

RESULTS OF SURVEY

(Conducted 2001)

RESIDENCY PROGRAM DIRECTORS' EXPECTATIONS OF INCOMING RESIDENTS

EXPECTATIONS OF INCOMING RESIDENTS

TABLE OF CONTENTS

DERMATOLOGY	1
FAMILY PRACTICE	2
INTERNAL MEDICINE	4
NEUROLOGY	6
OBSTETRICS/GYNECOLOGY	7
PEDIATRICS	9
PSYCHIATRY	11
RADIOLOGY	13
SURGERY*	15
TRANSITIONAL	19

*ORTHOPAEDICS, OTOLARYNGOLOGY, SPINE SURGERY, UROLOGY, PLASTIC SURGERY, GENERAL SURGERY

EXPECTATIONS OF INCOMING RESIDENTS

DERMATOLOGY

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- A "seriously" thought-out 4th year – meaningful electives.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- I would hope the electives chosen would be pertinent to dermatology/medical professionalism, because I think this will help them once they start their residency training in dermatology AND help them make sure it is the right choice for them.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- Rheumatology, Infectious Disease, Oncology.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- Do away electives in dermatology, if possible, (mainly to get letters and check out other programs) early in fourth year.

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- Exposure to research and participating in research are preferable. More importantly is attempt at publication and experience in scientific writing.

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- We use them to screen candidates for interview; must be at or above the mean.

7. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- Can help or hinder! Only encourage those who will "shine" clinically and personally – otherwise it may hurt them.

Respondents:

- SIU School of Medicine, Springfield, IL

EXPECTATIONS OF INCOMING RESIDENTS

FAMILY PRACTICE

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- Good amount of core medical inpatient experience so student is ready for responsibilities of internship.
- Clinical experiences with direct patient exposure.
- Primary Care orientation.
- Honestly – most applicants do not have much information from elective experiences in their application at the time of interviews. However, level of motivation, ability to handle high levels of responsibility, work ethics, personal knowledge base particularly in areas of deficiency.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- Broad-based, but some specific to area of specialty.
- Experience in multiple clinical specialties to better prepare for broad base of patients seen in Family Practice.
- Broad-based because ours is a broad-based specialty.
- Broad-based. We're Family Medicine – broad is the nature of our residency.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.).

- Subinternship experience in general medicine, pediatrics, and medical subspecialty.
- Subspecialty experience both in-house and ambulatory.
- Ambulatory experience.
- General ward with call – subinternship, cardio, dermatology, outpatient, orthopaedics, or sports medicine.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- Use electives for areas of weakness and to build on areas of strength and interest. Advise strong clinical electives but some electives (a few) just for fun.
- Gain experience in as many subspecialty experiences as possible.
- Subinternship is valuable, rural practice exposure.
- General ward with call – subinternship, cardio, dermatology, outpatient, orthopaedics, or sports medicine.

FAMILY PRACTICE (continued)

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- Passing necessary, prefer average or better, one criterion used in ranking applicants, not the most important.
- Passing at a minimum, but higher Part II is better.
- As long as they are average, we do not base acceptance on high scores.
- Not to have failed – Progressive from USMLE I to II.

7. How important do you consider “audition” electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- Very important; students you've worked with are a known commodity (can be good or bad) – if you perform well – definitely gives you an edge/advantage.
- We think these are useful both for the program and the residency application.
- We encourage applicants to spend time here to get to know us and so that we can get to know them.
- Good opportunity for both parties, because your choices and time slots are somewhat limited. Consider some 2 week experiences. Consider taking elective in some hospital not necessarily your program to discover others' perceptions of your program and interest.

Respondents:

- SIU School of Medicine, Springfield, IL

EXPECTATIONS OF INCOMING RESIDENTS

INTERNAL MEDICINE

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- Broad-based electives but should have a 4th year experience in General Medicine.
- Performance on an Internal Medicine subinternship can be useful.
- The elective experiences are not especially important. I do look for electives that represent essential physician skills (Radiology, Electrocardiography) and that also show a work ethic on the part of the student.
- Not really a relevant factor. Diversity of experiences important to me.
- Direct patient management on wards and clinics. Relevant electives: Neurology, Rehab, Psychiatry, Dermatology, Radiology, Office Surgical Subspecialty skills, ER, ICU, CCU.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- Broad-based – will learn Internal Medicine when they get here.
- I have no preferences.
- Broad-based. We'll give them the specialty experience after they arrive.
- This is likely the last opportunity for candidates to expose themselves to a variety of experiences. They have the rest of their lives to specialize. Having said this, I would recommend students take specific rotations to enhance medical competencies – EKG's, CXR, critical reading skills, etc.
- Depends on their learning needs. Some would benefit from an additional subinternship. Others who have done well can go for breadth.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- General ward, ambulatory care.
- Learning how to interpret ECG's on a cardiology rotation; subinternship in medicine.
- Ideally: junior internship, critical care experience, EKG/cardiology, radiology; ambulatory care month also nice.
- Personally-none. Some favor in-house call experiences (GIM wards, ICU, or renal), but I'm really indifferent to the necessity of these. It's more, what does the senior student feel they need additional exposure in.
- Direct patient management on wards and clinics. Relevant electives: Neurology, Rehab, Psychiatry, Dermatology, Radiology, Office Surgical Subspecialty skills, ER, ICU, CCU.

INTERNAL MEDICINE (continued)

4. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- No.
- No expectations.
- No. No expectations here.
- A nice addition but not a requirement.
- If they are academically oriented, yes.

5. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- 80 for Steps 1 & 2. This is not a clear cut call, but close.
- The higher, the better.
- I prefer scores above 200, I also want the USMLE II in particular to be good. These scores are used as an overall part of the assessment of a candidate.
- We have a minimum USMLE requirement for non-US Grads. No such requirement is in place for US Grads. US Grads made up only 30/35% application received this year to our program.
- Greater than 220. Not our highest priority. Professional skills are key.

6. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- If they feel it's informative fine, not informative from my point of view.
- Not very important except for highly competitive programs.
- If a student is strongly considering an outside institution, I would urge him/her to spend a month there. It displays interest to the program director there. Also the student gets a truly accurate assessment of that potential residency site.
- I encourage "audition" electives, but more because they help our students appreciate the SIU environment more. Students should be aware they can hurt or help an application at a competitive training program.
- Take one in their best guess #1 choice. Subintern may be too busy, but if positive it is helpful. Consults allow them to see more of the institution.

Respondents:

- University of Illinois College of Medicine, Urbana, IL
- Indiana University School of Medicine, Indianapolis, IN
- University of Tennessee College of Medicine, Memphis, TN
- SIU School of Medicine, Springfield, IL
- University of Wisconsin Hospital & Clinics, Madison, WI

EXPECTATIONS OF INCOMING RESIDENTS

NEUROLOGY

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- Clinical rigor. Relevance to career goals.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- Broad-based clinical experience.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- Medicine externship, Neurology externship.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- Learn the basic neuro-sciences.

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- None

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- Must have a score of at least 80 on USMLE parts I and II.

7. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- Not very important unless the student is completely sold on a particular program.

Respondents:

- SIU School of Medicine, Springfield, IL

EXPECTATIONS OF INCOMING RESIDENTS

OBSTETRICS/GYNECOLOGY

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- No particular focus.
- Conscious reasoning on choice of electives to either aid in career choice or round out education.
- We look at the types of electives the candidate chose and the grades and comments received in the electives. For example, an elective in Maternal-Fetal Medicine or Gynecological Oncology would tell us that the candidate has more than just a passing interest in the specialty and their performance in an elective like this would give us more insight into how they will perform as a resident.
- Senior year elective not particularly important as student/advisor should select best fit for student's needs.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- Elective experience is not factored into suitability for OB/GYN residency training.
- I would encourage broad-based electives to give a better balanced education. Residency will give in-depth in specialty area.
- For our specialty we would prefer a resident with at least one elective in an OB area such as Maternal-Fetal Medicine or Low-risk OB. OB/GYN is a particularly demanding residency program and it's essential that we know their level of interest and that they know the time commitment and demands faced by OB/GYN residents.
- No more than 3 mos. of OB/GYN. Broad-based.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- Their choice.
- General ward with in-house call in our specialty, general medicine in-house rotation, radiology (not in our 3rd year curriculum).
- We prefer that each applicant has at least one OB elective along with a good variety of other electives before coming to our residency program. Of course, there are always exceptions to this.
- No specific expectations.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- Need good performance evaluations, good letters, pass USMLE Steps 1 & 2.
- Spend time with attendings whose practices are similar to what you think you want. Understand lifestyle issues, and the "best" and "worst" about the field.
- Talk to current OB/GYN residents to find out about the time commitment and demands of this residency program and make sure you are willing to put in that much effort for the next four years.
- Broad-based curriculum. ... "Audition" elective.

OBSTETRICS/GYNECOLOGY (continued)

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- No.
- Prior research experience is not required. If done, student should be knowledgeable about area. Research experience is a required part of our training program.
- We encourage residents to come in with research experience, but it is not required. All residents will have the opportunity to be involved in a number of research projects and to present some of their own research at the end of their 4th year.
- Preferred but not expected.

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- Pass Only. Often ranked with other applicants.
- Pass on first attempt, score at least greater than 180, better if greater than 200. Used as a general reflection of medical knowledge, but feel strongly that they only predict how well someone takes a test.
- We look for USMLE scores over 200. We have found that residents with lower scores aren't as well prepared to handle our high-volume program, however, we also are flexible with scores if a candidate has excellent recommendations or stands out in other ways.
- Must have passed USMLE I preferably on first attempt.

7. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- Not important.
- Not necessary unless there is one special program they want specifically or if there are problems with their application and they want to impress program with the quality of their work to get interview. If you do it, must do a great job. No time for weak performance.
- Audition electives are strongly encouraged. When a student rotates through our department, they get a good idea of how the program works and how they would fit in here. The faculty and residents also get a sense of the student's abilities and interpersonal skills. Both the student and the program can then make a more informed decision when it comes time to create the match list. If it is a program that is very high on the student's list for matching they should put in extra effort, such as volunteering for night call, wherever they can during the elective rotation and ask as many questions as possible.
- Not.

Respondents:

- St. Louis University School of Medicine, St. Louis, MO
- SIU School of Medicine, Springfield, IL
- Washington University/Barnes Jewish Hospital, St. Louis, MO
- Indiana University School of Medicine, Indianapolis, IN

EXPECTATIONS OF INCOMING RESIDENTS

PEDIATRICS

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- Not very much. I like to see direct patient care electives.
- Honesty, integrity, intelligence, compassion.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- Broad-based; feel that, in most instances, residency is for concentration on the specialty area!! Why do the same thing during the elective period??
- A broad-based elective experience.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- Pediatrics ward experience with procedures; pulmonology and pulmonary physiology; ambulatory pediatric experience; PICU; NICU.
- At least one Subinternship.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- Take electives which combine clinical exposure with physiology, ie., pulmonology, cardiology, endo, PICU, NICU, etc.
- Enjoy themselves in the ward.

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- No.
- Openness to inquiry in their career.

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- Difficult. I am concerned if they have to re-take a step (Fail the first time).
- Not much. Greater than 190.

PEDIATRICS (Continued)

7. How important do you consider “audition” electives to be? What advice would you give students as they are considering taking an elective at an institution to which they’ll be making application for residency?

- Extremely valuable to the residency candidate if they are properly advised.
- Very useful for applicant to have been successful here.—Not too neat to have done electives in other away rotations in peds.

Respondents:

- Washington University/St. Louis Children’s Hospital, St. Louis, MO
- SIU School of Medicine, Springfield, IL

EXPECTATIONS OF INCOMING RESIDENTS

PSYCHIATRY

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- Passion for Psychiatry and not just looking for a job. We look for demonstrated interest (past experience in clinical psychiatry and/or volunteer work that has ANYTHING TO DO WITH PSYCHIATRY exposure); Letters of Recommendation that address clinical skills and personality; Personal Statement – looking for language skills and psychological mindedness; USMLE scores and USMLE transcripts – to look for test-taking skills.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- A broad-based elective experience would be great, however, this experience must include any Psychiatry-related fields of exposure. This shows that the candidate has truly explored his/her options before committing to a field of expertise (in this case, Psychiatry). If unsuccessful in prior work experience/exposure, we would like to know WHY THEY ARE NOW INTERESTED IN PSYCHIATRY.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- We don't look for any "specific" electives as our specialty involves so many. We look for clinical elective experience/s whether inpatient or ambulatory.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- I encourage students (who work with me) to do as many electives as they possibly can; take opportunities as they are offered; "keep your options open" until they have made some decision. Then they should take electives related to that particular field/area of choice.

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- Research is not required but a bonus. We let our applicants know that the opportunity is here if they're inclined to do so. We encourage them to participate in research activities, but again, not a "requirement".

PSYCHIATRY (continued)

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- We look for scores of 80 or above, but are reviewing all applications. If scores are low and they have good experience, we consider offering them an invitation for interview. If scores are very high but nothing else, we probably don't consider/invite them. If recent graduate, we expect good scores. We also take into consideration their number of tries – if took the exams many times and finally gets an 80 or 90, probably not. FMG's generally (?) have high scores but personal statements and experience do not match each other – probably not.

7. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- I consider it a double-edged sword. We once had a candidate do an elective with us. This candidate was very intelligent but had no interpersonal skills. She wasn't offered an interview and she had a difficult time accepting that.

Respondents:

- SIU School of Medicine, Springfield, IL

EXPECTATIONS OF INCOMING RESIDENTS

RADIOLOGY

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- In contrast to most program directors, I do not think a prospective resident in radiology should have rotations on radiology except for the fact if his mind is not clear and a rotation on radiology might enhance his desire to be a radiologist. What little learning he will obtain on a rotation in radiology is worth about two weeks, at most, of the residency. I am most interested in the evaluation of the resident on an active clinical service including emergency room patients at night, a true clinical experience. I believe this gives opportunity to evaluate a resident's character.
- I like to see some exposure to radiology, perhaps a general radiology elective and a subspecialty radiology elective. However, I also like to see a broad exposure to clinical (subspecialties) – the best radiologists will have some working knowledge of gastroenterology, pulmonology, orthopedics, etc.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- I would prefer that the resident have broad-based elective experience and it would appear to me that orthopedics, rheumatology, GU, ENT rotations are all grist for the mill later during radiology training.
- See #1.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- I am more interested in the resident having clinical experience in a busy in-house service such as surgery or general internal medicine. I am completely uninterested in ambulatory care, family medicine in someone's office but a rigorous in-house clinical experience.
- I think it's good that an applicant does one elective rotation in the subspecialty area at the institution he/she expects to be his/her #1 choice in the match.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- The advice I give students who plan on entering a radiology career is somewhat different from what I've outlined. As I said, and I tell them that I personally think that a rotation on radiology is a waste of time for them. I stress, however, that most program directors, as far as I know, feel it is important that they have a rotation in radiology, preferable at the institution for which they wish to apply. I think this is illegitimate but nevertheless, that is what I tell them.
- I think it's important for beginning radiology residents to "hit the ground running". They can accomplish this by combining a couple 4th year radiology rotations with reading several radiology textbooks in their 4th year of school and internship year, as well as taking advantage of interactions between clinical services and radiology on other rotations.

RADIOLOGY (continued)

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- For the whole field of radiology, I think that research is extremely important. For the individual, however, the research experience teaches him how to evaluate research, be it clinical or bench. This can be achieved without having engaged or published research in conjunction with others. At this program, the residents are encouraged to engage in research and will definitely be supported in their effort. However, I feel that this must come from the individual and not imposed by the program.
- It's not mandatory, but it can provide a nice exposure to a part of the specialty.

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- At the present time due to the large number of applicants, we quite arbitrarily choose a number on the USMLE under which we will not offer an interview. I don't think this is a very good idea but one must set some criteria in order to cut down on the number of applicants that are being considered.
- I expect applicants to have USMLE scores well above average.

7. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- In a way, I have already answered this question. For the program at this institution, I certainly am not interested if they have an elective in radiology, as mentioned. However, I believe other programs may require this. I give the advice mentioned earlier.
- They can be very important in a competitive specialty. Students should begin reading a general radiology text before their rotation and complete it during their rotation. They should do additional reading specific to cases seen during the course of the day. Anatomy should be reviewed prior to and during the course of the rotation. Students should observe as much as possible, ask questions and demonstrate a sincere interest in the specialty. It should not be treated as an easy rotation just because there may be no call.

Respondents:

- SIU School of Medicine, Springfield, IL
- St. Louis University School of Medicine, St. Louis, MO

EXPECTATIONS OF INCOMING RESIDENTS

SURGERY*

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- Interest, reliability, inquisitive nature, interest and participation in research and conferences, and personality (pleasant, mature, self-directed).
- An applicant's elective experiences are a very minor aspect of the application process. We would prefer to see someone who has spent time on non-surgical electives such as Medicine and Medicine specialties.
- Does it demonstrate a balance between good time utilization, experience in varied areas supporting chosen specialty pursuit and chosen specialty to show knowledge of that specialty?
- An applicant interested in an Otolaryngology residency should have a well-rounded elective experience in critical care trauma as well as advanced medicine rotations.
- Good evaluations, good letters in ortho. Nice to have honors in other electives/rotations.
- The broad experience that the applicant presents is important; however, in applying to a urology program specifically obtaining honors in a urology elective or general surgery elective or general surgery primary rotation are considered important in reviewing an applicant's application.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- It does not matter – the important aspects are in questions #1. It does help, though to know they had an interest in our specialty.
- We prefer applicants not focus on surgical electives, but on electives that will prepare them to deal with the patient as a whole, particularly medical problems in surgical patients.
- Broad-based – See #1.
- Applicants should have a broad-based elective experience that also has specific areas that are specialties that are encountered during their senior year. This is to help prepare them for a general surgery internship role which is required prior to entering a four-year otolaryngology residency. In particular, a resident should have a surgical sub-internship, preferably in otolaryngology, but a general surgery rotation would also suffice.
- Just care about what they have done in ortho and that a few people have gotten to know them well enough to write a letter.
- Again, a broad-based experience is good, however, some evidence of rotation within the area of specialty or in the region of specialty such as surgery, in the case of urology, would be considered important. Receiving a positive letter of recommendation or summary from a urologist or general surgeon can make a difference in offering a chance to interview at a program. This is especially true if the person who is evaluating the candidate knows the person who wrote the letter of recommendation or rotation summary.

SURGERY (continued)

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- Again it is not important. They can have a basic science or clinical elective – both could hold them in good stand if they abide by question #1.
- The ones we recommend include Radiology, Cardiology, and Anatomic Cadaver Dissection appropriate to surgical specialty, Research, Critical Care, and Renal Medicine.
- Specialty area – spine – Student needs ICU management, rehab experience, outpatient, patient evaluation experiences.
- Same as #2.
- Surgical anatomy elective, surgical skills (when it was available), 1-3 ortho electives.
- The electives that are most important are most often related to areas that will compliment their ultimate selection of residency programs. For example, in urology, having a good background in general medicine, infectious disease, nephrology and intensive care along with a general surgical rotation would all be considered beneficial.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- Follow characteristics of questions #1; seek out research interests; start early (2nd year) in getting our interests known.
- Take opportunities to gain experience in areas that are not part of the residency experience. We would prefer they not spend a large portion of the fourth year doing “audition electives”.
- Take advantage of learning opportunities available in the fourth year as it is your last chance to delve into areas of your own choosing.
- In general, applicants should have board scores over 210 on USMLE Step One. They should have started work on a research project. This does not have to be a basic science project, but preferably is a project that they are working on somewhat independently with the guidance of a faculty person or resident. The student should aim for having the project well underway by the time they begin interviewing for programs in the fall.
- Step I greater than 220. Get to know as well: summer research, several electives. Honors in as many clerkships as possible not just ortho.
- The field of urology has become very competitive for residency selection. Evidence of strong basic science skills and a broad background during medical school is important. Early contact with the Division of Urology is also important because this will help in developing a relationship with the Division members that would be beneficial for the student when they apply to programs in urology. One of the strongest aspects of interview selection in urology is a letter from someone known in the field of urology recommending a student for a specific urology program. Therefore, as general advice, the most important aspect is to develop a relationship with an urologist so that they can help in the selection of residency programs along with a letter of recommendation.

SURGERY (continued)

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- Two publications and two presentations over 6 years in residency; entering residents will stand a better chance if they are published or have research experience since the competition is so great to get in.
- We strongly prefer that applicants have at least spent time engaged in research activities. Applicants that have published research are clearly rated higher in our review process.
- Encouraged but not required.
- Same as #4.
- Research is commonly done by candidates – I see it as a good way to demonstrate interest and also to get to know the faculty well.
- Our entering residents are not expected to have done research in medical school. There are not specific requirements for publications in order to be accepted in the urology residency program; however, since the field is very competitive having had experience and interest in either basic science or clinical research is considered positive in reviewing applicants.

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- USMLE scores account for 1/6 of our scoring system to get people to the interim level. We interview 15-18 people. The scores mean little after this point.
- USMLE Part I is used as one of the initial screening criteria to determine whether or not an applicant will be granted an interview. The scores are utilized along with class rank, surgery clerkship grade, AOA membership, etc.
- High scores makes the final cut.
- These scores are used to screen candidates. The scores that are lower than 200 generally are considered indicative of students that may have difficulty passing their residency boards. Most otolaryngology residency programs therefore invite applicants who have scores of above 210-220.
- Step I greater than 220. If they are less than that – the applicant must be very well known to us and have desirable features – ie research, great letters, AOA.
- The problem with USMLE scores is that they are only comparable within a specific medical school group, but across different medical schools depending upon the emphasis on the USMLE will determine the USMLE score. There is a tendency in surgical specialty programs to emphasize USMLE scores. The data does not support the specific use as USMLE scores as a determiner of who to interview. There is some vague association with the high and low ends of USMLE scores and later in-service results. Students with extremely high USMLE scores seem to do better on in-service examinations and those with extremely low USMLE scores appear to do poorly. However, with the vast majority of students that fall in the middle, there appears to be very little or no correlation with USMLE scores and success in urology residency.

SURGERY (continued)

7. How important do you consider “audition” electives to be? What advice would you give students as they are considering taking an elective at an institution to which they’ll be making application for residency?

- Audition electives are important only in that it may help you get to know people. A known commodity is less of a risk!! These electives can also work against the applicant if they are deemed inappropriate.
- We advise students to do audition electives only if there is a particular program they are very interested in and need to know more about. Secondly, we might encourage audition electives for applicants with a mediocre academic record, but who make a strong impression in a one-on-one relationship. We try to limit the number of audition electives done by senior students to one or two.
- Very effective – Consider two, your first choice and a second for comparison.
- These can be an important rotation for a student to participate in, however, the student should not engage in more than two “away” rotations in otolaryngology. The best strategy would be to identify a key program that you have a good chance of matching in and that you would be very interested in training at that program. The away rotation is critical for the student to show exceptional and exemplary clinical performance and therefore preparation prior to going on the away rotation is key. Conversely, away rotations are not necessary for students depending on how competitive they are relative to the applicant pool.
- I think audition electives are very important. We prefer candidates spend a month with us.
- Additional electives at the institution can be very powerful factors of selection in a residency program; however, if the student does not do well on an out service elective this can have a negative impact on selection. It is probably most important to identify with an urologist that has information concerning programs around the country and has contacts throughout the country. Then do well on electives in your own institution. This is probably better than to risk doing a rotation at another institution. There are specific personal reasons to do an elective at another institution. It is the best way to gauge resident satisfaction at that institution, particularly, in residency programs that are not as competitive. That experience may help you select whether or not you plan to do a residency at a specific institution.

Respondents:

- SIU School of Medicine, Springfield, IL

* Disciplines included: Orthopaedics, Otolaryngology, Spine Surgery, Urology, Plastic Surgery, General Surgery.

EXPECTATIONS OF INCOMING RESIDENTS

TRANSITIONAL

1. What do you look for when reviewing an applicant's elective experiences? What do you see as important?

- For TY applicants it is often more revealing to me how student performs in electives unrelated to their special interests.

2. Do you prefer that an applicant have a broad-based elective experience or a more specialized elective experience before entering your residency? Why?

- For TY, it is not that important either way.

3. What specific elective experiences do you like applicants to have before entering your residency program? (For example, general ward experience with in-house call, basic science anatomy review, ambulatory clinical preceptorship, etc.)

- General medicine with call is probably the best because TY residents in our program do a lot of medicine.

4. What general advice (applicable to the fourth year) do you have for students as they prepare for entering a residency program in your field?

- I look for team players who do well in general medicine and electives outside areas of interest.

5. What expectations does your residency program have regarding research experiences? Are entering residents expected to have engaged in or published research either independently or in conjunction with others?

- No research required. Those who would like to do research must have project in mind before coming.

6. What do you look for in USMLE scores? How do you use them in evaluating a candidate's application?

- USMLE scores not critical for TY. Description of performance on clerkships, especially IM, Peds, and FP, tell me more about how student will succeed here. I do not have to worry about Board pass rate, so borderline USMLE with great interpersonal skills, nice person, team player weigh more with me.

7. How important do you consider "audition" electives to be? What advice would you give students as they are considering taking an elective at an institution to which they'll be making application for residency?

- Not important for TY

Respondents:

- Michigan State University, Kalamazoo, MI