Faculty Advising Workshop
Part 1

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Alphabet Soup

- NRMP: National Residency Match Program
- SOAP: Supplemental offer and acceptance program
- ERAS: Electronic residency application service
- LorP: Letter of recommendation portal (to upload Letters of Recommendation) [LOR]
- FREIDA: AMA listing of all accredited GME programs in the US
- MSPE: Medical student performance evaluation ("Dean's Letter")
- AAMC: Association of American Medical Colleges
- CIM: Careers in Medicine (sponsored by AAMC)
- VSLO: Visiting student learning opportunities system (sponsored by the AAMC)

"COLSEN"

Chattanooga's
Only Link Students Ever Need

https://www.uthsc.edu/comc/medical-education/colsen.php
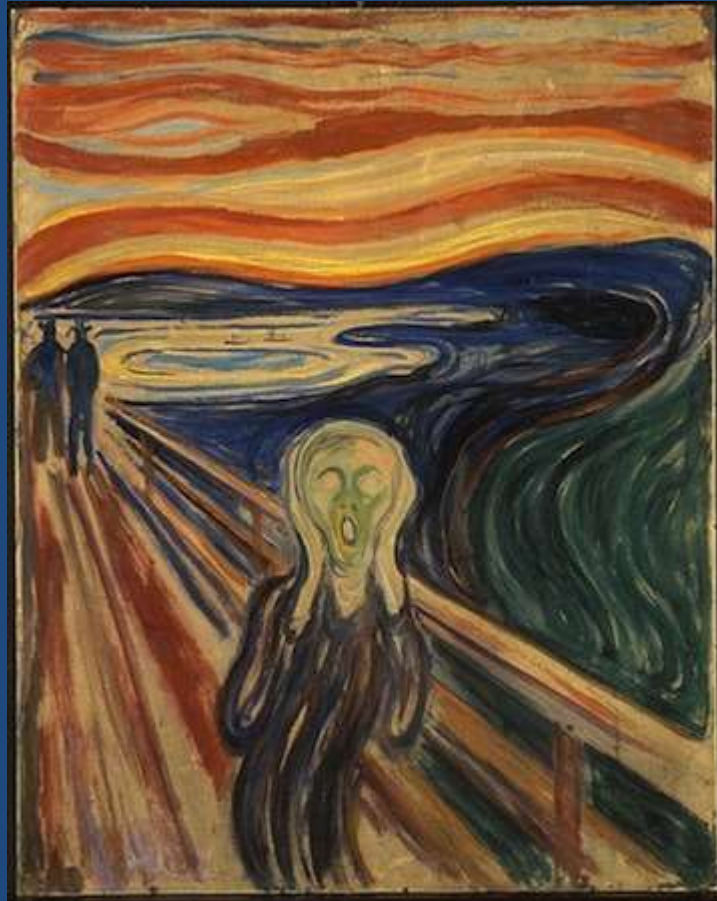
Who will come see you?

A. Premed students
B. M2 students
C. Hysterical M3 students
D. M3 students in block 1
E. M4 students in block 5
F. Military scholarship students
G. Couples match students
H. All of the above
I. None of the above

Visiting students:

- International medical students
- DO students
- In general, visiting students must be from an LCME accredited medical school
- Must go through VSLO
- Must have finished their M3 core clerkships and be senior status at the time of the rotation
- Any other visiting student inquiries should go to the clerkship director

What should you expect from your student advisee?

A. A clear career direction
B. High school transcripts
C. A polished personal statement
D. An "educational portfolio"
   - CV
   - GPA/transcript/class rank
   - Leadership activities
   - Teaching activities
E. Step 1 score
F. Step 2 CS score
G. Step 2 CK score
H. Step 3 score
I. COMLEX scores
J. Click on the link below to access the Specialty Advisor Form required for all students: [Specialty Advisor form]

But Doctor, what should I do with my life?

A. Apply to law school

B. Make a B-line to Residency Exploration in December

C. I have dreamed about being an orthopedic surgeon and I may not be competitive enough

D. I have no idea – the "undifferentiated" M3/M4 student

E. Check out AAMC "CIM" (www.*aamc.org/cim*)
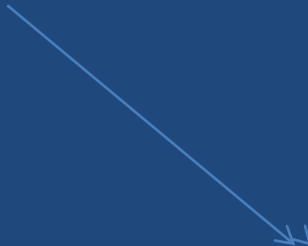
Demands on an M4 Student

- Schedule required and elective clerkships (January)→ JI's etc.
- Decide on a specialty
- Visiting electives have prerequisites
  - *Away rotations may not match UT schedules*
  - *Some rotations require you to find your own housing and transportation*
- Take USMLE Step 2 CK and CS before November 1 (DO THIS IN THE SPRING OF M4 YEAR!!)
  - *$$$Budget for this in your financial aid award*

Demands on an M4 Student

- Assemble your ERAS application
  - Submit application by September 15
  - LOR's and MSPE

    Chair's letters vs. Department letters
  - Personal statement
  - CV
  - Schedule interviews ($$$)

  Complete all graduation requirements 30 days prior to commencement (2022 Graduation is May 9, 2022)

More Demands…

- Capstone Course
  - *Feb 2022 in Chattanooga (Class of 2022)*
  - 4 week required course
  - Pass/Fail
- Longitudinal Scholars Project
  - Complete by April 2022 (class of 2022)
  - On-line tools and techniques, modules, syllabus and deadlines, readings
  - Pass/Fail
  - Approved poster presentation required

....and MORE demands

PCM (*Principles of Clinical Medicine*):

- Required M4 course
- Longitudinal instead of Block
- CME Model
- Required and optional activities
- Pass/Fail

USMLE Minimum Passing Scores

Step 1	194
Step 2 CS	Pass/Fail
Step 2 CK	209
Step 3	196

www.usmle.org/transcripts/
www.usmle.org/performance-data/

Step 2 CS

3 components:

Integrated Clinical Encounter (ICE)

- Integrated Clinical Encounter (ICE)→
  - History, physical, note
- Communication and Interpersonal Skills (CIS)
- Spoken English Proficiency (SEP)

12 encounters, 15 minutes with SP, 10 minutes for write-up

Scheduling <u>EARLY</u> is critical

Given in only 5 locations in the US (Atlanta, Houston, Philadelphia, Chicago, Los Angeles)

USMLE Step 2 Exams

Step 2 CK

Class of 2017: mean 242 (95% first-time)

Class of 2016: mean 242 (95% first-time)

Class of 2015: mean 242 (95% first-time)

Class of 2014: mean 240 (97% first-time)

Class of 2013: mean 240 (100% first-time)

Step 2 CS

Class of 2017: 96% first-time pass rate

Class of 2016: 97% first-time pass rate

Class of 2015: 97% first-time pass rate

Class of 2014: 94% first-time pass rate

Class of 2013: 100% first-time pass rate

When should I take my Step 2 exams?

A. Anytime before graduation

B. Third year just to get it over with

C. During internship

D. Early in the 4th year **before** November 1

How much do the step exams cost?

A. Zero. UT picks up the tab

B. $500 for all steps package

C. Financial aid office will help

D. None of the above

USMLE FEES (Jan 2018)

Step 1	$910
Step 2CK	$910
Step 2 CS	$1,565
Step 3	$850

Alphabet Soup

- COLSEN
- OLSEN
- AMA: https://www.ama-assn.org/life-career/residency-career-planning
  - Choosing a medical specialty
  - CV building
- AAMC Careers in Medicine
  - Students
  - Faculty advisors
  - Specialty choice
  - www.aamc.org/cim

MORE:

- NRMP
- ERAS
- MSPE
- Match strategies
- Interview strategies
- Rank list strategies

ERAS v. NRMP

A. These are the same

B. These are different

C. Students need only apply to one or the other

D. These are components of the Match

E. ERAS has four components including LorP

ERAS and NRMP

- **These are separate services offered by <u>two</u> different organizations, and each requires its own registration**

- FAQ's:
  - *I have already registered with ERAS; do I still need to register with NRMP? <u>YES</u>*
  - *Am I required to have an NRMP ID to submit with my ERAS application? <u>NO</u>*

4 Components of ERAS

- **MyERAS**® is the website where applicants complete their MyERAS Application, select programs to apply to, and assign documents to be received by programs.

- **DWS**

- **PDWS**

- **LoRP** enables *LoR Authors* and administrative users to upload letters directly to ERAS

How does ERAS work?

- Applicants receive a token to register with MyERAS.

- Applicants apply to programs.

- Schools start uploading supporting documents.

- Programs receive application materials

What letters of recommendation do I really need?

A. Only one MSPE

B. Only one Dean's letter

C. One Chair's letter

D. One departmental letter

E. 3-6 "regular, old" letters of recommendation

What do I do with my letter of recommendation once it is written?

A. Fax it to each program the student is applying to

B. Send it to Memphis

C. Give it back to the student to edit

D. Upload it to ERAS through the LorP

Letters of Recommendation

- MSPE ("Dean's Letter" / "DIO")
- Chair's vs. Departmental letter
- How many?
- What if I don't know anyone who can write a letter?
- ERAS LorP→ all letters <u>must</u> be electronically uploaded

ERAS 2021-2022 Timeline for Residency Applicants

- **September 1, 2021:** (applicants start applying to ACGME-accredited residency programs only at 9 AM ET).

- **September 29, 2021:** (ACGME-accredited residency programs start receiving applications and MSPEs).
  - *Extremely important for competitive specialties*

- **December 15, 2021**: Military match results are available.

- **February 1, 2022** (Urology Residency Match results are available).

- **March 18, 2022** (National Resident Matching Program [NRMP®] Main Residency MATCH results are available).

- **March 14 – 17, 2022**: Supplemental Offer and Acceptance Program (SOAP®) .

I'll really need help if:

A. My advisee wants to couples match

B. My advisee is in the military match

C. My advisee is in the urology match

D. I need to help my advisee with Plan B

What is Plan B?

A. Match protection

B. All students need a plan b

C. Only surgery students need a plan b

D. "I won't need plan b; I'll just enter the SOAP"

I try not to worry about the future -- so I take each day just one anxiety attack at a time.

QUOTEHD.COM

Tom Wilson
American

Interviews

- Timing→ Most between October and January
- Students will not be able to go for all interviews
- Match etiquette and professionalism
- Expense/travel/time away from school
- "Thank you" notes
- What if I don't get invited for an interview?
- How will I pay for all of this travel?
- Second visits?
- The GRAPEVINE! (extremely powerful "media" amongst students on the interview trail)

Rank List

- Where to start?
- The Match favors the student
- Don't try to outwit the Match
- No interview→ no rank
- Make sure the student is happy with <u>ALL</u> rank list entries (there is a finite chance that the student could Match with the last program on the rank list)
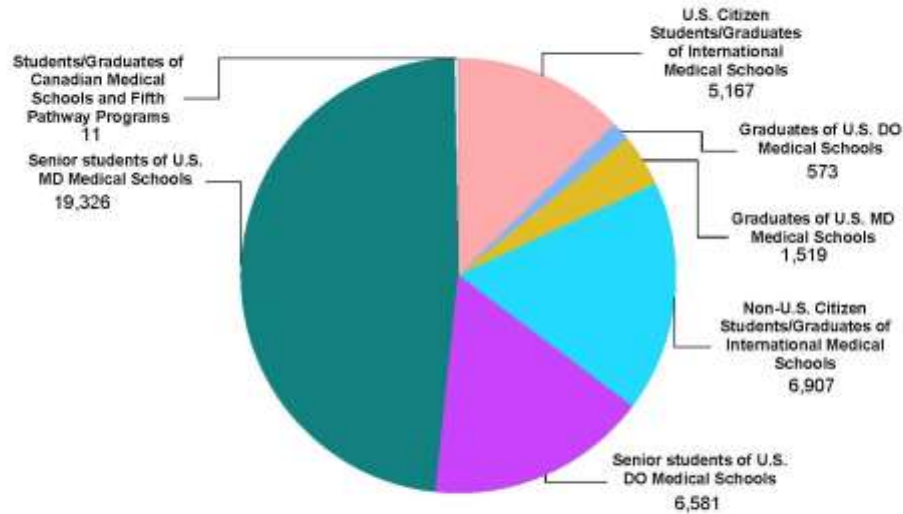- PLAN B!!!!!!!!!

Chart 1 shows the number of active applicants (applicants who submitted rank order lists of programs) by applicant type in the 2020 Main Residency Match. A total of 40,084 active applicants participated in the 2020 Main Residency Match. Senior students of U.S. MD medical schools constituted 48.2 percent of the applicants in the 2020 Match. The next largest group were non-U.S. citizen students and graduates of international medical schools (17.2%). Senior students of U.S. DO medical schools (16.4%) have surpassed the U.S. citizen students/graduates of international medical schools to become the third-largest group. The number of Fifth Pathway and Canadian graduates (n=11) is small.

Chart
6

USMLE Step 1 Scores of U.S. MD Seniors
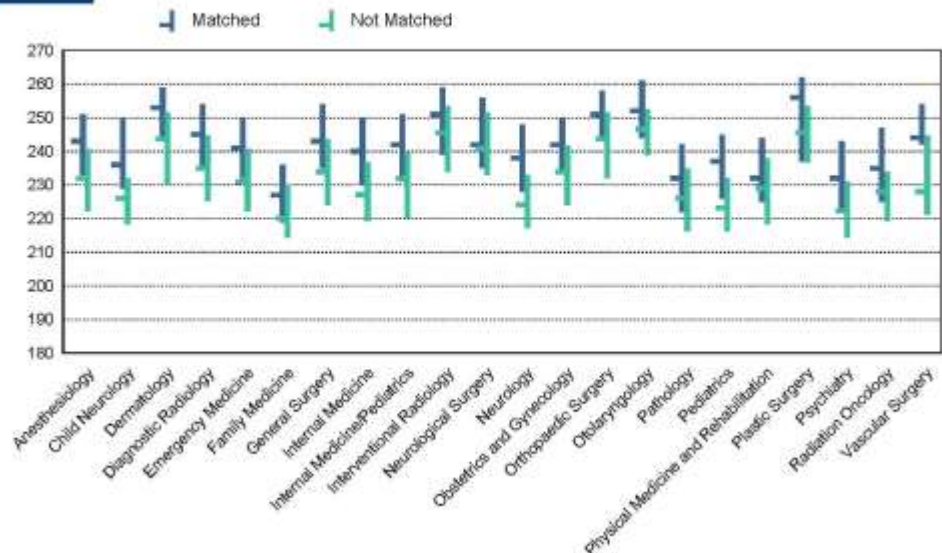### by Preferred Specialty and Match Status
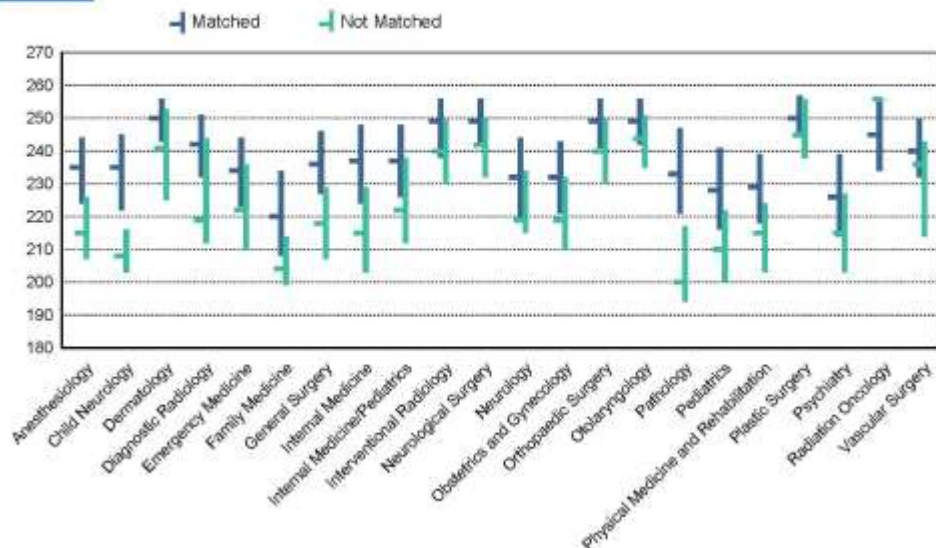
Source: NRMP Data Warehouse

USMLE Step 1 scores are a measure of a student's understanding of important basic science concepts and the ability to apply that knowledge to the practice of medicine. Although such knowledge is only one facet of applicant qualifications considered by program directors in their selection process, a Step 1 score is the only qualification that is universally available for all applicants during the interview season and prior to the NRMP's ranking deadline. Overall, U.S. MD seniors who matched to their preferred specialty have *mean* USMLE Step 1 scores of 234.0 (s.d. = 17.0), well above the 2020 minimum passing score of 194. Step 1 scores were available for 99 percent of U.S. MD seniors who gave consent to research.

Chart 6 displays the Step 1 scores for U.S. MD seniors by specialty and match status. The horizontal bars are the *median* values and the vertical lines show the interquartile ranges (IQR, the range of scores for applicants excluding the top and bottom quarters of the distribution). Scores generally are higher for the more competitive specialties, but there is substantial overlap when specialties are compared.

Across all specialties except Radiation Oncology, the IQR of U.S. MD seniors who matched to their preferred specialties was higher than those who did not match. Only one U.S. MD senior preferred Radiation Oncology and did not match.

Chart 7

USMLE Step 2 CK Scores of U.S. MD Seniors
*by Preferred Specialty and Match Status*

Source: NRMP Data Warehouse

USMLE Step 2 CK scores are a measure of an applicant's ability to apply the medical knowledge, skills, and understanding of clinical science essential for providing patient care. Overall, U.S. MD seniors who matched to their preferred specialty had *mean* USMLE Step 2 CK scores of 246.9 (s.d. = 14.2), well above the 2020 minimum passing score of 209. Step 2 CK scores were available for 98 percent of U.S. MD seniors who gave consent to research.

Chart 7 shows the Step 2 CK scores for U.S. MD seniors by preferred specialty and match status. The horizontal bars are the *median* values and the vertical lines show the interquartile ranges. As was the case for the Step 1 scores, the more competitive specialties have higher average Step 2 CK scores, but the overall variation is smaller.

Across all specialties, the IQR of U.S. MD seniors who matched to their preferred specialties was higher than those who did not match.
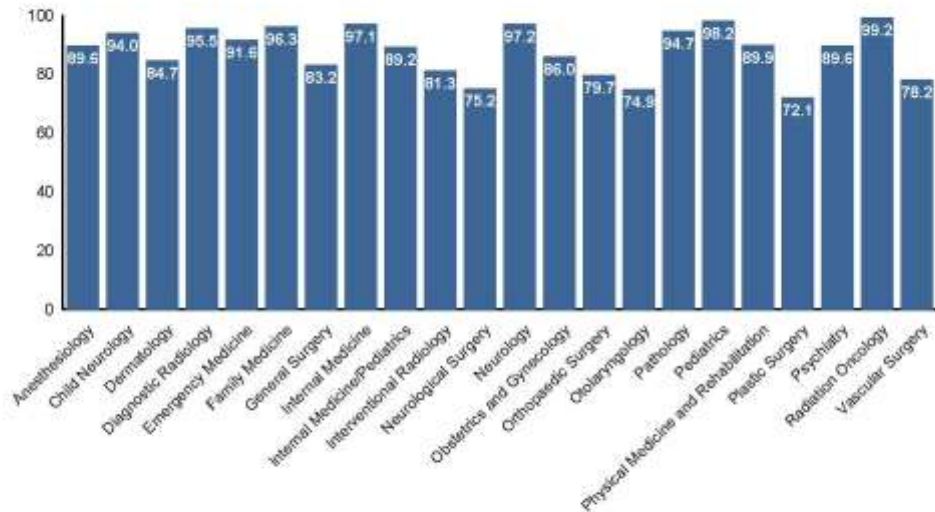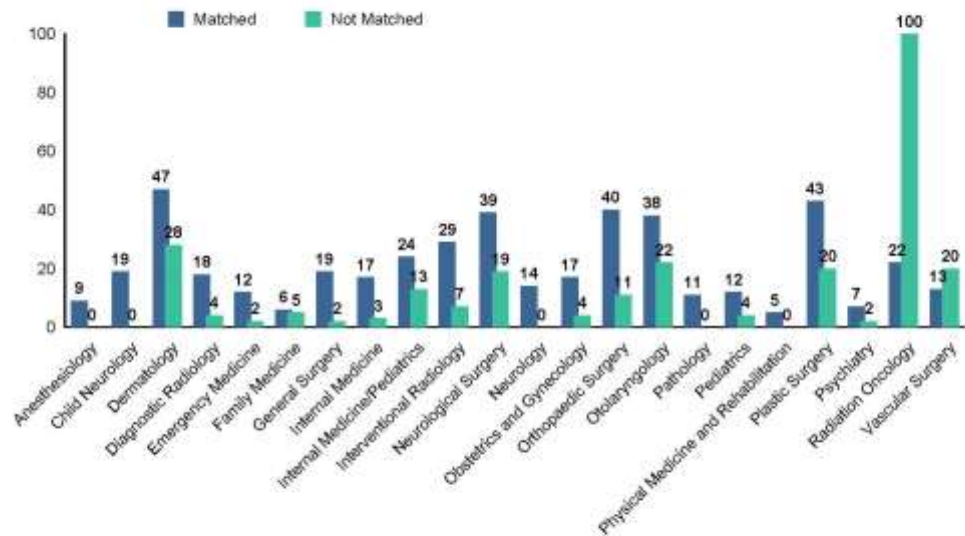
Source: NRMP Data Warehouse

Chart 3 shows the percentages of U.S. MD seniors who matched to their preferred specialty. Overall, 91.2 percent of U.S. MD seniors matched to their preferred specialty, ranging from a high of 99.2 percent (Radiation Oncology) to a low of 72.1 percent (Plastic Surgery).

Charting Outcomes in the Match:
U.S. MD Seniors, 2020

Source: NRMP Data Warehouse

Membership in Alpha Omega Alpha (AOA) Honor Medical Society is an honor reserved for students with high academic achievement. AOA membership is limited to students in medical schools that sponsor an AOA chapter. Most, but not all, allopathic schools in the United States participate. An analysis of its relationship with success in the Match is limited by the relatively small number of applicants who are members, by the fact that some schools do not have AOA chapters, and by the fact that other schools elect AOA members too late in the academic year for it to be considered in the application process.

Data on AOA membership are self-reported. Overall, 16.1 percent of U.S. MD seniors included in this report claimed AOA membership. Among U.S. MD seniors who matched to their preferred specialty, 16.7 percent reported AOA membership, compared to 7.8 percent of unmatched applicants.

As with several of the other measures, the most competitive specialties are able to attract the greatest proportion of AOA members. All specialties attract some AOA applicants, but for most specialties AOA members account for fewer than one in four successful applicants.

Note: For Radiation Oncology, only one unmatched U.S. MD senior who gave consent reported their AOA membership.

Table 1 — Number of Applicants and Positions in the 2020 Main Residency Match by Preferred Specialty*

Preferred Specialty	Total Positions Offered	Total Number of All Applicants	Number of All Applicants Per Position	Number of U.S. MD Seniors			Number of U.S. MD Seniors Per Position
				Matched	Not Matched	Total	
Anesthesiology	1,884	2,339	1.24	1,190	138	1328	0.70
Child Neurology	193	193	1.00	110	7	117	0.61
Dermatology	538	692	1.29	388	70	458	0.85
Diagnostic Radiology	1,146	1,232	1.08	680	32	712	0.62
Emergency Medicine	2,665	3,115	1.17	1,697	156	1853	0.70
Family Medicine	4,662	4,913	1.05	1,459	56	1515	0.32
General Surgery	1,536	2,183	1.42	993	201	1194	0.78
Internal Medicine	9,127	10,996	1.20	3,645	107	3752	0.41
Internal Medicine/Pediatrics	390	445	1.14	307	37	344	0.88
Interventional Radiology	156	199	1.28	117	27	144	0.92
Neurological Surgery	232	383	1.65	203	67	270	1.16
Neurology	946	1,068	1.13	458	13	471	0.50
Obstetrics and Gynecology	1,443	1,873	1.30	1,084	176	1260	0.87
Orthopaedic Surgery	849	1,177	1.39	685	175	860	1.01
Otolaryngology	350	493	1.41	310	104	414	1.18
Pathology	603	748	1.24	197	11	208	0.34
Pediatrics	2,956	3,102	1.05	1,725	31	1756	0.59
Physical Medicine and Rehabilitation	480	591	1.23	241	27	268	0.56
Plastic Surgery	180	282	1.57	165	64	229	1.27
Psychiatry	1,856	2,486	1.34	1,117	129	1246	0.67
Radiation Oncology	192	169	0.88	121	1	122	0.64
Vascular Surgery	75	122	1.63	61	17	78	1.04

*Preferred specialty is the specialty of the first-ranked program on an applicant's rank order list, excluding preliminary programs in specialties.
Source: NRMP Data Warehouse.

Table 1 provides a summary of the numbers of positions for selected specialties and the numbers of all applicants and U.S. MD seniors who preferred each specialty. For example, a total of 2,339 applicants preferred Anesthesiology (or ranked an Anesthesiology program first), among whom 1,328 are U.S. MD seniors (1,190 matched and 138 not matched to Anesthesiology). For each of the 1,884 Anesthesiology positions offered, there were 1.24 applicants who preferred the specialty, including 0.70 U.S. MD seniors.

Only those specialties offering 50 or more positions are included. For those specialties offering both PGY-1 and PGY-2 positions (including Physician (R) positions), all position types have been combined.

Measure	Matched (n=16,058)	Not Matched (n=1,527)
1. Mean number of contiguous ranks	12.5	5.8
2. Mean number of distinct specialties ranked	1.2	1.5
3. Mean USMLE Step 1 score	234	226
4. Mean USMLE Step 2 CK score	247	238
5. Mean number of research experiences	3.5	3.8
6. Mean number of abstracts, presentations, and publications	6.9	6.8
7. Mean number of work experiences	3.5	3.5
8. Mean number of volunteer experiences	7.9	7.5
9. Percentage who are AOA members	16.7	7.8
10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	31.0	22.2
11. Percentage who have Ph.D. degree	3.7	3.1
12. Percentage who have another graduate degree	17.8	22.4

Sources. NRMP Data Warehouse; Top 40 U.S. medical schools with the highest NIH funding in measure 10 is from the NIH website (http://report.nih.gov/award/index.cfm).

Table 2 provides summary statistics for all specialties by Match outcome on the 12 measures presented in this report. Data on each of these measures are displayed graphically by preferred specialty on the following pages. Only U.S. MD seniors who gave consent to use their information in research are included in this table and the rest of the report.

Chart 4

Median Number of Contiguous Ranks of U.S. MD Seniors
by Preferred Specialty and Match Status
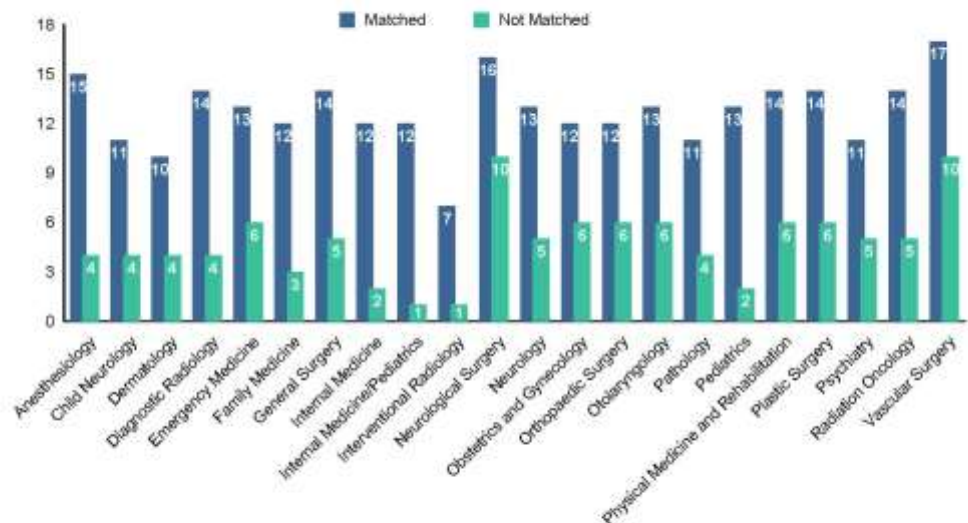
Source: NRMP Data Warehouse

In general, applicants are more likely to be successful if they rank more programs in their desired specialty. To quantify this aspect of applicant behavior, we tallied the number of programs ranked in the first-choice specialty before a program in another specialty appeared on the applicant's rank order list (contiguous ranks).

Chart 4 displays the median number of contiguous ranks by preferred specialty for U.S. MD seniors who matched and did not match to their preferred specialty. The chart shows some variation across the specialties for U.S. MD seniors. Vascular Surgery had the longest average contiguous rank list (17) for matched U.S. MD seniors and Interventional Radiology had the shortest (7). For all specialties, U.S. MD seniors who matched to their preferred specialty had median contiguous rank lists that were longer than those of U.S. MD seniors who did not match.

The principal message of these graphs is that applicants with longer rank order lists are more successful than those with shorter ones. Some applicants may have shorter lists because they found only a few programs willing to entertain their applications or because they could not afford a large number of interview trips.

Blind leading the blind   Open to osmose   Epiphany (not really)   Serenity (not really)

Rene Magritte