.

Be aware that some programs may not be courteous enough to send you a rejection notice. If you have heard nothing from a program you are interested in and you have already been receiving other invitations, we encourage you to call and ask the residency coordinator the status of your file in a very polite fashion. Remember to treat the coordinators well; they can help you or kill you. One or two status calls to a program are fine, but don't be a pest. It also might help to send a note to these late programs or tell them on the phone that you have a special interest in their program. You never know, they may be trying to decide between you and a few other students and this may sway them.

Also, realize that you will get many rejections. This is not an indictment of you personally. There are many outstanding applicants and a limited number of interview slots. However, we may be able to make calls and get you an interview with some of our friends. That is why it is so important to keep us informed during this time.

## **INTERVIEWS**

Interviews may stretch from late October through early February. Our interview dates for the 2015 NRMP match were November 19, December 8 and 16, 2014 and January 8, 2015. You will find this to be an enjoyable time although the travel can get old. Most interviewers are very benign and simply want to get to know you. Relax and let your personality come through. At this point, the programs have already decided that you are academically qualified. They may want to know a few fine points about your research project or your academic record, but for the most part their intent is to get to know you.

The people interviewing on the same day with you are just as competitive as you. You want to set yourself apart in a positive fashion. Dress conservatively but don't blend into the wall. Be positive, warm, and enthusiastic. They are looking for someone to work with for five years. Say something positive about the program to each person you interview with; they are human and will be flattered. There is a fine line you don't want to pass over into "brown-nosing". A simple positive comment is fine. If you have done something particularly interesting in the past, let them know. It helps them remember you better if they can categorize you with some interesting aspect of your life.

Interview formats vary. There will be one on one interviews, interviews with more than one interviewer, and even several students and interviewers at a time. Don't be nervous; everyone is in the same boat as you.

On the day of your interview, you want to find out if they have several basic prerequisites to provide you with good training. These include: a relatively stable faculty that covers all areas of otolaryngology, a mix between senior and junior faculty members, adequate numbers of surgical cases and patient care material, a research exposure opportunity, and a formalized teaching program. Most importantly, however, you want to find out if the residents are happy overall (obviously not every day is perfect for a resident) and if you feel like you fit in with the personality of the program.

Be careful of questions that could be misinterpreted such as "How hard do you guys work?", "What time do you go home?", and "What is call like?" They might think you are trying to look for an easy program. You would be surprised how minor some things are that determine your final rank. You can usually find these things out by listening to other applicants' questions or informally discussing it with the residents.

After your interview, send a thank you note immediately. Some programs don't pay any attention to these, but it can't hurt. Say something positive about their program but don't guarantee you are going to rank them at some specific spot. Just say something like "I know that I could be happy in your program."

## **OTOLARYNGOLOGY MATCHING PROCESS**

You must turn in your ranking of programs by the middle of February. In general, we urge you to rank all programs at which you could possibly be happy. This hopefully will be a minimum of seven programs. You need to decide early on that your goal is to get good residency training, and this is possible at a number of places. Again, you should come talk to us at this point.

The match occurs on the third Friday in March and you will receive the results from your dean's office during Match Day ceremonies. If you do not match, you can find out on the NRMP website on Monday of that week. Your dean's office will also notify you. Beginning on Tuesday, the dean's office will also notify us and will work with you and us to attempt to find you a position through the SOAP match if any are available. Don't be disappointed if you get less than your first choice. In a couple of years you will never think twice about it, and remember you are competing against a lot of equally qualified applicants.

## **WHAT IF I DON'T MATCH?**

If we have done our job well, this will be a rare event. You will need to have a backup plan and you must decide if you truly want to do otolaryngology. You will be required to make decisions very quickly during match week.

Here may be some common scenarios in case you don't match:

- I want to do otolaryngology no matter what: Do not apply to any back up programs in other specialties because you are committed to them if you match. Instead, we recommend that you defer graduating from medical school for a year, if possible, and do research during that time before reapplying. The reason is that the odds of matching after medical school graduation are very low. Alternatively, graduate and try to get a research position at a program that has shown interest in you.
- I might be interested in another surgical field but still want to keep otolaryngology as a major option: Apply for a preliminary surgery year as well as otolaryngology.
- I am interested in another specialty almost as much as otolaryngology: We recommend that you apply for another specialty as well as otolaryngology. This is not a favorite option of ours. Most programs will figure out somehow that you are applying in something else and it makes you look less committed.

Final caveat: Just because you apply to other programs or preliminary years doesn't mean you have to rank them. We may have a better idea right before the rank lists are due as to what your chances are. But once you rank a program, you are committed to that program if you match with them.

This is a very complex issue, so come talk to us personally about it.

## **ADVISING**

As residency program director, associate program director, student director and chair, Dr. Lana Jackson, Dr. Andrea Lewis, Dr. Jeff Carron and Dr. Scott Stringer are available to advise you about matching in Otolaryngology. Come by the office or call anytime (601-984-5167). You can easily reach us by e-mail at [aflewis@umc.edu](mailto:aflewis@umc.edu), [ljackson3@umc.edu](mailto:ljackson3@umc.edu), [jcarron@umc.edu](mailto:jcarron@umc.edu) or [sstringer@umc.edu](mailto:sstringer@umc.edu). We also encourage you to talk to all of our faculty members along the way for different perspectives and particular knowledge they might have about individual programs. Janice Thompson, our program coordinator, is a great resource as well. She can be reached at [jathompon3@umc.edu](mailto:jathompon3@umc.edu).

Our foremost goal is to obtain the best possible Otolaryngology residency for you. Obviously we like to recruit good students to come here also, but there will never be any pressure for you to do so. Also, if you decide along the way that Otolaryngology is not for you, our feelings will not be hurt. We are glad you took a look at our specialty.

## TIMETABLE

Spring of your third year or earlier	Talk to us about otolaryngology and programs. Consider doing a research project in the summer or early fall.
July through November	Take the otolaryngology elective or do externships
August	Ask for letters of recommendation.
August through mid-September	Prepare and distribute your applications on ERAS.
August	Let us help you review your application. Give us a copy of the programs to which you applied.
July and August	Register for the NRMP.
September through December	Invitations issued. Provide us a list of your interviews.
October through February	Interview. Provide feedback to us on the programs you visited.
Mid-February	Rank list due.
Mid-March	Match results. Have a good time!

**Attachment A**

**LOCATIONS OF UMMC STUDENTS IN OTOLARYNGOLOGY RESIDENCIES or CURRENT PRACTICE**

<b>2015</b>		
	<b>Residency</b>	<b>Current Practice Location</b>
Justin Hyde	University of Virginia	N/A
Evan Sanford	University of Texas HSC, San Antonio	N/A
<b>2014</b>		
Matthew Fort	University of Alabama	N/A
Laura House	University of Mississippi Medical Center	N/A
Erin Johnson Smith	University of Mississippi Medical Center	N/A
<b>2013</b>		
Christian Barnes	UC Irvine	N/A
Christopher Clark	University of Texas Southwestern	N/A
Peyton Hines	Mayo- Arizona	N/A
Kurt Nelson	University of Arkansas	N/A
Elizabeth Schimmel	Oregon Health and Science University	N/A
<b>2012</b>		
Jonathan Giurintano	University of Tennessee	N/A
Steven Smith	University of Texas Medical Branch	N/A
Tyler Winford	Wake Forest University	N/A
<b>2011</b>		
Lois Montague	University of Chicago	N/A
<b>2010</b>		
Geoff Ferril	University of Colorado	N/A
Ben Hodnett	University of Pittsburgh	N/A
<b>2009</b>		
Jessica Gullung	Medical University of South Carolina	Summerville, North Carolina
Claude Harbarger	Medical College of Georgia	University of Alabama, Birmingham, Alabama Pediatric ENT Fellow
Matt Stevens	University of Texas HSC, San Antonio	Tupelo, Mississippi
<b>2008</b>		
Tara Lynn Rosenberg	University of Mississippi Medical Center	University of Arkansas, Little Rock, Arkansas Pediatric ENT Fellow
Matthew Seth Sitton	Medical College of Wisconsin	Texas Children's Hospital, Houston, Texas

<b>2007</b>		
	<b>Residency</b>	<b>Current Practice Location</b>
Ryan Case	University of Mississippi Medical Center	Brookhaven, Mississippi
Shelby Topp	Naval Medical Center, Portsmouth, VA	San Diego, California
Jay Young	Vanderbilt University	Miami, Florida
<b>2006</b>		
Jess Roberts	Baylor College of Medicine	Jackson, Mississippi
Courtney Shires	University of Tennessee	University of Tennessee HSC, Memphis
<b>2005</b>		
Clay Borden	University of Oklahoma	Starkville, Mississippi
Ben Jeffcoat	University of Mississippi Medical Center	Jackson, Mississippi
Chris Lee	University of Arkansas	Faculty, UMMC, Jackson, Mississippi (2010)
<b>2004</b>		
Jason Guillot	University of Mississippi Medical Center	Covington, Louisiana
Andrea Furr Lewis	University of Mississippi Medical Center	Faculty, UMMC, Jackson , Mississippi (2011)
<b>2003</b>		
Jeff Cunningham	Wake Forest University	Southaven, Mississippi
Melissa Scholes	University of Colorado	University of Colorado, Aurora, Colorado
Pearson Windham	University of Mississippi Medical Center	Oxford, Mississippi
<b>2002</b>		
Justin Garner	University of Mississippi Medical Center	Columbus, Mississippi
Lana Jackson	Medical College of Georgia	Faculty, UMMC, Jackson, Mississippi (2013)