

THE GEORGE WASHINGTON UNIVERSITY

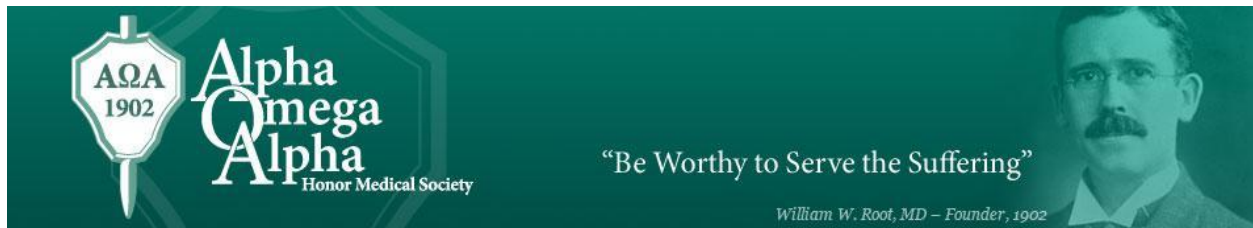
WASHINGTON, DC

GUIDE TO 4<sup>TH</sup> YEAR  
AND  
THE RESIDENCY APPLICATION PROCESS



**11th Edition**

*Revised by the  
Class of 2022 student members of  
GWU Alpha Chapter  
Alpha Omega Alpha Medical Honor Society*



The comments contained in this document are made by the medical students  
compiling this guide, based on their opinions and/or experiences.

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## GENERAL ADVICE and SAMPLE INTERVIEW QUESTIONS

### Scheduling 4th Year

Notes on planning your 4<sup>th</sup> year schedule:

1. Your schedule is **very** flexible and can be changed many times throughout the year with very little effort
2. Some of you may have personal/familial reasons to be in a geographic location far from GW. In 4<sup>th</sup> year, **you are able to spend the vast majority of your year away from GW if you so choose (and put in some careful thought/planning)**. With the exception of Transitions to Residency in March, theoretically, most of your year can be spent elsewhere.
3. Ms. LaQuita Ross in the Deans' Office is your best friend during 4th year. She will help you reschedule your courses, get VSAS applications for doing away rotations, upload letters of rec onto ERAS, and send you many reminders to ensure you don't miss due dates or other requirements. If you don't know what you are doing, she can probably help you find the answer.

On crafting a schedule to maximize being in a location other than DC (not an exhaustive list of courses – see course catalog <https://www.gwumc.edu/smhs/mdcatalog/catalog.cfm> most up-to-date list):

Courses that can be taken remotely:

- “Extramural Electives,” aka away rotations (electives and sub-I’s at other institutions)
- ANAT 291: Special Projects in Anatomy
- EMED 518: Asynchronous Point-of-Care Ultrasound
- IDIS 349: International Medical and Surgical Missions
- IDIS 350: International Medical Experience in Third World Service
- IDIS 352: International Medical Systems
- IDIS 363: Research Track Elective
- IDIS 369: Non-Track Research
- IDIS 370: International Translational Research
- IDIS 401: Exploring Implicit Bias in Medicine
- IDIS 999: Independent Study (this time is used for interviews, time off, etc.)
- MED 102: Introduction to Quality Improvement and Patient Safety
- MED 104: Medical Spanish
- MED 341: Primary Care and Health Services Research

Courses that can be taken during Transitions month (at nights) which allow for more time off during the rest of the year (ie, 2 nights a week of commitment during Transitions that counts as a 2-week elective):

- IDIS 522: Narratives in and of Medicine

Courses that meet sporadically throughout the year, which count for elective time:

- IDIS 351: Teaching and Learning Knowledge and Skills (TALKS): The Clinician as a Medical Educator -- teaching students to be educators

### Graduation Requirements

AI (Acting Internship) may be completed in Medicine, Pediatrics, General Surgery, or GW ICU. In 2021-2022 these requirements were loosened to accommodate COVID restrictions, we are not sure if this will carry forward for further years.

The Deans' Office will send out an extensively detailed and **critical** document entitled *GTACP: Guide to the Transition to Advanced Clinical Practice* in December of 3<sup>rd</sup> year which will include all important details about graduation requirements.

Your GW Portal has a “Graduation Check” feature under the “Tools” menu. It helps you verify that you have enough weeks of electives, required courses, etc. to meet graduation requirements.

### **VSAS/ERAS Headshots**

For VSAS (away rotations) and ERAS (residency application), a professional headshot is required. You can take the photo through GW (Biomedical Communications) in the basement if you so choose, but a better option may be to get it on your own. Professional headshots are done by lots of local photographers, so Google/ask around (especially your Big Sib) for recommendations. Finding someone on your own or getting a group together with your class will save you money.

### **Away Rotations**

If interested, apply **early** (especially if you are going into a smaller, more competitive specialty). Away rotations are not necessary for all specialties, so consult advisory deans, specialty mentors, and GW alumni in your field of choice to determine if this will make you a more competitive applicant in your field. A great time to ask these questions are at your specialty's Match Panel, or contact students who were on the Match Panel for your field.

As soon as you know you want to do an away rotation, figure out what the institution(s) require(s) so that you can secure a spot (usually on the institution's website). Some programs use the VSAS application, others use their own application. For the more competitive specialties, away rotation applications should be submitted the day that they begin accepting applications. Most programs have an extensive health clearance form that requires a physician to document a recent physical exam, MMR/varicella antibody titers, 1 or more PPD tests, fingerprinting, child abuse clearances, etc. Take care of all this paperwork early on so that it does not delay your elective applications.

In internal medicine, electives are a better option than AIs since you will get to spend more time with attendings and are more likely to shine on an elective. Start setting these up very early or at least looking at all of the dates yourself to try to figure out how you will fit your schedule together. Don't be shy about calling the coordinator several times if they are not getting back to you as long as you are always extremely polite. Unless you know for sure that you hate the program, once you are there tell them how much you love it and how you want to come to that program. Try to meet with the Program Director while you are there to get a chance to know him/her and emphasize your interest. If you are truly interested in the program, or if your specialty takes away rotations as an important part of the application process (again, check with specialty mentors and alums), try to get a recommendation letter from your away rotation. You don't have to send the letter to every program if you don't want to, but it's good to have one in your back pocket, and to send to that program if you end up seriously considering it for residency.

In a specialty like Pediatrics or others that do not require away rotations, **there are a few reasons one would choose to do away rotations:**

1. Geographic lock – a partner, family member, or personal preference makes you extremely interested in a specific geographic area
2. Improve your chances at a highly competitive program – “I have my heart set on X program or Y tier of programs, and I want to show them what I'm made of.” You will need to go all out for this, and work very hard to show them your application should be at the top of the pile
3. Explore a specialty GW doesn't offer – take an elective or rotate on a ward that is highly specialized or not covered by the offerings at GW
4. Try out a new place – whether this be a new place with respect to geography, size of program, specialty interest or level of involvement with a certain type of population, etc.

### **Away Rotations Comments:**

“I did not do any away rotations in California because my schedule did not permit. Many of my friends did, and this seemed to be an important part of helping show an interest in the programs. Some regions, like California and New York City, are fairly difficult geographic regions to break into, and it is probably worth doing a consult rotation, such as ID, cardiology, or GI, etc at an institution you are very interested in. This will both show that particular institution that you are interested and also send that message to California programs in general.”

"I think my away rotation was useful in that I felt more comfortable on my interview day at that program, and I was able to meet with the residency program director while I was there doing the rotation. If you do decide to do an away, however, I would make sure that you are going to be working closely with as many residents as possible."

*Not everyone does away rotations:*

"I did not do any away rotations. I did not feel at a disadvantage from not having done so."

"I did two away rotations at schools I was interested in. I did get interviews at these programs but did not match there."

**"Rotatingroom.com"** is a great resource to rent your apartment and find a place while doing an away rotation. Otherwise, Craigslist and AirBnB are the best options.

Another idea is a "research month" away: You can do a research track elective at a visiting institution if you find a mentor yourself. This is a great way to be able to do an away elective to see a program and city, make contacts, and complete your Scholarly Project all at once!

### **Applying to programs**

Choosing which programs to apply to is **highly individual**. Every person should carefully consider personal, geographic, professional, and other priorities when creating a list of programs. Everyone should also meet with AT LEAST one specialty mentor, advisory Dean, and/or attending mentor to go over the list of programs to which to apply.

You should meet with both the Program Director of the specialty you are applying to at GW, as well as with one of the Deans, to discuss your application, where you are applying and who will be writing your letters of recommendation. It is important to obtain advice from as many people as possible so that you have a reasonable understanding of how competitive you are for the field you are applying and to make sure you are applying to enough programs. They will be honest with you and help you as much as possible because they want us all to succeed! Listen to them!

Certain geographic areas (ie California, highly specific cities or regions) will require that you apply to programs of all rankings, sizes, and types. Some more competitive specialties (or top-tier programs in less-competitive specialties) will require you to apply broadly with respect to geography.

You can always (politely, in a timely manner) decline an interview once you get it, or you can decide to not rank a program, but it is better to have too many options than too few. If you're interested in a place that isn't near GW or where you are from, let them know. Email the contact person (usually program coordinator) from ERAS. Before you interview, have a true, concrete, and concise reason why you applied to each program.

If you are applying to a very competitive specialty, seek sound advice from both a trustworthy advisor and the Deans' Office and have a back-up plan for what you will do if you don't match to that specialty. For some, this will be a plan to take a year off and do research, for some it will be to match into an alternative specialty. Either way, this requires some prior thought and you need to work out a plan with an advisor you trust.

**Turn your ERAS application in on the first day!** There is really no reason not to get this done; all interview invitations are done on a rolling basis, so take advantage of being organized.

### **Letters of Recommendation**

Throughout 3<sup>rd</sup> year, ask people for letters of recommendation as soon as you think that: 1) They are a good letter writer and 2) They will write you a strong letter. Ask them, "Are you willing and able to write me a **strong** letter of recommendation?" Make sure the letter will be awesome. Ask as soon as possible so that they remember you (and you will have less anxiety about your application letters). The letters cannot be uploaded to ERAS until you are

given access. You can ask a letter writer to write the letter and hold onto it until ERAS opens. (Note: you can also choose exactly which [if any] programs to send the letter to, so don't feel like you have to use every letter! Better to have too many letters sitting in ERAS than too few.) The types of letters you get depend on specialty, so refer below to individual specialty sections. It may also be useful to take screenshots of their evaluations and send that to your letter writer with your CV and personal statement (if you have a draft prepared). You may be asked to write some bullet points of what you want in the letter, or even write the text of the letter. **DO NOT BE OFFENDED BY THIS** – see it as an OPPORTUNITY to write a letter that shows you at your best! If you are asked to do this, write an honest, but glowing, letter for yourself. Your letter writer will edit and add as they see fit. Give them something good to work with!

### **Interview Invitations**

Interview invitations may come as soon as the day after ERAS submission for some specialties: be ready! Warn attendings and residents on your rotation that you may need to check your phone often to receive and respond to interview invitations. They will understand and be excited for you, and bonus, they will know that you were considerate enough to let them know why you're constantly pulling out your phone!

Make sure to check both your ERAS inbox and your email for interview invitations – don't forget your spam folder! You should accept and schedule your interview as soon as possible after receiving an invitation. Depending on the specialty, spots can fill in minutes. To that end, set your phone to immediately notify you of every email. Some people have a setting in their phone to have your phone text you as soon as you got an email. Others have significant others or family members logged onto their email accounts to respond if they are unavailable. Still others create a new, separate email address for ERAS. People HAVE lost interviews because they didn't respond in time. This is not a joke.

A few programs still send interviews via snail mail or will personally call you regarding an interview invitation, but these programs are rare. Keep a schedule/calendar at the ready so that you always know what dates you still have available. Before interviews start going out, there are a decent number of programs that post their interview dates on their residency website. Also, Reddit usually has a thread where people post dates of interviews of different institutions. This is helpful to figure out the logistics of, for example, "If I get an interview at X, I want it to be this date because if it's a different date, then I wouldn't be able to interview at Y. Etc." Note: for some specialties (but not all), it is possible to switch interview dates if you get double-booked or if program B only has one interview spot left on a date when you previously scheduled program A. The situation can be very fluid – don't be afraid to just ask!

A growing number of institutions use online scheduling platforms like Thalamus or Interview Broker to schedule interviews. While these sites are very convenient because you can change dates online without speaking to coordinators, spots fill up even more quickly because it's so convenient. For some, you are able to request waitlists for preferred dates while still holding a spot on another date.

If you have not received an interview invitation that you really wanted for a specific reason, and that program has sent out invitations (per Reddit, other students, faculty members, etc.), feel free to reach out to the coordinator and PD from that institution to politely reiterate and explain your specific interest in that program. Alternatively or additionally, your specialty advisor or Dean can help you by reaching out to that program on your behalf. If you have a significant other who got an interview nearby, or has a great job opportunity near that program, **DO NOT** be afraid to let the PD know that! Personal and partner colocation matters to programs.

### **Interview Scheduling**

As best you can, it's helpful to try to cluster interviews in the same geographic locations so that you don't have to spend extra money making more than one trip to the same place – in a virtual season, this doesn't matter as much. If in person, allow yourself enough travel time between interviews and in the mornings. Remember that many places now have dinners the night before (or in the evening after the interview) to meet the residents, so keep that in mind when scheduling interviews (although not ideal, it's fine if you miss these social events).

For competitive specialties where a high number of interviews is necessary, it may not be possible to cluster interviews conveniently. This may cost you more but it may be the price you pay to match into your dream specialty.

Try to schedule a few interviews at the beginning of the season that are not necessarily your first choice or the most competitive programs on your list. This will allow you to feel more at ease with the interviewing process once you get to your third or fourth interview.

If you need to schedule an interview late in the interview season, do not stress about this. Don't think that because you're interviewing late (or received an interview invitation later than others), that you may be a lower-ranked candidate. There are innumerable stories of people interviewing on the last interview day and matching at the program in question. As with so many things during the application process, DO NOT OVERTHINK or try to get in the head of PD's/programs. It is useless, counterproductive, and will send you into a dark spiral. Just don't do it.

Try not to schedule required rotations during prime interview season. Getting absences excused will be an unnecessary stress. Also, unless you are traveling locally, it will be difficult to make travel plans that will allow you enough time to make it to pre-interview dinners without taking multiple days off. It is difficult to get days off during an AI. For Neurology, you get 4 weekdays off. For Emergency Medicine, you make your own shift work schedule.

Try to schedule vacation time, an online/remote elective, or a "research" elective during interview season (see above "4<sup>th</sup> Year Scheduling Tips"). While this is not essential if you are planning to go on many local interviews, if you are planning to do many interviews that are across the country, it can become very annoying and stressful to be on rotation and try to juggle missed clinical time.

Cancel interviews with plenty of time for programs to reschedule; it's rude otherwise (give at least 2-3 weeks notice).

Rads/Ophtho/Anes/Derm/PM&R/Neuro/Rad-Onc: Start up on preliminary/transitional interviews as soon as they come. Save your later dates in Dec and Jan for last-minute interview invitations you may receive.

### **Preparing for interviews**

Before the process even begins, make sure you have updated your CV, and carry copies of it with you along with any papers you have co-authored...not that anyone really asks to see them but every other applicant carries them around in a portfolio, so it's best to be prepared like everyone else [in an in-person season].

**In a virtual season**, some people had a copy of their research or CV on their screen, but it looks VERY awkward when your eyes are going left to right reading off your CV. Know your CV inside and out!

Make a list of common interview questions, and draft out your responses to them (or practice them out loud in the shower until your roommate asks you if you're okay). You don't have to (and honestly shouldn't) memorize your answers word for word (you don't want to sound mechanical), but you will sound more confident and convincing if you've prepared ahead of time and aren't stumbling or caught off-guard in the interview. It is ok to say "That is a good question, let me think about it for a second."

**Have a concrete, concise, and true reason for the "why this program?" interview question at every program.** It might not be asked, but it will be helpful for you to conceptualize why you are headed to interview at this program in the first place. Spend some time the night before each interview on the program's website so that you have a good idea what the program is about, can have something to say when you are asked why you are interested in them, and avoid asking about things that are clearly explained on their website.

If you have specific questions about the program, be sure to note them for the interview day. Always have questions in the back of your mind to ask your interviewer. Almost everyone will ask if you have any questions. **Some only want to answer your questions for the entire interview time.** Cannot emphasize this enough – have a very (very) long list of questions (program-specific and more general) for interviewers so you're not sitting in awkward silence for 30 minutes.

Also – have a fun fact, a cool story, your favorite food, favorite book/movie/music, etc. for icebreakers that occur (to our collective chagrin) at every. Single. Interview.

### **Traveling to interviews when in-person**

If possible, do not check your luggage when flying. Many of us have met people on the trail who spent the entire night before in the airport waiting for their luggage to arrive or who have had to go to the local mall and purchase a new suit. It is a better investment to buy carry-on-appropriate luggage. TSA Pre-Check is a very effective way to minimize your hassle while going through TSA, if you can afford it. You'll be traveling a lot. Podcasts will be your best friend. It's always a great topic to bring up during interviews and a way to break the ice among other applicants and residents.

### **What to bring to the interview – in person**

- Bring a portfolio with you. Almost everyone on the interview trail has one. Inside make sure you have a pen, some paper, and if you'd like, a copy of your CV and/or any publications that you have had (though interviewers will rarely ask for these, and it is unnecessary to start pulling these out during interviews). If you have a recent publication/abstract not listed on your application, simply bring it up in conversation and discuss it, otherwise the interviewers will feel obligated to read whatever you are giving them.
- Many women carry a bag that they put their portfolio in as well as a pair of flats for the tour if you're wearing heels.
- Chapstick, floss, mints (not gum), water, snacks

### **Interview Dress**

Dress professionally – this is not the time to be a standout in the wardrobe arena. A dark colored suit is usually a safe bet (black, dark blue, grey, dark brown). Make sure there are no spots or stains on your outfit and that your clothes fit you well. Wear appropriate shoes. For women, you may wear a different colored blouse under your suit, as long as it is tasteful. Do not wear low cut blouses, bare legs, or conspicuous nail polish.

"I brought a travel steamer with me, which was easier to use than an iron, and did not require an ironing board."  
"Guys: White or light blue shirts. Keep stripes on shirts subtle. Be a grown man and tie a clean tie knot with a dimple."

**In a virtual season:** same attire as in person. Lots of people wanted to dress up in full attire (including shoes) to feel like they were actually at an interview...but lots of others wanted to be as comfortable and only dress from the top up in business. This is up to your discretion – there have been a small minority of individuals who said their interviewer asked them to stand up, but truthfully in all of my interviews, no one bothered and only saw the top up view on Zoom. Do whatever makes you feel the most comfortable.

### **Arriving at an interview - in person and virtual**

Arrive early for every interview (15-20 minutes early) – in many places, being on time will make you the last one to arrive. You also may need to account for time to find parking and time to find the room where you are supposed to meet (often far away from parking in some of the large hospitals). Arriving early will also allow you to feel comfortable with your surroundings, pee, get some breakfast and a seat to sit in, and catch up with your interview trail friends. Eat the breakfast – there can be many hours and a lot of standing/walking until lunch. Just make sure you are neat and bring mints to freshen your breath afterwards. Smile and be nice to everyone. Always appear interested in the program you are interviewing for. If there are water bottles, take one to carry with you.



Never miss an opportunity to use the bathroom! You do NOT want to sit down for an extensive info session or PD interview with a full bladder.

**In a virtual season:** try to hop on the Zoom link 3-5 minutes before the interview is supposed to start. Some programs will ask you to jump on 10-15 minutes beforehand, listen to them! Sometimes the program coordinator jumps on early, so you can at least show that you are mindful of timing and start engaging with the program coordinator/other applicants prior to the interview.

### **The interview**

Relax. Think of interviews as a way to get to know the hospital and for the program to meet you. Don't try to mention as many resume points as possible on interviews. Just answer their questions, and make interesting conversation points regarding what they ask. Be enthusiastic. Always talk a little bit beyond the answer than what interviewers ask. It will make it seem like what they asked you was an interesting question or topic for discussion (even if it wasn't).

Emphasize connections you have to the program/city. For example, if you have family or a significant other in the area, programs will like that you would feel comfortable there and would be a "happy resident." They WANT to know about this.

Do NOT speak badly about GW even if you hated it here. This is one good way to send up red flags fast. Similarly, do NOT speak badly about other programs.

Even if you decide halfway through the interview that you do not like a program, still act professionally and give it your best shot. There is always a chance programs could talk to one another or you might later apply to the program for a fellowship.

**In a virtual season:** interviews still are pretty casual for the most part – they just want to get to know you. Interviewers may try to break the ice by talking about things in your virtual background...so if you're a great artist/painter/etc and want to make it known, you can put pictures up in the background and I'm sure people will comment on it! If not, a safe background is always a neutral background (neutral colored wall with no distractions) – can't go wrong with that look either. A ring light is a MUST (trust me it makes a difference, I was a skeptic) but reflects off glasses, make sure your lighting is on point (no windows in the background since that makes your face a giant shadow), and try to keep the background noise to a minimum (keep pets away while interviewing).

### **Discussing research experience**

If you listed a research project on your ERAS application, be ready to talk about it intelligently. It is not a good idea to list research that you cannot talk about. Inevitably, you will wind up meeting with the specialist on that topic. This goes for everything on your ERAS application. Again, try to make whatever you are talking about sound interesting, especially when talking about research projects. Be sure to know EVERY detail about your research, inside and out, especially in specialties where research is weighed heavily. The last thing you want to do is come across as unknowledgeable about a project you worked on, especially if it was significant in duration. But also, it is an important and worthwhile skill to distill complex research and scientific concepts into a clear and concise explanation. Interviewers will ask more questions beyond your explanation if they have specific detailed questions, but the ability to communicate clearly about your research will be valued.

### **During the interview day**

Try to meet as many residents as you can and get an idea of their personalities to see if you will mesh well with them. These are the people you are going to be spending the most time with. They also know the program best and can usually give you inside info. Be leery of the programs that do not allow you to meet with their residents. Also, the residents often provide their input to program leadership after "chatting" with all the applicants throughout the day. At some institutions, the resident opinions are a significant contributor to where you end up on the rank list.

Speak with other applicants to get their feedback on where they've been and which programs have given them a good impression (or not). But be careful not to say anything negative that could get to the wrong person and harm you. Also, ask students about where they did away rotations and what they thought about those places, if you are interviewing there as well.

Pay attention at your interviews to how people interact, if people seem happy, if the people you meet (residents and attendings) are people you would like to spend a lot of time working with. Also pay attention to the Program Director. This is someone who will have a lot of say in your future and you want someone whose priorities and values match up well with yours. The PD plays a major role in making a residency successful.

### **Program/Interview day support staff**

Be super nice to the support staff. The secretaries work extra hard. While they probably cannot make you, they can definitely break you.

### **Interview Day/Night Social events**

Some programs will have dinners; others will host happy hours. The vibe of each social event will be different, ranging from awkward to very social/party-like.

For interview dinners, most people dress in business casual attire. For guys, slacks and button down shirt (good looking jeans are acceptable for most places). For girls, dress pants/skirts and nice blouse; again no low-cut shirts or short skirts. It depends on where the social is (resident's house vs. restaurant vs. bar etc.). You are there to meet with residents, so it is usually low key and a really nice way to see what the residents are like outside the hospital.

They typically serve alcohol at these events, so feel free to have a drink and be social, but remember to stay professional and don't get sloppy! There are far too many stories of candidates getting drunk and doing things that they are going to regret in the morning, i.e. being hungover the next day for the interview, being inappropriate with residents and their significant others, getting in fights, etc. There is almost always an open bar: resist the urge to overindulge.

In a virtual season, many of these events are over Zoom and some will be on special platforms like Gather. There may be icebreakers or activities, but it also might be a Zoom room of 30 applicants asking questions of the residents for an hour. I found that casual dress was very acceptable for these. Just remember to smile and look like you're having fun (even if you're sitting on your couch exhausted).

### **After the interview**

After each interview, take a few notes about what you liked and disliked about the program, as well as about the people you met and what you spoke with them about. This will help you write personalized thank you notes and to jog your memory months later when you are trying to devise your rank list. It is amazing how quickly all the programs blend together. Keeping a Google Doc is very helpful for this so that it can be with you whenever you need to look something up.

### **Thank you notes**

Send thank you notes to the people you interviewed with, unless you interview with multiple groups of people (for example, some interviews consist of 4-5 rooms with 3-5 people in each room) – in these cases, notes to the Program Director, Chair, and maybe 1-2 other important figures are sufficient. Try to personalize them if you can. Complete these in a timely fashion (ie, in the day or two after your interview, and DEFINITELY before your next interview). Some programs will tell you not to send thank you notes. It is a good idea to comply with this request. Thank you notes can be handwritten and delivered via snail mail or typed and sent via email. Different programs want different things. A benefit to emailing thank you notes are the following: saves trees, saves time, saves hand muscles, can do them anywhere, initiates a conversation between you and whomever you are contacting. But handwritten notes are old school, show that you took extra time, and are pretty. You just have to feel this out at

each institution. The coordinators can usually tell you which they prefer if any. Overall, we recommend emailed thank you notes, as they have the advantages above, in addition to the fact that snail mail notes can easily be lost and never make it to the final recipient. If a program tells you not to communicate with them, **DO NOT COMMUNICATE WITH THAT PROGRAM** (this may disqualify your application there).

Note that more and more programs are discouraging thank you notes, and 90% of the programs I interviewed with (in emergency medicine) made it abundantly clear that they will NOT influence your application or rank. This varies by specialty so ask around to figure out what the ~vibe~ is for your specialty.

### **Be confident!**

RELAX, be confident, and put your best foot forward! Interviewing is a fun and memorable experience. Have a lot of fun on the interview trail. While it can be tiring, you will meet some great people on the trail – you can get information about their home institution's program, and you get to travel. Be nice and get to know other applicants. They may be your co-residents some day! Know that you've worked so hard and earned an interview spot, so carry yourself with a lot of confidence, and be enthusiastic.

### **Sample Interview Questions**

(Some of these are the standard questions, others are more strange and interesting questions that students were asked. We included them all to be comprehensive, but most questions you will be asked are the common, straightforward ones)

### **Common Interview Questions:**

Do you have any questions for us? – **Be aware that in some interviews this will be the only question you are asked, so be prepared with many intelligent questions!**

Tell me about yourself.

Why do you want to be a \_\_\_\_\_?

What are your strengths and weaknesses?

Why should we pick you over all the other candidates interviewing today?

How do you describe yourself? How would your friends describe you?

Where do you see yourself in 15 years?

Why are you interested in coming to this particular program?

Why are you interested in coming to this particular city? Are you willing to move to this city for the length of your residency?

What are your interests outside of medicine?

Tell me about the last book you read.

What research have you done while in medical school?

For more competitive specialties – What will you do if you don't match?

Tell me about an interesting patient you saw.

Tell me about a difficult patient you had and how you handled it.

Give me an example of a situation in which you had to be a good leader.

Tell me about a situation in which you learned from someone different from you.

Tell me about a situation in which you changed your mind about something important to you.

Tell me about a situation in which you had to work on a team and things were not going well; and how did you work through it?

Who is your role model and why?

If you could not be a doctor, what would you be?

What other programs are you looking at? What are their strengths and weaknesses?

Where did you do an away rotation? Why did you rotate there? What service were you on?

If you took any time off between college and medical school, what did you do with that time?

What is the most risky thing you have ever done?

What can you bring to this program?

Describe a situation in which you failed and how you handled it.

Describe a situation in which you made a mistake. What did you do to remedy the situation?

If you were trapped on an island and could only bring three things, what would they be?  
Tell me about the last movie you saw.  
Please explain the criticism written about you in your dean's letter.  
Of all the competitive applicants we are interviewing, what about you should make me want to rank you at the top of our list?  
Where do you see this specialty going in the next 10 years?  
Tell me about a conflict you had in medical school and how you resolved it.  
Specifically for peds – If you are in clinic and you see a mother spank her child, what would you do?  
Who are you? Where have you been? Where do you see yourself in the future?  
If you could not do the specialty you are applying for, which other specialty would you choose?  
What does your family think of you applying here?  
(If you have a parent in medicine) What does your parent think of you applying to same/different specialty?  
What inspires you about your parents?  
What will you specifically add to the intern class at this program?  
Tell me about a time when you saw someone do something you felt was wrong, and how did you handle it.  
Make me laugh (funny story, joke, anything).  
Tell me the characteristics you have liked and not liked in other programs.  
If you were a residency program director and could design a program from scratch, what would it consist of?  
Why would you want to live in this city?  
Why don't you want to stay at your home institution for residency?  
Teach me something.  
If your friends were to describe you in three words, what would they say?  
What are you looking forward to most about intern year?  
What about intern year and residency concerns you/makes you nervous?  
What will you do to stay sane/well/prevent burnout during residency?  
What do you do when life gets really hard/you are stressed?  
What is your biggest regret?  
What would your family say is your best/ worst quality?  
Tell me about a patient who impacted you.  
How do you deal with stress?  
What accomplishment are you most proud of?  
How do you give/ receive feedback?  
Tell me about a time you tried to accomplish something and failed. What did you learn from it?  
Describe yourself in one word.  
Tell me about a time you disagreed with a senior and how you dealt with it.  
Tell me about an ethical dilemma you had involving patient care.  
Tell me about a case that challenged you. How did you handle it and what did you learn from that experience?  
Tell me about your most interesting patient.  
What have you found most difficult about medical school?

### **"Interesting" interview questions**

Tell me about the state where I am from...  
What is your favorite movie and why?  
Be prepared for personal, non-medicine questions i.e. favorite or most recent books read, movies seen, hobbies, etc... ESPECIALLY if it's listed in your hobbies and interests  
Give a case presentation in 5 minutes in the form of a discharge summary. (Scripps Mercy in San Diego, Internal Medicine)  
Teach me something you learned from research. (Johns Hopkins)  
What experience do you have working with x population? How has that informed how you serve them?  
If you were a car what would you be?  
What do you think about universal health care vs. fee for service? / How should the USA pay for health care?  
Can religion and science coexist?

What are the reasons you would consider not coming to this program?  
 What three people would you want to go to lunch with (historical or current)?  
 Tell me about a time that you made a medical error. What did you do to fix the situation?  
 Are you the first person in your family to go to college?  
 When was the last time that you laughed out loud?  
 If you were an organ system, what would you be and why?  
 If you were a tree, what type would you be and why?  
 Did you enjoy high school?  
 Who is Thelodius Monk? He is a famous pianist.  
 When was first X-ray?  
 What are 3 top medical advances?  
 What kind of learner are you?  
 How do you deal with situations in which you don't know the solution?  
 How is the interview trail going? (seems easy, but it's all too easy to just blurt out "good" and then just stare blankly... use this chance to drop a quick hint into what kinds of things you like/want/noticed in a program.)  
 Why would you come here as opposed to some other neighboring programs?  
 What is the overall meaning of your life? What is your grand goal in life?  
 Do you prefer the block or traditional internal medicine schedule better?  
 Instrument a waxed rope around a polished ball with 2 pick ups with Jeopardy music and rapid fire questions.

*Additional notes for a virtual season:*

- Pre-interview happy hours still occur, typically the night before an interview, so keep this in mind when planning your schedule!
- PLEASE remember what time zone you're interviewing in – it can be easy to forget, so double check the program's time zone!
- If you are really pressed for interviewing for multiple programs but they have conflicting dates...if they are in different time zones (ie one West Coast and one East Coast), you may be able to schedule the East Coast one for the morning and the West Coast one for the afternoon. But again, PLEASE double check the time and make sure your time-zone math is accurate! Having two interviews in one day is pretty tiring so not really recommended, but if you're in a crunch, it's an option in a virtual season.
- Attire for pre-interview happy hours: typically casual or business casual. Some programs will specify, and I noticed people getting more and more casual throughout the interview season. The residents will dictate the vibe, and they are usually really casual about the dinners.
- Try to be as engaged as possible during the pre-interview happy hours and the non-interview portions of the interview day. You don't want to be that person in a pre-interview happy hour in a breakout room that doesn't say a word and is scrolling on Instagram – residents will pick up that you're not interested. During interview day, there will probably be a portion of the chief residents/PD going over the nitty gritty details of the curriculum, but don't doze off while your camera is on. You don't have to ask a question at every one of these sessions, but try to at least look engaged!
- Try your best to document right after the interview how your general impression of the program was. Since things are all virtual, lots of programs will start to blend together (ie did I get along with these residents, etc). Ask for resident contact info if you need to ask further questions as rank list season comes around and you've forgotten nitty gritty details about the program.
- Since you'll be saving a lot of money by not traveling...try to have an interview room or interview corner where you'll feel comfortable and confident.

**Please remember that the information below is an amalgamation of *personal opinions* and you should take them as such. Even with regular updates, some program information may be already out of date -- always refer to program websites and official contacts for the most up to date information**

## **ANESTHESIOLOGY**

**Chairman:** Dr. Jeffrey Berger (jberger@mfa.gwu.edu)

**Residency Program Director:** Dr. Ryan Keneally (rkeneally@mfa.gwu.edu)

**Associate Program Director:** Dr. Gregory Moy (gmoy@mfa.gwu.edu)

**Residency program Coordinator:** Inga Ricks (ilr@gwu.edu; 202-994-7903)

**Clerkship Director:** Dr. Tricia Desvarieux (tdesvarieux@mfa.gwu.edu)

**Clerkship Coordinator:** Tondalaya Hawkins (thawkins@mfa.gwu.edu)

### **GW Sub-I**

The 4 week sub-I is mandatory if you are considering anesthesiology. Try to do this early in the year so that you can get letters of recommendation in time for ERAS. The department is very relaxed and laid back; just show that you are interested. This is a month where you can be as involved and valuable as you choose to be. You are assigned to a different OR for the entire day with an attending and a resident. There might be an opportunity to be in a room with just an attending, which is great to get 1:1 time to get a letter. The clerkship director is usually open to requests to work with attendings more than once, which is highly recommended to get a good letter. When given the choice, try to link up with residents who enjoy teaching and who are a little further along in training (CA-2 or above – CA-1 residents are still working on skills such as intubation and IVs, especially during the summer months, so you won't get as many attempts). Also, try to get a variety of cases. Cardiac and neuro cases are more involved, and you should see how they work. If you are planning to do an away rotation, this is a great month to get prepared so you can really shine while you're away. There is a short exam at the end of the rotation (30 questions) and a short presentation (5 min), which count as part of your grade.

Use this time to identify who will be able to write your letters of recommendation. Getting letters is really about finding who you click with and who you think might write you a strong personalized letter. Working 1 on 1 with an attending can be tricky to coordinate, but there are usually single posted attendings daily. It is a good way to get to know the attending as well as be more hands on in a room. If you take the elective in July (when there is a brand new CA-1 class), the attendings will be 1:1 with the CA-1s -- if you want more face time with an attending, it may be worth requesting to be in one of their rooms, since they have to remain in the room with the new CA-1 the whole time.

The 4-week elective is broadly broken up into 4 weeks of general OR, 1 day of OB anesthesia, and 1 day of the acute pain service. On the general OR weeks, your day will typically start around 6:30 AM depending on your resident and the types of cases you have that day. You should learn how to do a machine check and how to set up a room for the day. Patients start to arrive in pre-op around 7 AM. You'll see your first patient in the pre-op bays and help with the pre-op evaluation if your resident lets you. Most of your IV attempts will be in the OR after the patient is asleep; you won't place them in pre-op. Take your resident's lead in the OR. They will let you know how you can help and if you will be intubating. You will usually have a 15-minute break in the morning for breakfast and a 30-minute break for lunch. The schedule for the next day usually comes out around 2:30 PM. Your resident will relieve you in the afternoon to go do pre-ops for the next day's cases and then you will usually be allowed to leave. When you're on OB anesthesia, your day starts at around 7:30 am and you will stay with the resident doing epidurals and C-sections. This is also a good way to get face time with an attending, because it's just you, one or two residents, and the attending in the tiny OB anesthesia alcove. Read up on general pregnancy physiology and know about the anatomy involved in epidurals/spinals, and how anesthetics affect pregnancy. OB days end around 2/3pm. The day of acute pain service involves starting the day doing regional blocks in the back corner PACU bays, then pre-rounding, and then rounding on the patients on the acute pain service. You can help out your resident by taking a few patients from the list and pre-rounding on your own. You'll be exposed to acute pain management (onQ pumps, lidocaine and ketamine infusions, etc.), as well as regional anesthesia. The day can end pretty early, depending on when your resident lets you go.

Tips: Ask questions, be engaged, ask your resident if you can help them do things like drawing up medications. The residents like to teach and are usually open to giving you tasks, but they require some prompting. If you are

interested in anesthesiology, let the attendings you work with know early. It is okay to ask for a letter from an attending even if you have only worked with them for a few days.

Note: Unfortunately, this sub-i does not count toward your AI requirement at GW. Therefore, you will need to do a separate AI to fulfill this graduation requirement.

#### **Other Recommended GW Rotations:**

- **ANES387 - GW Chronic Pain Clinic:** This is an excellent 2-week elective that offers a balance of clinic time and interventional pain procedures. The hours are usually from 8 am-4 pm, M-F. No weekends. Clinic is located on K Street and offers humbling opportunities to participate in the initial eval/follow-up care of patients with chronic pain. Interventional procedures are done in the GW ambulatory surgical center on L Street. There are lots of opportunities to get actively involved in cases (drawing up meds, assisting with epidural steroid injections and radiofrequency ablations, etc.). There is a lot of 1-on-1 time with Dr. Chin and Dr. Doyle. Both are excellent educators and would gladly write strong LORs.
- **ANES384 - GW ICU Acting Internship:** Highly recommend this AI for anyone interested in anesthesiology! You will learn a ton on this rotation (pressors, sedation, vent management, ABG analysis, etc.). The residents and fellows do a great job at getting you involved in the team and will let you practice procedures (e.g. a-lines, US guided IVs, etc.). You are expected to do one week of nights and several long call shifts (6am-6/7pm). Otherwise, you are usually off between 12-3, depending on whether you want to stay for afternoon sign-out. Unlike other AI rotations, you are not putting in orders for patients, which makes this rotation slightly more laid back.
- **EMED517 (synchronous)/518 (asynchronous) - POCUS:** Although this rotation is more emergency-room focused, this is a great opportunity to learn and practice POCUS skills relevant to anesthesiology (bedside cardiac echo, US guided IVs, lung exam, etc.). There are two versions of the course: virtual and in-person. The in-person elective is in the GW ED, and you are able to make your own schedule with the expectation that you perform ~75 exams within ~28 hours over the 2-week course (you sign up for your preferred times on the elective's Google Calendar). The online elective has an in-person component on Fridays where you can get some hands-on practice with the ultrasound machine at the GW Class Center. One day each week you are expected to attend QA sessions where you go over ultrasound images with the fellow and attending.

#### **Away Rotations**

Away rotations are not necessary for anesthesiology. If you would like to do an away rotation, apply as early as possible as spots early in the year go fast. There are a few reasons students decide to do an away: 1) they are very interested in a program and want to increase their odds of being interviewed and matched there, 2) they want to get a perspective outside of GW, or 3) they want to be near family or a significant other for a block of time. All are valid reasons to do an away. In comparison to many other programs, GW is a small program without CRNAs (but with AAs) and is not very research-oriented, so it can be beneficial to rotate at an outside program and decide what is a good fit for you.

Going on an away rotation DOES NOT guarantee you an interview, but highly increases your odds. If there is a certain region you are hoping to end up in, you may get more interviews in that region if you do an away there. Programs only have a certain number of interviews to offer, so if they don't see anything in your application indicating a tie to the area, they may not invite you to interview. If you do an away rotation with the goal of showing interest in that area, you should do it early in the year (August/September) in order to secure a letter of recommendation to include in ERAS, otherwise programs that you've applied to will not know that you did an away rotation there.

Generally, anesthesiology is not a specialty where away rotations are required.

#### **Class of 2022 Comments on Specific Away Rotations:**

**1. University of California, San Diego Interventional Pain Elective:** 4-week rotation (8am-5pm, M-F). Applied through VSAS. Highly recommend! Worked one-on-one with attendings and fellows. Had a lot of opportunities to get involved in interventional pain procedures (e.g., epidural steroid injections, facet joint injections, SI joint injections, etc.) Was a great way to get to know the anesthesia program in a laid-back setting.

**Class of 2021 Comments on Specific Away Rotations:**

Class of 2021 did not participate in any away rotations.

**Class of 2019 Comments on Specific Away Rotations:**

**1. Cedars-Sinai:** The application process was simple—submitted through VSAS. For the most part, they accept anyone who applies for an away rotation. However, they recently hired a new chairman, so this could be subject to change. I originally signed up for the 3 week elective, and loved it so much that I ended up staying for a 4-week rotation. The hospital offers tremendous volume in virtually every sub-specialty. The chief residents (who make the medical student schedule) are approachable and are open to requests. I was granted requests for cardiac and ICU days given my interest in these subjects. Here, I performed my first arterial lines and even performed a central line. They give you ample opportunity to put in IVs and intubate. It was an extremely hands on away, without being a workhorse rotation. It was obvious medical student education was important to them, yet you were never kept to help out with busy work. I really loved it.

**2. University of California, Irvine Operating Room Rotation:** The application process was simple—submitted through VSAS although they charge visiting students a fee through their medical education office. You don't get remote EMR access, so it is difficult to chart check your patients the night before. However, you can text the resident you are scheduled to work with to read about the case. The residents and attendings were friendly and welcoming. There were lots of opportunities for intubating, performing IVs, and a-lines.

**3. University of California, Irvine Pain Management Rotation:** The application process was simple—submitted through VSAS although they charge visiting students a fee through their medical education office. This rotation is fabulous! The UCI pain attendings are super fun and welcoming. They get you involved with seeing patients and performing procedures. I also got a recommendation letter from one of the pain attendings here. The rotation is run like a typical clinic: 8/9 am – 5 pm. The clinic has a laidback, and fun vibe—I was truly sad to finish my two weeks here.

**Class of 2018 Comments on Specific Away Rotations:**

**-Ochsner Clinic:** The application process was easy enough and ordinary—submitted through VSAS. The rotation itself was relaxed—every day you were assigned to a different subspecialty but the schedule is set in advance. Two weeks is general anesthesia, and the other two weeks are split (2 days each) between peds, OB, neuro, cards, and regional. It's pretty flexible what cases you want—just get there at 5:45 and check the boards and go ask the resident if you can work with them that day. Every day there's a 12:00 mini lecture for the students. Grand Rounds with breakfast every Wednesday morning at 6:30. Students responsible for giving a keyword presentation one week. Very organized. Nice clerkship director. The residents get out around 3 so that's the latest you'll be there. In a relatively safe area (for New Orleans). All under one roof except for OB which is 5 minutes from the main campus. Would recommend for an extra learning experience while experiencing New Orleans. Not necessary to match there by any means.

**Applying**

**LOR:** Any of the anesthesiology faculty at GW are happy to write a letter of recommendation. However, it is hard to get consistent time with one attending, so seek out faculty early and make sure you spend some quality time with them to ensure your letter has substance. You can also suggest setting up a meeting with a faculty member so that you have the chance to chat one on one and they can get to know you better. You will need to send an email with the letter of recommendation request form from ERAS, your CV, a draft of your personal statement, and anything you would like them to highlight (if appropriate). Overall, anesthesia attendings seem to understand that



they may not get tons of face time with you, and generally seem to be okay with writing you a letter even if you haven't interacted with them a significant amount.

Look for faculty members with leadership positions within the department, but if you have someone who knows you well, absolutely ask them. Dr. Berger, our chair, is great about meeting with students, so take initiative to talk to him because a letter from him can go a long way. He is difficult to get to work with because he is only in the OR 2 days out of the week. A letter from Dr. Berger is quite powerful- he is broadly liked and respected, especially in the Midwest and East Coast, and generally happy to support the medical students. He can be hard to pin down though because he only keeps getting busier. You probably won't get OR time with him, but you can set up a meeting with him to discuss your application and ask him for a letter.

Residency Program Types/Nomenclature:

- Categorical residency program: 4-year program (1 intern year + 3 anesthesiology, i.e. "CA" years).
- Advanced residency program: 3-year program (only CA years; you must separately apply to one or more of the three program types below for you intern year):
  - "Preliminary" internal medicine intern year
  - "Preliminary" surgery intern year
  - Transitional year (these programs vary in the electives/rotations that you can take)

Creating a Program list: Dr. Berger is happy to sit down with you and look at your qualifications and guide you to the right programs to apply to. Expect the West Coast, New York and Chicago to be very competitive. When applying to programs, err on the side of more, rather than less. You can always turn down an interview. Aim for something like 20-30 anesthesiology (ask Dr. Berger or Dr. David what they recommend for you specifically) and 15-20 medicine prelim or transitional years. Most programs these days are categorical +/- advanced positions (for example, Johns Hopkins is still only advanced positions). If you are not interested in moving twice, choose categorical. If you want to be at a program, even if it means you would have to do your intern year somewhere else, apply to both categorical and advanced positions. Medicine prelims and especially transitional years have been getting more and more competitive, and you will want to make sure that you have at least a few positions to rank (meaning that you had an interview at the program).

There are also a few programs that offer tracks, such as a research track or critical care track. Only apply to these if you have read about them and are truly interested in them (they usually entail additional interviews and presentations on the interview day). These are like early decision tracks for a fellowship year. For example, at Hopkins and UCSF, the critical care tracks ensure your acceptance into the critical care fellowship and allow you to start doing fellow rotations during your CA-3 year, which essentially splits your fellowship year into two (not a bad gig if you know you want to do a fellowship and you would want to stay at the same program).

2014 was the first year Doximity released ratings for each of the programs in each subspecialty. Take these ratings with a grain of salt, but also realize that names of places can help you when looking for jobs and applying for fellowships. In the end, you will know where you want to be and feel like you fit in once you go on your interviews.

Personal statements: Take every bit of advice that Dr. Berger offers you - he will likely tell you to stay away from talking about anesthesiology very much at all (because everyone likes physiology, pharmacology, and the OR environment - so that doesn't make you interesting or unique in any way), make it personal, something that is important to you or that you feel has shaped you as a person/student/doctor, and then maybe hint at why that will help you in anesthesia. Optionally, you can tailor the last paragraph of your personal statement to specific programs to demonstrate your interest. Programs are receiving more and more applications each year, so conveying your interests in a program (certain research opps, rotations specific to that program, geographical proximity to family, etc.) may help them understand your motivations for applying there. The length limit is actually fairly short (about 1 page single-spaced) so think about how you want to get the message across as efficiently as possible. Start the personal statement early (May/June) so that you can have several edits before submission and so that you can share it with your letter writers. Take the time to take it from a brain dump of ideas to a polished piece of work.

ERAS: Have some research, however small, to discuss. It does not need to be within the field of anesthesia, but you should be able to hold a conversation about it. This is especially important if you are interviewing at big academic programs. Most places just want to see that you have extracurricular involvement. Hobbies are also a great topic for conversation. Be honest about your hobbies, even if you think it's boring or not worthy of the application (i.e. reading, cooking, exercise). There are two camps on whether applications should be in bullet form or paragraph form. It's best to ask the PD's about how they feel.

Submit your ERAS app the first day possible. There is absolutely no reason to wait, and you may possibly miss out on interview offers if you do. The application opens about 3-4 months before submission is allowed. DO NOT procrastinate. Create a CV long before the application opens so that you have a place to copy information from. (General tip: If possible, would recommend taking 2-4 weeks off in August/early September prior to ERAS submission to have plenty of time to get your application, personal statement, letters, and documents ready to go.)

Interviews: Don't be surprised if you have interview offers in the first few days after submitting. Many programs have started offering their first round of interviews based solely on USMLE scores. You can submit your application without all of your letters, but keep reminding your letter writers until they send them in so this isn't an issue. The Dean's Letter comes out on September 29th (same day that ERAS opens to residency programs; this is new as of 2021-22 application cycle). Overall, the timeline for interviews is accelerating. Programs will send you a list of interview dates to choose from and each does it differently - some use online scheduling software (Thalamus, the ERAS website), and some email you a list of dates and you email back preferences. Interview season can start as early as mid to late October. Don't schedule a very intense rotation or take vacation during November or December because this is when the majority of interview dates fall. If possible, don't schedule your AI during November through January as this is the least flexible rotation. Interview dates extend into January, and some programs even go into the beginning of February, but this is not the majority of programs. Try not to schedule more than 3 interviews per week - traveling/Zoom and all the small talk can get extremely exhausting.

If you don't get interviews from programs you really want, it is always always worth emailing the PD a letter of interest highlighting why you want to attend that program. Many applicants mentioned getting interviews after asking for them. You could consider talking to Dr. Keneally and/or Dr. Berger to see if they would be willing to reach out on your behalf (but if you want to involve them, make sure you have a good reason for wanting that interview and don't expect they will definitely reach out - this is just a request).

#### Comments from Class of 2022:

1. I got letters from Dr. Vincent, Dr. Sherman (no longer works at GW), and an attending whom I worked with at an away rotation. I sent them copies of my resume and personal statement. I applied to 35 anesthesia programs and 15 preliminary internal medicine/transitional year programs (total of 50 programs). In hindsight, I probably overapplied; however, there has been a general uptick in the number of applications that are being submitted in ERAS due to virtual interviews (i.e. people are more likely to send out more applications/schedule more interviews than years prior since they no longer have to travel). Note: during this interview season, programs were unsure whether or not they would return to in-person interviews. Would recommend taking extensive notes about programs during/after interviews so that you can refer back to them later in the application cycle. Be sure to send thank you notes to every program, as well (unless they specifically ask you not to)!

#### Comments from Class of 2020:

1. I got letters from Dr. Berger (after working with him for just 1 day, not even during my Sub I - he is very willing to do this - and having a meeting with him prior to that, which he clearly forgot the details of because he asked me the same questions again lol), and Dr. Chin (after doing the 2 week Chronic Pain elective in June). I also got a backup letter from another anesthesia attending who I worked with for 2 days during my Sub I - I felt bad about not using the letter, but in the end I almost needed to use it

because of a communication issue so I'm glad I had a backup. I applied to 26 anesthesia programs and 33 prelims. Got better anesthesia interviews than I expected - received 17 invites, turned down 2 and attended 15 interviews. Only got 5 prelim interview invites and went on all of them. I mostly only applied in the northeast so travel was pretty reasonable - I was able to drive/train to most places, and only flew a few times. I grouped my interviews by geographic location (ex/ did 2 NYC ones in one week) and was able to stay with family in NJ for a while, which really helped cut down on travel. In terms of the ERAS app I would advise thinking hard about your hobbies (because what I wrote down came up frequently, plus they make you unique), and thinking about quality over quantity when listing your experiences and extra-curricular activities. I did my AI in the mid September-mid October block, which worked fine because I only had 1 interview then, and then did Healing Clinic and TALKS for Nov/Dec, and Neuro in January. I happened to not have too many interviews in Jan (only 2 I believe) so missing a couple Neuro days wasn't a problem, but other classmates did note issues with requesting multiple days off for interviews.

#### Comments from Class of 2019:

1. Got my letters from Dr. Salaman and Dr. Berger; Try to work with the same attending for a couple days during the sub-i to ask for letters, scheduled times outside of sub-i to work with Dr. Berger. Applied to 28 anesthesiology programs; 5 prelims- definitely apply to more prelims if interested in advanced programs. Attended 14 anesthesiology interviews. Took online electives and scheduled TALKS during interview season which can range from early October to end of January. Try to schedule interviews in the same city to save on travel costs but may be difficult because interview offers come at different times; if you know you're going to be in a certain city/area but haven't heard from a program you're really interested in, may be worth reaching out.
2. I got my letters from Dr. Akst and Dr. Pla, who were two attendings I worked with the most on my GW anesthesia elective. Although, frankly, I only worked with them 2-3 days each. They were both very willing and eager to help! I also asked for letters from my aways. This is something I came across in my interviews; if they (your interviewers) see that you have completed aways, they are interested to see if you have letters from them.
3. I got my letters from Dr. Berger and Dr. Chin. If you meet with Dr. Berger as a "mentee" and you don't work with him in the OR he will still write you a letter, probably won't be as specific as it would be if you found someone you actually worked with in the clinical setting (but a lot of anesthesiologists recognize Berger's name so I would recommend). I also recommend doing a pain rotation and getting a letter from Dr. Chin. If you come across a pain attending, they will definitely recognize her name and it's a good talking point. I asked Dr. Berger via email and Dr. Chin in person on the last day of the rotation. I applied to 30 anesthesiology interviews and 10 prelim interviews. I went to 15 anesthesia interviews, cancelled 6, and went on 4 prelim interviews. If you're interested in an advanced program definitely apply and interview at more prelims. I wanted to be in the NE which made it very accessible via Amtrak and that was extremely cost-effective especially if you book trains in advance. I was able to drive to a few as I live in the NE and used my parent's home as my "home base" for a few weeks. Definitely manageable with rotations as well. I would recommend taking your "vacation" around Thanksgiving and being home for the holidays. As for October, I did non-track research for that month as I could be anywhere to complete my research. This was basically like doing an online elective which was great because I didn't have to rush back to DC for a rotation.

#### Interview

Anesthesia interviews are one of the most relaxed of all the subspecialties. They are interested in the person and what they are about. The overall moral of the story is to relax and be yourself. A lot of questions are basically trying to determine if you can carry a conversation and if you're normal. That being said, they are still grading you as an applicant, and you need to be on your toes. While most of your interviews will eventually devolve into "What questions do you have for me?" make sure you are able to answer any tough questions that may come up.

- "What is one thing you want me to know that isn't on your application?"

- "What are your strengths and weaknesses?"

- "Where do you see yourself in 10 years?"

- “What is one time that you failed/made a mistake?”
- “What are you most proud of?”
- “Describe a difficult experience that you have had”
- “If I were to call one of your friends, how would they describe you?”
- Why do you want to go into anesthesiology?
- Most memorable patient that you had to take care of, most difficult patient?
- What are your strengths/weaknesses? or what your best/worst qualities?
- What is unique about you (or why you over the other applicants)? Expect some variations of unique characteristics, best/worst qualities at all or most interviews.
- Be prepared to answer “why anesthesiology” or “why this program” questions. They often asked about hobbies, research. Come prepared with a few questions you can ask, research the program beforehand.
- Tell me about yourself
- Describe a time you failed and how did you handle it
- What are some of your greatest weaknesses?
- What is the hardest question you’ve been asked on the interview trail?

Make sure you know your personal statement really well as all your answers should match what is said in your personal statement.

Questions about research experience, volunteering, awards, etc.

Any questions about application are all fair game.

Questions you ask should be in line with your areas of interest, i.e. research opportunities, teaching, etc. Also, ask about things you didn't find clear throughout the day.

Know your application well. If you list any research- make sure you are able to talk about it intelligently.

You will likely have interviews at all of your institutions with either the chair or the program director in addition to 2-4 faculty members, it is usually very helpful to know a few things about each of these people (research areas, etc) so that you can formulate good questions to ask them. Try to bring as many questions to ask as you can think of, because many of your interviews will just be them asking you what you would like to know about the program. Just remember questions about call schedules and day to day workflow are better directed to residents, bring more complex questions for your real interviews. Look up your faculty members ahead of time if their names are given to you and always review the website before your interview day.

Many programs use the personal statement as a jumping point into a discussion. Put things in your personal statement that demonstrate who you are and realize that it may be brought up in an interview.

There is usually a dinner/happy hour the night before that is not mandatory, but it is encouraged that you go. This will give you a low-key chance to speak to the residents and ask questions you can't at the interview. It also gives you a sense of resident camaraderie and if they generally seem happy. I was asked at more than 1 interview which residents I got to know at dinner/the happy hour, and it can be hard to remember everyone's names, but keep 1 or 2 names in mind if they ask.

If you have not heard from a program that you want to interview at, let them know and give them reasons for why you are interested. Their screening process is not perfect, so they would rather interview someone who is very interested than someone who randomly received an interview offer. Do this by the end of October/early November. DON'T WAIT TILL DECEMBER.

You can decide if you want to communicate with programs after your interviews. Most of them prefer email these days, and you have the added bonus of the recipient being able to respond. If you have a clear program that you want to be at, let them know your intention. Some programs specifically state that they don't want post-interview communication - so don't reach out if this is the case.

## **Ranking**

Think about what program factors are important to you (location, clinical opportunities, research, program leadership, program size, resident camaraderie, etc) and also incorporate your impression of the program during your visit - this can be tough since theoretically all programs are on their best behavior and trying to sell you on their program. Many residents said that for them, it ultimately came down to "location + gut feel." On that note, it is very important to jot down some sort of thoughts after your interview day - at least about major pros/cons and your overall feeling - because the programs are guaranteed to blend in your brain as the season goes on. It also may help to almost rank as you go along - so take each interview and compare it to your previous ones and come up with a real time rank list during the interview season (as best as you can).

The NRMP website makes creating your rank list pretty straightforward with their videos and step by step guides. Keep in mind that for each program with both categorical and advanced spots offered, you have to rank those separately. Dr. Berger's advice is to rank overall based on the anesthesia program - so essentially, Program 1 Categorical, then Program 1 Advanced, then Program 2 Categorical, then Program 2 Advanced, etc. His opinion is that the anesthesia training is what is most important, and the worst case scenario is having to SOAP into a prelim if you get the Advanced program and don't match into a prelim program. Not everyone followed this advice, or followed some version of it. For each advanced program that you rank, you will be prompted to create a supplemental list to rank your prelim/TYs - so you may end up with several different supplemental lists, and you assign each list to an advanced program. This is all spelled out clearly on the website.

There seems to be debate on whether to reach out to your top ranked programs to notify them of your intention to rank them highly. Whatever you choose to do, make sure you are truthful (ex/ don't tell your top 3 that you're ranking each #1).

And most importantly, do NOT allow any program's post interview communication to impact your ranking choices. Some programs may email you saying you're ranked to match (which may or may not be true), some just say a generic "we really loved you and want you to be part of the program," some programs that do really like you just have a policy to not reach out at all so you have no idea what they think. It can be hard to not let it affect you emotionally, but programs are just protecting their best interests/reputation, so absolutely do not let post interview communication (or lack thereof) influence your rank list.

**Below is a sampling of programs that students interviewed at along with any specific program information. (Year indicates advice from students from previous classes)**

### **East Coast**

#### ***Brigham***

**2020:** basically exact same thing as below in 2016 comments. Said they worked hours on par with other top 10 programs. When asked about weaknesses/downsides of the program, residents said there was this reputation for them being "spoon fed." APDs were phenomenally awesome.

**2016:** Long interview day, but very laid back, everyone was above and beyond friendly 6x20minute interviews one with the PD, have a happy hour type meeting in the evening that faculty and residents attend after interview day is over. Interview day started with everyone saying an interesting fact about themselves to the group that wasn't on their application (might seem like putting you on the spot, but my group ended up having a good time with it turning it into a who had the cutest dog competition). They also have you change into scrubs to hang out with a resident for a bit, so make sure you have other shoes than just heels. Faculty read your applications very in-depth, and know your name the second you walk in the door. Try to portray themselves as the Harvard-with-a-heart -- much more warm and fuzzy feeling and clearly try to highlight differences between their approach and MGH. They have a system that everyone really likes where they keep track of how late each person stays and then relieve you earlier the next day or if you're pre-call etc. Tons of residents came to dinner and were very friendly and social, not so much of the harvard personality. Back load calls so CA3s take more call but it's usually "senior call" where you're more in a leadership role, running the board etc. One resident said that his specific learning style was better suited to BW than MGH, so it is kind of personal preference where you felt like you fit in well.

### ***Beth Israel***

**2021:** They also offer moonlighting which is helpful for the cost of living in Boston. Residents, however, felt comfortable with their pay in the city.

**2020:** Agree with everything said below. Very friendly, knew my application well and seemed genuinely interested in my interests/experiences. They don't do liver transplants. Peds at Boston Children's. Not much trauma (but this is true throughout most of the Boston programs).

**2016:** Viewed as the down to earth Harvard. Interview day is 6x 12-min interviews kind of like speed dating. Very similar relaxed feel to GW but at a top notch institution. Very strong in pain and regional and are the best in Boston. One of the leading simulation and TEE curriculums. Very generous educational and food stipends where residents feel taken care of. Peds is done at Boston Children's with MGH and BWH residents. Residents were fun, and many chose BID over the Harvard programs because of the autonomy and the faculty teaching. PD is young and emphasized he makes connections for wherever the residents want to go afterwards from the get go.

### ***Tufts:***

**2017:** Advanced program with limited volume and a lot of DO's, most likely due to MGH/Beth Israel being nearby. Limited transplant program.

### ***Dartmouth University***

**2020:** Residents and faculty were very nice. Definitely need to think about whether the location/lifestyle fits with you and how you see your life going for the next 4 years. Very small program - nice because residents know each other well and faculty know you well, but can make things less flexible.

### ***Yale***

**2021:** The program was adamant about increasing diversity and made a commitment to accept a certain percentage of physicians of color. The new PD, who started in May 2020, is well known and loved at all of his former institutions. The program was under probation starting this year for various things but mostly because the residents felt overworked. They also felt like their prior PD did not pay as much attention to education as they would like. Overall, the program is making big changes for the better. Also, the starting salary is one of the highest.

**2020:** Emphasized good IM training. Residents seemed nice and friendly. Only place I interviewed at with a female anesthesia department chair. Residents said New Haven is a nice and relatively quiet place to live, nearly everyone drives into work. Concerns about safety - just like any other city with some less nice parts, know where to avoid at night, otherwise safe, lots of new things popping up, etc. They do have a reputation for being an academic place, but doesn't seem like they force research onto the residents.

**2017:** Pre-interview dinner at a local restaurant with a pretty large group (~15-20 applicants). Good resident turnout! They were very honest and down to earth. Two 25 min. interviews on interview day. Yale is leading the charge with Stanford in revamping anesthesia resident education so this is a major topic during the day. Lots of research opportunities. Basically, everyone who has written a big book in anesthesia is still here (Hines, Rosenbaum, Sinatra, etc). Even though they are big names in anesthesia, they are so down to earth and personable. PD, associate PD, and chair are so nice!!!! Intern year appears to be intense, but residents happy once they get to anesthesia training. Residents report good relationship with faculty...they will always buy you food when you are on-call overnight. moonlighting opportunities: \$60/hr after 6 PM, \$60/hr for late call 1x/month. Strong fellowship match. Chair and PD very willing to call private practices and fellowship PDs on your behalf. Starting salary is 60K

### ***UConn***

**2016:** Small class size. Rotate at many hospitals and emphasize their strong clinical training.

PD is odd and my interview with him was uncomfortable. Other faculty were nice and engaging. Residents have nice hours and get relieved around 3 daily. Feel very confident in their skills by CA3.

### ***Columbia***

**2021:** Agree that the PD is great and thoroughly cares about resident wellness. This is a great program with a big name. The Apgar research program is well supported and residents speak highly of it. Residents say that they work hard. NYC programs are considered “work horse programs” but there is the added perk of being in the Big Apple. They provide housing assistance to residents.

**2020:** the first thing the Chair spoke about was resident wellness - seemed genuinely to care about that. PD (new as of a couple years ago) is very nice - at the beginning, she went around and had individual conversations with each applicant to introduce herself. 2 faculty interviews (1 could be with the PD). Work 60-65hrs/week, residents emphasized getting great opportunities thanks to the Columbia name (working with big names in research, speakers are leaders in their field, etc). Said they have the sickest patient population in NYC. Also best peds program in NYC. Location is Washington Heights, which is not the heart of the city but many residents commute from UWS.

**2019:** Interview with 2 faculty- not PD; around 20-25 interviewees - split into two groups; new PD (as of last year(?)) - seems invested in resident education and willing to make changes; tend to take a lot of their own for fellowships; great pay compared to other programs in NYC; cardiac and lung transplants; not a lot of trauma or liver transplants; moonlighting available for both OR and OB

### **NYU**

**2021:** Agree with every said before. Did not have a pre-interview Zoom session either. Spoke with the APD (?) during my interview day and he made an off comment about diversity at NYU being lackluster. Take that how you will. Interview day was a bit boring overall.

**2020:** It was hard to get a great idea of this program because there was no pre-interview dinner and there were SO many applicants that it was hard to talk to many residents during the day. PD was unable to be there during my interview day but he is supposed to be a great person and huge resident champion. Had 2-3 interviews, lunch, tour. Interesting dichotomy of their 2 hospitals - Tisch is new and beautiful, right next to Bellevue, which is a large old public hospital that serves a much different population. Residents spoke about having much more autonomy at Bellevue.

**2019:** No pre-interview dinner; a lot of sitting around waiting for your interviews but they send residents in to talk to you while you wait; not everyone interviews with PD or chair. You will have at least 2 interviews with faculty/chief residents.

**2018:** Not everyone gets to interview with the PD/Chair. Interviews are with 2 faculty members in the morning with lunch provided after. Interviewers seem very interested in you and ask you questions about your application and yourself, not many behavioral type questions. When you are not interviewing, you sit in a large conference room with chiefs and other residents popping in and out for food who you can ask questions to. They say they have no bearing on interview process so you can ask anything you want (not sure if this is true but that is what we were told). Interview day starts in Tisch and then you go next door to Bellevue for the tour of the hospital. It's a very beautiful and large hospital. You also have the option to see the ORs in bunny suits. Will get to see call rooms during tour. Not split up so entire interview group will interview and then get tour of the hospital.

### **Cornell University**

**2020:** Residents were nice, PD was cool, they seem to have great research and education opportunities. Great regional exposure with HSS but some residents said they don't like the culture there. CBY involves 3m surgery.

### **Mount Sinai**

(unsure of year) huge liver transplant service; big on simulation activities and clinical teaching track. Extremely personable resident advocate for a PD, Dr. Adam Levine. You interview in scrubs! DO NOT SEND THANK YOUs or tell them how you are ranking them. PD directly tells applicants he does not like this. Good moonlighting.

### **UR**

**2018:** Scrubs for the interview day are provided by UR. Interview with 2 faculty members and then a short question and answer session with the PD. PD is very nice and cares a lot about the residents and sort of like a mother. You also get about 20 minutes to spend in the OR with one of the current residents to ask questions and get a first-hand experience about the program from the residents. Tour was pretty long because most of the

rotations are under one roof so you will see the entire hospital, including the ICUs, Golisano's Children's hospital, ORs, medicine floors, NICU/PICU.

### ***University of Pennsylvania***

**2021:** New PD as of this interview cycle and she is fantastic. She trained in Med Ed and takes education very seriously. The program has a family feel despite being so large. There is a big emphasis on research. They have committed a large amount of money to the community to help support students of color. They have a very active antiracism coalition. Residents comment that they do work a lot of hours. They are building a new med-surg pavilion and have also taken over a couple community hospitals as well.

**2020:** Chair and especially PD became slightly infamous on the interview trail - lots of people got not great vibes there (though obviously very subjective). Chair has strong, perhaps slightly old school, views that residents need to work long hours to become good anesthesiologists (10,000 hours to master a skill theory), and PD is a self described "Russian man" who is rather brusque and overall rough around the edges. Residents said the PD was fine once you got over his mannerisms/personality. Residents seemed nice, did say they worked hard. Cost of living very reasonable in Philly. Great peds exposure at CHOP.

### ***Thomas Jefferson***

**2021:** Got asked the same question about why GW students don't come to Jefferson. They are big on biotech and innovation. Residents seemed happy.

**2020:** Got asked some strange questions by the PD (why dont more GW students come to Jefferson, wouldn't you rather stay at GW than come here). Peds at Dupont (in Delaware - 40m drive). Did have lots of downtime, and the residents who attended lunch during my interview day didn't interact much with the applicants. Also happened to interview on a day that didn't have a pre-interview dinner, so overall didn't get a great idea of the program.

**2019:** Interview with PD is very long, can be as long as 45 minutes. Lots of waiting around, but they try to get you out as quick as possible (I think we started around 8 and got out at 2-3pm).

**2015:** Residents seem really happy, nice, normal and chill. Located in cool part of the city with affordable cost of living.

### ***Temple***

**2020:** Residents seemed a bit burned out, but were still friendly enough. PD a bit intense but emphasized her willingness to fight for and support her residents. Chair is relatively new, seems very down to earth and transparent (anecdotally, I saw him at a conference maybe 2-3 weeks after my interview and he clearly recognized me and was happy to talk for a minute). Hospital is North Philly, tons of trauma, residents tend to live in other areas but commute is reasonable and Philly cost of living is low. Peds at CHOP. Again, tons of trauma and lots of transplants as well (daily heart/lungs, etc). Perhaps a bit of a workhorse program. Of note, my interview here was in early October, well before interview season really started for me, and I was emailed with 7 days notice and given the choice of only 2 dates - all of which felt a little inconsiderate, but perhaps this is just how they do things.

### ***Penn State***

**2018:** nice people, innovative prelim year (mix of surgery and medicine); pros: strong program, cons: not much to do in Hershey

### ***Alleghany***

**2018:** semi-organized, people were nice; pros: it's in Pittsburgh, cons: only 4 females across all classes, only advanced positions

### ***Johns Hopkins***

**2021:** New PD is very welcoming and friendly. Moonlighting is now allowed starting PGY2 year. Still advanced only with select local hospitals that hold spots for JHU ANES interns. These medicine internship spots do not require a separate ERAS application or interview. Gave \$25 giftcards to make up for not having dinner in person.



### ***Univ Maryland***

**2021:** Agree with the PD being incredibly cool. All of the residents spoke very highly of her. See very sick patients yet overall happy residents. Compared themselves to Hopkins all throughout the interview day.

**2020:** PD is incredibly cool - engaging, really connected with each applicant, thoughtful. Easily the best PD I met on the trail. Residents seemed very nice and friendly. Very, very sick patients. Lots of hidden gems in Baltimore, per the residents. Residents also noted how easy it is to travel to Philly and DC when they have time off.

### ***Georgetown***

**2021:** Very big on resident wellness with retreats and time off. Hours are great, most folks leave by 3p each day. Residents have a family feel as the program isn't too big. Increased to 12 residents this year.

**2019:** Interview day was awesome. Very professional. The PD wasn't there on the day of my interview but the Chair took charge and was amazing. He did a group interview, which was my only group interview (not common). Overall, it was a great day, very relaxed and fun. The night before there was a dinner with the residents at Pizza Paradiso in Georgetown. They seemed very happy and had great hours. A lot of them raved about the anesthesia exposure you get as an intern.

**2018:** Interview with 2 faculty members for about 20 minutes in the afternoon. Questions are standard like why anesthesiology, strengths/weaknesses, and obvious questions about application. Were really interested in research and asked many questions about it. Morning is for many informational presentations by the PD, chair and faculty members from MedStar. Every applicant gets a short-10 minute session with the PD for asking questions about the program.

### ***GW***

**2021:** Still 2 interviews virtually as well. Liver transplants to begin in very near future. Have taken on more research with new leadership role in research.

**2020:** mid November date for all GW students. 2 faculty interviews (could include Dr. Berger), they may have tried to put you with people you didn't work with but this didn't always happen. Very relaxed. No dinner before, and kind of a small lunch with only 1-2 residents (but this may have been because it was also Veteran's day).

**2018:** interview with two faculty members. As a GW student, these interviews are really chill and I scheduled it for earlier in the season as a practice interview for my other interviews. Apparently, no GW students met with the PD, at least on my interview day.

**2018:** Very small program (8). Amazing faculty. As a GW student, you will have 2x15 min interviews, generally with someone you haven't worked with. Relaxed interview day (presentation, interviews, lunch, then tour). more clinical strength than research emphasis. Will be doing liver transplants soon.

### **South**

#### ***UNC***

**2021:** Agree with everything below about the program. Affordable cost of living as well.

**2017:** True southern hospitality: your room is hotel is paid for, you are greeted with homemade cookies in the lobby, and you have complimentary chocolates on your pillow. Attendings present during pre-interview dinner cocktail hour. Really enjoyed getting to know the attendings during this time. It is very evident that they are passionate about what they do and very invested in their residents. The residents are super chill and down to earth. It is very apparent that they are actually friends and not just colleagues. Interview days begins with a bus tour of Chapel Hill. It is very laid back. Strong clinical training. UNC leads in anesthesia simulation education. Everyone gets enough TEE experience to become certified. Intern year is set up in TY fashion (internal med, OB, surgery, peds, etc). Best call schedule I have seen, only two 24 hour calls/month.

### ***University of Virginia***

**2020:** Residents were incredibly nice, as were faculty. Definitely small town feel but lots of growth (tons of breweries, wineries, restaurants, new shops, etc). Agree with everything below, except definitely more married/partnered people than single. And they do have 6m of anesthesia during intern year, but they then do less anesthesia during CA1 year - basically just spread it out more, which could be good or bad.

### ***Duke University***

**2020:** PD and Chair were personable, seemed to emphasize leadership and having a successful career (not in a bad way). Good clinical exposure. Residents seemed nice and friendly, brought up the fact that some people had said the culture was malignant and said they completely disagreed. Extremely light call schedule (1-2x month, vs majority of other programs I interviewed at are 1-2x week) and end around 3pm - probably one of the best schedules of the top 10 programs, for whatever that's worth. Small town feel, everyone drives everywhere.

### ***Emory***

**2020:** Great clinical exposure, though have to rotate through 5 hospitals, which can make it take long to feel comfortable and faculty may not know you as well. Great peds at CHOA. Atlanta is a very cool city. Residents were very kind and friendly. PD and aPD in particular were very likeable (aPD called each interviewee to extend an interview invitation and then congratulate them, and during the interview day, he "bragged" about us by anonymously reading out highlights from everyone's applications - which may sound a bit odd but it came across as though he was genuinely impressed and interested in us). Solid name to get good fellowships. Residents noted that they were from all over the country, so it didn't feel like everyone was from the area or anything.

### ***Wake Forest***

(unknown year) excellent program, some consider this one of the elite programs in the country. The interviews were laid back and the residents seemed very happy. The training is excellent, great springboard to fellowships. The editorial staff of Anesthesiology is housed at WFU.

### ***University of Miami***

(unknown year) biggest anesthesia program in the nation; amazing trauma

### **Midwest**

#### ***Northwestern University***

**2019:** Very nice day. They recently made additional changes to prioritize the learning of the residents by adding didactics at noon and all residents are guaranteed relief at that time by CNAs and attendings. They have a new chair, Dr. Hogue, who came from Hopkins. The interview day is comprised of 4 interviews, 2 with faculty, 1 with Dr. Hogue, and 1 with the clerkship director. Dr. Nathan leads the education program, and is very dedicated to making residents competent and ready for attending life. He gives a very different presentation that helps you think about what you should look for in a residency program.

#### ***University of Michigan***

(unknown year) Interviews are pretty laid back and you get a tour of the immense medical center. The training is great, second to none. They have a great electronic medical record and all info including radiology is accessible from the computer. All of the subspecialty rotations are under one roof (medical center). Only away rotation would be at the VA, 2 miles away from UM. SHOCK trauma, rigorous program.

#### ***U Minnesota***

(unknown year) thoughtful program director; family friendly

#### ***Mayo Clinic***

(unknown year) All the hospitals (except St. Mary's) are connected by tunnel to the Mayo Clinic. They have a great wellness center/gym and the ancillary help is outstanding. Great electronic medical record, no pre-oping. Downside is that you will have to go away for OB/Gyn & peds experience. All expenses related to travel and housing for those away rotations are paid by Mayo.

#### ***Washington University***

(unknown year) Great academic training. Chair expressed that he wants his graduates to go to fellowships afterwards

## **West Coast**

### ***UCI***

**2019:** Interview with the chair, PD, and two other faculty. It was a pretty relaxed interview day. You spend a lot of time with the chief residents on the tour, in the simulation room, and at lunch.

### ***Univ of Washington***

**2018:** very organized, relaxed, but focused interview style, residents were very happy with the program; pros: strong reputation, exposure to broad spectrum of patients, variation in transplants, newly established POCUS curriculum; cons: large program, no formal TEE program, residents feel that didactics are lacking. (unknown year) changing chair, program director and faculty. Uncertain if future is good or bad.

### ***Loma Linda***

**2018:** organized, relaxed, but structured interviews, friendly faculty; pros: Loma Linda is beautiful and affordable compared to LA, building a new surgical pavilion, residents love this program, well established POCUS and TEE program; cons: it is an Adventist hospital, no meat products or caffeine products in hospital, older hospital

### ***Cedars-Sinai***

**2018:** not very organized, random interviews - never knew when I was going, chair of department a little intense (talks a long time about all of his accomplishments and impact), prelim year is surgically based; pros: relaxed residency, family friendly; cons: large hospital, it's in LA (expensive) **2019:** Interview with Chair, 2 other faculty members plus/minus the PD. There was a lot of sitting around during the interview. They take applicants who did not do an away there for a tour.

### ***UC San Francisco***

**2017:** Amazing training and autonomy. 3x20 min interviews, one with PD or APD, one faculty member, and one resident interview. PD is known to ask curveball questions related to details about your rotations, etc. ie: what were your duty hours during your trauma surgery rotation. Rotate through 8 different sites in SF, very expensive cost of living. Increase in housing stipend starting next year to \$16K extra/year

### ***Stanford***

**2019:** Interviews with the chair, PD, 4 other faculty, and the chief resident. Then, following there was a tour and lunch with the residents/fellows. It was a long interview day.

### ***UCLA***

**2019:** Interview format same as in 2017. Definitely attend the pre-interview happy hour/dinner, it's one of the fanciest ones out there. Recent housing stipend started this year, additional \$12,000 for housing and \$3000 for food.

### ***USC***

**2019:** Interview with PD, associate PD, 2 other faculty members; Tour of the two main hospitals that are walking distance to each other- County and Keck (private). Residents are unionized. Not a lot of research; most stay in the SoCal area and private practice.

### ***UC San Diego***

**2019:** It will probably be one of the earlier interview days; you attend grand rounds at 6:15 a.m. Then, you have interviews with the PD, and two other faculty members.

### ***GW Connections***

Dr. Berger- residency at Cornell, was faculty at NYU

Dr. Moy- residency at UPenn, now GW faculty

Dr. Scott--UPenn residency, now GW faculty

Dr. Desvarieux- did residency at Cornell, fellowship at Hopkins, clerkship coordinator

Dr. David--Georgetown residency, now GW faculty

**Current/Former GW Residents:**

**East Coast:**

**Johns Hopkins** – Gifty Dominah ('21), Janelle Thomas ('19) Sonia John, Giancarlo Suffrendini, Alyson Engle, Mariam Salisu, Kia Sedghi, Marcus Mitchell ('17), Falin Patel ('17), David Yang ('17)

**University of Maryland**- Yani Papanikos ('20), Kunal Patel ('20), Andie Lorico ('20), Srikar Jonna, Darius Mobarakeh, Tamanda Chanza ('17), Aaron Sachs ('17)

**George Washington**- Kevin Sidoran ('20),Wahab Syed ('19) Binoy Bhatt, Michelle Spears, Jacob Jones, Andrew Canonico ('17)

**Georgetown**- Nina Rawtani, Katherine Tully

**Cornell**- Daniel Wolfgang ('19), Nicole Ginsberg, Ajay Dharmappa,

**NYU**- Manan Patel, Nathanael Leo, Steven Margolis ('17)

**Mt. Sinai**- Rachel Glass ('19), Devon Flaherty

**Mt Sinai St Luke's** – Briana Hill ('19)

**NYP Columbia**- Aarthi Reddy ('20), Alex Russel ('20), Min Lee ('20), Caroline Jensen ('19), Audrey Kim ('19), Hugo Clifford, Bahaa Daoud, Woojin Lee ('17)

**St Barnabas**- Sarah De Los Santos

**University of Pennsylvania**- Katie Banks ('20),Audrey Spelde, Kemi Akano

**Temple**- John Mekail ('20), Mesum Moosavi

**UPMC- University Hospital Jackson MS**- D'Onior Felton

**Yale**- Sible Antony, Kathleen Chan, Emily Harmon

**Beth Israel Deaconess**- Sarah Burnett

**Brigham and Women's**- Stratton Dangerfield ('20)

**South:**

**Vanderbilt**- Steven McKenzie ('20)

**Emory**- Sanjana Apte ('20)

**UT Houston**: Pranathi ari Gullapalli ('19)

**VCU**-Adrienne Lazer ('17)

**Medical University of South Carolina**- Julie Owen

**U Kentucky Med Ctr**- Charles Baysinger

**Barnes-Jewish Hosp-MO** Hanwool Choi

**UNC**- Soshana Clerizier

**Duke**- Doug Wackerle ('17)

**U Florida COM-Shands**- Dalya Elhady

**U Miami**-Karim Kerbache ('17)

**Midwest:**

**Medical College of Wisconsin**- Michael Smidtt ('19), Frederik Rebling

**Northwestern**- Kyle Mele ('19), Howard Lee, Gregory Dudzik

**Rush**- Eitan Parnass ('20), Shawnjeet Saini, Drew LaCombe ('17)

**West Coast:**

**University of Washington**- Kelsey Sanford,

**Virginia Mason**- Stephen Swank

**Stanford**- Jordan Ruby, Deborah Jeon ('17)

**UC San Francisco**- Nate Gamsky ('17)

**UCLA**- Austin Wu ('20), Ara Vehian, Caitlin Sherman, Chloe Tang, Bryant Hong ('17), Mariam Sarwary ('17)

**Loma Linda**- Jessica Rodriguez, Jay Lee ('17)

**UC Irvine**- Michael Ross, Michael Gardner

**UC San Diego**- Madalyn Danielson ('22), Brian Kim

***Cedars-Sinai*** – Leah Breen ('19)

## DERMATOLOGY

**Chairman:** Dr. Joseph Zahn

**Residency Program Director:** Dr. Adam Friedman

### General Advice for Specialty

You can become a dermatologist if that is what you truly want! Yes, the process is intense and hard but achievable with the right preparation.

1. **MENTORSHIP:** The single most important thing you can do is form meaningful relationships with well-known academic dermatologists in the field because people match by having an advocate. Understandably, the first place to start is at GW. Meet EARLY with Dr. Friedman (as early in MS3 as you can), as he can set expectations. He generally recommends that anyone interested in dermatology take a research year and you should have a good reason for not wanting to take a year before meeting with him. Every applicant in the Class of 2020 (3) and 2021 (4) pursued a research year after MS3 (see Alumni section below). One applicant from the class of 2022 did NOT take a research year (she matched!). Also, reach out to other faculty members at GW - Dr. Silverberg is also VERY well known and publishes A LOT. He would also make a wonderful mentor.
  - Also, try to find a student mentor in the year or two above you who also is interested in dermatology, as he/she can help guide you through the process and encourage you along the way.
2. **RESEARCH:** Dermatology research is essentially a requirement for your application – and will likely become even more important now that Step 1 is becoming P/F. Focus LESS on numbers, more on IMPACT (journal impact factor: big names in dermatology are JAMA Derm, JAAD, BJD, JID..) If you know early on that dermatology is right for you, try to do research in it the summer between MS1 and MS2. There are plenty of academic dermatology researchers in the area. Reach out to Dr. Friedman for research opportunities. I also recommend you spend time at the NIH in the derm dept if possible.

Other:

- Volunteer experiences: can really strengthen your application but does not seem to be as critical as dermatology-focused research. These experiences are important to discuss *during* the interview (when programs focus more on personality/passions than numerical qualifications), but may not be enough to get you *to* the interview alone. Apply to Camp Discovery!
- Scores: don't forget about doing well in the pre-clinical curriculum, on step exams, and on rotations. Dermatology programs are striving to perform more "holistic" reviews of applications, and getting rid of minimal board score requirements, but most still appear to value numerical aspects of the application.

### Gap Year

Gap years are becoming more common among derm applicants and probably are taken by >50%, especially by students who did not begin pursuing dermatology in MS1. It's difficult to compete with applicants who had a full year dedicated to publishing and forming strong bonds with well-known derm faculty. However, it is important to remember this is not a required endeavor.

- **PROS:** It will provide an unparalleled opportunity to focus exclusively on dermatology research, hopefully gain clinical experience in dermatology, and develop a strong relationship with a mentor. It is critical to recognize that the research year is NOT just about publications, but also about forming strong connections within the field that will translate into very strong letters of recommendation. Research years are also typically fun and laid-back – this is a great opportunity to reset after a challenging MS3 year and focus on other passions.
- **CONS:** Unfortunately, student loans automatically go into repayment once you are out of school for 6 months. This means you will have to start repaying loans about half way into your research year. It can also be challenging to watch the rest of your original class go through the milestones of MS4, match day, and graduation without you.

Picking your research year position and mentor should not be underestimated. Generally, picking a mentor who has had previous research fellows who have matched well is a good, reliable sign. We recommend reaching out to a potential's mentor previous fellows to get a better sense of the culture and productivity of the year.

In the opinion of the authors, it is preferable to get a paid position over an unpaid position (was also told this by an academic dermatologist at GWU). While this may seem obvious, mentors offering paid positions have another level of investment in you -- they had to apply for the funds to hire you for a year so it is in their personal interest for you to have a particularly productive year.

If you decide to take a research year, most definitely start by talking to someone who has taken one! It can be hard to navigate the process of finding a mentor and speaking with a medical student who recently went through the process is going to be your best asset. Additionally, if there is a certain program or geographic region where you hope to complete the research year, take a look at the faculty pages at the university hospitals in the area. Is there anyone whose interests stand out to you? It's often challenging to find faculty member's contact info -- one roundabout way is to search them on PubMed and look at author affiliations for their email address.

The Dermatology Interest Group Association (DIGA) has a spreadsheet with popular research fellowship positions here: <https://derminterest.com/research/>

### **Away Rotations**

Many people have many different opinions about away rotations.

- PROS: Away rotations are common in dermatology -- many applicants visit 2-3 programs. They are a unique opportunity to explore a different program, receive letters of recommendation from important faculty (possibly, the program director and chair), and have opportunities to work on a case report, oral and/or poster presentation. You can not only gain a greater understanding about the program, but also you can highlight your skills and what you would contribute to the program as a resident. Doing an away rotation at a program signifies your interest in that program to their leadership, and *may* increase your chances of getting an interview there. For that reason, make an effort to form strong personal connections within the department and get to know the residents! Your goal is to try to shine as best you can—read every day about your patients, participate enthusiastically in didactics, and pursue clinical research opportunities with the faculty there. Doing an away rotation at an institution may give you an advantage over other applicants, as you are more familiar with the department come interview day.
- CONS: Away rotations can be really expensive and draining. You have to fund all travel expenses and lodging. If cost is a limiting factor, consider local programs (Georgetown, Howard) or programs in geographic regions where you have family and won't have to pay for rent. It is also tiring! Being on an away rotation is like an extended interview - you are constantly "on."
- NOTE: When away rotations were essentially canceled during the COVID-19 pandemic, virtual electives became popular. It is unclear if such courses will continue to be offered but, if not, you can still reach out to program leadership and ask to join one of their didactics sessions or Grand Rounds. This won't help you get to know individuals at the program, but it will display your interest while saving funds/time.

### ***How many away rotations should I pursue?***

Two away rotations (besides GW) should be sufficient. There is some rising sentiment that doing more than 2-3 derm rotations looks bad because you are "wasting your last year of medical school." On interviews, just counter that you don't have a big home program, and you were advised by those before you to do several.

One author recommends one rotation at GW and two away rotations, while another recommends "Do even 3 away rotations (1 month each) and 2 weeks at GW, because your aways are your best chance of matching." If you pursue >3 months of dermatology rotations total, try to find a dermatology research/dermatopathology/pediatric dermatology rotation as one of your months to give you a more diverse experience. Of note, GWU offers both adult dermatology and pediatric dermatology electives.

### ***When and how do I schedule away rotations?***

Schedule away rotations any time from June/July to October/November. Try to do at least one away by August if you want a letter of recommendation from another institution. Aways in September-November are great for getting an interview at that program, but are usually too late for letters.

You can send in applications for away rotations beginning in February/March. However, this is program-specific, and you can find individual timelines and applications on each program's website. While most programs use VSAS for their applications, some have very early deadlines and others use a separate application process outside of VSAS. The earlier you send in your application, the better. Spots fill up quickly. Make sure that you have all your documents (immunization form, NBME score reports, transcript, BLS certificate, letter of good standing) in order prior to VSAS opening. Also, be mindful of the institution's academic calendar as many differ from GWU.. some programs are flexible with dates (Georgetown/WHC), while others are more rigid (University of Virginia).

Most programs only offer 4-week rotations, but a few offer 2-week ones as well. A 4-week rotation is preferable to allow more time to form connections, but a 2-week option is better than not doing one at all!

### ***Where should I do away rotations?***

**Do away rotations at places where you actually want to go for residency**, recognizing that not all programs will offer an interview just for rotating at their institution. Some people will rotate at their absolute dream, reach program. Some will rotate at a program where a prestigious dermatologist/expert in the field works in the hopes of obtaining a letter of recommendation from them. Others will rotate at a place that is known to guarantee an interview.

Choose wisely and be cautious of TOP TIER popular places (programs like Harvard, NYU, or Penn often have many rotators and do not guarantee an interview - look at these rotations as more of a learning experience than a potential for match). That being said, this should not discourage you from rotating at "reach" programs if this is your dream destination.

You may want to consider rotating in the Midwest, South, or West Coast and getting a letter from that program if you hope to interview in those geographic regions (especially if you don't have a clear tie to these regions in your application (i.e. hometown, undergrad). This also depends on where your classmates rotate/apply as you may not get interviews in the South or Northeast if you have 5 classmates rotating/applying there and you haven't rotated.

After your away rotations, thank the faculty or program director with a written note or email. Many places will have an exit interview, this is a good time to ask for a letter of recommendation.

### ***How do I prepare for away rotations and what should I make sure to do?***

Good resources are Principles of Dermatology by Lookingbill and modules (free!) on the AAD website. It is important to make an effort to meet with the program director and chair (if possible) during an away rotation. This allows you to gain a better sense of your chances at that particular program. Also, it helps in showing a genuine interest in their program.

Read this before going on aways:

<https://docs.google.com/spreadsheets/d/1wF-f1Ch5WaRBPCG9osqL0L35IfTvcI9dpVyUCfsqRo8/edit#gid=772179334>

### ***Experiences at Away Rotations***

**USC Dermatology:** Pros: very kind and welcoming residents, get to work in a lot of different clinical settings, they allow students to do a lot. Cons: you do not get much continuity with attendings so asking for a letter of rec is impossible, they do not guarantee an interview at the end of the rotation.



**UC Irvine Dermatology:** Pros: welcoming residents, get to see many different clinical settings, some continuity with attendings, residents will offer research/case report opportunities to students during their rotation, students get to do a lot at the VA. Cons: attendings run the show so residents/students don't do much at the UCI clinics, interview not guaranteed at the end of the rotation.

**Harbor-UCLA Dermatology:** Pros: small program with lots of continuity with attendings and residents, very welcoming program, will interview you during the rotation. Cons: currently "accredited with warning" however this will likely be resolved soon as they have a new program director and are actively making improvements to the program, only take 1-2 residents, don't have as wide of a variety of clinical settings to rotate at.

**Vanderbilt:** Could not picture a more ideal away experience. Dr. Zic runs the rotation and is extremely devoted to medical students. He gives one-on-one lectures to rotators once a week and has you work with him in clinic several times a week. The schedule itself could be a bit hectic because you switch services multiple times a week, but overall a really great rotation. No exam. 10 minute presentation to Dr. Zic and the other rotating students. Robust inpatient service if you like being in the hospital. You only work in clinics with the people that matter (Dr. Zic, the program director, and other attendings with seniority). Nashville is extremely fun. Outpatient clinics are very modern and nice. NOT a shadowing experience- you see patients, write notes, present, perform biopsies etc. Very involved rotation. Lots of procedures at the VA and you will do them all.

**Penn:** Apply independently (not through VSAS). Great rotation with good exposure to all areas of dermatology. NOT guaranteed an interview (in fact most rotators did not get offered an interview) but if you work with the right people and make yourself known, you can. Very good place to get a LoR as most of the faculty are well known- my Penn letter came up universally at all of my interviews. Pretty chill rotation. On the inpatient service you are treated like an AI and do most of the work (write notes, present, orders, etc.). Outpatient clinic you mostly shadow. Rotate at HUP, CHOP, and the VA primarily.

**Miami:** pretty disorganized away rotation with very little direction. Would not recommend unless you have strong ties to wanting to match here. Every rotator is required to have an "exit" interview with the PD and it is guaranteed to be the least pleasant hour of your life.

**Cornell:** Great program located in UES Manhattan. You will shadow in clinic with several (sometimes 8+) other away rotators if you rotate during July, August, September. As a result, fewer opportunities to see and present adult clinic patients to attendings. Less hands on than other away rotations. No on-site interview during away rotation and they do not automatically grant interviews to all away rotators. PROS: GW connections! Program director did his residency training at GW. Peds clinic is VERY busy and fast paced. You get to present most of these patients to the attending. Opportunity to work with big names in the field (Jorizzo, Granstein) and potential to get strong LORs. Great exposure to complex medical derm. Busy consult service. You will see some interesting cases at NYP/MSK!

**Jefferson:** Strong program. Cool location in Center City Philly. CONS: You rotate at the VA derm clinic in Wilmington, DE a few times during the month long rotation. It's ~30-40 min drive from Philadelphia so you will either need a car or hope one of your co-rotators has a car! No peds experience while I rotated. PROS: You get to work closely with the attendings. Great hands on exposure to Gen Derm, Mohs, Dermopath. Residents let you perform punch/shave biopsies, excisions, etc. if you work closely with them.

**U of Chicago:** offers 2- and 4-week rotations, which is a plus (many programs only offer 4-week rotations). Limited ability to work on the rotation because you cannot obtain access to the U of Chicago EMR. Attendings are nice and interested in teaching for the most part. No exposure to Mohs Surgery while on rotation, but considerable exposure to dermatopathology (esp. for a 2 week rotation). Ten to 15-minute presentation required at the end of the rotation.

**Georgetown/WHC:** During the 4 weeks, you rotate at CNMC, WHC, and the Chevy Chase clinic. You also attend Grand rounds every Thursday at WHC or NIH. I would highly recommend reading the Principles of Dermatology by Lookingbill in order to prepare for the exam at the end of the rotation. Every student presents a 5-minute powerpoint presentation at the end of the rotation regarding an interesting dermatologic case they had seen or discussed while on the rotation.

**UNC Chapel Hill:** Amazing experience. Faculty are extremely kind and welcoming, and the program director is phenomenal. Residents are very down to earth. Had the opportunity to see a wide variety of pathology. Rotation is 3 weeks outpatient clinics (general derm, peds, Moh's surgery, and specialty clinics) and 1 week of consults. The outpatient time is mostly shadowing (main drawback I can think of), as the pace of clinic is very quick. You follow the attending, who normally has 2 residents doing the initial examinations; they subsequently present to you and the attending. By shadowing the attending, you get to see many cases in one day, which is a great learning experience. The consults week allows for more autonomy (can see patient and present to resident/attending), and the opportunity to see consults in the burn unit at the hospital, which is very unique. No presentation at the end of the rotation, but one exam (MC and kodachrome fill in the blank). Hard kodachrome exam (about 50 images), but curved. I was really appreciative of the special kodachrome sessions for medical students only. They had a separate application process on their website (requires you to mail in materials). Highly recommend this rotation. I was invited back for an interview. Chapel Hill is a nice place to live with good cost of living.

**Brown:** Awesome rotation. A very well-rounded experience, with general dermatology clinics, consult time, and specialty clinics. I really enjoyed the multidisciplinary derm/rheum clinic, a great learning experience. Approachable, nice faculty and wonderful residents. Great autonomy during the majority of clinics, with the opportunity to learn biopsy techniques. Presentation and exam at the end of the rotation. Providence is a cute city with great food, and a very fun place to be during the summer, with Newport, RI and Boston close by. One drawback was the large number of rotators (about 6), limiting clinic time with certain faculty. Not all rotators received interviews.

**Emory:** Highly recommend. This is a program with a great reputation that interviews ALL away rotators during your elective month. I loved the faculty here and felt so welcome from day one. Residents are very friendly also and you will be given numerous chances to get hands-on surgical and gen-derm experience as you rotate between The Emory Clinic, Grady Hospital, and the VA. Mix of shadowing and autonomy depending on who you work with. You'll get practice writing derm notes and will find opportunities to get involved in research if you ask. No exam or presentation is required, but it is up to you as a rotator to reach out and schedule time with every faculty member over the course of the month for an interview. Your schedule is made for you with the purpose of ensuring you have the chance to work with as many faculty members as possible, which is great but also means it is difficult (but not impossible) to get to know attendings well on an individual level. For that reason I recommend scheduling this rotation September or later, when it's too late to get a letter for ERAS, but is still worthy of your time since it counts as a guaranteed interview. Atlanta is a fun, vibrant, diverse city but a car is necessary for the duration of this rotation, as you are responsible for getting yourself to the various clinical sites around town.

**Tulane:** I had a fantastic time here. It's in the heart of New Orleans so you get to experience Cajun culture in its fullest. A very well-rounded rotation in my opinion. I didn't have a car, so I stayed in student housing (Deming Pavilion) for a month, which is right next to several work sites. If you mention you don't have a car to the chief, he/she will only schedule you on on-site locations (UMC and Tulane). This will give you great exposure to medical dermatology, dermpath, surgery. Without a car, unfortunately, other rotations are limited (pedi derm, Mohs). The residents and attendings are wonderful. All rotators are provided interviews here. Received a letter of recommendation from here and interviewed. Highly recommended if you want to explore the South!

**University of Southern California Keck:** I applied here to broaden my exposure of programs to the West Coast. This was an excellent, well-rounded rotation. For the month, you rotate through a week of medical dermatology, pedi derm, surgery, and consults. I learned so much from the brilliant residents and attendings. The chair is a wonderful person and values his department. It shows in how tight-knit the department is. If you want to explore

the West coast programs, I highly recommend this one. Not all rotators get interviews, but it seems as if the genuine ones who work really hard showed up on interview day. If you know Spanish, you will have the one-up since most patients you work with are Spanish speaking only! To top it off, Los Angeles is a beautifully diverse city that was phenomenal to explore on the summertime.

**UVA:** Relatively small program with 2-3 residents per year. First half of the rotation is just shadowing but during the second half, the residents will allow you to do biopsies if you like. It is one of the few rotations that **GUARANTEES** an interview and will allow you to interview **DURING** your rotation, so you don't have to go back during interview season.

**UPMC/University of Pittsburgh:** The rotation is essentially just shadowing, very little independence. They have 4 different clinical sites and you rotate at a different one each day and then repeat the following week.

**SUNY Downstate:** They serve almost exclusively Medicare and Medicaid patients. If you are interested in health disparities and/or skin of color, this would be a good rotation. You have exposure to a lot of unique pathology (think leprosy here!) It is overall however more of a disorganized rotation/program but perhaps one of the easier to get into in the NY area. They will interview you if you rotated there. Didactics all Wednesday that end around 2-3 PM and only half day of clinic on Friday.

**UMass:** An **INCREDIBLE** program. The people are extremely friendly and you see a surprising amount of pathology and diversity despite being in the suburbs of Boston. Worcester, MA though may not be the ideal location for some people.

### **Applying**

Dermatology is a very competitive field, and my best advice is to apply very broadly, if possible. Most applicants apply to 80+ dermatology programs, with the goal of casting as broad of a net as possible so you can hopefully get more interviews. Factors that may make you a more competitive dermatology applicant include: AOA, strong Step 1 and Step 2 scores, and clinical and/or basic science research experiences. With that said, there are students with all of these qualifications who are not guaranteed an interview at a specific program, and other applicants without 1+ of these qualifications who do get interviews.

**LOR:** The maximum number of letters ERAS allows is four. It is best to have at least two of the letters come from a dermatologist at an academic institution (or actively involved in clinical or basic science dermatology research) and at least one from either a chair or program director affiliated with a dermatology residency program. It is helpful to have a "big name" support your application and your abilities as a medical student. Get one letter from Dr. Friedman at GW. A chairman's letter can be helpful, but a great letter from a regular faculty member is better than a lukewarm letter from a chairman. Also, I recommend that at least one of your letters comes from an institution outside of GWU to 1. Show that your qualifications/abilities have been recognized by peers outside of your home institution, and 2. Increase the likelihood that interviewers will know at least 1 of your letter writers.

**CONNECTIONS:** If you have any dermatology connections, do not be afraid to try and use them. There are very few interview spots per residency program, and it is helpful if you know someone at the program or if you know someone who knows someone (it will at least hopefully get your application to stand out a little among the hundreds of other applications). This sounds silly, but it is very true in this specialty. In one author's opinion, it is more productive for mentors to reach out to your target programs just after applying (just to relay your interest and get your name out there), rather than asking them to reach out after not receiving an interview.

The majority (almost all) of the programs are advanced programs, which require either one year of a preliminary medicine or transitional year at the institution of your choice. You must apply to preliminary/transitional year programs separately on ERAS. A minority of programs are categorical (no more than 5) in which you do your intern year and dermatology training combined at the same institution. \*\* Dr. Wasserman welcomes preliminary applicants to discuss their prelim program list with him, and he'll even review your personal statement!

Make sure to get your ERAS application in on day 1.

Finally, and most importantly, if you are interested in dermatology, don't let the process intimidate you. If this is the field that you want to go into, go for it and see what happens. Don't let others dissuade you, but be honest with your application competitiveness, and do plan accordingly to apply for a backup residency field if necessary.

### **Non-traditional Dermatology Residency Programs**

**RESEARCH:** Some programs offer a research track with three years of dermatology training and one year of research (totaling five total years of training): JHU, UCSF, Yale, Northwestern, Duke, Penn State, Mount Sinai, OHSU to name a few.

**MED-DERM:** There are also Internal Medicine-Dermatology combined programs currently offered by select programs (Harvard, U Penn, U Minnesota, U Wisconsin, Northwestern, and Georgetown/Washington Hospital Center). These programs are five years long with the first year being an internal medicine intern year, the second year being straight dermatology, and then alternating between medicine and dermatology during years 3-5.

### **Interviews**

**TIMING:** Interview offers come late, mostly in late November and early December (but may bleed into January). Interview offers are announced unofficially on the Student Doctor Network dermatology forum as people get them. Seeing people get great interviews that you aren't can be tough, so be prepared. Do NOT freak out that you haven't heard about interviews - many people do not hear until after Thanksgiving. If by the first week of December you haven't heard from anyone, talk to someone at GW or a mentor in the field.

Interview sessions are usually condensed in the first two weeks of December and most of January (but range from early November to beginning of February). Don't schedule an AI for December or January. Statistically, ~8 interviews almost guarantees a match, but people have matched with way less, so stay positive.

**INTERVIEW DAY:** Most programs have 1-2 interview days, with some programs having more. This leaves you little choice in scheduling. Since these interviews occur mostly in December and January, schedule preliminary medicine interviews in November, if possible. This way, you will get prelim interviews out of the way and also leave more time for traveling and attending other dermatology interviews. If you get a dermatology interview at an institution at which you would consider for prelim, you can always reach out to the medicine department to ask if you can interview on the same day or at least meet with the program director so you don't have to return.

The layout for dermatology interviews differs at each program. In most places, it will be like speed dating. You will spend between 10-30 minutes in each interview session, and when time is up, the coordinator knocks on the door and you go to the next room (or sometimes you'll have a break). Interview sessions may be with an individual faculty member or small group of faculty members (usually <5). This can translate into a lengthy day and meeting a lot of people depending on the size of the department. Some programs also have panel interviews (Univ South Florida, U Pitt), meaning that the entire residency selection committee will interview you in one session.

For Internal Medicine-Dermatology combined programs, you will have a two-day interview: one day with the department of dermatology and one day with the department of medicine.

In general for these interviews, relax, be confident in your abilities, smile, be friendly and most of all, have fun. Although this process may be daunting, it will fly by, so enjoy traveling and meeting all these new people. It is typically not mandatory to attend pre-interview dinners but it is a great way to get a feel for the program and the residents. If you make an effort to attend the dinner, you appear interested in the program. Just FYI, at some programs, residents have a say in the ranking of the candidates. If you cannot make pre-interview dinner because of another interview, it is probably more important to attend an extra interview rather than cancel the interview to attend a dinner.

### **Interview Questions**

The best way to feel relaxed and confident during your interviews is to prepare. Here is a list of common questions:

#### General

- Tell me about yourself \*\* most common
- Where do you see yourself in 5-10 years? \*\* most common
- What do you do for fun? \*\* second most common
- Why dermatology? \*\* second most common
- Why this program?
- What will you contribute to our program/the field of dermatology?
- Strengths / weaknesses
- Biggest accomplishment / regret
- Tell me about your research year
- Favorite/challenging research project?
- What other medical specialty / non-medical career would you consider?
- Who is your role model?
- Important qualities for resident to have?

#### Behavioral (prepare examples to highlight the following)

- Leadership
- Teamwork
- Ethical scenario
- Time you failed / were challenged
- Conflict (professional or personal); disagreement with superior/attending
- Worked w/ person from different background or perspective
- Mistake
- Difficult or meaningful patient case
- Time you were given negative feedback

#### Random

- How would you describe your best friend? How would they describe you?
- Issues in healthcare / derm?
- Describe interesting grand rounds case
- Favorite movie / book / show
- What kind of food / furniture / car etc. would you be?

\*\* When asked questions that you did not prepare for, take a moment to reflect – try to answer confidently and honestly.

#### Other

- “tell me something not on your application/CV”
- Know your application inside and out, and be able to confidently and succinctly explain anything listed in your application
  - o When discussing my research projects, I was never asked any specific stats but I tried to memorize big picture results/percentages just in case.
- Pimping is rare, but possible. My experience involved being asked detailed questions (incidence, male to female ratio, how would you describe this to a 3rd yr med student etc) about an interesting case that I described. My advice is that if you discuss an interesting disease or have most of your research in one area, know some background information about it just in case.
- While 99% of places will ask only interview questions, Pitt last year actually had a room of kodachromes instead of questions.

In addition to knowing your application very well, know the program very well - study their website, read about the faculty and their interests (great conversation topics). “What questions do you have?” will be asked by nearly every single interviewer. Prepare several questions unique to the faculty member to demonstrate that you did your homework! Don’t ask general questions about the curriculum etc that are freely available on their site.

If you get dermatology interviews, do not turn them down even if you think you would never go to that area of the country or program. GO TO EVERY INTERVIEW YOU HAVE THE PRIVILEGE OF BEING GRANTED.

Try to stay POSITIVE during the entire application and interview process. Applying to dermatology residency programs is a difficult and at many times, stressful process— trust yourself, your application and stay confident!

**Below is a sampling of programs that GW students interviewed at in recent years:**

**Northeast**

***Albert Einstein*** - good strong program in the Bronx; strong history of GW alumni matching at program (2 current alumni in residency program)

***Boston University*** - excellent reputation; program director appears to be very invested in resident education and teaching; good mix of focus on clinical/research experience throughout residency; 3+3 program (see website for more details- 3 years of derm residency followed by 3 years on their faculty as an academic dermatologist)

***Brown University***- (see away rotations section) very organized interview day which included a hospital tour, 12 17min interviews with faculty, and a presentation on the program. Longest interviews encountered on the trail and definitely more ethical questions than other programs. Faculty and residents are very friendly and spend time together outside of work. Excellent well-rounded program.

***UMDNJ – Camden*** – very small program, only one position available

***Penn State University*** - very nice residents and faculty; Hershey location is definitely rural and not urban; everyone seems to be very happy at the program and believes they receive an excellent and well-rounded dermatology education

***Howard University Hospital*** – very tight knit group of residents; friendly faculty; great VA hospital exposure with good autonomy; lots of hands-on surgical training; excellent exposure to skin of color

***Georgetown University Hospital/Washington Hospital Center*** Strong local program; lots of neat aspects. Rotate at WHC which is DC's flagship inner city hospital, lots of pathology and autonomy in clinics. Gives exposure to burn unit patients, extra-corporeal photophoresis, and others. Private-practice-like office in Chevy Chase. Rotations at NIH. Lots of movement b/t different sites. Good mixture of hardcore medical derm, bread and butter derm, and cosmetics. No full-time mohs. Strong clinical program with very happy residents; excellent exposure to a wide variety of pathology and skin types; comfortable feeling bc this program is so closely located geographically to GW

***Johns Hopkins Hospital*** - Strong program that is on the up-and-up like GUH/WHC. Good in medical derm, dermpath, and mohs. Amazing in peds-derm. Strong also in cosmetics. Research-intensive program (or at least they want to be) so lots of MD/PHD residents these days.

***University of Pennsylvania*** - Top program all around with access to amazing facilities, including CHOP for peds. Faculty is a great mix of seasoned, well-known and respected dermatologists as well as younger, up and coming docs. Fellowships in pediatric dermatology, Mohs, and dermpath. Long interview day.

***Columbia*** – very nice interview dinner and day. Residents and faculty are very friendly. Clear residents spent time together outside of work. Excellent well-rounded program with the opportunity to rotate at the VA.

***Cornell*** – efficient interview day which included a brief tour of several buildings with NYP subsidized housing. Extremely short interviews, they know your application well and have specific questions for each applicant. Very strong program on UES.

**Stony Brook** – small program on Long Island, very friendly, amazing dermoscopy training and skin cancer exposure with MSK. Well-organized interview day with a limo ride to the hospital for the tour.

### **Southeast**

**University of Virginia** Strong program, family-like atmosphere, laid back environment, awesome attendings, great at medical derm, dermpath, and mohs. No exposure to lasers/cosmetics

**Virginia Commonwealth University** - very tight-knit resident group

**Eastern Virginia Medical School** - Small program, better than its name would suggest, great dermpath, strong medical derm, exposure to cosmetics available, no full-time mohs

**Duke University** - Nice program, great faculty. Great name and program (although was told by a few that it's not as good as Wake Forest or UNC). good in medical derm (esp immunobullous), dermpath, and mohs (very little hands-on however). Nice people and pretty good research.

**University of North Carolina at Chapel Hill** – (see away rotations section)

**Medical University of South Carolina** – 12 minute interviews with all faculty members. Lots of well-known faculty (Elstein, Thiers) and amazing location.

**University of Miami** - Gigantic program, super strong. If I were to design a program to attend, it would probably be this one. 1 interview date only, interview roughly 60 in that one day. People will know your application well. Derm inpatient unit (one of the last of its kind), leprosy specialist, LOTS of hands-on mohs and cosmetics exposure which is otherwise unheard of in residency programs.

**University of South Florida** - Chairman is very charming and dynamic personality; residents all seem to get along very well; very new/impressive facilities and access to incredible medical resources; prides itself on procedural/surgical training (for those people interested in Mohs)

**University of Florida** - Offer only dermpath fellowships but should have both ped and mohs approved within the next couple of years according to PD. Got some wacky questions at this interview. Gainesville is a college town and perhaps not the most exciting place to live as an adult but is extremely affordable with many attractions within a few hours' drive and lots of hidden gems within the city or very close by.

**Emory** - (see away rotations section)

### **Midwest**

**Cleveland Clinic** - panel interview. Interview very few people, if interested in this program, would suggest away rotation, although interview is not guaranteed. Very impressive program (residents, faculty, resources); the Cleveland Clinic is a beautiful modern medical facility; does not seem to be much to do in Cleveland for fun

**Mayo Clinic** – 2-on-1 interviews where 2 faculty members are interviewing the candidate

**University of Minnesota** - 2-on-1 interviews meeting all faculty and voluntary faculty. Two-day interview: Day 1 is program overview, tour, and dinner; Day 2 is interview day.

**Henry Ford** – interview day is very long, 7-8 20-minute interviews, be prepared for pimping. Strong clinical training program with good academic reputation; Chairman is a very big name in dermatology and is apparently extremely nice and supportive; not much to do in Detroit for fun

**University of Chicago** - Combination of typical interview with a few behavioral questions thrown in here and there. Strong program with exposure to just about everything.

**University of Tennessee**- very nice and approachable faculty; pediatric dermatology on the rise; strong emphasis on dermatopathology; great facilities; not much to do in Memphis for fun

**Vanderbilt** - terrific residents and attendings; Nashville is a fun and beautiful southern city.

**Iowa** – 10 min interviews with 1-2 attendings each. They know your application really well. Extremely kind program, with beautiful new facilities located in college town (Iowa City), residents have incredible autonomy (they do their own mohs). Great surgical and dermpath exposure. Early interview (late November) with some of the more intense behavioral questions I encountered on the trail (every room has a “theme”).

### **Northwest/West**

**Virginia Mason (in Seattle)**- all around wonderful program and city. Overshadowed by UW, don't let this affect your impression. Also, not academically affiliated but still academic. A very progressive hospital that is likely setting a national standard for quality.

**University of Colorado** - Chill and pleasant interview day. Residents were awesome and outgoing. Denver is an amazing city with lots to do, especially outdoors. Strong surgical and peds training and even have a freestanding cosmetics clinic.

**University of California San Francisco** - Loved the PD here. Residents were fun to be around. Extremely well-respected program with diversity of patients but major downside is the high cost of living in SF. Interview day was long, but overall relaxed with lots of time to interact with current residents.

**UC Irvine**: rooms of 3 faculty per one interviewee, 15 min interviews, a variety of questions about your research and experiences, some behavioral questions however no questions meant to trick you. In between interviews there is plenty of time to interact with the current residents and eat breakfast/lunch.

**Harbor-UCLA**: one-on-one interviews are scheduled with all of the faculty throughout the rotation, very casual. They really just want to get to know you as a person.

### **South**

**Baylor (Dallas) Medical Center** - relatively new residency program, but very devoted and impressive program director; residents seem to work very hard, but all seem to enjoy each other's company; a considerable amount of didactic time is spent with UT-SW dermatology residents

**Arizona** – 10min interviews with one attending and one resident per room. Easy questions. VERY chill small program located in Tucson. Pre-interview dinner at chair's house. Interview very few people and very early in the season (mid November). Brand new absolutely beautiful skin cancer center.

### **Other Application Pearls:**

- One of the best pieces of advice I got from a resident mentor was to think of yourself as a brand. How do you want to be remembered after your interviews? (examples: the student interested in hair loss and transgender disparities; the student interested in dermatologic oncology and women and children's health; the student who had multiple years experience working in a Psoriasis lab) Interviewers won't remember your entire application, so they should be able to summarize you in a few key words. This brand should be reflected in your personal statement, and reiterated when asked “tell me about yourself/where you see your career in 10 years.” Worth thinking about early on, as not everyone's experiences seamlessly fit into a streamlined story!



- Personalize your personalized statement. Make the last paragraph/sentence unique to the program/region you're applying to, especially when it's not otherwise clear why you would want to be there. (For example, one author was from the NE and had spent their entire life/schooling there, but wanted to interview at programs in the South because their significant other's family was there – they included this detail in the personal statement for programs in the South). It's worth the extra time – programs don't want to waste time interviewing applicants who they think will never come there!
- If you take a research/gap year, do something in addition to research! Pursue a new hobby, take a class, volunteer – this makes your experience so much more rewarding... and it makes your “tell me about your research year” response way more interesting!

## **Alumni**

### **Class of 2022**

- Sarah Millan - MedStar Washington Hospital Center, DC

### **Class of 2021**

- Leora Aizman – Johns Hopkins Hospital
  - o Research year: University of Pennsylvania, Dermatologic Oncology, Dr. Jeremy Etkorn

### **Class of 2020**

- Justin Arnold – UC Irvine
- Meghan Beatson – Vanderbilt University
  - o Research year: Brown University, Dr. Martin Weinstock
- Dustin Marks – Stanford University
  - o Research year: Mass General Dermatology Hair Loss Clinic, Dr. Maryanne Senna
- Momina Mazhar – U Texas Southwestern
  - o Research year: Johns Hopkins Miller Lab (basic science)

### **Class of 2018**

- Mark Marchitto – Johns Hopkins Hospital
  - o Research year: Johns Hopkins Miller Lab (basic science)
- Geraldine Ranasinghe – Cleveland Clinic

### **Class of 2017**

- Sophia Akhiyat – Medical College of Wisconsin
- Divya Angra – Howard University Hospital
- Brittany Oliver – University of Pennsylvania
  - o Research year: NIH Medical Research Scholars Program, Dr. Ronald Gress

## **Resources**

[www.derminterest.org](http://www.derminterest.org)

[dermatology.matchapplicants.com](http://dermatology.matchapplicants.com)

<http://forums.studentdoctor.net/forumdisplay.php?f=56>

## DIAGNOSTIC RADIOLOGY

**Chairman:** Dr. Zeman

**Residency Program Director:** Dr. Jocelyn Rapelyea

**For Research:** Dr. Taheri, [rtaheri@gwu.edu](mailto:rtaheri@gwu.edu), Dr. Tu, [raymond.tu@progressiveradiology.net](mailto:raymond.tu@progressiveradiology.net), Dr. Haji-Momenian [shajimomenian@mfa.gwu.edu](mailto:shajimomenian@mfa.gwu.edu), Dr. Javan [rjavan@mfa.gwu.edu](mailto:rjavan@mfa.gwu.edu)

### GW – RAD 383

The Clinical Radiology (RAD 383) elective serves as the AI at GW and is a 4-week introductory radiology rotation which includes 1 week each of neuro, chest, body and MSK. **Note: this elective is not available between weeks 14-43 and a spot must be reserved with the department. See the course catalog for more info regarding scheduling.** Prior classes suggested doing this rotation in June, July or August if you are trying to get a letter from a radiologist.

Student comments about RAD 383:

“You will have the opportunity to meet a lot of the attendings on this rotation. Make sure you are assertive in asking questions and being involved. It’s more enjoyable if you are actively engaged. There are lectures for the med students in the afternoons and noon lectures with the residents.”

“The AI is very laid-back. As a medical student, you have literally zero responsibility. This rotation is to provide face time with the major faculty and obtain letters of recommendation. You have an “optional” presentation at the end of the rotation if you want to be considered for the honors grade.”

“Good opportunity to get a letter of recommendation from an attending. Dr. Javan will write a letter for any GW radiology applicant. Dr. Lichtenberger will also write you a letter if you work with him. It can be difficult to get a LOR because students spend most of their time with residents, not attendings. Don’t be shy to ask an attending for an LOR even if you spend just a few days with them on the elective. Working with an attending on a research project is a good way to build a relationship and ask for a letter outside of the elective. The point of the elective is to understand the workflow, day to day and just see what radiology is like, and not necessarily to get a letter from it, although you do need one to apply Radiology.”

### GW electives

There are many radiology electives offered at GW and Children’s. Consider doing non-radiology rotations unless looking for a letter or specific experience. Outside of IR, medical students will not be doing much during these electives.

Student comments about RAD 407 - Breast Imaging Elective:

“I would highly recommend the breast imaging elective (RAD407). You get lots of one-on-one time with the breast imaging fellows, who are all great teachers. You can customize the elective depending on whether you are interested in biopsies, diagnostic imaging, or screening mammography.”

### Away Rotations

Away rotations are not necessary for radiology. However, they can be helpful at very competitive programs or at programs that might be a reach for you. They can also be helpful if you are looking to go to a specific program or geographic area.

### Applying

Apply early and apply broadly. With application numbers increasing, you’ll want to target the number of applications you send to the previous year’s application average while taking into account your competitiveness. The mean number of diagnostic radiology applications per applicant for the 2021-2022 cycle was reported by ERAS as 62.2 for MD seniors. The most recent NRMP Charting Outcomes document has very useful information to help gauge how many interviews you need, with prior year classes mentioning 15 as a solid number. . Don’t forget about applying broadly to a set of prelim and TY programs. You’ll probably want to apply to more prelims/TYs than

you think you need. Some say prelim surgery is necessary if you are going to do IR, however most residents and attendings have said that it does not matter one way or the other. Application numbers have picked up recently, and radiology is anecdotally rising in competitiveness, but very doable. Research can help. Dr. Javan does a lot of 3D printing research and is a frequent contact for students. Dr. Tu is an amazing resource for research and loves helping medical students. Also contact Dr. Haji for research.

Student Comments on Applying from Class of 2022:

- Most interviews from geographic areas where they have lived; no interviews from regions with no connections. Would not spend money applying to regions with no geographic ties. "Look at where the residents are from at each program, that will tell you the geographic preferences of the program"
- Interview invitation timing is variable with some coming out later this past cycle compared to previous cycles
- Send as many applications as you think feasible, but be on the lookout for programs that require a paragraph about your ties to an area in your personal statement and be sure to do this if their website says it's required
- Prelim IM program signaling system: unclear whether it actually helps applicants get interviews in this first year of doing it, but with the signal process expanding that might change
- Multiple students shared they applied to 65+ DR programs. "Apply to at least 60 DR programs minimum, more if you have below average stats or if you can afford it. You can always decline interviews. Don't listen to anyone telling you to apply less, multiple advisors said to apply less and I would not have done as well if I listened to them. Every time someone tells you to apply less, add 10 programs to your list. This is no joke."
- Multiple students shared they applied to 20+ prelim IM programs and 20+ TY programs that were geographically targeted and thought this was adequate. "Prelims are competitive, since the decent ones that will treat you better are also going to be interviewing top candidates in fields like derm, rads, rad onc, ophtho etc, so don't sleep on them. I would recommend applying to at least this many programs even if you are an above average applicant"

## Interviews

Interviews are not only a time for programs to meet you, it's also a chance for you to get to know the program. The most important thing you do during interviews is get a vibe for the place. See if the residents are happy. Could you be happy there? Do they have the type of culture you want in a program? Is the program director looking into the future? Do they have the resources to support the residency program? Are they focused more on resident education or fellow education? Do residents place well in fellowships? More of the details can change between the time you interview and the time you begin radiology, but get a good overall feel. It's competitive to get interviews, but once you are on your interviews everyone is generally very friendly, laid back, and there is very little feel of competitiveness. So make sure to go into your interviews relaxed and try to have fun!

Accept interview invites as soon as you get them. If that program also has a preliminary program, email or call and ask if you can interview there too.

Try going to the dinner or virtual happy hour the night before whenever you can. It gives the residents a chance to meet you and gives you a sense for the culture of the program. These events are also a great time to find out about the program highlights prior to the interview. Pay attention to how the residents interact with each other as this could provide some insight into the culture. Residents often have a say in the rank list in many programs, though the faculty always has the last word.

Go to the interview day prepared with plenty of good questions to ask your interviewers. Many of them just want to answer your questions, rather than ask questions of their own.

Be very familiar with your resume. It is very nice to have some research to talk about during your interview and don't be afraid to put down hobbies on your resume. Hobbies are a great way to make a connection with the interviewer.

Student Comments:

Interview days for radiology are usually laid-back. Interview days vary on schedule, but start somewhere between 7:00 – 8:00 am. There is an introduction by the program director, sometimes an AM lecture and then you typically get at least 2 interviews with some programs giving you up to 8, speed-dating style. Prior to virtual interviews, there is almost always breakfast and always lunch. Interview questions vary, some programs have more rigid interview type questions (tell me about a time where you failed), but others are just the typical (tell me about yourself, why radiology, what fellowship do you see yourself in) set of questions you will be asked everywhere you go. I was never asked very detailed questions about my research except by one school. Most of the time it was a very simple question pertaining to the overview of the topic. That being said, if you put down you are an expert in Retina MRI on ERAS be prepared to explain and discuss that topic at length. Be prepared to sit through a didactic session and try not to fall asleep. Always be on your best behavior to everyone from the janitor to the chairman and keep off the cell phone. It looks bad if you are texting during a lecture and yes, people notice. The typical day ends between 1:00 - 2:30 pm although there have been programs which keep you longer. Keep this in mind for travel plans afterwards. Consider sending a thank you letter to the program.

Get to know the location while you are there/consider visiting in person. You'll be living there for quite a while. Keep in contact with your #1 program and emphasize that you love their program for x,y,z reasons.

Overall the process is fairly low pressure for Radiology. Try to be as comfortable as possible while remembering that it is still a formal interview. Most programs are more similar than they are different. Interesting questions for programs may include transplant diversity/volume (hearts, liver, lung, kidney), OBGYN exposure, cardiac imaging, independent call and moonlighting (some consider this a taboo question - best asked at happy hour to residents). In order to gauge the financial stability of a program, one student advises to pay attention to the reading room and what kind of chairs they have. "Programs with Herman Miller chairs are likely to be well funded."

### **Memorable Interview Questions**

- Why should I believe that you want to be a doctor in this field of medicine?
- Why did you choose radiology?
- What do you think the future of radiology is?
- What are your thoughts on artificial intelligence?
- What are you looking for in a radiology program?
- What fellowship do you want to pursue and why?
- What Disney character would you be?
- What is your favorite word and why?
- Teach me a skill that isn't on your ERAS application.
- If you had all the money in the world, what would you do?

**The following is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2015, 2016, 2018, 2022**

### **Northeast**

**Rutgers:** In Newark, NJ. Seemed like a robust program. Could do well there.

**Cooper:** Odd program director. Residents seem happy enough there. Terrible neighborhood. However, most live in downtown Philly (15 min train ride from center city directly to station literally outside of the hospital).

**Christiana:** Smaller program. Well funded. Residents are paid quite well. Residents seem happy and well supported. Nice hospital. Met with one Georgetown resident who specifically went there because she has two kids. Seem to do reasonably well with fellowships.

**Pennsylvania Hospital (PAH):** In the heart of Philly. Very good breast imaging reputation. Residents do trauma at Presbyterian in Philly, GI at Upenn, Peds at CHOP. Focused on the education of residents. Good attendings. Low volume at night.

**Einstein:** In outskirts of Philly. Program director is very involved, seems to be looking to future. Former GW med student there. Nighthawks get sent all ectopics, potential head bleeds, trauma.

**Albert Einstein Montgomery:** This is a newer program that shares call with the Albert Einstein Philadelphia program. Montgomery residents physically take call from the Montgomery campus but read imaging from all over Pennsylvania. Call is independent but all strokes and trauma cases are read by a nighthawk group in addition to the on-call resident. This program offers a linked preliminary medicine year with Albert Einstein Philadelphia. You need to submit an application to the preliminary medicine year, but you don't need to do a separate interview with them.

**Bryn Mawr:** In the suburbs of Philly. Rotate through lots of hospitals, including St. Christopher's Hospital for Children and Nemours DuPont for peds. Didn't seem like much of a cohesive residency community. Residents live outside of or in Philly.

**Hershey:** 7 residents/year. LOVE the town. Smaller community made up of Hershey employees and hospital staff. Close to lots of cities. Good culture at the hospital. No in-house 24 hour attendings. First year orientation of 5 weeks. Dedicated 1st year curriculum.

**Geisinger:** Out in the middle of nowhere

**George Washington:** Smaller, resident-run program. The attendings and residents are great and there is a lot of time with one-on-one instruction. Dr. Zeman (the chairman) is very enthusiastic and involved. Breast imaging and IR are strong. Residents have 3 peds rotations at CNMC. Plenty busy at night. Good share of trauma. Internal moonlighting is available during evenings. No in-house 24 hour attendings. If you want to stay at GWU, talk with Dr. Rapelyea and let him know, but don't bullshit him unless you are sure!

**Georgetown:** Lots of oncology and transplant. Not so much of the bread and butter. Residents spend 2-3 peds rotations at CNMC. Travel to Shock trauma [in Baltimore] for a one month rotation since they don't have much trauma. Go to WHC for cardiac. No in-house 24 hour attendings. 2022: Great PD Dr Jay is amazing. Have decent informatics curriculum.

**University of Virginia:** Great community in Charlottesville. A larger resident group, but supportive program. Good fellowship opportunities there. Impressed by how collegial the residents and attendings were. A few of the residents were having children, using subsidized daycare near hospital.

**Eastern Virginia Medical School (EVMS):** Extremely welcoming to applicants. Norfolk is surprisingly charming. A couple residents live in VA beach. Large private radiology group and you get the sense that some are more involved than others in teaching residents. Very well financed hospital. Program director is incredibly supportive and devoted to residents. Free standing children's hospital twenty steps from the main hospital. Heart hospital. Affiliated med school. Lots of trauma (in fact military residents do their trauma rotation here). 2022: They have some moonlighting as a senior but not a lot currently. Great reading rooms but more like offices (everyone including residents get their own).

**MGH** -- amazing, elite program it's Harvard. PD is intense and I wasn't sure that she was listening to me. Some of the faculty rubbed me the wrong way... seemed a bit abrasive and intense. 4 interviews including presentation with by the chiefs. Truly leaders in radiology. Clinical work has great depth and breadth. Facilities are amazing. Department physically designed to encourage a lot of interaction and bring other disciplines down to the reading room. Money coming out both ears for research, facilities, etc. These people are at the pinnacle of their game, unfortunately along comes a fair amount of snootiness, and Ivy League / Top 10 med school nepotism. Interview day had a very ""why should we take you at MGH"" kind of feel. Still, many of the residents I met were totally normal people in the social setting, while the others just seemed too cool for school. Also, weird that everyone at MGH (interns to faculty) wears short white coats; I guess ""lifelong students."" Beacon Hill is a really cool and storied part of Boston. That being said, it's expensive. Overall, world class institution, more serious environment than other departments, lots of fellows but still plenty of volume to go around, weaker in IR.

**Brigham & Womens** -- amazing. More laid back than MGH and nicer faculty. 6-8 quick interviews. Considered in top 5 for sure, and in many cases barely in shadow of MGH. Another Harvard program, also part of Partner's Healthcare System (along with MGH). I actually liked the Brigham more than MGH on the basis of the residents in the program. MGH and BWH are basically equivalent in my eyes. What part of town do you want to live in? Beacon Hill / Downtown for MGH or Longwood site of BI and HMS for BWH. The Brighams radiology library is beautiful and overlooks the quad of HMS, which I thought was pretty cool. One of the GW IR guys, Albert Chun, recently worked as an attending there.

**University of Vermont** - extremely casual and laid back, excellent program/great hospital/ very friendly/warm residents, 5 20-minute interviews

**Brown** -- politically active program. Great moonlighting. Located in a smaller New England city, Providence. Smaller Children's Hospital. All the hospitals are attached. 2020: Amazing moonlighting, can max out your 403b and seriously pay down loans, good location between Boston and NYC. Level 1 trauma, independent call, don't do hardcore transplants. Independent call.

**Boston University** - Top program. Great hospital. interview includes quite an extensive tour of the facilities, which required walking quite a bit outside in the snow, lunch was a few blocks away from the hospital, which involved more walking outside! watch the weather when packing for this interview, interviews themselves are fairly relaxed, one faculty member, the chairman of the department, and a chief resident. Residents seemed dorky but fun-loving and sociable. Nice location in Boston. Attendings were very friendly and actually respond to emails (a rarity on the interview trail). Would probably receive more acclaim if they weren't the 4th best program in their own city behind the Harvard programs. Workload seemed intense but meaningful. Send a lot of their residents to Brigham and MGH.

**Yale** -- very impressive and well-organized day. Chairman visits the cocktail hour before dinner and meets everyone. He knows Dr. Zeman well (who did his residency there). Very good program, but not necessarily known as a top program, despite Yale name. Loved the residents. All very friendly, funny, and stress-free; seemed to go out to the bars with each other a lot, others had families. They have 24-hr on-site attending coverage (unique aspect), which takes the resident on-call overnight off the hot-seat; resident can consult the attending sitting next to them, and never have to make a tough call on their own. Attendings were concerned this affected resident education in a negative way. Also, residents could take time to read about a case, and stop interpreting clinical work for the day if they decided to; thus, no stress of volume of work done, rather learning at your own pace (could be positive or negative). Research is not stressed, but available if you're interested in it. New Haven isn't great, but married couples and those with families lived in nice neighboring towns on the coast. Larger program and good pathology. Good IR. Best didactic lecture all season. Had more formal interviews compared to other programs especially regarding research. Great, friendly program director and engaged faculty on a first-name basis. Pre-interview dinner is almost mandatory. Not as strong as its Boston counterparts or the name would lead you to believe. Residents were extremely friendly. Outstanding perks, salary, benefits, vacation, moonlighting.

**Mount Sinai** - Top program. Great hospital. pretty relaxed day with 3-4 interviews. Great subsidized housing. No pre-dinner so I couldn't get a good feel. Several GW people as residents. Some attendings seemed friendly while others seemed more NYC business serious. Residents only mildly sociable. Department had a very "stuffed in the basement" kind of feel. Nice NYC location with subsidized housing. When on call only read plain films and do your own ultrasounds, aware of deficiencies in program but I think they're in process of changing, great IR. Mount Sinai is the liver and crohn's hospital of NY so see lots of these pathologies.

**Lenox Hill** – subsidized housing

**Nassau University Medical Center** - lack of technology, however, they received a TON of money recently and will be improving significantly in the near future

**New York Presbyterian Hospital** -- fun, laid back, Mexican dinner the night before. 4-5 laid back interviews. Great part of the city and great housing. Radiology facilities are dated for such a named program.

**Cornell** - Elite program. Enthusiastic attendings with great backgrounds. Top notch hospitals (NYP, HSS, MSKCC). Program has a lot of money and residents get to reap the benefits (good pay, lots of happy hours/dinners, subsidized housing, research grant money for resident projects). Residents extremely happy. \$100/hr moonlighting amply available. Fantastic location in NYC. Seems to be full of NYers or NYC med school grads. Short interviews made it tough to get myself across in 10-min time frame. 3 laid back interviewers from cornell, hss and/or sloan-kettering. Relaxed dinner beforehand. Get to see housing.

**NYU** - Elite program. Great hospitals in great location. Top notch attendings. Work very hard, play very hard mentality among residents. group interview (they do 2 days of like 50 people). Dinner beforehand was snazzy with faculty there who will come talk to you. 3 panel interviews with 2 interviewers each... a life/hobby one, research one, and why nyu/radiology one. Very impressive and well-organized. Extensive resident-applicant interaction and attendings eager to get to know you. Their program director's only job is to be a program director -- no reading responsibilities. So he is very accessible and responsive. Felt like program had chip-on-shoulder when mentioning Cornell. Most laid back program I interviewed at, residents say their best and worst thing is the laid back atmosphere, up and coming IR?

**North Shore University Hospital – NYU** – best community program in NY, great hospital, new affiliation with Hofstra Medical School, great location and teaching, very well known in NY

**St. Luke's Roosevelt** – subsidized housing, very happy residents

**St. Vincent's** - small community hospital program in the village in Manhattan, excellent location, only take two residents/year

**Staten Island University Hospital** – + PACS system, structured curriculum, very happy residents, dedicated program director and chair, great teaching, no graduates of the program yet

**SUNY Stony Brook** – pay for hotel the night before, dinner at chair's house, presentation on technology, followed by 3 interviews and tour of the facilities

**Winthrop University Hospital (NY)** - nice university program in Mineola on Long Island, didn't look like Mineola would be that great to live in, but they provide excellent/cheap housing (300/month for 1 bedroom) and you are located only 30mins from Manhattan right off the LIRR, program director is extremely nice and friendly, program has amazing benefits, however, a lot of the residents there were transfers from other specialties and were, quite frankly, mean to many students who rotated there, there is construction going on to improve the department, however, as of now, residents are competing to get a workstation every day and do not read out a large amount of time

**Morristown Memorial Hospital (Atlantic Health System)** – phenomenal reading stations, very nice faculty, lots of construction for new cancer center

**UMDNJ – Robert Wood Johnson** – good educational focus for medical students and residents, may have too much call, don't show you the second hospital that you will work at

**Drexel** - interview day was very relaxed, 3-4 interviews, one being with a chief resident

**Temple** – molecular imaging, pain management, great IR, very nice facilities

**Thomas Jefferson** - very relaxed interview day, dinner the night before which was well attended by residents, 3 faculty interviews including one with the program director which was by design the shortest very conversational. Awesome PD, big MSK and ultrasound center, IR known for lots of resident hands on experience. Very well known program on the east coast. Residents are very well published.

**University of Pennsylvania** - 2016: Awesome program in a nicer part of Philly. 6 interviews 15 min each, basically speed dating. Very strange questions, residents will tell you some of the questions the night before. This program has everything bc they have so much \$\$\$. Huge emphasis on research, most residents take 1/2 day a week off to do research. Program director (sweet old mama bear woman) has no involvement in selection, she just runs the program. Selection chair is really nice but again, weird questions. Pre interview dinner is amazing (spanish paella and tapas) but the topic of conversation at the table was MRI physics, thought the residents were a bit on the stranger end of the spectrum.

**University of Pittsburgh** – Large hospital with well known transplant and oncology programs. People at the UPMC are very friendly. Good moonlighting opportunities. Pittsburgh is a cheap city with lots of affordable living options. Optional pre-interview dinner. 2022: Good moonlighting, great PD, cheap city, strong 3D printing curriculum, friendly faculty. Get everything, trauma, hardcore transplants etc etc, will receive fantastic training here. Call is independent but only for in-patient studies, ED studies are staffed 24/7 by dedicated attending.

**Penn State** - optional dinner the night before. 2022: Current PD is retiring in next few years, but have long standing APDs to rise to fill the position. Strong volume, residents seemed generally happy.

**University of Maryland** – 2016: Didn't do pre interview dinner but interview day was pretty relaxed. 4 interviews, 20 min each with questions about stuff listed on ERAS. Residents seemed happy, some even commute from DC. One weird thing is residents kept saying how weird the PD was and how I was lucky to not interview with him. Long interview day, ended around 3-4pm. Beautiful reading rooms and gym across the hospital just for residents and faculty. 2022: Program stood out with an innovative meet and greet that showed how happy and friendly the residents are with each other.

**Johns Hopkins** - amazing. It's Hopkins. There are 6 short interviews (12-15 min each). Meet in the place where the first residents in the country slept (why we are called residents). Dr. Brem, Dr. Venbrux, Dr. Levy, and Dr. Hill did residency or currently guest lecture there. #1 Hospital in the country for the last 20 years. Tons of money throughout! Incredible clinical education and research opportunities. High volume of cases, many of which are very complicated; it's Hopkins! Probably the most "formal" environment I came across; faculty is more "old school" The new program director, Dr. Horton, is keen on looking for "leaders" of health care and radiology; she seems quite intense. She puts on a very straight face during the interview (I've been told you may get the vibe she doesn't like you, but that is not necessarily the case! She just has a good poker face). Location of the hospital is in shady area, but surprisingly, there are some very nice affordable areas to live (Inner Harbor, Fells Point, Canton, etc). Optional dinner the night before.



**Montefiore:** location?, very nice faculty, nice facilities, strong in most areas, would rank it 3rd in nyc (behind nyu & cornell)

**Christiana Care:** this is where I matched into the Direct Pathway for DR/IR. This includes DR + fellowship in IR for those students who know they wanna do IR. I am not sure about the area but there are beaches, parks, nearby major cities and north Wilmington is on an upsurge after the riots in the late 60's with ample tax free shops, restaurants, home to biotech, banks but the program is a community program with an academic feel. Excellent pathology and 900+ bed hospital, level 1 trauma center. Very active IR group and affiliations with Thomas Jefferson.

**BIDMC - 2016:** One of the Harvard programs but considered the most "laid back" one. 4 interviews 20 min each. They were very clear about "let us know if you want to go here". Gave us a packet with fellowship match stats and publications of residents but no presentation from PD about curriculum, benefits, or other random things you'd want to know about a program. Great location in the Boston area. Focused on medical educational and QI. Program feeds into MGH and Brigham for fellowship.

**NEW ENGLAND-Specific Advice:**

*It is possible to drive to all of your interviews (New England isn't very big)!! Boston attracts more people from out of New England than the surrounding hospitals and, as a result, is more competitive. Know what you're getting yourself into – Dartmouth, UVM, and Maine are in smaller cities (Dartmouth, Hanover NH is basically a not so big town) and are rural, so you have to like that sort of thing in order to be happy there  
Maine Medical Center (Portland, ME) is categorical (i.e. you only rank them for radiology, prelim is automatically included*

*There are no separate prelims for Dartmouth or UVM (i.e. Dartmouth and Fletcher-Allen are the only programs in the state so there is no community hospital nearby)*

*Many New England radiology programs (Dartmouth, UVM, Maine, Lahey Clinic) send residents to Children's Boston for 2-3 months of pediatrics usually within radiology years 2-3. They put you up in an apartment in Boston for the 2-3 month block. (Major consideration if you plan on having a family at that time)*

*Trauma (especially penetrating trauma) numbers are much lower for Dartmouth, UVM, and Maine – it's just a fact to know going in*

*Lahey Clinic sends residents to Brigham and Women's for OB imaging and there's no Pediatrics there (i.e. no OB imaging or Pediatric imaging on call)*

**UVA** - optional dinner night before (significant others invited), very casual, interview with 5 people per day, everyone was very nice. Charlottesville is a super cute town with very good food. Great for families (affordable!!), but may not be the best location for singles (2+ hour drive to DC). Lots of outdoor recreation here. Overall, outstanding program, very strong in IR.

**West Virginia University** - optional dinner the night before

**University of Kentucky** - fairly relaxed day, nice residents, there is nothing in Lexington, hospital is undergoing quite extensive building/renovations - should be a mess for the next few years

**Vanderbilt** -- less organized interview day than I expected. Dr. Dina (PD) was and an attending at GW. 4 laid-back interviews. Older attending from South Africa loves to talk about rugby and is known to be abrasive (though was nice to me).

**Wake Forest** – Solid program, will work you hard but this is made clear on interview day. Will probably make you into a fantastic clinician due to independent call from 5pm to next morning which is rough and getting rougher 2/2 expansion due to a merger with Atrium Health as a result of financial difficulties. Great program despite this. They don't do hardcore transplant or hearts.

**University of North Carolina** - Great all-around program. Very nice people – reputation is shadowed by Duke, but they're definitely on the upswing. UNC is in a super cute location, very nice community and very affordable (the city bus is free!). You'll get solid training here. You can live in either Durham or Chapel Hill and still make it to UNC for your residency. Great cost of living, but low salary. Strong research at UNC, but smaller radiology department overall. Associate PD has a sister who is an oncologist at GW.

**Duke** – Awesome program. Very focused on individualized teaching during readouts, daily small group case sessions with attendings. Have 3/2 program where you spend 9 months of 4<sup>th</sup> year dedicated to a subspecialty and then can do either same subspecialty or different subspecialty during fellowship. Note: they really like to keep their own, and don't necessarily like you to leave to do fellowship elsewhere; luckily they are amazing in basically every subspecialty but just be aware, definitely possible to do fellowship elsewhere but it tends not to be the norm to leave for fellowship. Very affordable. Small city feel.

**Medical University of South Carolina** – group interview with the chairman to start off the day. Charleston is awesome. Dinner before hand was fun and nice. 4 interviews that were laid back. Be prepared to answer why Charleston? Residents told me several times to email them if I was interested because that makes a big difference there.

**Emory** - very nice interview day, program director spends quite a bit of time introducing himself and the program. Excellent program, takes a lot of residents (like MIR). Grady is every resident's favorite hospital– a TON of trauma here, very busy. Very friendly people and well connected. You rotate through a LOT of hospitals here, and traffic is terrible in Atlanta. The residents complain about rotating and taking call at so many hospitals (seems like a lot to juggle). However, you'll get great training here. Atlanta is a very green city with lots of parks; good cost of living as well.

**Mayo Clinic-Jacksonville** - Actually in Jacksonville Beach, just minutes from the beach. Very affordable, safe, minimal traffic. Beautiful hospital, great attendings and residents, but very small program.

**Ochsner Clinic** -- paid for my hotel. I did the Fri/Sat thing which was different. New Orleans is awesome. Do not drink too much at dinner or on Bourbon St after the dinner. Good mix of private practice and academics. One interviewer tried to push research. Laid back. PD does IR stuff for Saints and Hornet players, which is neat.

**Tulane** -- Smaller than Ochsner in NOLA. Lunch after but no pre-dinner. Residents seemed a little overworked (4 of them). Hospital isn't as nice as Ochsner. PD was very laid back and nice. Did lose their radiology accreditation after Katrina like LSU did.

**UAB**- great program, large. Dinner before hand at a resident's home, which was different and neat. 4-5 interviews with an awkward mixer at the end with attendings. Building a new womens and childrens hospital.

**U of Mississippi** -- Solid program in the south. Lots of new, young, well-liked attendings. Residents were happy. Chairman has a set of questions that he reads off like a list to everyone.... like when was first Xray? what are 3 biggest achievements in modern medicine?

**University of Tennessee Knoxville:** The program offers a Q and A with current residents and interview day consists of 3 interviews with faculty and 1 interview with a current resident. The program has no independent call. All call is supervised which residents state is a plus. The residents mentioned that they have ample moonlighting opportunities. They spend 1 month rotating at Vanderbilt Children's Hospital with housing provided. This program offers a transition year at UT-Knoxville. You need to submit an application to the TY year, but you don't need to do a separate interview with the TY year.

**Baptist Memphis** -- private practice. No academics. No research... can't imagine getting a broad basis. Residents are very happy and make tons of money moonlighting.

**U of South Florida, Tampa, FL:** Very friendly attendings, mix of private and academic practice, solid program. Tampa seems great - good cost of living, sunny and warm, close to the beach and Orlando theme parks.

**University of Florida:** Amazing program, high volume of transplants (lung, liver, less heart, kidneys), dedicated cardiac rotation, plenty of moonlighting (can double your salary doing ultrasounds at the VA as an upper level, contrast coverage as lower). Very nice faculty and residents. No pressure to clear the list, but you see a lot. Only program on the interview trail for me that published internal case numbers on their site. Call is independent depending on level, R2s do independent neuro call and R3/R4 take abdominal. Short 20 minute interview with 2 faculty at same time. Dress code is scrubs unless you are on mammo (patient facing).

**Florida Hospital Center** – New program just graduated first class. Stupid amounts of study volume (1.2 million studies per year) and money. Academic appointment at adjacent university and full physician on site benefits (free sushi lunch everyday). Fellowship placements were mediocre. Residents learned at their own pace and did whatever they wanted everyday which was unexpected and a double edge sword for those who are lazy. Excellent support by on staff physicist for board prep and excellent research opportunities with intra-operative MR. IR was bread and butter, nothing fancy. Given time, may be an excellent program but there are better options in Florida.

**Cleveland Clinic** - very nice dinner the night before, very casual feeling to the whole day with good time to visit with residents and faculty, interviews with the PD, a physicist, and a faculty member (all very nice), get a chance to sit with the faculty at the viewbox for 30 minutes, overall a very positive day

**UChicago** - Elite program. Sprawling gothic grounds. Walking around campus feels like being in college again. Mix of young social attendings and old-school academics. Great academic atmosphere with interdisciplinary rounds and lecture schedule. Very social residents. Limited trauma exposure. Great children's hospital. Very cush call schedule. Slightly easier work load.

**Rush**- Nice program. Excellent new medical center built. Enthusiastic and friendly program director. Very intense call schedule and workload. Program seems to be struggling for money and to define its place within the hospital. Residents were friendly but did not seem to be as close of a unit as other programs. 2022: Number 3 in Chicago (NW, UChicago, Rush, Loyola, UIC, Cook). Newer academic department previously was a “privademics” practice with crushing volume for residents and not consistent side-by-side readouts due to volume. Hiring more faculty. Trauma is probably weakest (but also not as important as you think per Dr. Haji) since Cook County is next door. Great place for MSK radiology since best ortho in state, Bears players get treated here. Independent call.

**Loyola** - Nice program. Nice new medical center but decently far from downtown Chicago, requiring a commute. Residents seemed to work fairly hard and were proud of it. Residents may have been smart, but seemed dorky and less social. 2022: Very very friendly residents and faculty. Spent the whole interview with PD joking. Very open and provides a lot of internal documents. Independent call.

**Cook County** - *The residents say they sometimes have difficulties having rad techs to do CT scans. They have excellent trauma exposure but that's about it. PD is a GW grad but didn't know I was until the end of the interview when I asked her about going to GW back in the day. Residents said they ended up there because they had to be in Chicago and fell on their list.*

**Mayo Clinic (Rochester)** -- You will see a TON of pathology here, but they assure you that you'll see the bread and butter, too. The facilities are absolutely beautiful. They have very strong didactics. You will no doubt get outstanding training here. Drawback is location – Rochester is in the middle of nowhere (about an hour drive to Minneapolis). The PD (or ?chair) asks you a series of interesting questions: things like “what do you fear most in life?”. I got asked a variety of different questions here that seemed more philosophical. One of the interviewers also asked the dreaded “why YOU” question (ie: why should they pick YOU out of everyone else?). But people were

very nice, and the atmosphere was generally laid back. They really want to make sure you're willing to come to Rochester. Mayo also has an amazing gym, and you will have time to use it!

**Northwestern** – 2018: Northwestern-dinner the night before, have 2 groups, IR in the AM and DR in the PM. Had 5 interviews each was 20 min, some independent night call, class of 11. 2016: Awesome PD (her 2nd year), the residents here were VERY happy and the program really emphasizes work life balance. 6 interviews 20 minutes each but prob the most laid back interviews I had. Just straight conversations about random things or TV shows, got asked a few questions about my IR research by IR attending but not because he wanted to grill me, but bc he was genuinely interested. Dr. Taffel did fellowship at NW so they all know him well there. Most beautiful hospital ever, kept mistakenly calling it a "hotel". Class is prob the most diverse I saw, 50/50 men and women and they were all really normal and happy. Hospital is very nice (looks like a hotel) and the program has a lot of funding.

**University of Chicago** - dinner the night before, there is a bit less time to meet with residents during this interview day, interview two groups each day (an AM and a PM session), with each group having 6 30-minute interviews with faculty and residents, quite relaxed, but also formal feeling

**University of Illinois at Chicago** - three interviews, one with the chairman, one with two of the chiefs, and one with a faculty member, not quite as much time to meet with other residents, very relaxed day

**Southern Illinois University:** They are a categorical program with a medicine-heavy PGY1 year. This program has no overnight call and residents do not work later than 11pm. When a resident is on evening call until 11pm, the resident is excused from coming to work the next day until 10 am. Residents say they perform very well on boards due to ample time to study. This program has no fellows so residents have a lot of autonomy. Interviews consist of the PD, department chair, and a faculty member. The PD seems genuinely interested in resident wellness and has developed a coaching program to facilitate resident wellness.

**Wash U Mallinckrodt**- Elite program. Radiology has its own separate 12-floor building dedicated completely to radiology. Arguably the best radiology program in the nation by reputation, research, and graduates. Beautiful hospital. Extremely professional and friendly attendings (most attendings stopped their work, stood up, shook our hands, and chatted during our tour of the department). St. Louis has bad rep, but everyone that I've met that lived there likes it. Low cost of living, minimal traffic, lots of free family activities if you have kids. One of the top programs in the country (if not the very top), but everyone was nice, relaxed, and down to earth. Interview day was laid-back, excellent pre-interview dinner. Residents seemed more stressed than usual, didn't notice a lot of camaraderie. No meal stipend. Lots of fellows in program.

**U of Michigan**- Amazing program – one of the best out there. The chairman's opening powerpoint is the best one on the trail. You'll get outstanding training here. The only drawback may be location – Ann Arbor is a cute, but small, college town. It gets very cold here in the winter! Interviews are very relaxed, and they give you good schwag. At the end of the interview day, you can stay for cookies and coffee and talk with the faculty and residents. Lots of fellows; about a 1:1 ratio. Have an innovative Healthcare Economics certificate course through the GME department that you are excused from rotations to attend.

**Spectrum Health/Grand Rapids:** They are a categorical program with a transition year for PGY1. The transition year gives interns lots of choice for which rotations to complete. During the transition year, interns do 2 months of fluoro and then take fluoro call during R1 year. During the radiology years, residents can choose to complete a non-interpretive track similar to GW's scholarly concentration program. Residents can choose from non-interpretive tracks in research, medical education, and advocacy. There are no fellows at this program, so residents have a lot of opportunities to perform procedures. Call is independent. Each resident has their own private reading room. Interviews consist of the PD, APD, one faculty member, and a current resident. There is a separate Q and A session with current residents.

**University of Minnesota:** Very nice people here and a strong, up-and-coming program. It's certainly in the shadow of Mayo, but it's a solid program. You rotate through a few different hospitals in Minneapolis. Upshot they have over Mayo is location: Minneapolis is infinitely better than Rochester (lots of bike trails if you're a cyclist). Warning: it is FREEZING here in the wintertime.

**UT Southwestern** - Good program going through a transition period with new Chair, but only going to get better. Great residents and program director. Dallas is more affordable the further away from the hospital you get, so may have to commute 30+ minutes in traffic that can be heavy. Large Program, but good camaraderie. Huge upcoming program in diagnostic radiology. Large volume of studies and superb pathology. Two brand spanking new hospitals. Program director is peds neuroradiology trained, very supportive and kind. New chairman is from Harvard and was brought in to bolster up research, wants to make UT Southwestern a top 10 program. Tons of available clinical and basic science research. We spent a considerable time touring research facilities. Strong OB/GYN ultrasound, good peds. Excellent IR at Parkland but less autonomy due to number of fellows. Comes with typical county issues. Hospital system is expanding and only going to increase the number of studies per year. Excellent pre-interview dinner.

**Baylor Dallas** -- nice hybrid of private practice and academics. Really liked that they had business courses intertwined in their curriculum. Neat, young and accomplished PD. Happy residents. FYI, Dallas has most Fortune 500 companies for any city in the US and has recently surpassed LA for plastic surgery. 3 laid back interviews, no dinner before.

**UT Health Science Center, San Antonio, TX:** Very affordable and safe housing right by hospital, but older, kind of run-down facilities. Very nice attendings, very family-friendly.

**UT Houston, Houston, TX:** Horrible traffic, most residents commute 3hr + minutes. Call heavy. Great residents, Texas Medical Center is huge, exposure to MD Anderson is great.

**Texas A&M/Scott & White:** Awesome program. Very chill working environment but maintains high volume case load and procedure load. Small town. Might suck if you're single. Attendings are great. Residents love it there 7 spots

**UT San Antonio- Good program:** Higher volume than most. All the hospitals are within a block of the main hospital. Program Director is enthusiastic and involved. Plenty of volume, bread and butter, trauma. Older facility, but building a new pediatric hospital. 9-10 spots

**UC Davis:** Large hospital complex in Sacramento serving as county hospital in the area. Decent amount of pathology. Residents are very friendly and loyal to the program. Adequate IR. Program often overshadowed by Stanford/UCSF due to strength of research. Top tier faculty. Weaker in pediatrics. Long 8 person speed-dating interview day.

**Cedars-Sinai:** Largest study volume in LA (high 500s/yr), super rich, and small program. Large body CT procedure volume. Not a lot of autonomy even as a PGY5, need to talk to attendings for everything. Decent pathology, great location, residents typically have some connection to LA. Trying to increase research of complex as whole. Good fellowship placement.

**Cottage Hospital:** Super small program, private practice group – excellent community radiology program, small hospital. Pathology caters towards the older community. Santa Barbara is super expensive, but if you can afford it, it's beautiful. Great weather, right by the beach, minimal traffic. Best location in SoCal. Low volume, poor pathology, poor pediatrics, poor IR. Despite all the downsides to this program, they still manage to have good fellowship placement. Great benefits with subsidized housing.

**LAC+USC:** Large volume, superb pathology, large county program. Has only county run PET/CT in LA and awesome trauma. Comes with the typical county issues (think VA issues). Resident run program means a lot of autonomy. Residents are laid back, friendly, and sharp. IR is second to UCLA only because of vascular surgery encroachment of peripheral arterial work, but strong regardless. No overnight attending call coverage. Ridiculously awesome meal stipend. Great moonlighting with some residents making 6 figures. Truly an underrated program on west coast. Venbrux knows PD well.

**Harbor UCLA:** Low volume but decent pathology, has overnight night hawk service cover call. Residents seemed sloppy, disinterested and not engaged with the program. Weak IR. There are better options in LA unless you desperately want to come back to California.

**Santa Clara Valley Medical Center:** Excellent county-run program which acts as a feeder school for Stanford/UCSF. You do several rotations at UCSF/Stanford. Great autonomy and camaraderie among the residents. Good bread and butter IR but not a lot of new and upcoming procedures. Strong loyalty to program by alumni and great program director guidance. Excellent fellowship placements at UCSF/Stanford. Has typical county hospital issues and facilities are a bit run down.

**Maricopa:** In Phoenix, Arizona- good weather. Small program with 3 residents/year. Older county hospital serving the underserved in Phoenix, facilities were run down. High volume given their patient population which comes with unique and interesting pathology. More moonlighting opportunities than anywhere else I interviewed. The program fully supports moonlighting and some residents are able to make 6 figures in residency by babysitting MR scanners. IR is strong for a not-well known county program and if interested in IR, they will let you be primary operator of your own suite. The residents seemed to get along quite well but did not seem as sharp as residents from other programs. Fellowship placement did not seem too impressive. They have a few big name matches every year, but in weaker departments of those programs.

**St. Joseph's Hospital, Phoenix, AZ:** Phoenix is surprisingly big city, but affordable and lots of outdoors stuff to do. Residents and attendings were great. Nice hospital, small program.

**Kaiser Permanente LA:** great categorical program in DR but seems highly sought after and competitive. They have a great IR department.

**U of Arizona, Tucson, AZ:** Everyone that lives in Tucson seems to like it. Warm weather, affordable, 6 hour drive to San Diego. Program was OK, people seemed friendly enough.

**Mayo Arizona:** New program, has not had a first formal class matriculate as of this writing. PD is from UCSF and is big shot in ultrasound. Interview day felt like a high pressure sales info-session and I got sleezy "used car salesman" vibes from the PD. Program has a lot of issues such as low volume (no trauma and no ED in hospital), poor pathology which was surprising especially given the Mayo name, poor IR as most cases in AZ are sent to St Josephs or Maricopa. The program is unproven and has not linked up to Mayo Rochester/Mayo Jacksonville to gain case volume. Mindset is one of learn to read films by taking time and effort into a small number of images instead of trying to interpret a vast amount which may be bad if you are interested in venturing outside of the Mayo brand. On the plus side the facilities are beautiful, the staff was very nice and eager to teach, pay was excellent, and benefits are good. There are better programs in AZ if you are desperate to get back to the state.

**Sacred Heart/Providence Spokane, WA:** Categorical program (intern year is super chill), very small program (2 residents/year), Inland Imaging radiologists run the show (very large private practice group), very smart, nice people here. They do not babysit the residents, so you need to be highly motivated to do well here. Call is really nice – NO overnight call. When on call, you stay till 1am only! Spokane is a nice, very family friendly, affordable city. ~4 hour drive to Seattle. Unlike western WA, you'll have 4 seasons here, and a hot, dry summer. Very close to mountains and lakes for winter/summer recreation.

**UCLA-** rotate at a few hospitals, best IR on west coast, young faculty

**University of Washington, Seattle, WA:** Amazing program – you’ll get solid training here. The PD is nice, and the chairman is awesome. You rotate through a lot of hospitals (which are not all located close to one another), which can be a drawback, however, you’ll get unique training at each site (peds, trauma, cancer, VA, bread and butter, zebras). Seattle is a fantastic city in a beautiful setting. Tons of outdoor recreation!!

**Virginia Mason, Seattle, WA:** Excellent community program (one of the best community programs in the country). You rotate through a couple of the same hospitals as the UW residents, and you do your didactics (physics courses and other didactics) with the UW residents. You will get excellent training here, and everyone is super nice and friendly. This is a great alternative program to UW if you’re looking for a less-hardcore place in the same beautiful location.

**OHSU:** Great program, very, very nice people. Very relaxed atmosphere (some say “too relaxed”). The IR department is separate from the radiology department, which is a bit strange (unsure if that will change?). The hospital is beautiful, and Portland and the Portland community are great (very outdoorsy, granola-types!). You get paid extra if you bike/run to work!

**University of Utah:** Solid program in a beautiful city. The people are nice here, though seems to attract guys into the outdoors (so if you’re a lady not into the outdoors, this may not be the best fit for you!). You’re responsible for doing ultrasounds while on call, which the residents insist is a plus rather than a minus. Again, tons of outdoor stuff if you’re into skiing, hiking, etc. Chairman was brand new this year. Brought from the west coast to bump up research. Program director also pretty new, but seems very intelligent, dedicated, and well-informed about the program, resident self-improvement, etc. Connected nationally. Program has a nationally known reputation for neuroradiology.

**University of Colorado:** super friendly people here, very relaxed and laid back. Like Utah, this program seems to attract the outdoor types, and I kind of got a “frat boy” vibe from the residents. That said, everyone was super nice and friendly. They only have a few interview dates, so you interview with a TON of applicants and kind of feel like cattle getting herded around the hospital. The plus to their interview day is that you can interview on a Saturday (and come Friday for the optional tour). This is extremely helpful if you’re trying to group west coast interviews but don’t have available dates during the week! New chairman is making major changes to the program. Trauma is weak here, pediatrics is strong. Fellowship placement was weaker and tended to fill internal spots. A good place if you want to live in Denver but not a top program by any means.

**Resources:**

- [AMSER guide to applying Radiology](#)
- Reddit + spreadsheets (take with huge grain of salt)
- ERAS and NRMP official reports, Charting Outcomes
- Students from prior year cycle

**Prelims/TYs with reported interviews for GW Rads applicants:**

TYs: Riverside (VA), Capital Health, HCA Lewisgale, Lehigh Valley Health, St. Luke's Hospital, Cambridge Health Alliance, UPMC Altoona, Geisinger, Steward Carney, Indiana University, St. Joseph Mercy Hospital, Henry Ford Advocate

Prelim IM: GW, EVMS, Sinai Hospital Baltimore, Allegheny Health Consortium, Lankenau Hospital, UVA, University of Maryland, Baltimore Mercy Medical Center, Northshore-UChicago, Advocate Health-Lutheran General Hospital, Medical College of Wisconsin, Loyola, Amita St Francis, Howard, Medstar Baltimore,

Prelim Surg: BIDMC, BWH, Penn, Rutgers RWJ, Abington, Einstein, Tufts, BUMC, ISMMS, Mercy Catholic, Quinnipiac, UPMC

**GW Connections**

Robert Zeman – Vermont, Yale, Northwestern, Mayo, Georgetown

Anthony Venbrux – UCSF, UCSD, LAC+USC, University of Washington and many more. The man knows everyone.

Kathleen Brindle – UCSD

Albert Chun – Brigham Women and Childrens

Shawn Haiji – Northwestern, Brown

Rachel Brem – Johns Hopkins, UWashington

Shawn Sarin – University of Virginia, Kaiser LA, most east coast programs

Jocelyn Rapelyea – New Jersey School of Medicine and Dentistry

Reza Taheri – MCW, University of Washington

Ramin Javan – Duke University



## EMERGENCY MEDICINE

**Chairman:** Dr. Robert Shesser ([rshesser@mfa.gwu.edu](mailto:rshesser@mfa.gwu.edu))

**Residency Program Director:** Dr. Colleen Roche ([croche@mfa.gwu.edu](mailto:croche@mfa.gwu.edu))

**Assistant Residency Directors:** Amy Caggiula ([acaggiula@mfa.gwu.edu](mailto:acaggiula@mfa.gwu.edu)), Damali Nakitende ([dnakitende@mfa.gwu.edu](mailto:dnakitende@mfa.gwu.edu))

**Residency Coordinator:** Kimberly Garber ([kgarber@mfa.gwu.edu](mailto:kgarber@mfa.gwu.edu))

**Clerkship Director:** Matthew Pyle ([mpyle@mfa.gwu.edu](mailto:mpyle@mfa.gwu.edu)), transitioning to Dr. Amy Caggiula ([acaggiula@mfa.gwu.edu](mailto:acaggiula@mfa.gwu.edu))

**Clerkship Coordinator:** Nile Otu ([notu@mfa.gwu.edu](mailto:notu@mfa.gwu.edu))

## GW AI

### *Scheduling and Exam:*

You will complete 11-12 clinical shifts at GW (this was decreased from 14 with COVID, may go back up soon). You get to request a weekday and a 3-day weekend off; otherwise, your schedule will be made for you. There is a shelf exam at the end of the rotation for both PEM and adult EM.

### *Hints and Tips:*

Try to complete the rotation during *late third year or early fourth year (before the end of August)* if interested because you NEED TO DO AN AWAY and most people do their home rotation first. They will reach out to the whole class to make sure people interested in EM get scheduled early on, so don't miss the boat! Be sure to tell everyone (residents, attendings, nurses, etc.) that you are applying to EMED so they will give you more opportunities, procedures, interesting cases, etc. It can be hard to get used to at first and there can be a lot of people on the team so throw yourself right in and be outgoing or you may feel ignored. Like many of your third year rotations, independent research and initiative go a long way! In knowing your stuff, taking initiative, and showing your interest, you may be able to get more procedures while at GW. Be aware that you may find your role and exposure are greater at your away rotations than GW so don't be discouraged from EM as a specialty if you aren't as involved as you would like.

During the shift, I recommend being very proactive. When a patient appears on the tracking board, be the first one to tell the resident/attending that there's a new patient and that you will go see them. Once you do your presentation and assessment & plan, make sure to continually follow up on the patient. Be the first person on your team to update the team on the labs, imaging, pain scale, etc.. and once you do that tell the team what you think the next plan will be (Ex: Patient's UA came back positive with XYZ I want to prescribe this 300mg X antibiotic for 5 days and discharge from the ED). When the attending is running the list with the resident, volunteer and run the list for your patients as well (Ex: Patient in room 14 is doing okay, she needs 500mg Tylenol for adequate pain control, still awaiting CXR) and then move on to the next patient on your list.

If you're interested in EM, become a member of EMRA ASAP. They will send you an awesome box of goodies including a guide to antibiotic use and other invaluable quick guides. Really helps make you shine on rotation and the EMRA magazine has great up-to-date articles. The department will write you a SLOE (Standardized Letter of Evaluation) as a group (it'll be based on the 12 evaluations done at the end of each of your respective shifts). A

### *References and Texts:*

- *Pretest or Case Files for Emergency Medicine* (according to Davis, you MUST complete one of these to pass the shelf ... he's wrong but it's a good resource still!)
- USMLE Easy (free through Himmelfarb) emergency medicine questions are great for Shelf
- Listen to podcasts such as EM:RAP or EM Basic to further solidify knowledge base
- EB Medicine, "nice summaries of individual topics."
- *Rosen's Emergency Medicine* or *Tintinalli's*, the "bibles" of EM. You will get this if you go into EM, but it's too much as a student in most cases and many residencies will provide this.
- *Pocket Emergency Medicine*
- WikiEM (very helpful to look up quick facts on your phone on shift including treatment information)

- EMRA Antibiotic Guide (very cheap and great antibiotic resource on your phone, subscriptions last a year)

### **Away Rotations**

Away rotations are essential (exceptions due to Covid), but be aware that if cost is an issue Georgetown is a valid away. Traditionally, most programs will request SLOE's (the standardized letters of recommendation generated by the ED's at which you rotate) from two different EM departments. You will need to be strategic about scheduling your away rotation in terms of location, timing, and program. If you are thinking about EM, start VSAS in January or February latest and apply to multiple programs as away rotations are competitive. You will likely write cover letters, submit at least one letter of recommendation from EM docs, and submit multiple different proofs of your vaccinations. The latter can be very challenging as GW will take approximately 5 days to complete the packets you submit. Be aware that many (but not all) programs will grant interviews to their away rotators. Your away rotation(s) will definitely be a topic of conversation on your interviews.

*Location:* If you want to be in a certain region or at a certain program, it is beneficial to try to complete your away at that program, especially if you are hoping to go West (in particular to California), Texas, Chicago, or to NYC.

*Program:* Aside from simple interest in a region or program, you will also want to know how competitive you are as an applicant. Dr. Roche is a great asset in this process as are the GW Deans and advisors. Dr. Caggiula is the new clerkship director and will help you if you are struggling to find away rotations. If you are a less competitive applicant, it is important to try to complete your rotation at a more competitive program. A great SLOE from a competitive program will be a great, objective endorsement during application time. A letter from your away rotation can be an asset to your application and may hold a little more weight than a letter from your home school. You may also want to choose programs that are somewhat different from GW so you have a comparison and can help decide what you are looking for in a program. You may choose a program with more community or county vibes, or a place that has a different residency program structure (i.e. 3 year vs. 4 year), so you can get a better sense of what you want in a program. This is an excellent resource to read for more in depth information on academic vs. community vs. county, your competitiveness, how to crush away rotations, how to perform well on residency interviews, etc.. (<https://www.emra.org/books/msadvisingguide/msag/>)

*Timing:* Schedule your away rotation to occur early in 4th year or immediately after your GW emergency medicine rotation if possible. (However, given the COVID-19 pandemic, these recommendations change so follow-up on the current guidelines) You will be fresh and can get an additional SLOE to submit for your ERAS application. At the very least, you should try to complete aways in August or September. Be aware that many programs will not offer you an interview until you have 1 or 2 SLOEs in. October is not too late for a second away, but for a first it will be a disadvantage to most applicants. The sooner you schedule aways, the better, as some places will fill up *fast*. If you already know that you want to do emergency medicine, start looking into away programs in January or February of third year. For example, popular places are filled by the *end of March*. Be aware that some programs won't start looking at applications until June or July but the applications are reviewed in order of date received.

**Away Rotations Completed by Recent Applicants (Note that the class of 2021 was unable to complete in person away rotations due to the Covid-19 pandemic).**

#### **2022**

**Mount Sinai (Main):** Similar to experience below, two weeks at Elmhurst (county hospital) and two weeks at Mount Sinai Hospital (academic tertiary/quaternary care hospital). I LOVED this month even though it was exhausting being in New York City (the commute is pretty rough). Super friendly, very competent residents, PD and APDs were very accessible and encouraging. VERY social vibe for residents, they hang out all the time outside of clinical duties.

#### **2020**

Mount Sinai (Main): I absolutely loved my away rotation here. You will spend 4 weeks (2 weeks at Mount Sinai Hospital which is an academic, tertiary care center similar to GW where you will see a lot of critically ill patients

and complex pathology as well as 2 weeks at Elmhurst a county hospital in Queens that treats a lot of underserved, immigrant, uninsured patients.) At Elmhurst you will also be exposed to a high volume of trauma and critical care patients and you will have the opportunity to be very involved and hands-on (Iac repairs, IV lines, IOs, intubations, I&Ds, etc..) There are 12 shifts that are broken into 8-10 hour blocks with occasional student day lectures in between. There is a multiple choice exam - however there is a study guide made by the Mount Sinai students. You will get paired up with a big "brother/sister" who will serve as your Mount Sinai resident mentor. Plenty of opportunity to get to know attendings and residents through happy hours.

## 2019

Christiana - considered a community/county program but very well-known among academic programs; big ED, large volume, lots of trauma and resuscitation; the only other residency in the hospital is IM (some visiting residents from other residencies such as surgery) so EM residents get plenty of procedures; residents help work on antibiotic guide put out by EMRA; also believe they are working on an EKG guide; old PD moved higher up in the hospital; new PD is down-to-earth and easy to talk to. Not on VSAS.

LSU New Orleans: LOVED this rotation, residents are so welcoming, got the chance to do a lot of suturing and procedures, dedicated EMS/Ultrasound/Hyperbarics shifts, 12-hour shifts (6 day, 6 night), exam at the end of rotation, lots of time to explore the city

Medical University of South Carolina: ability to attend ultrasound didactics each week, residents make a big effort to include rotating students in social events, great teaching from attendings during shifts, lots of time to explore the city, housing was expensive

Mount Sinai (Main) - Amazing 4 week rotation, 2 weeks at the "mothership" main academic center hospital in the Upper East Side of NYC and 2 weeks in the county hospital (Elmhurst) in Queens. Truly motivating faculty, and awesome residents. You get lots of hands-on procedures during resuscitations and traumas at Elmhurst and lots of autonomy truly managing your own patients at both hospitals. Perfect hybrid of academic/county sites. They have excellent academic programming and get you involved in a track starting intern year. Residents all have Tuesday nights off and all go out to a bar that all rotators are invited to. PDs and APDs provide great mentoring during the rotation and even after. Great sims and didactics, 12 shifts total, there's an exam at the end of the month that Sinai home-rotators have a study guide for. Highly recommend.

NYP (Cornell/Columbia) - 4 week rotation with 2 week at Cornell and 2 weeks at Columbia. Both sites are very academic. 14 shifts/month (adult + peds) plus a triage and an EMS shift. Lots of autonomy as the med student in managing your own patient. Cornell is the level 1 trauma center but they don't see much blunt or penetrating given its location. Columbia is a level 2 trauma center so you'll see some but overall, it's not a trauma heavy program. Have lots of academic tracks and faculty very involved in SAEM and ACEP committees and academies. Sims are unique and hands on. No exam but have a FOAMed group project due at the end of the month. Didn't love the rotation b/c of lack of trauma and extremely academic vibe. But, you get one-on-one mentoring and they pretty much guarantee you an Honors. Great personalized SLOEs.

UVA - 3 year program with a academic/community feel; 60k total ED volume (20% of which is peds), brand new ED opening Summer 2019; great attendings who are eager to teach; residents are very laid back and most go on to community jobs in the southern VA area; PD is very approachable and kind and wants to help the residents find their niche; most residents are married/with kids. Away rotation specifics - approximately 14-16x 8hr shifts, weekly didactics are mandatory, you give a small presentation at the end of the rotation and there is an open-book online exam.

## 2018

Baylor - great county program but doesn't seem to have much money for resident education (sims, etc). Good county experience - great for a med student learning but probably not for residency

Carolinas (2018) - applied through VSAS but also told interest to Dr. Davis who passed along info to current GW attending that is alum of program. Work in the Adult ED, Fast Track, and Peds ED. Attend conferences and journal clubs. Faculty and residents some of the most impressive I'd seen and they treat you as a part of the "family". Very busy ED with plenty gun and knife club, codes, etc. Med Students expected to see patients, document in EMR (can use dragon dictation), and present. One of the best learning experiences. It seems like a good letter from here goes far.

Cook county (2018): good exposure to county hospital

Duke (2018) - applied through VSAS. Work only in the Adult ED (no Ped ED shifts). They do not expect you to write anything in the EMR (only wrote two HPIs for one attending that requested it). Primarily team up with senior resident and assist with seeing patients/performing procedures. Amazing EM culture where all techs, RNs, residents, and attendings work as a team and promote learning. ED sees lots of complicated cases given Duke Hospital's reputation. Did not see too many from gun and knife club. Clerkship director and PD are some of the nicest people you can meet. Pretty sure they wrote a great letter. Highly recommend, especially as an early away if plan to do more than one.

Maine Medical Center (2018): great experience, super friendly and willing to teach, pretty autonomous, free housing, great place to spend a month over the summer

Mount Sinai - St. Luke's/Roosevelt: Great rotation of 4 weeks with 12-14 clinical shifts lasting 10 hours each. Work directly with attendings. 1 day/week of didactics. Final presentation at the end and short exam based on assigned readings. Pros: NYC, working with attending directly, no shelf, good exposure to a 3 year program Cons: NYC is expensive to live in for a month?

USC-LAC(2018): Loved the rotation, the people are super nice, they work really hard, it's an amazing rotation.

UCSD - pretty good all around program with "county" and academic experience. No exposure to trauma on away rotation because trauma is not seen in the ED there.

University of Maryland (2018): the people are amazing, they work really hard, baltimore sucks

University of Pennsylvania (2018): didn't love the rotation, they make a lot consults

## **Applying**

### *Which Programs:*

Get a sense of what types of programs you are interested in and apply to a variety of programs. There are both three-year programs and four-year programs, and programs that are largely academic, largely community, largely county, or a combination of all three. You may want to apply to a certain type of program based on your interest, region, etc. Some programs offer broad experience, while others focus more on tertiary, community, or county based training. Talk with your advisors to find out what programs might be the best in terms of interests and competitiveness. Dr. Roche is a great asset for this conversation during your GW EM rotation. During early Sept/Oct there will generally be some sort of SAEM/ACEP conference where residency programs from that area will come (or virtual in the case of Covid). Go to them! You get to meet the residency program directors and can network.

### *Specialized Tracks and Combined Programs:*

If interested, there are some combined emergency medicine programs such as: EM/IM, EM/Peds, EM/FM and EM/IM/CC. GW faculty in general seem not to be huge fans of these combined programs as we don't have any at GW, so try talking to someone who's gone through one of these combined programs somewhere else to get a balanced view before you decide. A handful of four-year programs will also offer or require a mini fellowship and usually have a lot more elective time to pursue your interests whether that be in research or something else.

### *Letters of Recommendation:*

The SLOE (Standardized Letter of Evaluation) is required for all residency applications. The SLOE is a composite letter from each location where you did an emergency medicine rotation. These letters compile feedback and comments from faculty and your rotation evaluation. Most programs require at a minimum three letters, ideally two SLOEs and an additional letter although these guidelines change due to Covid. O-SLOEs have also been introduced to help off-set issues with having enough SLOEs due to Covid ... in general these were kind of a fail and may not be used in the future, but who knows.

As mentioned, most programs will require 2 SLOEs, one from your GW clerkship and one from another academic medical center (your away). This is why it is so crucial to have your clerkship and always early in the year, as ERAS allows submission starting around 09/15. Try to complete all of your emergency medicine rotations prior to the end of September of your application year so your application will not be delayed (most letters must be in by 10/15 or so). If you need a third letter from a faculty member, then before you start your emergency medicine rotation, think about who you want to write your letters. For example, Dr. Roche is happy to write letters of recommendation as long as you do about three shifts with her. She has been very helpful in the advising process. You do not need a chairman's letter to apply; however, it can always help. Dr. Shesser offers to write anyone a letter who asks. Expect to work a shift with him or at least meet with him.

Other great resources for advising and letter writing at GW are Dr. Scott, Dean Haywood, Dr. Shesser, Dr. Lucas, Dr. Boniface, Dr. Ogle, etc. They are great advisors and great letter writers. Dr. Boniface's and Dr. Ogle's focus is ultrasound, and Dr. Liferidge's focus is health policy, so if you have an interest in these areas they might be the people to seek out. Dr. Shesser will go over your personal statement with you one-on-one, email the coordinator to set up a meeting; he was a huge asset. It's also extremely worthwhile getting to know the leadership as they are the ones that will push for you and connect you when interview season comes around.

### *Other Thoughts:*

Be aware that EM interview offers tend to be later than other specialties – **don't panic!** The biggest initial release comes early-mid October. Advice in Short: "Do an away at a competitive program. Get 1 or 2 solid SLOEs (+/- O-SLOEs depending on guidelines) and at least one other strong LOR from an attending who knows you. Sell yourself on your ERAS application. Get to know Dr. Roche and Dr. Caggiula early on in the process. Do well on Step 1 and Step 2. Talk to previous applicants!" Unfortunately, Dr. Roche does not know much about west coast programs, but Dr. Batra does. If you are interested in the west, then you will have to do a little more homework on your own. Try to find out which students previously applied to the west coast (or are current residents there!), and get in contact with them. Reach out to EMIG for a list of graduate emails and phone numbers.

### **Interview**

EM interviews tend to be relaxed and low key. The night before usually has a social event (virtual due to Covid), typically at a local bar/restaurant (or Zoom). You should try to attend the social events if possible, as it will give you a better sense of the program's cohesiveness and whether you see yourself spending time with this group of people. The interview day is mostly conversational, some standard interview questions, no mean/aggressive interviewers in past students' experience.

During the interviews themselves, you should know the basics of the program (you certainly don't have to know everything and should come with a few questions prepared). You should know whether it is a three- or a four-year program, and be sure to have an answer for why you would want to go to whichever one it is if asked (e.g. never say you want three-year at a four-year). Be yourself! Know your ERAS application in and out because you will get asked random questions about things you may have forgotten you've included in your file! You may be asked about strengths and weaknesses; have a good answer ready. Never say you are doing emergency medicine for the lifestyle. Never even hint at it.

If you are applying to places that aren't in DC, you need to make sure the program knows you would actually want to go there. Tell them your family is there, or your spouse has a job, or whatever reason so they believe you will actually come. Is there something in particular about the program that you love? The farther the program is from GW, the stronger your case should be for why you want to be there although more academic programs may not ask for it and if you are a strong candidate you will likely still get offers.

It's good to ask programs what their pediatric and orthopedic training is like. Everyone focuses on trauma, but supposedly you will become good at handling trauma no matter where you go, while pediatric and ortho training is much more variable, and commonly-cited as a weakness among graduating residents.

Getting interviews is getting a little tougher every year and there were some unexpected surprises during the Covid-19 application cycle. Don't be discouraged if you start off the season with less than 10, they will come. Traditionally, we were told to do 10-12 interviews, but if virtual interviews remain, the number may be higher (they started saying 16ish to be safe during virtual years). It may help to contact programs directly by email. Try to keep these emails as short as possible, but make them personalized enough so they can tell you didn't copy and paste to every program, and mention some key selling points about yourself (preferably something distinctive about yourself compared to others, not just "hard worker" etc.) – Some people have good success with this tactic although not all programs respond so don't get discouraged. If you are not getting interviews, stay in touch with your EM advisor and/or either Caggiula or Roche and they will advise you accordingly; **this is NOT the time to be passive, be a go-getter because you need the numbers.**

These are basic questions you should know regardless of program: (Why EM?, 5 vs 10 year career plan, what you learned from each of your away rotations, challenges specific to EM and EM residency)

Overall Tips/Advice:

- SUBMIT as early as possible.
- Every year, there is a massive excel spreadsheet that circulates on SDN and/or Reddit that has a ton of helpful information (easy to google). Feel free to look at ones in the past as well, but if you are the type who can get easily stressed or anxious by these forums, then it may be more wise to avoid them
- Talk with EM advisors and be frank about where you want to go.
- Don't try to schedule places you think you want to go last in the interview cycle, you will be burned out by then.
- Look for GW alum at the places you get interviews prior to going for advice; they are assets.
- Don't listen to people saying that a program is too competitive for you to even apply to. I got this advice and didn't listen to it and got interviews from many programs that advisors had told me to apply to, now many of them are in the top of my rank list. You never know if someone will take you or not and the extra money is a drop in the bucket.
- At the same, apply broadly at high-tier big academic programs but also apply to smaller community-based programs to give yourself the diversity and better likelihood of getting interviews

**Specific Interview Information** - *Below is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2014, 2016, 2017, 2018, 2019, 2020, 2022*

### **Northeast**

**UPenn (2019, 2020, 2022)** - 4 year program with opportunity to rotate at the Hospital of the University of Pennsylvania (70K ED volume), Penn Presbyterian (40K), and Children's Hospital of Philadelphia (CHOP). This is a very academic place, so there is a lot of funding and resources for projects involving research, global health, etc.. There is a good amount of critical care training with at least 6 months of ICU time over 4 years. Great off service rotations at sites across the country if interested

**Montefiore/Jacobi (2019, 2020)**- 4 year program in the Bronx with 12 hr shifts. As much trauma as you will see at any NYC program. Laid back residents who hang out a lot. Subsidized housing is available. Strong clinical reputation in a county setting but still has academic affiliation with Albert Einstein School of Medicine and their resources. Very high volume and acuity. Residents are known to work very hard. Extensive alumni network. Liberal and inclusive setting. Graded responsibility as you go up the ladder.

**Mount Sinai (Main) (2019, 2020, 2022)** - 4 year program with 12hr shifts. Ideal mix of academic, county, and community. Has three sites, Mount Sinai (academic), Elmhurst (county) and Beth Israel (community). Subsidized housing available for most. Last year is for a "mini fellowship" project. Faculty doing everything and lots of research support and \$\$\$ but not overtly academic. EM runs traumas and resuscitations. Excellent critical care exposure. Would have ranked this #1 if not for location

**NJMS-Newark (2019, 2020)** - 4 years, 12 hour shifts, single site at state ED also level 1 trauma center in Newark, very sick patient population, excellent EMS/prehospital (flight program), regional disaster and tox center, defined and strong commitment to diversity and inclusion/community health/social mission, hidden gem, lots of opportunities to work on LGBTQ health. Very heavy trauma experience. PD is super down-to-earth and very helpful.

**Maimonides (2019, 2020, 2022)** – 3 year program at Maimonides medical center (~120K ED volume). A “community/county” type hospital which treats a lot of diverse patients who live in brooklyn (Orthodox Jews, Russians, Chinese, Indian, etc.) You also get to spend 4 weeks at Shock Trauma in Baltimore. Excellent training with very young faculty who are leaders in Emergency medicine. Big emphasis on event medicine, global health, and wellness. PD is amazing and genuine.

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**Boston Medical Center (2019, 2022)** - 4 year academic program, county feel with surprising number of resources and lots of international patients, long-standing community health programs, entire staff in the ED is committed to the social mission of the hospital, scholarly tracks for residents, several community health interventions and good EMS, LGBTQ friendly. Several GW attendings went here. LOTS of residents planning on doing fellowships, which was surprising for a “county” feel program.

**Brown (2019, 2022)** - amazing program leadership, super invested in making residents successful in their endeavors; excellent clinical training, 100k+ at main site, huge emphasis on critical care, procedurally oriented program, has the resources to pursue most areas of interest; fellowships in almost every niche of EM; residents are all one big family; the rotations/curriculum is very efficient for EM so you don't waste time doing stuff not helpful for your learning; not very consult heavy despite it being a large academic center (large focus on ED ownership); location is +/-

**Harvard Associated EM - Beth Israel (2019, 2022)** - very stoic PD but goes to bat for his residents; one of the strongest specialties in the hospital system; 3+1 model allows you to have time to figure out if you want to develop a niche within EM or just go straight into community; very strong clinical training; rotate at multiple sites which might be a negative but residents love these sites despite some of them being about an hour away; residents were all friendly; you run the ED as a PGY3 which is not very common in most 3 year residency programs I interviewed at; most graduates end up staying near New England so not sure of its job placement across the country but definitely is possible given the incredible name; super \$\$\$ living in Boston

**Harvard/Mass General/Brigham & Women's (2019, 2022)** - great dept chairs at both sites; residents are all down to earth; MGH has high volume and acuity whereas the Brigham has a high oncology patient volume; huge emphasis on developing academic leaders; research is BIG here; most residents publish; consult heavy at both sites; doesn't offer really significant community exposure; super \$\$\$ living in Boston

**Johns Hopkins (2019, 2022)** - 4 years. Impressive program and PD seems to be on top of her \$h!+. Residents overall seemed collegial and social. Interviews with faculty here were less laid back then others but overall I appreciated

the break from the open-ended courteous questions asked at many other places. Decently high patient volume (70k); great adult/peds trauma experience being in Baltimore; they ease you in as interns so you're not drowning Day 1; attendings with diverse areas of interest; very approachable; residents are all down to earth and focused on wellness; great benefits/resources for pursuing your areas of interest; FAST program as a PGY4 allows you to really develop your niche without necessarily having to do a fellowship; doesn't seem super consult heavy despite it being a large academic center; location is +/-

**Mt Sinai St. Luke's Roosevelt (NY) (2019)** – Only 3 year program in Manhattan. Very big emphasis on resident wellness with reputation of happy residents. Residents all live in the same apartment complex which is subsidized; really focused on resident wellness; they all socialize together; decent clinical training but not much trauma exposure in NYC; not very academically driven if that's your thing

**New York Presbyterian Cornell/Columbia (2019)** - 4 year. Emphasis on academics. Get the benefit of resources from 2 ivy league institutions. Far commute across the city between the 2 sites. Residents work a lot, 12 hr shifts, seem worn out. Not much camaraderie amongst the residents. Great academic and EM subsection resources. Subsidized housing available but still \$\$\$.

**SUNY Downstate (2019, 2022)** - 4 year program in Brooklyn. Along with Montefiore/Jacobi, has reputation among NYC programs as strong clinical training in a "county" environment with as high volume trauma as you'll get in NYC. Residents work hard. PD is very stoic during interviews but it has no reflection on how your interview went. Faculty are super friendly and diverse in their interests. Perfect mix of county program with academic backing. The residents work hard but are extremely happy. Brooklyn is a great part of NYC to be in.

**University of Maryland (2019, 2022)**– 3 year, allows you to stay on for another year for "faculty development." They work hard and residents seemed tired; didn't seem to mingle as much during interview day; focused on developing national educators in EM; Amal Mattu is amazing; opportunities exist for doing research; great trauma experience at Shock Trauma; heavy critical care exposure.

**UPMC (2019)** - Interviews were standard with 4-5 faculty, no crazy questions. After interviews they take you on a tour utilizing their Jeeps where you listen to calls during the tour and respond if needed. Seemed like a good program but seemed like residents work quite a bit and unsure how that affects the culture of the program. great experience taking call on the "Jeep" where you respond to critical care calls in the field (EMS); great critical care experience; residents were all laid back but definitely seemed tired; good mix of academic/community/county; one of the strongest specialties in the hospital; location is +/-

**Yale (2019)** – Great down to earth residents who all hang out together; great benefits & you get paid a lot; good mix of academic and community sites; opportunities to pursue niche you have; good trauma experience; great PD; location is meh... (most residents go to NYC which is 1.5hrs away to hang out)

**Christiana** - really impressive facilities, high volume, and a close-knit feel. Really energetic PD, very active on the conference circuit and residents here put out the antibiotic guide for EMRA

**Drexel** - 3 yr, strong ICU, academic hospital doesn't get too much trauma, but peds experience at affiliate EDs have lots of autonomy and strong community feeling, very liberal faculty, most likely coming off probation after making efforts to improve resident feedback and wellness

**GW** – four-year. Opportunity for mini-fellowship, lots of faculty with different concentration areas.

**Georgetown** – 3-year. They emphasize that they want to focus on critical care and pediatrics. Everyone is extremely welcoming. Newer EM program, residents seemed very happy.



**Hackensack** - community program, go to Bronx for trauma exposure, nice facilities and perks program – free fancy gym membership because they are the team docs for the NY Giants, Level II trauma center actively working on getting more research funding to become level I

**Hofstra Northwell/LIJ**- 2017 is first year the 2 programs are combining. The new PD was the long time PD at Jacobi and is very well regarded. 3+1 model meaning the 4<sup>th</sup> year is optional. Very high resources and able to facilitate any academic interest. Great SIM/access to fresh frozen cadavers. Diverse patient population.

**Long Island Jewish** - community program affiliated with Hofstra medical school. Nice medical system, very community feel.

**NYU (2022)**- 4 year. Spend time between Bellevue, NYU Hospital and the VA, which are all on the same block. Pretty cool for a commute. Work with Dr. Goldfrank, the father of toxicology. Had some recent struggles with administration/faculty not giving residents hazard pay during COVID (and a big scandal where a bunch of emails were leaked that were pretty disrespectful to residents). Some of the older residents are very resentful of this but younger ones seem much happier, they have clearly really tried to come back from this.

**Stony Brook** - 3 year program on Long Island. Farther out from NYC, gets a diverse pathology including rural, farming type injuries. Recent addition of big names in academic EM Scott Weingart and Billy Mallon bring with them a lot of opportunities and resources.

**Temple** – County-ish 3 yr, tons of trauma (blunt = penetrating), in dangerous area of North Philly with a lot of gang violence, very supportive faculty and leadership, emphasis on resident wellness. PD responds well to showing interest

**University of Pittsburgh** - three years. Well established program, heavy EMS experience, ride around in the Jeeps, helicopter, varied clinical exposures.

### **Southeast**

**Jackson Health/UMiami (2019, 2020)** - fairly new program, just graduated their first class last year which matched extremely well into their desired fellowships. Their chair is a previous GW faculty and also started Baylor's program prior who has a very strong interest in global health Jackson is a fully resourced county hospital that's also a tertiary care center so you see lots of sick patients. Ryder Trauma is well known and you get time on the trauma team as both an intern and a senior. Also you will get great Tox exposure as well. Faculty and leadership are on the younger side and are very personable. They have academic tracks too and have faculty working in different areas.

**MUSC (2019)** - Very laid back feeling from the start with the PD cracking jokes. Interviews were a little different in that they were only 10 min a piece so felt a little like speed dating. Residents seemed very happy to be there (it is Charleston so that's almost a given). Program just expanded their number of residents, opportunity to see lots of medically complicated patients that get transferred in from all over the state

**Virginia Tech Carilion (2019)** - small, newer program with very energetic, committed faculty, good institutional research support, lots of ortho opportunities, cheap COL, happy staff.

**Wake Forest (2019)** - location is meh; high volume with a diverse patient population so you get great clinical training; focus is on EMS, wilderness medicine, research, residents are mostly from the South and stay in that region

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**Carolinas (2018)** - social was at restaurant where floor was reserved with open bar and sit down dinner. Lots of residents and their sig others showed and very social. Standard interview day with background of program, 5-15 min interviews, and tour of facilities. Very laid back and friendly faculty. From interview, could see how well the residents and faculty get along as if one big family.

**Duke (2018)** - Standard interview day. Faculty and residents very laid back and conversational. PD is one of the nicest people I've met along the trail and genuinely tries to make people feel comfortable. Good 3 year program that looks to be getting better with the reputation of the PD. PD very committed to resident education.

**Emory** - three years. Work at Grady Hospital in Atlanta, which is the only major hospital in Atlanta + Emory hospital which is more tertiary care. Grady has a separate trauma unit from the ED, so you get more trauma while on trauma, but less of it interspersed. Lady PD, strong EMS, tox, and infectious dz (CDC relationship), sick patient population

**Wellstar Kennestone (2022)** - Three year program outside of Atlanta, fairly new. Very invested faculty who care a lot about student development, incredibly friendly and family-oriented people. Much smaller community vibe than Emory, but they are also one of the only residency programs at their site, so tons of procedures and patient ownership, very little consult culture.

**LSU** – 4 yr in New Orleans - county-ish, sick patients and crazy trauma (penetrating > blunt), awesome EMS, event medicine, sim. Great faculty, 3rd and 4th year residents do med control which is a huge responsibility given the exceedingly high rate of violence and MVCs.

**VCU (2018)** - Very impressed with interview here. Faculty and residents all seemed genuinely happy and were easy to talk to. Interview day was on a weekend (makes it very easy to schedule) and consisted in either AM or PM group (I choose PM). Day started with lunch and then a tour of the facilities and Richmond via a Old Town Trolley (actually a great way to get a good sense of the city. Interviews were standard where it seemed each faculty had one part of your application to discuss. Overall, facilities were new, residents/faculty seemed easy to work with, and city has lots to offer and has a DC feel to it.

**UF-Jacksonville (2018)** - Actually surprised by program. It is a very busy ED, evident from the tour, with plenty of gun and knife club. Facilities a little dated. Faculty were very friendly and even socialized a little after the interviews. Residents seemed very happy and got along with each other.

**UNC** - very good international program, strong academics, very impressive off-service rotations (expect to deliver ~50 babies in a month of OB)

**UVA** - Large catchment area. Everyone is nice.

### **Midwest**

**Cincinnati (2019)** - amazing flight (helicopter) experience; excellent clinical training with a huge focus on ED ownership; not very consult heavy; big focus on EMS/prehospital EM; focuses on building leaders in the field (has APDs/PDs/dept chairs everywhere!); Required helicopter flight program.their graduated responsibility makes sense; location is +/-

**Detroit Receiving (2019)** - strong county program in the heart of Detroit, great pediatrics training

**Hennepin County Medical Center (2019)**- 3 yr county program, one of the original EM programs. The three years are very defined and built off each other, work as a "pit boss" 3rd year, and they're bad asses. EM is the best residency in the hospital, and manage codes and airways all over the hospital. Strong community health initiatives, LGBTQ friendly. Really strong ultrasound training, extensive research being done in the department with the help of a robust research team and ability for residents to be involved, as it already says in the guide--EM runs the hospital

**Rush University (2019)** - newer program, looking for students who are willing to be leaders in forming the residency program

**Advocate Christ** – 3-yr in Oak Lawn, high volume and great reputation (old, established program), work hard but people who rotated here love it, great comradery.

**Cook County** - 4-year. Legendary ER, busy/huge volume and resource strapped, residents get a lot of independent decision making. Trauma unit separate from ED. Still do general surgery and general medicine months, intern year has very little EM. Very academic, and a great mission. I felt residents here were very tired/burnt out and at times seemed under resourced to the point of unsafe, BUT folks seem to genuinely love it here and care deeply about the population they serve.

**Henry Ford (2018)** - Good program but did not get a great vibe from the residents. Social was poorly attended and the residents were hard to communicate with. Did not enjoy cultural vibe within ED as it seemed that the resident didn't really know the staff that well.

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**Indiana (2018)** - social at resident house with many residents attending. Many of the residents seemed to be in relationships/having families. All residents seemed social and easy to get along with. Interview day began with background, then panel of faculty and current resident for Q&A, then interviews. Only program that had standardized interview questions. After interviews, had lunch and then tour of other EDs that you would rotate at. Impressive program and really liked faculty, residents, and what program had to offer.

**Mayo Clinic** – 3 yr, large catchment area across almost entire state of Minnesota, Western Wisconsin, Northern Iowa + medical tourists leads to surprisingly high patient volume. Very patient-oriented and wellness-focused, residents skew older/married.

**Michigan (2018)**- social at resident house where it was pretty crowded due to sheer number of people that came but plenty of food and booze. Standard interview flow except that during tour, hopped on a executive bus to tour other site where you rotate. Residents seemed easy to get along with and no red flags from faculty. Overall would be a solid 4 year program choice.

**Northwestern (Chicago)**- 4 year. Academic center like GW, but much larger medical system. Slower pace than GW. Attendings are great teachers. Rotate through Cook County and Gary Hospital for higher acuity. You do 10+ ICU months over four years. Mainly single site.

**Ohio State** - Older EM program, well established hospital system.

**Resurrection** - 3 years, Catholic community hospital, no academic affiliation- awesome affiliate sites- trauma at Cook, ICU at Rush, big Polish patient population

**University of Chicago** - 3-year program on the south side of Chicago. PD is amazing and good friends with Colleen, very leadership and diversity-focused. New Lvl 1 trauma center in 2017. Helicopter flight program and international medical transport moonlighting. Big alumni network. Incredibly diverse resident class, which was really cool to see.

**University of Illinois at Chicago** - three years. Rotate at multiple hospitals throughout Chicago - good because you're more prepared to practice at any type of facility afterwards, however a lot more commuting. Good global health and community opportunities

**U Michigan** - 4 year strongly academic program, three main hospital sites. Sees the whole spectrum of patient populations and pathologies between the sites, most critical care experience of any residency program, flight medicine required, longitudinal peds, residents have scholarly concentrations. Not the most diverse program, residency is unionized.

**Wash U St. Louis** - large medical system and nice hospital.

**Wayne State/Detroit Receiving** - 3 year, sees a county patient population in inner-city Detroit, great training, longitudinal peds, resident and faculty really care about serving this particular patient population, LGBTQ friendly

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### **South**

**University of Texas Southwestern (Dallas) (2019)** - 3 year academic program, very diverse, brand new billion dollar hospital, highest volume ED in the country, longitudinal peds and off-site rotations, trauma and OB/GYN covered by other services at Parkland, LGBTQ friendly

**University of Texas San Antonio (UTHSCSA) (2019)**- 3 year county/academic program, very diverse resident class. City is very global and you have huge refugee population, so you get diversity in patient population and pathology. Department's mission is to serve the underserved and they have a huge global health theme interwoven into the program. Hidden gem of a program in Texas. High acuity, high volume, and really strong clinically with ample elective opportunities and lots of ICU months in the 2nd year. Leadership is very responsive to resident feedback. PD is extremely down-to-earth.

**Baylor** - 3 year program. Ben Taub Hospital sees >90% uninsured patients, and many are Spanish-speaking. The faculty and PD are awesome, the residents seemed mostly from Texas. Great Texas job prospects after grad. Longitudinal peds and community hospital rotations.

### **West**

**Denver Health (2019)** - 4-year. One of the original and still very well-regarded program. Work hard (6/8 rotating shifts) but residents come out as some of the best in the business. Residents can do some research and publish book chapters, but it's not considered a priority by the program. mix of county and highly "plugged-in" patients. definitely NOT "malignant" as rumor has it; they work hard but they are all super happy and upbeat; excellent clinical training and you are pushed to your limits to be the best doctor that you can be; great focus on wilderness medicine; not as much time to pursue other interests/not super research heavy; EM is the strongest specialty in the hospital so they get their way; huge focus on ED ownership; also focused on social medicine; location is amazing if you're into anything outdoors); residents all seem like a big family and are really close to each other

**Stanford (2019)** – 4 year program. Ample elective time with funding. "Mini-fellowship" tracks through curriculum. 3 primary sites: Stanford (quaternary academic type), Kaiser (community, exposure to huge CA employer) and SCVMC (county type high volume, high acuity). amazing location; a lot of resources to pursue whatever niche you have; academically focused (research/publishing), most of your time is at main Stanford ED (new ED coming 2019) which is consult heavy. PD and new Dept Chair are strong names in EM; recently transitioning from 3 -> 4 year residency so there are some changes that still need to be worked out; super \$\$\$ living in Palo Alto/SF

**Alameda Health AKA Highland** – 4-yr, very small, very strong county program in Oakland. 15 core faculty members and 10 exceptionally impressive residents make a very familial team running a small but high intensity ED in underserved parts of the bay area. Residents are much more autonomous than other bay area programs. Trauma is less emphasized here than other west coast county programs but lots of complicated and medically sick pts.

**U Washington (2019)**- 4 year program in Downtown Seattle with multiple ED experiences including both County and Tertiary centers. Their catchment area spans from Alaska to Wyoming. Relatively new program, but attendings argue there are no turf wars remaining to be fought. Research is huge here. Longitudinal global health program throughout residency, balance of county site Harborview and academic center at University of Washington, strong EMS system that residents get to rotate with.

**Kaiser San Diego** - Newer 3 yr program, most of time at brand-new community hospital with rotations at county hospitals every year. Young, enthusiastic faculty, work 1:1 with attendings, small group of residents. Great ultrasound training.

**Loma Linda** – 3 yr program in Riverside, CA. Amazing peds opportunities and lots of trauma (San Bernardino county), good global health opportunities.

**Maricopa County** – 3-yr well-regarded county program notable for excellence in burns and lots of opportunities to develop your niche. PD is high energy and extremely wellness-focused, work fewer shifts than most programs but have high enough patient volume to make up for it

**OHSU** - 3-year program in Portland, OR. Only program in the state with a large catchment area. Shifts split across multiple departments for varied experience. Great peds exposure at dedicated Peds hospital on OHSU campus. GW connections available.

**U of Arizona** - 3 years, large residency, hospital is owned by Banner and seems like good transition, good resident wellness, strong longitudinal peds experience, good med ed and research extracurriculars, level 1 trauma (blunt>penetrating), good rural EM and geriatrics. No inpatient psych - medically cleared and transferred to south campus psych hospital

**U of Arizona, South Campus**- New 3-yr with all the connections and support of U of A main campus. 70:30 county:academic with rural and international rotations built-in plus longitudinal medical Spanish curriculum. PD is extremely nice and welcoming

**UC Irvine**- 3 yr program, known for their ultrasound prowess. Smaller program/ smaller physical ed, but you actually get a lot of volume because there are fewer residents.

**UCSF Fresno** – 4-yr. Unbelievable volume of sick patients and trauma. This is the busiest trauma center in CA and the ED really runs the show. The stats on residency procedures is unparalleled. Downsides are largely geographical, great access to the Sierras and is central between LA and SF, but is still a central valley city with poor air quality and relative dearth of culture compared to the bay or SoCA. On the upside, it's the only affordable city left in CA.

**UCLA - Harbor** - Strong county ED in Torrance, many residents live in Long Beach or Redondo area. Lots of trauma and sick patients, 8-hour shifts. Facilities (aside from new ED) are a little run down, the cafeteria is awful, salary is a lot lower than other programs in the area. Lots of prominent faculty and grads.

**UCLA – Olive view** – 4 yr, 50/50 county and academic. “Liberal arts” approach with lots of elective time. Very laid-back group (no suits for interviews!) and dinner the night of the interview day at faculty’s house is not to be missed - His wife cooks a homemade meal and it is amazing.

**UCSF** – 4-yr, newer program, opportunity for mini-fellowship

**U New Mexico** – 3-yr well-respected program with great critical care and wilderness medicine opportunities, large volume safety net hospital with academic resources. Quirky PD, very chill residents and Albuquerque is very cheap to live in

**University of Utah**: Big on wilderness medicine and global health. Residents hangout outside of work a lot. Great geography if you like to ski or do anything outdoors.

## Resources

**Emergency Medicine Residents’ Association: [www.emra.org](http://www.emra.org)**

If you are going into emed, you should sign up for EMRA (costs \$25). You will get a subscription to *Annals of Emergency Medicine* plus a bunch of other stuff. It has a great section on emed residency programs and advice about interviews. You will also get *The Medical Student Survival Guide*.

EMRA also has a medical student section with lots of information: EMRA Medical Student Info

EMRA's antibiotic guide is AWESOME. It is an up-to-date reference of what antibiotics to use by diagnosis, organism or organ system.

**Society for Academic Emergency Medicine: [www.saem.org](http://www.saem.org)**

A good resource for info about what's going on in emed, residency programs, interviews, etc.

They have an interactive site to find programs in each state:

<http://beta.saem.org/membership/services/residency-directory>

**American College of Emergency Physicians: [www.acep.org](http://www.acep.org)**

Another good resource for info about what's going on in emed, residency programs, interviews, etc. I think with a membership to EMRA you also get membership to ACEP.

Denver Health has a nice paper called "What to look for in an EM Residency,":

[http://www.denverem.org/index.php?option=com\\_content&view=article&id=14&Itemid=36](http://www.denverem.org/index.php?option=com_content&view=article&id=14&Itemid=36)

## **FAMILY MEDICINE**

**Chief of Division: Dr. Maria Portela**

**Assistant Chief: Dr. Andrea Anderson (FMIG mentor)**

**\*\*NOTE there is no Family Medicine residency program at GW**

The first official family residency programs were established in 1968 and developed as the number of general practitioners declined (what most physicians were prior to the rise of specialties). A great book to read about the development of the FM specialty is Heirs of General Practice by John McPhee, a true story that took place at the Maine-Dartmouth program in Augusta, Maine. There are two types of programs, opposed (also called “collaborative”) and unopposed. Opposed programs are programs with residents who rotate alongside internal medicine, pediatric and OB residents during their training. Unopposed programs are programs in which only Family Medicine residents rotate in the clinic and the hospital. While this distinction is a helpful starting place when beginning the application process, it is important to know that many programs function as a “hybrid” with opposed and unopposed qualities. Another helpful distinction may be the program location--that is, a community hospital (often unopposed) vs academic center (often opposed). Academic centers tend to have more robust research opportunities and ideally have healthy, collaborative relationships with other services such as OBGYN and peds. Community programs tend to have more hands-on experience (e.g., procedures or more direct interaction with off-service attendings) as there are less residents and, therefore, more opportunities for you to practice your craft.

GW does not currently have a Department of Family Medicine but we now have a Division of Family Medicine. There are opportunities to do rotations at Unity, a Federally Qualified Health Center in DC, and away electives. These rotations must be set up by the individual student and be approved by the Dean’s office. While GW does not yet have a FM department, it has been recognized by the AAFP for having a thriving interest in FM thanks to GWU SMHS students, FMIG, and the faculty. There is a growing body of Family Medicine physicians at GWU who can help guide you, including Dr. Andrea Anderson, Dr. Maria Portela, and Dr. Kevin O’Connor (the official physician of our POTUS as of 2020). Take advantage of the vast knowledge and passion these amazing people impart to eager FM students.

### **GW AI**

While completing an AI is a requirement to graduate, it is not necessary to do an AI in Family Medicine because our institution does not offer one here. It is possible to complete an AI in peds, surgery, medicine, or GW ICU, all of which are relevant to the practice of Family Medicine.

If you would like to do an AI in Family Medicine, you will have to complete an away rotation. As long as the rotation is 80% inpatient it will count as an AI in the GW system (talk to your Dean to get the approval). Former students feel it is important to do a Family Medicine-specific inpatient rotation, as it will have a very different feel than inpatient internal medicine teams. At some hospitals Family Medicine services care for only adult patients but some Family Medicine services care for adults, children and pregnant women on their Family Medicine service. (Regardless of what the Family Medicine-specific service cares for, Family Medicine residents will also rotate through peds and OB/GYN services).

### **Away Rotations**

While not required for Family Medicine, completing away rotations in Family Medicine is invaluable for GW students. In fact, it might be your only Family Medicine experience. Also it’s important to know that you need a letter of recommendation from a Family Medicine physician so this might be your only opportunity. There is very limited exposure to Family Medicine at GW, so it is important to have enough exposure to the field to be certain it is for you, and also to show programs that you are committed. It is possible you had no exposure to Family Medicine physicians in your third year primary care rotation. If you are interested in the field, try to get further exposure (i.e. through an inpatient AI experience) very early in your fourth year (before end of September). While it may not help you in getting interviews (Family Medicine interview offers come EARLY!), it will help you in interviews and in evaluating programs while on the interview trail if you have some solid experience. However, if you cannot get a FM away rotation before September, that is ok, too. Alumni have done AIs and away rotations as late as January of fourth year and still got valuable experience that helped in making their Rank Order Lists. You

also do not have to do an AI specifically, you can rotate in a community outpatient setting and this can count under "Advanced primary care."

It can be very helpful to schedule away rotations at programs you are very interested in and can see yourself potentially wanting to rank in your top spots. Doing an away rotation at these facilities allows you to get to know the faculty and residents (and allows them to get to know, and hopefully love you). This can offer significant support to your application. It also may help you to decide what you like and don't like in a program that is invaluable on the interview trail and in forming your rank list. There are no away rotations in which the rotation is your interview, but you may be able to schedule your interview to occur *during* your rotation to save on travel costs. With that in mind, remember you are being evaluated at all times so act with integrity.

If there is a particular program you are interested in and they are not part of VSAS (AAMC site for applying to away rotations), reach out to that program as many have away rotations available, but you have to do extra work and wait many months for a mutual contract between GW and that institution to be reached (start the process at least 6 months before your desired away rotation). Also reach out to programs with GWU alumni as they are also typically willing to host GWU students.

#### **Selected examples of aways completed by former students:**

##### **2020:**

**University of Michigan:** The Program uses VSAS and starts accepting students in May. Email whoever is on VSAS for further information. Make sure to say you do not have FM at your school as this will help! This is a fully inpatient adult rotation. It is similar to an internal medicine AI, however the difference is that the only patients admitted to the Family Med team are patients of family med docs at U of M. There is a lot of continuity of care which makes the experience much more enjoyable! You will spend a month seeing patients of all types admitted to the hospital- COPD exacerbations, cardiac work ups, etc... You work alongside a psychiatry resident and an FM resident. You hold your own patients (max 4) and are in charge of admission, writing progress notes, discharge and everything in between! It is a great way to learn inpatient medicine from a FM perspective with nice attendings/residents. Parking is \$75 for the month at the hospital and you must arrange your own housing.

**Long Beach Memorial Hospital in Long Beach California -** The program uses VSAS. This is 2 weeks of outpatient, 2 weeks of inpatient; but the program is flexible and will work with you to change this in order to count toward AI. The rotation is definitely set up more like a rotation rather than an AI; the level of work expected of me was much more similar to that of a 3rd year medical student. I was able to rotate through the various outpatient services offered at the clinic including OBGYN clinic day and behavioral medicine clinic day. The faculty and residents were SO nice. It was a great experience.

##### **2019**

**West Suburban Health Center in Oak Park, IL.** The program does not use VSAS, but has similar requirements regarding immunizations. Email the coordinator (Veneata Smith) who will send you an application. Initial contact is easy, but be sure to follow up because Veneta is an extremely sweet person, but sometimes she's really busy and needs more than one email. It took about 6 months to get an agreement in place between the two legal departments. Since that has been done once, it shouldn't take as long in the future, but always allow at least 6 months for non-VSAS applications. Veneta will send you detailed information that is very helpful. There are several different options for the experience including medicine inpatient, medicine outpatient, Spanish-language clinic experience, and maternal child health (L&D, post-partum, nursery, NICU). This writer completed MCH which allows you excellent exposure to full spectrum FM care to the mother-baby dyad. The rest of the team was very welcoming and inclusive. Parking was free at the hospital, but I had to arrange my own housing (I used Air BNB). My interview at the institution took place on the first day of the rotation, which worked well since I didn't have to make two trips to Chicago. Excellent experience, cannot recommend enough.

##### **2018**



**United Family Medicine (Allina Health) in Saint Paul, MN.** The program does not use VSAS but does require similar lab work including proof of flu shot, up to date PPD, proof of MMR, etc.. You email the coordinator (was Joy Gray when I applied but check the program's website) who will send you a 1 page application. The initial contact was very easy and quick. Waiting for verification that I was approved took about 5-6 weeks. Once verified, the coordinator allowed me to craft whatever sort of experience I preferred (how many days inpatient/outpatient, teen pregnancy clinic, home visits, etc). A few weeks before start, I received a detailed schedule with the resident or attendings I was assigned to for each day. Everyone knew I was "the" visiting student for the month so I felt very welcome and everyone directed me when I needed to find things. All parking was free or I was given a pass for the site. As for housing, one of the nurses offered to rent me an apartment for the 4 weeks but I made arrangements elsewhere out of convenience. A very positive experience all-around.

### **APPLYING**

There is limited exposure and advising in Family Medicine at GW, so this can make your path more difficult. That said, past students have reported that programs were impressed with their commitment coming from GW. It is helpful to *show* your interest in the field. Some ways to get involved include: the Family Medicine interest group (FMIG), DCAFP meetings, and attending the AAFP's National Conference for Residents and Medical Students in Kansas City in late June. **This is HIGHLY recommended.** All Family Medicine programs have exhibits, and you will have the opportunity to make contacts and speak with residency program directors. There are excellent lectures and workshops. **Scholarships are available from both the AAFP and DCAFP, so be sure to apply!**

It is helpful to apply to both community and university-affiliated programs. These programs can be very different, so it is important to see both options to make an informed decision. A term that is useful to know during the interview trail is "open vs closed ICU." Family Medicine services in hospitals that have open ICUs follow their own patients in the ICU, they do not turn over care to intensivists. Other programs have dedicated ICU rotations (i.e., a closed ICU similar to GW) wherein you care solely for ICU patients and work directly with the intensivist. Open ICUs are predominantly found in unopposed/community programs whereas closed ICUs may be found at academic/opposed and unopposed programs alike. It is important to think about your goals as a Family Medicine resident and the type of setting that will allow you to best achieve them. Additionally, think about how many co-residents you would like to have, most programs range between 3-12 with an average of 8-10. The number of co-residents you have can contribute to call-schedule demands (i.e. fewer co-residents, more frequent call to cover the hospital).

Be sure to research how Family Medicine and general practitioners are seen in the areas in which you are applying. While some areas highly value Family Medicine doctors (i.e., West Coast, Midwest), typically the East Coast is more specialty-driven, and it can be difficult for Family Medicine doctors to realize their full potential in obstetrics and pediatrics. There are still opportunities on the East Coast, but you must ask important questions like: How many vaginal deliveries do residents get on average? How complicated are the obstetric patients that FM residents care for? Do FM residents get opportunities to participate in operative obstetrics (cesarean sections, vacuum, forceps)? To get high-volume OB numbers (above 100), do I have to do extra rotations? How many pediatric patients do FM residents care for inpatient/outpatient? What level of complexity of pediatric patients do FM residents care for at this institution? How many gynecologic procedures do FM residents get to do (LEEP and colposcopy)? While there is no harm in applying widely at the start of the application season, GW students have typically done quite well in obtaining interviews and in the match, so do not stress and enjoy the experience! Some programs offer tracks in rural medicine, women's health, or international health, so if you are interested in these tracks, be sure to seek them out.

*RHEDI Program:* Many students interested in Family Medicine are passionate about reproductive health. RHEDI is a curriculum that some residencies participate in to train residents in full-spectrum reproductive care, including abortion management and LARC placements. Not all programs teach these procedures. (Vasectomies are also a procedure that not all programs do.) For a list of programs that are RHEDI sites, please visit <https://rhedi.org/resources/programs.php>. However, there are programs that are NOT RHEDI sites which still

integrate abortion care into their curriculum or have elective rotations with Planned Parenthoods/community FP clinics. If this is a training area that is important to you, it can be beneficial to clarify how many residents do away rotations at outside high-volume sites, **how commonly their graduates train to competency**, and whether the residents can also do abortions in their own continuity clinics.

*Letters:* It is **required** to have a letter of recommendation from a Family Medicine physician, either from your third-year primary care clerkship or from an away rotation early in fourth year. Otherwise, it is perfectly acceptable to have other letters of recommendation from a variety of specialties. Don't be afraid to ask for letters of recommendation from internal medicine docs, pediatricians, obstetricians, and/or surgeons (skills that are important for Family Medicine doctors, too!). If you did not get much exposure to Family Medicine doctors in your primary care rotation or haven't yet gotten a chance to do an away rotation, be sure to reach out to Family Medicine doctors who you may have interacted with even if you haven't worked with them. For example, Dr. Anderson works closely with students she may not have worked with clinically and can write letters that speak to their interest in Family Medicine. One student had a Family Medicine doctor at Unity write a letter of recommendation regarding interest because they had worked together in other advocacy capacities, but not directly as a medical student and attending.

*Research:* Typically research experience is not as important for Family Medicine as it may be for other specialties. It is always helpful to have at least one paper or research experience you can discuss during interviews and to have on your CV. Students have been asked in the past about their lack of research experience. Many FM docs who do research are more involved in policy so if this is something you've already been involved in, definitely highlight that in your application and interviews.

## **INTERVIEW**

Family Medicine interviews tend to be laid back and non-stressful. Interviewers generally will not try to intimidate you or test you; they simply want to get to know you as a candidate and potential future resident in their program. Interview days vary widely (may be anywhere from a half day to a ten hour long interview day), but generally there will be a social dinner the night before with residents. Depending on whether it is virtual in 2021, there will be a virtual Happy Hour the night before. Try to attend as many of these as possible, as it is your best opportunity to meet a number of residents in a less stressful environment. It is an important time where you can try and imagine yourself working with those residents in the future (or not!). It is important to be honest and genuine as much as possible during the interviews. Show your commitment and enthusiasm for the field. Don't be afraid to share your interests and experiences – your passion will come through. Don't forget that you also are interviewing the program and deciding if this is a good fit for you, so ask all of the questions necessary to determine if this is the case.

You should be able to answer, "Why Family Medicine?" and "Why this specific location?" and "How did you learn about Family Medicine if GW does not have a department?" Know the program well and be ready with questions. Always make sure that you read the program's website before the interview day and are familiar with the program. FM is more laid back, but it's always poor form if you ask questions that can be easily answered by the website. Many places will be impressed that you have chosen FM! You will be asked if you have more questions over and over, but **always** try to have a question ready. If you have the opportunity to look up your interviewer before, it's always helpful to ask something related to their field, but if not, ask questions that will help you in making your decisions. It is totally acceptable to ask multiple interviewers the same question- especially if it's very important to you. If at the end of the day you legitimately do not have any more questions, they will understand, but it's never wrong to follow up with "May I contact you if I have any further questions?" as it shows continued interest in the program. Many interviewers are very aware that if they are the last person speaking with you at the end of the day, you may be "questioned out."

Common red flags and things to be aware of: if you do not have the opportunity to meet or interview with any residents, you do not receive a tour of the hospital, you did not have the opportunity to meet with the program director, if there is high/quick turnover of faculty members. Be sure to ask residents if the program was their first

choice and why. It may be concerning if a number of residents scrambled into the program. Be sure to ask residents if they feel their program director is supportive or “has their back.” It is also ILLEGAL for programs to ask if you are applying to other specialties!

### **SPECIFIC PROGRAM INTERVIEW INFORMATION**

*Below is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2014, 2016, 2017, 2018, 2019, 2020, and 2021.*

#### **Northeast**

**UVM (Burlington, VT):** lodging provided, dinner at resident's house, hospital tour in the AM, interviews at clinic in PM, 3 interviews (2 faculty, 1 resident), pros- rural clinic with urban/suburban hospital, RHEDI program, sports medicine with rotations at local ski areas (ski pass included), cons- less diversity

**NH Dartmouth (Concord, NH):** lodging provided, dinner, interview day at Concord Hospital and attached clinic, 3 20 minute faculty interviews, 1 "casual" resident tour and interview, 1 clinical scenario, pros- unopposed, specialists hired to teach Family Medicine residents, OB team with Family Medicine and Ob/Gyn attendings working side by side, good hours, leadership curriculum, cons- paired at 1 of 2 clinics that have very different populations

**Christiana Care (Wilmington, DE):** have combined FM/EM program, no lodging offered, happy hour, started with overview from program director, 6 15 minute interviews, driving tour of clinic and hospitals, very fun people, longitudinal curriculum, focus on clinic training, light on OB.

**Bayhealth (Dover, DE):** this is a brand new program as of 2021 (first resident class begins) and is unopposed. The PD is incredible and has successfully started other residency programs. There is an emphasis on policy and advocacy in medicine, “rural” medicine rotation, and serves a predominantly underserved population. The faculty seemed genuinely kind and committed to resident wellness and balance. Light OB.

**Lancaster Family Medicine (Lancaster, PA):** lodging provided, nice dinner, started with program director reading facts out loud about all of the applicants for residents to guess, general info session with all applicants for specific questions, 3 30 minute interviews (2 faculty, 1 resident), pros- unopposed, strong OB, rural clinic, research supported, hispanic population in clinic, offer signing bonus, cons- challenging program

**Shenandoah/Front Royal:** lodging provided, dinner, program coordinator gives driving tour of Winchester, 4 20 minute interviews (4 faculty), pros- unopposed, private practice and business of medicine exposure, rural exposure (work one on one with attendings), mind-body/functional medicine opportunities, things to keep in mind- religious faculty, not as much resident input into changes in program.

**Georgetown University/Washington Hospital Center** – urban program, and MD (Fort Lincoln Clinic), diverse patient population, Catholic Association so limited reproductive care exposure, pediatrics and psychiatry at Georgetown, monthly conferences at Georgetown, several options for fellowships, dinner the day of the interview. Because Providence hospital recently closed, the Family Medicine residency has transitioned to MedStar Washington Hospital Center. Change can be a double-edged sword, so ask how the transition has been and what kind of exposure do they get at WHC because as of now there is no “FM inpatient team” and you round with an internal med hospitalist. OB is done at Medstar/VHC so a bit scattered. The clinic is a great community model with very diverse patient population and true family medicine.

**VCU/Fairfax (INOVA):** people there are absolutely awesome. They are a completely opposed program, meaning they have every type of other resident at the main hospital but balance it out with Fair Oaks hospital where they are the only residents. Patient demographic is anyone in Northern Virginia and is very diverse. The main outpatient clinic is located in the medical building next to Fair Oaks hospital. They are working on improving their community medicine track/opportunities and they also have an interesting practice management track which seems robust. The people were incredibly nice here.

**University of Maryland:** In downtown Baltimore, urban program, inpatient at U of M medical center. Academic faculty may be splitting time between medical students and residents, part of RHEDI program and planned parenthood experience with opt-out option. No calls intern year since they have a float system, possibly less OB volume than some other programs but strong maternal health. They have a DEI/anti-racism curriculum that is highly valued by the PD.

**MedStar Franklin Square:** 20 min drive north of Baltimore, but many residents live within Baltimore. Inpatient service also serves the homeless community. Hospital has students from Georgetown, UMD, and Hopkins primary care tracks. Very nice residents and faculty members. Very cozy and comfortable interview day. Has a preventive medicine combined program. All the residents seemed to really like it!

**University of Pittsburgh Medical Center/St. Margaret:** suburban/urban program at St. Margaret community hospital associated with UPMC, 3 main outpatient clinics spread throughout Pittsburgh, residents are assigned to 1 clinic for residency. Larger resident size with 13 per year. Children's hospital for peds, and Magee hospital for OB. Inpatient heavy, very stable faculty.

**University of Pittsburgh Medical Center/Shadyside:** The more urban program in downtown Pittsburgh. Focuses on urban/underserved medicine with options for rotating at FQHC along with continuity clinic. PD is incredibly kind and really nurturing to residents. Since she is a DO, there is focus on OMM training. The OB training has had mixed reviews- residents say there are some issues with the OBs they work with, however it is apparently improving. Faculty are really passionate about preventative/lifestyle medicine.

**Cambridge Health Alliance/Tufts:** located in Cambridge, MA, main inpatient rotations at CHA hospital (outdated) and CHA outpatient clinic (very nice), good mental health/substance use emphasis built-into curriculum, large immigrant population, much more outpatient heavy curriculum than some other programs. RHEDI site with opportunity to train in medical abortions in clinic with opt-out option.

**Rutgers University/Robert Wood Johnson:** suburban/urban, opposed program located on campus of RU (New Brunswick, NJ, 50 min train ride to NYC), main hospital is RWJH, work with medical students from RU and RWJ. 5 residents per year

**University of Virginia:** located in Charlottesville, VA, combination of suburban and rural programs. Resident dinner was at an intern's house and many interns were able to come to dinner to share experiences. Inpatient at UVA hospital, Large refugee population at clinic, residents spoke highly about resident wellness.

**Shenandoah/Front Royal:** rural program, unopposed, 5 residents per year, majority of intern inpatient year at Winchester hospital and covering Front Royal community hospital. Outpatient clinic is in front royal next to the hospital. Interview day included a driving tour conducted by the coordinator to show you nearby towns, housing opportunities, popular restaurants, etc. Everyone was extremely nice and caring, and genuinely read your application thoroughly. Lots of extra CME credit and help with moving, transportation, etc.

**Prince George's Medical Center soon to be a University of Maryland Program:** located in Cheverly Maryland. Combination of suburban and urban program. There is no pre-dinner or housing provided but it's 30 minutes from GW. Inpatient peds at Children's, residents spoke highly about resident wellness. Small program takes only 4 residents. TONS of obstetric experience. Residents get on average 300 vaginal deliveries in their 3 years. New hospital opening at Largo Metro station. Run by University of Maryland. Be sure to ask where residents end up working. Most of their recent classes have done urgent care.

**Crozer-Chester/Keystone Medical Center:** Located in Springfield, PA. 15 minutes away from Philadelphia and New Jersey. Dinner and accommodation are not offered the night before. Program director is very committed to his residents and advancement of Family Medicine. Opposed program. Combination of urban and suburban multi-cultural population. Values experience in Family Medicine so try to do an away or some kind of exposure to Family Medicine.

**Maine-Dartmouth:** located in Augusta, ME, rural, unopposed program. RHEDI program. Emphasis on integrative medicine and OB. Suboxone training. Low SES, white population. Dinner the night before, huge number of residents showed up. Do 2 away rotations to boost peds and high-risk OB numbers- housing is provided for these

and residents were extremely positive about how they complemented their training. Low key interview day, dinner beforehand. Residents love the outdoors and are super friendly.

**Maine Medical Center, Portland, ME:** large university hospital. Inpatient FM service has adult/ped/OB patients- there is a different attending for each. Big emphasis on teaching. Lots of research opportunities. Admit their clinic patients and then alternate with medicine service- there is no consideration of how complex the patient is as to which service gets them, it just alternates. Have a city and suburban clinic, city clinic has large refugee population. Low key interview day which includes an hour long walking tour, dinner beforehand. Residents love the outdoors and are super friendly.

**UPenn, Lancaster General Health, Lancaster PA:** located in Lancaster, PA, tertiary community hospital, unopposed program. Inpatient FM service is adults only. Only program in the US with true urban and rural outpatient clinic sites- all residents split time between them. Urban clinic site has large Spanish speaking population, younger population and more OB visits. Rural population is low SES, white. Hospital population also includes many refugees and the plain community (Amish and Mennonite). Unique things- full-service high school clinic, world renowned genetics clinic due to Amish population served. Strong teaching- usually 15 min teaching topic after all rounds and each morning and afternoon teaching session. Strong research opportunities. Low key interview day, dinner beforehand. Residents are super nice, smart and great teachers.

**Excelsa Health Latrobe, PA:** Unopposed program in a community hospital. Very good atmosphere with wonderful attendings and a great learning environment. They have two teaching sessions a day, one in the morning and one in the evening.

**Penn State Hershey Medical Center:** located in Hershey, PA, tertiary university hospital, opposed. Inpatient FM service is adults only. When rotating on other services- e.g. peds- FM resident is the only intern or only 2nd year on the service so it's not a bunch of peds resident and then the one FM resident who is kind of left out. Peds referral center, full peds ER- if you want a lot of peds training this is a great place to consider. Have multiple clinics ranging from urban to suburban. Diverse SES population served. Many residents go on to fellowship training- especially in geriatrics and sports medicine. Low key interview day with a group activity with behavioral health faculty, dinner beforehand.

**Penn State Hershey Medical Center at State College:** part of Penn State Hershey, expanded program by partnering with Mt. Nittany Medical Center at State College, PA where Penn State's main campus is. Residents do most rotations at Mt. Nittany except peds and a few others at Hershey. Program Director and faculty are super nice and have a very unique interview style through which they really try to get to know you and don't ask the classic what are your strength and weaknesses kinda questions. Accommodation is offered for 1 night and they take you out for ice cream the night before. Small program of only 6 residents. Very dedicated to resident well being and program has a family feel to it for sure.

**Jefferson (Philadelphia, PA):** Strong inpatient training, located in Philadelphia with many urban sites at lots of different community clinics. No suboxone training. RHEDI site. They are working on their MAT training/provision. They do street medicine and have opportunities to focus on homeless populations. One of their FQHCs focuses on transhealth.

**Montefiore Family and Social Medicine Residency, Bronx, NY:** Located in the Bronx, Montefiore is the oldest Family Medicine residency in New York. There are two community sites that serve mostly low-income individuals and there is a large Spanish-speaking population. Separate Family Medicine unit. Specialized curriculum in social medicine and very advocacy based with a required social medicine project to be completed by the end of residency. Focused on physicians as the advocates for the poor and majority of graduates work in underserved settings. RHEDI site, group visits, suboxone training. Collaborative/opposed training.

**Mt Sinai Harlem/Beth Israel, New York, NY:** The downtown BI program and uptown Harlem program merged. Inpatient rotations are at Mt Sinai Hospital on 98th Street and while there one family service, residents also rotate through general internal medicine while inpatient. Clinic serves the Harlem community. Lots of health policy work. Collaborative/opposed training.

**Columbia, New York, NY:** Main clinic is located on 158th street. The clinic is on the smaller side and serves the Dominican population of Washington Heights. Strong focus on learning Spanish and entire class makes a trip to the DR to see where most of the patient population immigrated from. Inpatient rotations are at the Allen Hospital, a community hospital at the tip of Manhattan and family residents are the only residents at the hospital. Smaller program with 6 residents.

**Boston Medical Center, Boston MA:** BMC is the safety net hospital for the city of Boston. Excellent inpatient training. Ob training occurs with OB residents and midwives and 6 FM attendings have C-section privileges at BMC. Of note: there are no operative experiences for FM residents at BMC, which can make fellowship application for OB more difficult. There are 4 outpatient clinical sites, all are FQHCs and located in different parts of the city. Excellent community health center training and many residents go on to practice in FQHCs. Focus on underserved populations. Larger program with 12 residents per year. Not a RHEDI site and no abortion training because of prohibition of federal funds going to abortion services. Planned Parenthood does not train residents in Boston. Collaborative/opposed program. Part of Midwest Access program which is an away rotation for residents to get high volume training in terminations in other parts of the country.

#### **Southeast**

**National Capital Consortium (DeWitt Healthcare Network) Program (Fort Belvoir, Virginia)**

**St. Vincent's Medical Center Program (Jacksonville)** – suburban, modern facilities, somewhat diverse patient population (mainly African American), peds at local children's hospital, great cost of living, put you up at a BB and take you out to dinner the night before the interview

**Carilion Clinic (Roanoke, VA)**- Academic (VA Tech), opposed (IM, OB), at second-largest hospital in VA (first is MCV in Richmond). Level 1 trauma center, tertiary care with large catchment area. 2 clinic sites. Largely rural and suburban population, significant refugee population. Faculty is quite impressive including a member of USPSTF. Carilion clinic known for being a good employer to physicians. Residents super friendly and seem happy. They provide housing at nice hotel, dinner at resident's house. Many residents show up. Focus on EBM and research more so than many other programs. Not as many OB opportunities due to OB opposition. For example, if you have a pregnant patient who needs insulin, they become OBGYN patients. No colpos done in the clinic. They do have 1 FM faculty member who does c/s.

**Cone Health (Greensboro, NC)**- mixed community hospital with academic faculty (tenure/training through UNC), mixed rural and suburban. Affiliated with UNC and many Campbell/VCOM students. Lots of obstetric and pediatric experience, new women's and babies hospital just opened adjacent to main hospital. Sports Medicine and Obstetrics fellowships. New transgender care service. Level II trauma, major trauma is shipped to Wake Forest/Baptist, Duke, or UNC all about 40 mins-1 hour away. Housing is provided for interview day at nicest hotel in Greensboro (O.Henry). They take you to both dinner and breakfast at excellent restaurants. Many residents show up to both. The interview day is ½ day and mostly takes place at the clinic. Good benefits including day care and pet insurance. 8 residents per class.

**Tallahassee Memorial Hospital**- community hospital with affiliation at Florida State University. Large catchment area (15 counties), tertiary care hospital, mixed rural and urban. Residents and faculty are really friendly, most faculty graduated from the program. Lots of obstetric opportunity with OB and sports med FM fellowship. No housing provided. Dinner the night before. Good benefits including daycare. Residents seem happy.

**University of South Florida-Morton Plant Mease Health Care Program (Clearwater)** – mix of urban and suburban environments, modern facilities, diverse patient population (with large Latinx population), work out of MPM

hospital and also USF hospital (for peds), great cost of living, great procedural training, pay for hotel the night before the interview, residents take you out to dinner the night before if you wish

**UNC** - one of the more popular family med programs in the country, long interview day but great people and nice program director.

**MUSC-Trident Health, SC** - great program, hybrid between academic setting and community based

**Mountain Area Health Education Center (MAHEC):** Asheville, NC, tertiary community hospital, close affiliation with UNC- have 3rd years who spend their whole clinical time in Asheville. Opposed by OB and psych- no medicine, peds residents. Very collaborative relationship with OB. Serve the city- which includes a large monolingual Spanish population but also a rural community because everything outside of the city limits gets rural very quick! Strong behavioral health training- integrated behavioral health in outpatient clinic. Unique- always have clinical pharmacist in outpatient clinic team room. Low key interview day with a group activity with behavioral health faculty- actually a really good one and not at all awkward (which is hard to pull off). Dinner night before with residents and lunch day of interview with faculty and residents extremely well attended. Residents like the outdoors and are great!

**Mountain Area Health Education Center (MAHEC), Rural Program:** Hendersonville, NC, rural community hospital, unopposed program, do some rotations in Asheville. Teaching health center, population served- almost exclusively medicaid or uninsured, significant majority of patients are Spanish speaking, community service and integration is extremely important to this program. Call is q4 or 5, can be taken from home in later years of residency. Dinner at resident house the night before.

### **Midwest**

**UMich** - A good mix of community and academic medicine- 2 community sites one in a more rural/suburban area and the other in a more underserved area. A lot of track programs- integrative medicine, sports medicine etc.. strong focus on social justice and community medicine. They have a separate FMOB service so you do a lot of vaginal deliveries with FM trained OB docs. Can get some c section training when rotating with OB. Only 2 weeks of ICU. Clinic 1st model where you have 2 week rotations vs 4 and don't have to go to clinic during inpatient. Ends up being more outpatient time and residents really like it!

**Grand Rapids, Michigan** - great program, also one of the largest I interviewed at. People there are all super nice and they are very focused on community based care.

**University of Minnesota-Methodist Hospital Program** - urban/suburban, very strong OB training, population not as diverse as other Twin Cities programs, but still significant Latinxo population, pay for one night in hotel, dinner night before interview

**University of Minnesota-North Memorial Health Care Program** - North Memorial is an urban community hospital in NW Minneapolis, mostly African-American patient base, very involved with local community, solid OB training, dedicated to underserved communities, pay for one night in hotel, dinner night before interview. Clinic based in a certified Health Care Home. Strong and diverse faculty with involvement in AAFP and other advocacy opportunities. Residents were amazing.

**Allina Hospitals and Clinics Program (St. Paul)** - awesome community program, philosophy based in "community-oriented primary care" (COPC), extremely dedicated to local community, possibly more than other programs, strong OB training, urban population, many Latinxx patients, residents seemed thrilled with the program and the administration was more organized than lots of other places, pay for one night in hotel, dinner night before interview.

**University of Wisconsin-Madison** - just added an MPH program option to their residency, pathway options are also available, great program with very strong training, including OB (and c-sections, if desired), easy opportunities for

abortion training, electives with midwives, international electives, integrative medicine fellowship available to residents, many integrative medicine-minded faculty, four resident clinics, so you can choose if you want urban, suburban, or rural, Latinxo, Eastern European, and Hmong population in urban clinics, excellent teaching, happy residents, offered housing for the interview with current residents, dinner with residents night before interview

**Resurrection Medical Center Program (Chicago)** – suburban, modern facilities, mostly Eastern European population, extensive OB program, Catholic association, no university affiliation, great cost of living, will take you to lunch the day of the interview and put you up in a hotel nearby the night before

**UIC-Advocate Illinois Masonic Medical Center** – urban, modern facilities, great teen program, very OB focused, diverse patient population (Latinxo and African American) that is similar to GW, great cost of living, residents have a choice to live in an apartment tower right next to the hospital owned by the hospital, very affordable for the area

**Mount Sinai Hospital Medical Center (Chicago)** – urban, minimal and outdated facilities, great spectrum of pathology, diverse population (Latinxo and African American), great cost of living, declining program with most spots filled by Foreign Medical Graduates

**University of Nebraska Medical Center** - urban/suburban/rural (depending on the track you apply to), superb facilities, diverse patient population especially if you choose the urban track, great cost of living, will pay for your lodging and will provide dinner the night before the interview

**Northwestern University, Chicago IL Humboldt Park:** Located in a community health center/FQHC. Now three separate FM residency programs within NW. Erie Humboldt Park is the original. Focus on the urban underserved. Large Spanish speaking population. New hospital affiliation at Swedish Covenant Hospital. Unopposed program. Not a RHEDI site. A bit spread out/ less of a medical home. You only do your pediatrics at Northwestern downtown. The PD is very social justice/advocacy oriented

**University of Illinois, Chicago IL:** Urban, located in Illinois Medical District area of Chicago. Strong women's health/RHEDI program. Opposed experience with academic resources. Program director is amazing and cultivates community medicine and advocacy. Relatively diverse resident cohort. Two different sites for continuity clinic, one of which is an FQHC and the other for UIC students, family, and working class adults. A lot of social justice as well as advocacy component. Large focus on addiction medicine.

**West Suburban (Oak Park, IL):** Community hospital with affiliation to Loyola. Located at the border of West Chicago (Austin), patients are mostly low-income, non-white. Residents are very friendly. Only other residents are IM. Clinics are FQHCs with lots of support to help underserved patients. Obstetric and pediatric experience abounds. Obstetric fellowship on site. No housing provided for interview. Dinner either day of or night before depending on your interview day. The hospital is only getting EHR (Cerner) in March 2020, had paper records until then. Seems to be a problem with non-FM faculty not treating FM or IM residents well. Hospital owned by Pipeline Health, and they have problems paying for things like Nexplanon, so hospital cannot stock it.

**Via Christi (Wichita, KS):** Program well known for full-spectrum training. Kansas is especially friendly to and values FM doctors. As a resident you are an employee of the University of Kansas (good benefits/protections), but hospital system is Catholic (Ascension owns those hospitals- they purposefully closed Providence in NE DC). Not a RHEDI program. Many residents and faculty are quite religious and interested in natural family planning, but LARCs are accessible and training readily available (not paraguard though bc of Bishop's paper). Can get training in terminations and sterilization outside of direct program. PD is really awesome. Large program with 18 residents, very family friendly. Commitment to underserved and global medicine. Residents have a group house in a community that many patients live in. All residents must train abroad for 6 weeks and they have grant funding to pay for this (no cost to resident). Obstetric and pediatric experience abounds. Residents typically have 300 vaginal deliveries and ~100-150 c-sections by graduation. They provide housing at a very nice hotel. Dinner at faculty



members house. Many residents showed up. Interview day is long, but everyone is very friendly. The residents seem very happy. Can have c/s privileges when leave residency.

## **West**

**OHSU-Portland** - is a strong program that is now 4 years for all residents. Residents work very hard and sometimes seem stressed with a lot of responsibility, urban population with fair number of Latinxo patients, can do peds rotations at Alan Garcia clinics for migrant farm workers, required rural rotations are great experience, easy to set up abortion training if desired. Lots of QI projects available. Beautiful hospital with rotations in the stand alone children's hospital and the VA. At least 5-6 different continuity sites and now with a new Kaiser relationship. Whole new curriculum changing 2017 where rotations are 2 weeks inpatient and 2 weeks outpatient.

**University of Washington:** New PD seems great and maybe is taking the program in a new direction. Program is in Seattle, which is beautiful and there are two main tracks with multiple continuity sites. Options to do research and global health. Strong family planning training, everyone is suboxone trained. They do abortions in their own continuity clinic and have a Repro Health fellowship. Have two clinic sites, one at Harborview. Also have a rural track. They are starting in 2021 to rotate through a new hospital site- a community hospital- in addition to UW.

**Swedish First Hill (Seattle):** residents seem very happy (some of the happiest I saw) with 4 different continuity clinic options with different patient populations. Hospital rotations in Swedish Medical Center and work alongside FM residents from Swedish Cherry Hill and Kaiser Permanente-Seattle. Has some cool global health partnerships (Malawi) and a new partnership with Somali doula/midwives in Seattle. You rank each continuity clinic site separately so pay attention to the nuances on the day of interview. Has an OB fellowship. This interview day was the most fun (even though long) and the faculty seemed accessible and warm.

**Swedish Cherry Hill (Seattle):** A community program that is highly focused on social justice in medicine and has robust advocacy training. Has 6 clinic sites, all different rank numbers, which serve different populations. Has the most amount of OB (compared to First Hill and Kaiser WA). Newly permanent PD in 2021. Very committed to repro health, trans health, addiction medicine, and serving the underserved. One of their clinics is with the Seattle Indian Health Board.

**Kaiser Washington (Seattle):** They have a longitudinal, clinic-first model, where you switch rotation every week and every third weekend is guaranteed to be a golden weekend. The faculty were incredibly nice, several residents had kids. Have two clinic sites. Good abortion training.

**Kaiser Napa Solano:** Relatively new, small program in the East Bay. Does a great job with resident satisfaction. Open to innovation but residents do not seem to have as much ownership of their patients as in other programs. Also, because all patients are Kaiser, there is limited exposure to underserved patients. Very diverse patient population. Lovely residents and faculty. There is a loose UCSF affiliation.

**Sutter Santa Rosa:** Very well-supported happy residents. There is a loose UCSF affiliation but that is more name than anything. Patient population is majority Spanish-speaking, migrant workers so little patient diversity but a great population to work with. Very heavy OB and social justice focused. Also, very food justice oriented as well-- multiple faculty are chef! Santa Rosa is a beautiful town about one hour north of San Francisco.

**O'Connor Hospital (Stanford):** Stanford has officially "acquired" the program so residents are considered Stanford residents with Stanford benefits but this is an unopposed program in a community hospital in San Jose serving a very diverse patient population. OB is not very strong, but there is a sports medicine presence given there is a fellowship. There was some concern about the hospital losing funding but that seems to be settled now.

**University of Colorado:** located in Denver. Two main tracks with one track working with underserved, refugee populations and other track more academic and focused on primary care innovation. Recently added a rural track

as well. Very warm and supportive while trying to be creative and innovative about Family Medicine in the 21st century.

**Northern Colorado Family Medicine:** renowned program for full spectrum. 3 sites: main campus in Greeley, CO, two rural training tracks in Sterling and Wray. Greeley known for many obstetric opportunities. Can leave with 300 vaginal deliveries and ~150 c/s (about half as primary). PD is well regarded in residency for having created many excellent training programs. Rural tracks known for training residents in many aspects including colonoscopies and EGDs. Open ICUs, unopposed. Residents are very friendly, seem happy. No hotels provided, but can stay with residents. Can have c/s privileges when leave residency.

**Sutter Health Program (Sacramento)** - very friendly program, heavy focus on women's health, can take home call, facilities are pretty new, patient population is less underserved, residents also heavily involved with the UC Davis student run clinics

**UC Davis-Sacramento** - two options for continuity clinic, one in Sacramento and one in Davis, multiple opportunities for fellowship and combined programs like FM/psych and FM/Obstetrics, facilities are new and they like students who are interested in research, awesome student-run clinic opportunities. Really nice residents and the PD was warm and residents seemed very connected to her.

**Contra Costa County Health Services Program (Martinez, CA)** - residents are very independent and heavy on surgical procedures and OB, good match for someone that wants to do international work because you would be prepared to go anywhere and work independently, residents can also come out of this program and get hospital privileges for C/S if that is something they want. Has a relationship with Partners In Health for global health opportunities. The faculty and residents were very nice, warm. Not as strong in community medicine.

**UCSF** - based at San Francisco General Hospital, which was recently remodeled and is beautiful. It is now called the Zuckerberg SF General Hospital. It is a level one trauma center and the Family Health Center, where the continuity clinic is, is found on site. Residents work hard and do not seem well supported. One of the strongest programs when it comes to working in a culture dedicated to underserved medicine. High cost of living slightly offset by housing stipend.

**Central Washington Family Medicine Residency:** located in the city of Yakima, Washington- 3 hours east of Seattle, through the pass. Program is unopposed, open ICU, community program. Very strong integrated behavioral health, high patient census and complexity especially for community hospital. Residents admit/care for patients at 2 hospitals, ~2 miles apart, go back and forth all day. Population is mostly low SES, with large percentages of monolingual Spanish speakers and native patients. Lots of meth abuse here. Dinner the night before with residents and program director. Low stress interview.

**Family Medicine Residency of Western Montana:** located in Missoula, MT. Program is relatively new, graduated first class last year, 100% board pass rate so far. Unopposed, community program, teaching health center. Not a RHEDI program but do terminations. Large OB emphasis, residents can graduate having been the primary on enough C-sections to have C-section privileges without doing a women's health fellowship. Population served- huge geographic range, large medicaid/uninsured population, native population. There are required rural rotations- you can pick from various sites, many are Indian Health Service clinics. Large emphasis on wellness. Dinner the night before, low stress interview.

**Family Medicine Residency of Western Montana, Rural Program:** located in Calispell, MT 30 miles from Glacier National Park. Residents spend first year with FMRWM in Missoula, then 2 years in Calispell- moving stipend provided. Calispell is an unopposed, community hospital. Although it is in a very rural setting, the hospital has almost all specialties. Emphasis is on making full-spectrum, rural family practitioners. Same as FMRWM- lots graduate with C-section privileges. 4 residents per year- most are a little older (30s) with children. Population- mostly medicaid/uninsured. Well integrated with Indian Health Services. Dinner before with resident families.

## **Southwest**

**Ventura County Medical Center** - similar to the Contra Costa Program, only medical center that serves this area and the residents are the only residents in the area so you learn how to do *everything* and are going to work hard, faculty is friendly and attentive. Very inpatient heavy, and the program has been criticized for not reaching outpatient hours.

**UCLA** - two sites for continuity clinic (one in Santa Monica and the other in Mid-Valley), Mid-Valley site is more of an underserved community than the Santa Monica site, rotate through about 5-6 different hospitals, so there is lots of driving and lots of diversity. Residents seem happy, also have Sports Medicine presence.

**UCLA-Harbor** - county Hospital in Harbor City, great focus on working with the underserved and stresses the importance of population perspective and community medicine in their program and interview day, community oriented primary care found here and they are interested in research, more affordable place to live. Residents do not seem well supported here given this is a county program, there are less resources and benefits for residents.

**Long Beach Memorial Medical Center** - large medical center, combined the pediatric hospital with the adult hospital, most of your rotations are at this center, continuity clinic is also located on site, long Beach is a smaller city and has some more affordable places to live

**UCSD** - San Diego is beautiful, but they want to know why you like their program besides its location, have rotations south of the border. Very involved in preventive medicine. Multiple continuity sites. Residents seem very happy and faculty are very supportive.

**Kaiser Permanente San Diego and Woodland Hills** – Kaiser programs are great for Family Medicine; very competitive. Program director is SO nice at Kaiser SD and residents all say their favorite thing about the program is each other.

**Scripps Mercy Hospital (Chula Vista, CA)** - has a little bit of a Spanish language curriculum built in to it and all the interns spend the first month together for orientation, one of the sites that you have continuity clinic at is throwing distance to the border and there is definitely opportunity to head south of the border to work, multiple school based health centers to rotate at as well

**University of Arizona, South Campus:** located in Tucson, AZ, relatively new program. Opposed, university hospital program. Inpatient Family Medicine service is adults only, admit their own clinic patients then alternate with medicine services- seemed like there was some tension with medicine residency. Population served- lots of medicaid/uninsured, undocumented patients, monolingual spanish speakers. Have specific Spanish language curriculum to get residents up to speed. Unique things- border health, prison health. Emphasis on rural training so lots of away rotations- many with Indian Health Services.

**University of New Mexico:** located in Albuquerque, NM. opposed, university hospital program. Inpatient services is adults only, have their own floor, follow pts to intermediate care units but not the ICU. Population served- safety net hospital- lots of medicaid/uninsured, undocumented patients, monolingual spanish speakers, large refugee population. One of their outpatient clinics requires Spanish fluency or near-fluency for residents, one is mostly refugees, one is Indian Health Services. Although located in Albuquerque, the catchment area is so large they care for many rural patients. Emphasis on OB and full-spectrum training. RHEDI program. Unique things- huge emphasis on social justice, public health and advocacy- with specific advocacy curriculum built in for everyone. Strong research- especially at community level. Dinner with residents night before, low key interview day, really smart, involved, passionate residents. They have a newish PD 2020/2021... very committed to transhealth and advocacy in medicine. This program also does a decent amount of work with incarcerated populations. RHEDI site. A lot of high-risk OB training. Really incredible program.

**University of New Mexico, Rural Track:** first year in Albuquerque with other UNM residents, second 2 years in Santa Fe. unopposed, community program. Population served- lots of medicaid/uninsured, undocumented patients, monolingual spanish speakers, native population.

**McKay-Dee Hospital Center:** located in Ogden, UT. unopposed, community program, suburban to rural population. Large emphasis on sports medicine, many go onto sports medicine fellowship, work as ski patrol. Mostly male program. Open ICU and extremely strong procedural training- including colonoscopies.

### Canada

**Dalhousie Family Medicine:** 1 interview with one resident and one faculty.

**Memorial University of Newfoundland:** 1 interview with one resident and one faculty. Very relaxed. Great social

**University of Western Ontario:** 1 interview with one resident and one faculty. They ask a couple of situational questions.

**Northern Ontario School of Medicine** (Sudbury, Timmins, North Bay, Sault Ste Marie, Thunder Bay): 1 interview with one resident and one faculty.

**University of Manitoba** (Brandon, Portage la Prairie, rural remote, Winnipeg): 1 interview with one resident and one faculty.

**University of Alberta** (rural Fort McMurray, rural Grande Prairie, rural Red Deer): MMI.

**University of Calgary** (rural Lethbridge, rural Medicine Hat) - 1 interview with one resident and one faculty.

### **GW Connections**

Latrobe, PA- GW alum is current resident

Georgetown University/Providence Hospital - Alisa Malki (2017 GW grad) did an away rotation here

University of Wisconsin-Madison – Dr. Jim Davis, interim chair of the Department of Family Medicine, is a GW alumnus

UCSD - GW former faculty member Dr. Gene "Rusty" Kallenberg is on staff here. Previous POM involvement

KP Wooland Hills – Fellow, Tracey, was former GW grad

UC Davis – Lisa Netherland (2012 GW grad)

Montefiore Medical Center – GW alum is current resident (Rayna Sobieski 2017 [rayna.sobieski@gmail.com](mailto:rayna.sobieski@gmail.com))

VCU Fairfax – GW alum is current resident (Rachel Choi 2017 GW grad, Liz Flory 2019 grad, Camilla Maybee 2020 grad)

UC Denver – GW alum is current resident (Alisa Malki 2017 GW grad, Wesley Ng 2020 grad)

Lancaster General- GW alum did inpatient rotation and current resident (Trish Carr Reese 2017 GWU grad- [carr.patriciaann@gmail.com](mailto:carr.patriciaann@gmail.com))

Central Washington Family Medicine (Yakima, Washington)- GW alum did AI (Trish Carr Reese)

Penn State Hershey Medical Center at State College - GW alum is current resident (Rahiba Noor 2017 GW grad - [noor.rahiba@gmail.com](mailto:noor.rahiba@gmail.com))

Cone Health- 2020 alum (Caitlin Mahoney [cgmahoneymd@gmail.com](mailto:cgmahoneymd@gmail.com))

UNC- 2020 alum (Ana Morais)

UMD- 2020 alum (Alexandria Alberto)

Franklin Square MedStar- 2020 alum (Seychelle Devries)

West Suburban- 2020 alum (Max Ruben [maxruben@gwu.edu](mailto:maxruben@gwu.edu)), 2012 alum (Dr. Morgan Madison)

Swedish First Hill- 2020 alum (Joana Poceta)

Swedish Cherry Hill- 2020 alum (Linda Yang)

Sutter Santa Rosa- 2020 alum (Tianna Sheih)

Kaiser LA- 2020 alum (Mable Kyinn)

Dignity Health Northridge (Northridge, CA)- 2020 alum (Kit Galliosborn)

U Washington Chelan rural- 2020 alum (Kami Veltri)

Western University (Manitoba, VA)- 2020 Alum (Fredrick Martyn)

### **Resources**

- *AAFP.org* will become your best friend by the end of the interview process. The website has a medical student section with a booklet called "Strolling through the Match." It's a great resource.

- *FRIEDA*

**Obstetric-heavy programs:**

1. Maine-Dartmouth (Augusta, ME)
2. Lawrence (Lawrence, MA)
3. PG County (Cheverly/Largo, MD)
4. Cone Health (Greensboro, NC)
5. MAHEC (Asheville/Hendersonville, NC)
6. Tallahassee Memorial Hospital (Tallahassee, FL)
7. West Suburban Medical Center (Oak Park, IL)
8. Via Christi (Wichita, KS)
9. Northern Colorado Family Medicine (Greeley/Wray/Sterling, CO)
10. Ventura County Medical Center (Ventura, CA)
11. Sutter Santa Rosa (Santa Rosa, CA)
12. Contra Costa County Medical Center (Martinez, CA)
13. Swedish Cherry Hill (Seattle, WA)
14. U of Michigan

## **GENERAL SURGERY**

**Chairman:** Dr. Anthony Sidawy

**Clerkship Director:** Dr. Juliet Lee

**Clerkship Coordinator:** Angel Dixon

**Residency Director:** Khashayar Vaziri

**Residency Coordinator:** Rob Pakan

### **General Application Advice:**

You will require four letters of recommendation (Dr. Sidawy and 3 others of your choice).

Dr. Jackson works closest with you as soon as you commit to a general surgery application. She meets with you about once a month - virtually or in person if you're in DC - ramping up to once a week once your application is in. She is a younger attending but is incredibly well-connected. She'll reach out to as many programs as you'd like, multiple times if necessary. She will plan to write a letter for you.

Dr. Lee is a great resource for personal statement editing and knows many programs - she will reach out to your top 10 or so if you ask her to. She will also offer to assist with mock interviews before interview season. She's harder to reach so you'll gravitate towards Jackson more. She is a phenomenal educator and the AI experience on her team is most likely to prepare you for the intern mindset/responsibilities.

Dr. Lin has a lot of former colleagues that are in chair/PD positions - it's not a bad idea to have a letter from him. He's a little more hands-off at this point for students, but he's always open to meeting with students to discuss programs.

Dr. Vaziri has many connections in the Mid-Atlantic area, and as PD, his letter or recommendation will go far. After requesting a letter from him, you will email Rob Pakan so he can submit the letter to ERAS. He does not tend to advise fourth years as they make their way through application season.

You will need to meet with Dr. Sidawy (schedule through Allison Swift) where he will be very frank about your standings - Step scores, AOA, grades, research and publications - this can be a jarring conversation but he just wants to be able to give you the best advice about how to apply to programs. He may agree to contact your #1 program.

### **GW AI**

Depending on the team, the AI at GW can be demanding. You are encouraged to do floorwork and truly act as an intern. You will scrub cases, sharing them with MS3's. That said, you should prioritize OR time even if you are not scrubbed. Know your cases, know your patients, ask questions, be proactive about helping turn over an OR between cases, perform post-op checks before PM rounds, etc. Try to be on Dr. Lee's team as either an MS3 or as an AI.

You will have four didactics sessions with Dr. Lee spread out across the AI; you'll typically take call q4. You will respond to all traumas and lead a primary/secondary survey for at least two trauma whites. You will have a final presentation on a surgical case/topic of your choice to be presented to available residents/attendings typically on a final Wednesday afternoon - this can be stressful if you don't understand the papers you are citing. Be sure to check on GW's best practice for whatever you are presenting on as well. There is also a 'journal club' where you and the other AI's on service will review different articles of your choice. Dr. Lee will facilitate.

You will not be able to do an AI on the same team you were on as a third year.

1) Breast/Colorectal: The breast surgeons are amazing and busy (likely the 3<sup>rd</sup> years will get most of these cases). Very operative heavy service but you may not get a lot of direct contact with the attendings. Dr. Obias always has

students in his clinic and is most interested in teaching. He's also a really great person to go to if you need a research project.

2) Lee/Lin/Abell: Very difficult rounds with extremely complicated patients, you will be pushed to develop your clinical reasoning and at times you will feel like you don't know anything- eventually you will start to understand Dr. Lin's logic and you will feel way more confident in your clinical reasoning. Dr. Lin loves to have his AIs in the OR all the time and will encourage you to take the interesting/complex cases over the MS3s. Lin and Lee will write letters. Dr. Lee is demanding, but if you work extremely hard, she will write you an amazing letter and she will go to bat for you during applications. She expects you to know everything about your patients and to think critically about all aspects surrounding the patient's care. Dr. Abell is an amazing and kind surgeon. He is very focused on surgical critical care. He performs most of the abdominal wall reconstruction surgeries. You will not round with Dr. Abell in the mornings, and if you do, he does not tend to ask questions or have you present. Dr. Abell is a phenomenal teacher, has a great sense of humor, and is truly impressive in high stress situations .

3) CTACC: Dr. Sarani is the man. He has lots of national connections and a letter from Sarani will go a long way. Some people love trauma, some people don't. As an AI on this team your priority will be managing ICU patients while still knowing what's going on with all floor patients. OR time is hit or miss - if a case is going to the OR, you should make a point to be there (double scrubbed if needed). Dr. Estroff is another trauma attending, a bit more particular than Sarani on what he wants AIs to do. He's an amazing intensivist and will really teach you how to manage ICU patients during your weeks with him. Not as aggressive operatively, and not as many connections as Sarani, but is very well connected in Texas if that's your goal. Dr. Wanersdorfer is very good at teaching procedural things, like chest tubes. She is also very knowledgeable about alternative approaches to pain management.

4) Transplant: Babrowitz and Melancon would all write good letters and are eager to have students on their team, you may just have to work harder to get to know them. Dr. Johnson is a HPB surgeon who recently came to GW from Georgetown and likes having students. He will ask you questions but they are generally reasonable and his cases are pretty interesting. Johnson is a bit more of a stickler than the other attendings on this team, but a letter from him goes a long way.

5) Vascular Dr. Lala is a great teacher and will round with you. He likes to test you on your thought process and vascular anatomy. He also appreciates a thorough assessment and plan. Tuesday conferences are tough, but a great way for students to shine. Cons: It is subspecialized, and if you did not do General Surgery in 3<sup>rd</sup> year, Dr. Lee may not let you do this rotation as an AI.

6) Jackson, Vaziri, Mortman (Thoracic, General Surgery, MIS): Dr. Jackson is an amazing mentor who will let you get into the OR and suture as much as you can. She tends to do a lot of robotic cases so you will have less hands on opportunities during the surgery at times. Dr. Vaziri performs many hernias and let you suture in the OR as well. Though he may not mentor as much, he will write letters of support. Dr. Mortman conducts rounds in the morning. You will learn a lot about chest tubes, placing and pulling them on this rotation. Mortman's clinic tends to be very focused on education, so make sure to review all things about the pathology and immunohistochemical markers of lung cancers.

### **Away Rotations**

Many applicants do away rotations but they are not entirely necessary. There are two reasons to do an away in surgery: 1. To get a letter of recommendation from a nationally recognized surgeon or surgeon in the geography of an area where you would like to match 2. To get a good look at a program you are particularly interested in. If you look better on paper, you might not want to do an away. Remember, you will be expected to perform very well in a new environment. The program will have the opportunity to evaluate you before application season. This is great if you do well, otherwise you run the risk of exposing weaknesses. Away rotations can show you what general surgery is like at other institutions and expose you to surgical fields we do not see a lot of at GW. You will hear a lot of different viewpoints on away rotations, both that it may hurt or help you at a specific institution. If you are very

interested in a specific place, a competitive or “top tier” program, it is in your best interest to try and do an away there. Otherwise, it is still very feasible to get a general surgery residency without any prior away rotations.

If you are able to secure a letter from a nationally recognized surgeon, this will go far on the interview trail. Therefore, doing aways at the ‘uber’ programs might be a good idea. You will be on the team, but there will be a lot of other students competing and trying to kiss butt, so it’s hard. The attending is a figurehead, so you will get limited exposure and their letter might not be as good or they may not be helpful. It is often helpful to spend time at a smaller place where you can make more of an impact, get experience, get real letters. You should do research on who to work with, what team to be on, etc. (this is no different from the GW experience). Try to get experience in something that isn’t offered in large volume at GW (hepatobiliary, surgical oncology, transplant, cardiac).

Being at a large academic surgery program will also allow you to see the differences between a smaller academic department like GW and a large academic powerhouse. That will guide you in your decision of the type of programs to apply to. Know yourself and limit your surgical away rotations to what you can handle. After a GW AI and busting your tail on a surgical away, doing a second/third away is exhausting. If you aren’t into it, you won’t perform well. Also remember, you should try to fit in your GW AI and aways before letters are due. Don’t worry if you don’t get an away at the hospital of your dreams. No programs in general surgery will only take rotators (unlike some other specialties), in fact do not expect to get an interview from the place you did an away just because you rotated there!

#### **Away Experiences (not a complete list):**

**Hospital of the University of Pennsylvania (2019)**

**University of Washington (2019)**

**Vanderbilt University (2019)**

**University of Toronto (2019)**

**McGill University (2019)**

**University of Southern California (2019)**

**UCLA-Vascular Surgery:** The faculty here are extremely pleasant and all the residents get along very well. Endovascular surgery is their philosophy and open cases are more minimal. In addition, their patients are not as sick as other vascular surgical communities given the location of UCLA (near Beverly Hills, Brentwood, and other affluent parts of LA). 3 week rotation.

**University of Washington-Vascular Surgery:** Great mix of endovascular and open cases. Dr. Starnes is a leader in physician modified endografts for aortic aneurysms involving the pararenal segments. They see the most ruptured AAA in the country and have a great amount of vascular trauma given Harborview Medical Center. Faculty is excellent and residents get along very well. 4 week rotation.

**University of Washington-Burns (2019):** At Harborview Medical Center, which is the catchall for trauma in the Pacific Northwest region (WWAMI consortium). Unparalleled exposure to a wide breadth of burn etiologies, ICU burn management, pediatric burns, and burn recon. 3 OR days/week, 2 half-day clinics. AI is expected to be in all OR cases. Run a double OR on Friday, so you can choose between the grafting room and recon room. Attending rotates weekly. Sarani knows Arbabi, who is the director of the UW/HMC burn center. All attendings are truly phenomenal and are super down to earth, residents get along very well. 4 week rotation. Presentation requirement.

**University of Southern California - Surgical Oncology (2019):** Primarily at LA County (LAC), which is a HUGE county hospital. See wide range of oncology, lots of end stage disease, lots of fungating/ulcerating breast masses. Faculty are very approachable, enjoy having students to teach. Residents are AMAZING, get along really well with each other and the fellows. Recommend doing a few trauma calls while on rotation - you get to work directly with the



PD, meet more residents, and see how things are run in a truly busy trauma hospital. 4 week rotation. Presentation requirement.

**University of Arizona Phoenix – Banner University Medical Center (2019):** you get a food stipend and the hospital is nice but the teaching is variable between attendings, rounds are not academic, and M&M involves a lot of pimping. Residents did not seem happy and were not interested in students. They do not guarantee interviews to their away students.

**University of Toronto- Sarcoma Service (2019):** You will be based at Mount Sinai and work with Dr. Carol Swallow (the Chair of General Surgery), Dr. Rebecca Gladly and Dr. Savtaj Brar (Program Director as of 2019). A letter of reference from any of these surgeons will give you a leg up on competition. They do extraordinary surgeries on Canada's most extensive sarcomas. You work hard but learn so much. Team can be very intense, given the caliber of the attendings, but if you thrive you will secure your bag.

**Tulane trauma at UMC (2018)-** Applied through VSAS. Great trauma experience with a lot of hands on opportunities. Very friendly teaching environment. Able to work with residents, fellows, and faculty from Tulane, LSU, and Ochsner including the PD and APD for two programs. They have separate students in TICU though, so less ICU than I expected.

**UCLA, Harbor UCLA, UC Irvine (2018).** Highly recommend doing away rotations! Very interesting to see how things are done at different programs and fun meeting students from other schools and having the opportunity to work with them.

**Hopkins Oncology** - This was clutch for my application. I had an incredible operative experience, scrubbing on three to four whipples each week in addition to a variety of other 'big whacks'. I got a letter from a well-respected pancreas surgeon at Hopkins that carried my application on the interview trail. Because so many chairs/program directors around the country trained at Hopkins, this turned out to be especially helpful. The clerkship director is a GW Surgery alum and will help you out. Ask Vaziri to call her if you want to do an away there. That all being said, it was very demanding, pre-rounding starting at 4am and usually not leaving the hospital until after 9pm.

**Northwestern Transplant** - Operative experience was amazing, doing liver/kidney transplants every other day and going out on organ procurements. Northwestern is a great program, in a great place to live, and going there in the summer/autumn is perfect. Transplant is somewhat separate from the rest of the general surgery department, so if you decide to go to Northwestern for an away I recommend the minimally invasive foregut service with Dr. Soper (chair) or the thoracic service with Dr. Meyerson (program director).

**Jackson Memorial Hospital/University of Miami SICU** -. I thoroughly enjoyed it; the attendings, fellows, medical students and staff were very helpful. I got the opportunity to work with the program director, which I didn't plan to, but it turned out to work out for the best. I had family in the area so working there was a breeze since I didn't have to pay for housing and transportation to the hospital was fine.

**UW (2016):** Great city, but mediocre Sub-I experience. You will have minimal time in the OR because they want to assess whether you can run the floor. You are required to make a presentation.

**MGH (2016):** Great place to do an away rotation. You will work hard and have long hours but the teaching is amazing. Probably the best surgery rotation I've had. I highly recommend going on the Pancreas service. It's a lot of work but you will work closely with Dr. Lillemoe and Dr. Fernandez, both of which will engage you and let you do a lot in the OR.

**University of Buffalo/Roswell Park Cancer Institute (Head and Neck Surgical Oncology) (2017):** An absolutely amazing experience. There are no other medical students since you are working at a cancer institute and you work directly with attendings, fellows, or possibly a resident. You are not allowed access to write notes, and you are

expected to not participate in any office/clinic time. Your time is exclusively spent in the OR. Not only do you cover the head and neck surg-onc cases but also the plastics and reconstructive services. No presentations expected, just working with fantastic attendings who give you more autonomy than you could ever ask for and have amazing 1v1 teaching. Incredible microvascular flaps, neck dissections, and insane pathology.

**NYU (2017):** Overall I found my away experience at NYU to be very helpful. They expect students to take ownership of wound care (dressing changes, wound vac changes, etc.) as well as venipuncture and IV placement. During the sub-internship you are expected to act at the level of an intern. Much of the daily routine is floor work. There are opportunities to go to the OR, but the emphasis is on sending the 3rd year students to the OR and having 4th year students managing floor and ICU patients. The options for rotations are at Tisch Hospital and Bellevue Hospital. Tisch is the private hospital and is a good place to network with faculty members. Bellevue is a public hospital and serves a diverse and sick patient population. The acute care surgery team at Tisch Hospital is the busiest service, but is a great opportunity for learning as a student. NYU grants interviews to almost all of its rotating students, so if you would like to match to NYU this is a good step towards obtaining an interview. They do not participate in VSAS, so you will need to search on the NYU General Surgery website for the application. Try to have your application in by May.

### **Applying**

When applying, it is important to ask yourself a few questions that will help in determining which programs you would like to apply to: Community vs. academic program, Research vs. no research, Size of the class, Location. Drs. Sidawy, Lin, Sarani, Lee, Jackson, Vaziri, Abell, were all helpful in the advising process. Important to remember that if looking for a “community” style program, the attendings do not know much about these programs and Sidawy does not really encourage or understand your desire for a non-academic program.

Keep in mind that if your career goals lean more towards a private practice/community/rural lifestyle where all you do is operate (no research/few to no residents) then a “community” or “community-academic” program is more suited to you!

Starting in 2021, a supplemental ERAS application was started where you can add details about your history and interests that may not appear on your CV. There is also signal preferencing for 5 programs in this application. Note, not all programs participated in this application and you do not signal your home institution or an institution where you completed an away rotation. Some people found the signaling helpful while others did not. Most students ended up receiving an interview from 2 or 3 of the 5 places they signaled.

### **Interviews**

It is important to realize that the timing of interview invites varies significantly between specialties and programs within a given specialty. Programs can download your application the day after ERAS submission (mid September) and the MSPEs are made available at this time. You may receive a few interviews at the end of September but you can expect most invites to go out in October and November. You should accept all invites in the beginning and cancel at least 2 weeks in advance if you end up with more interview invites than you can/want to attend. It is important to respond to invites quickly, programs may send out more invitations than they have interview spots.

Interviews are relaxed and friendly for the most part. Most include a PD/Chair interview as well as a few faculty interviews. Most ask generic questions about why you are applying into general surgery, what you’re looking for in a program, and why you would be a good fit for the program. Some programs may ask scenario based questions to see how you would respond (A patient has shortness of breath, what do you do? A patient is presenting with altered mental status, what would you do? A resident messes up during a procedure causing an intraoperative complication, do you tell the patient and family? What would you say?) Some programs included a psychosocial quiz as a screening tool for applicants, so they might focus on psychosocial questions in the interview as well. Most interview days include a resident break-out session (during COVID-19 times) - these are incredibly informal and a chance to ask candid questions about resident life, relationships with faculty, vacation, wellness, etc.

**Below is a list of programs (not intended as a complete list) at which GW students interviewed:**

**Mayo Clinic Arizona** 4 categoricals/year; 5 year program with an option for 2/4 residents to take one year of research. Smaller hospital in a wealthy area of Phoenix adjacent to Scottsdale. Level II trauma center (rotate at Level I center). Half of the rotations are apprenticeship model. Relaxed interview day overall, good dinner experience, residents seem happy.

**University of Arizona Phoenix – Banner University Medical Center** 7 categoricals/year; 5 year program that emphasizes training community general surgeons. Most attendings are in private practice and there is a lot of variation in how much they teach. Required rotation in Alaska. Residents did not seem happy.

**University of Arizona Health Science Center** 8 categoricals/year; 5 year program with the option to do research. Mix of residents going into general practice and fellowship. Mandatory rotations in South Africa, Flagstaff AZ, and a Native American reservation. Some residents seemed happy and others seemed beaten down. New hospital to be finished this year.

**Cedars-Sinai:** 5 categoricals/year, 5 year program with option to do 1-2 years of research. Residents match to their top choice fellowship with predominance for Plastics, Colorectal, Thoracics. Program offers Thursday morning lectures and Wednesday grand rounds to prospective applicants the summer before ERAS is due - this is a nice way of showing commitment to the program. Virtual pre-interview social the night before.

**Kaiser Permanente Southern California** mandatory 5 years (no option for research years); high volume surg onc and bread and butter general surgery. Good pension option if you work for Kaiser for one year after graduation.

**Loma Linda University Medical Center** 5-7 years (research track available for those interested), often go off campus to do research. New hospital under construction. Significant penetrating trauma exposure. Interns do not get much OR time. GW: 2019 Nicole DePolo is a resident.

**Riverside Community Hospital / University of California Riverside School of Medicine General Surgery Residency Program** only one class made up of mostly IMGs so far; no data on past matches, no call, not enough residents for the work load. Not clearly community or academic. GW: Lauren Arbetman is a resident.

**Santa Barbara Cottage Hospital:** No fellows but attendings are all fellowship-trained. No option for research (eliminates surg-onc and pediatric surgery-bound folks); residents are very happy; rotate to Cedars-Sinai for transplant and USC-LAC for trauma. Night float system. Virtual pre-interview social the night before.

**UCSD:** Huge research-heavy program; Optional 1-2 years of research. Emphasis on medical education (the PD is looking for people invested in meded). Residents are one big happy family - hang out all the time together. Night float system. Virtual pre-interview social the night before.

**UCSF-East Bay:** Optional two years of research, rotate at Highland Hospital (big trauma center) and Kaiser's throughout the Bay Area. Transplant and Endocrine at UCSF proper and SF General. Residents involved in research at Stanford/UCSF. Limited plastic surgery experience. Thought to be the most robust operative experience in the Bay Area. Night float system. Diversity of Oakland is unmatched. Virtual meets over the summer and pre-interview social the night before the interview.

**University of California – Davis Health System** 9 categoricals/year, about 30 residents in PGY1-2 including surgical subspecialties and flight surgery. Optional 1-3 years of research after PGY3, guaranteed funding of done at UCDCM in exchange for "box call". Strengths: trauma, peds (chair Dr. Farmer is world renowned fetal surgeon). New colorectal division, improving HPB, liver transplant to start next year. Interview with chair, PD, and two faculty. Sacramento is "semi-urban" with easy access to Tahoe and SF.

**University of California San Francisco Fresno** 5 categoricals/year. Little emphasis on research, most is trauma based. Safety net hospital in the middle of California. High case volume. Level I trauma center.

**USC:** 7 categoricals/year, no prelims so you will rotate with ortho/ENT/plastics. New PD Inaba is focused on diversity, education, and familial culture. Top fellowship matches in all specialties. Rotate with Keck, County hospital, CHLA, Kaiser, and other community hospitals. Robust operative experience with renowned attendings/chair. Night float system. Virtual pre-interview social the night before. They send a big box of goodies to you - hat, cup, snacks, etc.

**Spectrum Health/Michigan State:** Lots of case volume and program seems well run by the PD and faculty. Grand Rapids sees a different makeup of cases than an East Coast cities (think hunting injuries vs shoot outs). Draws from a huge catchment area. "Hybrid" program with no required research, fellowship matches are hit or miss with 60% doing fellowship, maybe not the best if you want to do academic surgery. Only Level I trauma center in W Michigan, lots of APPs, no pediatrics fellow, strong FLS/robotics curriculum in PGY2/3. New bariatric surgery rotation introduced to improve lap suturing skills. Optional 1 year of research. Virtual pre-interview social, swag box.

**NYMC- Metropolitan:** new program, PD is well-connected; rotate with Memorial Sloan Kettering (great!). Two main hospitals are far from each other - will pay for two places when you are there. Like a "family" but interactions on Zoom seemed more awkward, and residents open about not like medical students. Resident union helps enforce 80 hour work week, located in Spanish Harlem.

**UConn:** Amazing PD (loves his residents and job), female heavy program, top fellowship matches. Virtual pre-interview social. Does not appear hierarchical at the program, highlight seems to be the PD and resident-PD relationships. Optional 1-2 research years. Minimal fellows. Very affordable place to live.

**Georgetown:** PD is Incredibly dedicated to his residents, diversity, education, wellness. Top fellowship matches. Virtual meet & greets over the summer and pre-interview social. Residents seem to love each other. Optional 1-2 research years, PD works with you to find funding. Minimal fellows in the department. Extensive exposure to burn and plastics. Night float with 24 hour call on weekends and at VHC. 5 different hospital systems mostly at Georgetown and medstar hospital center. 10 residents in the program. As per some alumni who have matched here, there is not a lot of direction as an intern and you are thrown into your position quickly. More hierarchical in nature.

**INOVA Fairfax:** Huge case volume, opportunity for research if you seek it, nice PD. Attendings seem to enjoy working with residents - focus is on operative volume. Some community rotations that seem to not have enough supervision. Lower case numbers in foregut and thoracic. Virtual pre-interview social. Minimal plastics experience, burn at WHC. Private practice rotations that offer complete autonomy at Alexandria. Amicable residents with work hard, play hard vibe. Optional 1-2 research years. Night float system. Expensive to live in Fairfax county, but close to cool areas.

**Boston University:** (this is a long one but the points made here are excellent things to focus on as you look at these 331 programs). BMC has such a strong commitment to their patients, and it seems like it shows through their actions as well as words. They are proud to be the safety net hospital for the Boston area, and take pride in serving the underserved/under-resourced communities of the area. For example, they have a garden on their roof, which they use to prescribe healthy food to patients who otherwise cannot access it. Surgery-wise they are very well staffed in terms of support staff (advanced care providers, social workers, techs, etc) so while they don't believe they are above certain tasks, the program seems to have that feeling of they know you are there to train as a doctor and surgeon so your time should be spent doing primarily that. PD is very nice and definitely seems to read people's applications quite thoroughly. He also paid attention to the results of that Casper Suite online test which a few programs are using. He was responsive to emails. There seem to be great relationships among the residency program administrators. Most seem to graduate into a fellowship program, with a wide range of specialties similar to other programs. They have matched into surg onc and peds in the past 5 years. A few seem to go into private practice. Optional 1-2 research years with emphasis on advocacy and public health research. Boston living is

expensive but beautifully fun. Rotate at BMC, Boston VA, Boston Children's, Cape Cod Hospital. Big thing for BMC is "Socially Responsible Surgery" - they seem to take this seriously and are proud of their SRS chapter's efforts. Also faculty here are friendly with their counterparts at other Boston institutions so the connections are likely there for many types of research and opportunities. Virtual pre-interview social. Sends swag in mail to you.

**Montefiore/Einstein:** The people at Montefiore gave a wonderful impression from the early application season info session to the interview day itself. I was initially wary of a larger program in NYC, but the residents were so friendly and warm even over Zoom. They even did nice little virtual tours of their apartments for us to show us the resident housing, and one who was on call during our social night showed us around the hospital virtually. They also have a robust research scene and a great mix of opportunities from wet lab to public health oriented research. The faculty seemed incredible! Also I was particularly attracted to their clinical experience, where they see a very high volume of cases, and so residents have early autonomy in patient care and the operating room. Vast majority go to a fellowship, with a wide range of specialty choices, spanning all subspecialties. Good amount of trauma/crit care, plastics, and MIS in the past few years. Match all over the country for fellowship from other NYC places to California. Optional 2 years of research - - seems like they have anything you could want. T32 NIH grant (fully funded) in surgical oncology (wet lab) research offered which is a highlight for them. Also many research opportunities in health disparities and policy oriented work. Unsure about formal funding setup for opportunities other than the T32, but seems like people are able to obtain funding and still moonlight. Virtual pre-interview social, meet & greets over the summer, invitation to M&M/GR on interview day. Montefiore is in the Bronx borough of NYC. They offer 2 Montefiore-owned resident housing buildings, which are allotted using a lottery system. One of these is right across the street from the main hospital, and the other is about a 7 min drive from the main hospital, and located in the sought after Riverdale neighborhood of the Bronx. Some live in apartments they find near the hospital. A good amount seem to live in Manhattan in the Upper East Side or Harlem and just commute a bit (also accessible by metro from Manhattan). Some live in other parts of the Bronx like the South Bronx which has more high rise luxury type buildings.

**Anne Arundel:** Residents seem like they have good camaraderie and are happy. Lots of cases. Decent cost of living. Minimal fellows at the program. Optional 1 year of research. Traditional call like GW (non-night float system). Virtual pre-interview social.

**Oschner Hospital New Orleans:** Historically very reputable (Dr. Lee says it is at the labels of Lahey Clinic). PD has served for 20+ years, responsive to letters of interest. Very friendly interview day. Felt like residents wanted to get to know me at interview. On interview day you interview with four pairs of residents. Yearly you go on a rural rotation at Houma, kind of like a "surgery camp," rural site is resident-run. Surgery residents are very well regarded at Oschner. Optional 1-2 research years. Cool and affordable to live in New Orleans

**Yale University School of Medicine** 10 categorical/year. Mandatory 7 year program. Good resident benefits. PD is new, young, and very nice. History of malignancy but does not seem to be a continued issue.

**Christiana Care Health Services** independent academic program. 5 categoricals/year. Proud of training general surgeons. Large main campus and additional smaller hospital with mostly same day surgery. Level I trauma center. New PD but trained at Christiana. No pre-interview social, limited interaction with residents on interview day. 4 20 minute interviews, 1 with PD or APD and 1 with PGY4. GW 2018 Madelyn Hernandez is an intern. GW Audra Spencer is a PGY4.

**University of Florida** mandatory 7 year program with preference for spending 2 research years in Gainesville. 5 categoricals/year. Recently acquired new chair from UVA who is truly amazing. Really big vascular center. PD stable and well liked. Heavy emphasis on basic science research. Huge catchment area and new burn center. 1 interview with the chair, 1 with PD, 3 with other faculty.

**University of Florida College of Medicine – Jacksonville** 4 categoricals/year. 5 year program with the option to do 1-2 years of research, will likely have to go outside Jacksonville for this. Negative interview day experience – disorganized, illegal questions, etc. Community safety net program. Many DO and Caribbean medical students.

**Emory University** 10 categoricals/year, academic program. 5 year mandatory with 90%+ of residents taking 2 years research time. Very strong trauma and critical care (Grady Memorial is a county hospital that serves the trauma of the entire state). Great fellowship matches. New PD in 2020 (was previously the APD, PD stepped down from the role in order to take a higher administrative position...word on the street is he is being pruned to become the new chairman). Strong experience in pediatrics, trauma, MIS, HPB, oncology. Residents seem super happy. Rotate at ~6 different hospitals each year. 3x 20 minute faculty interviews, PD/APD 10 minute interview, chairman & other faculty around the entire day to interact with applicants. GW: Savannah Smith (2020).

**University of Hawaii** 5-7 years with some residents taking more time off for research if decided. Historically malignant with a significant attrition rate and poor board scores. Now with new PD and many changes with positive outcomes thus far. Many residents go into private practice or critical care. Level I trauma center.

**McGaw Medical Center of Northwestern University** 7 year program with main campus in downtown Chicago. ACS is close by (research opportunities). Formal resident as teacher program and interest in medical education research. Strong fellowship matches. Chair is also acting as PD, likely to have a new PD in the next couple years. Residents seemed content and close. One group interview and individual interviews. APD was a co-resident of Jackson.

**Louisiana State University Medical School** 11 categoricals/year. Split between New Orleans, Lafayette, and Baton Rouge. Huge case volume. Optional 1-3 years of research. Strong fellowship matches. 2 20 minute chief interviews, 1 10 minute PD interview, 1 10 minute chair interview, 3 30 minute attending interviews. All interviews were relaxed. GW: Flori Corpodean (2020)

**Tulane University School of Medicine** 5 categoricals/year. 5 year program with optional 1-2 years of research. Young, enthusiastic, and largely female leadership. Residents seem happy and proud of their program. 1 30 minute chair interview, 1 30 minute PD interview, 1 30 minute APD interview, 1 30 minute interview with 2 attendings, 1 15 minute interview with chief and a senior.

**Beth Israel Deaconess Medical Center** Harvard Teaching Hospital located in Fenway/Longwood area of Boston. 9 categoricals/year. Optional but strongly encouraged 1-2 years of research. Interview with chair/PD and 3 attendings. Former GW resident Sara Zetterwall is a vascular fellow; GW 2018 Ashlyn Whitlock and GW 2019 Maggie Berrigan are residents.

**Tufts Medical Center** located in Chinatown in Boston. 3 categoricals/year may increase to 4. Chair expected to retire in the next few years. Interview with chair and 2 faculty. Optional research years at Tufts or other Boston institutions.

**University of Massachusetts Medical School - Baystate Medical Center** 6 categoricals/year. Hospital is in suburban Springfield. Program emphasis on trauma.

**Lahey Hospital and Medical Center** 3 categoricals/year. Independent academic medical center. No research option, 5 year program. Strong fellowship matches and happy residents. Interview with chair and 3 faculty members.

**St. Agnes Health Care** community program with almost exclusively IMGs or Caribbean grads. Interacted with few residents during the interview day. Focused on general surgery. Brief chair interview, structured interview with 2 other faculty members/chief resident. Disorganized interview day.

**University of Maryland** mandatory 7 year program with research. 5 categoricals/year. Interested in training academic subspecialized surgeons. 2 15 minute interviews with faculty, 3 5 minute interviews with PS/APD/chair. Recent sexual harassment case, title IX investigations. GW: Neerav Patel and MJ Hajjar-Nejad are residents, Kendal Endicott (former GW resident) is a vascular fellow.

**University of North Carolina Hospitals** new chair 2 years ago (Kibbe), came from Northwestern and has big plans to increase research/academics. New hospital under construction. Strengths: abdominal surgery, surg onc, peds. Limited penetrating trauma overall. Two years of research optional. Interview with 3 attendings, chair, and PD.

**Cooper Medical School of Rowan University/Cooper University Hospital** 4 categoricals/year/ trauma heavy. Recent probation which led to change in PD. One mandatory research year. 10 minute interview with PA and APD, 2 20 minute interviews with faculty. Very conversational.

**Icahn School of Medicine at Mount Sinai** 7 categoricals/year. 5 years with an optional 1-2 years of research. Radiology and anesthesia rotations and a required rotation in the Dominican Republic. Emphasis on global surgery. Residents seemed happy, most live in subsidized Sinai housing. Great fellowship matches. Interview with 3 faculty.

**SUNY Buffalo / University of Buffalo** 9 categoricals/year. Good resident benefits and support. Option for other advanced degree programs. Good sim center. Interview with PD, chair, 2 APD, 1 faculty for about 20 minutes each. Current GW neurosurgery resident Elizabeth Hogan did her prelim here and says the culture is excellent.

**University of Cincinnati Medical Center / College of Medicine** self-proclaimed old school program that is doing some modernizing but is openly proud of their traditions. Mandatory 7 years. Strengths: peds, trauma, surg onc. Most residents do 2 years of basic science research. Ongoing title IX investigation. Infamous chair group interview (chair is stepping back due to title IX, this interview has turned into a more casual group interview). Interview with PD, 2 attendings, group interview.

**Abington Memorial Hospital** 5 categoricals/year. 5 year program, no research. Proud of operative training and camaraderie of the program. Residents seem happy. Strengths: colorectal, vascular, critical care. 15 minute interviews with PD, APD, chair, 2 chiefs. Weird questions with the PD but nothing to prepare for.

**Albert Einstein Healthcare Network** independent academic program with 3 categoricals/year. Old hospital but good support (Pas/NPs). Active PD. Improving fellowship matches. Level 1 trauma center. Emphasis on critical thinking and professionalism. Interview with PD, APD, faculty/chief. GW 2018 Sam Olafson is an intern.

**Allegheny General Hospital – Western Pennsylvania Hospital Medical Education Consortium** large busy hospital. Strengths: transplant, trauma. Optional research. Good operative experience, no fellows. Multiple interviews with 2 people at once including PD, APD, chair each about 20 minutes.

**Temple University Hospital** 5-7 year program with optional research. 7 categoricals/year. Emphasis on trauma and global surgery. Strong transplant program. Enthusiastic PD and well respected chair. Good fellowship matches. Interview with two attendings or one attending and a chief. Questionable ABSITE performance. +/- resident friendliness, interest.

**Thomas Jefferson University** 6 categoricals/year. 6 year program and option to extend to 7. High volume pancreas surgery. Less exposure to trauma and endocrine surgery. Strong fellowship matches. 5 minute interview with chair, 25 minutes with 1 attending, 25 minute with attending and chief, 25 minute group interview with PD and APD. Top fellowship matches.

**University of Pennsylvania Hospital** 8 categoricals/year. Mandatory 7 year program, everyone stays at Penn for research. New PD has put emphasis on medical student education and diversity in surgery. Great fellowship

matches. Residents seemed happy. Interview with chair, PD, president of wellness committee, 2 attendings together, 1 attending + chief together. GW: Matt Goldshore (2016), Jeff Roberson (2019).

**UPMC- Medical Education** mandatory 7 year program, well recognized leading academic program, huge hospital system. Very research focused. Mandatory research after PGY3 and many residents get other advanced degrees. Slightly less vascular exposure otherwise strong across specialties. 2 day interview process with A LOT of interviews (~6-10/day) including chair, PD, APDs, chief residents, faculty.

**UPMC- Mercy** hybrid community program affiliated with UPMC. 4 categoricals/year. Focus on training general surgeons. Mixed interactions with residents. Lower ABSITE scores. Interview with chair or PD for 10 minutes, PD will have you suture and knot tie, 3 20 minute interviews

**Brown University** 7 categoricals/year. Wide catchment area. High operative volume. Residents seem busy but happy. Interview with Chair and PD/APD, 2 longer interviews with faculty. Conversational interviews. GW: 2018 Holden Spivak and 2019 Kyle Kurland are residents.

**Medical University of South Carolina** 6 categoricals/year. 5 year program with optional research time. Mix of fellowship and general surgery post-graduation. Regional trauma center. Interview with chair, PD, 2 attendings, 2 chiefs (together). Not as strong academically, but PD determined to get you research if you want it elsewhere.

**University of Virginia** 5 categoricals/year. 7 year program. Building new hospital, lots of growth. Residents seem genuinely happy. Many get advanced degrees during research time. Great fellowship matches. Strong in CT with 1-2 residents/year doing cards. Have to really like Charlottesville to commit to 7 years there. 2x 30 minute faculty interviews.

**Virginia Commonwealth University** lots of trauma exposure, growing colorectal division. Optional 1-3 years of research, most do 2 years. +/- faculty and resident impression.

**University of Vermont Medical Center** 6 year program with research time. Option to complete Surgical Education Fellowship during research year. Level I trauma center. 4 faculty interviews.

**University of Washington School of Medicine** Individually rank the 5 or 7 year programs (if you interview you can rank either or both). You are bound to the program you match into (i.e. if you want to do research and are in the 5 year program, you will not be granted time off). Residents seemed super happy during away rotation, but have recently (in 2020) had strikes due to poor working conditions. Great fellowship matches. 3 30 minute interviews.

**University of Wisconsin Hospital & Clinics** new chair 2018. Friendly department with genuine camaraderie. Required 2 years of research. Plastics and vascular integrated residencies. New fellowships. 5 interviews with chair and faculty. Relatively little trauma, homogeneous patient population. 6 academic categoricals/year and 1 community gen surg per year. GW: 2019 Jocelyn Zajac is a prelim.

**University of Louisville:** Autonomy is their main focus at this program. They are proud to graduate community general surgeons and they want all of their graduates to really know how to operate. They also allow 1-2 years of research to pursue a PhD, MPH, etc. They will pay for all of this, fully funded research. Match into competitive fellowships, including pediatrics and surgical oncology. Questionable malignant interactions with nurses. Hospital is not in a very safe area.

**Parkview Health Fort Wayne, IN:** This is a new program with Dr. Pei (a GW Surgical Resident Graduate) as the PD. He is working very hard to create a new culture of surgical residency where you thrive and don't just survive the next 5-6 years. Completely supportive attendings with one to one resident to faculty interactions. Weekly sessions with the PD to prepare for boards (including oral boards) starting day one. The attendings here are truly excited and dedicated to education. Brand new facilities for residents only and include work spaces, gym, and lockers.



Dedicated and required year of research that is fully funded by the program with option for innovation. If you decide to go to a different program for research, Parkview pays for you to go. You are encouraged and expected to complete research and attend conferences yearly. No clinical requirements or strings attached during this research year unless you want it. Robust simulation center in which every resident becomes certified in robotics. Dual consoles for teaching. This is a Level 2 trauma center with a catchment area of over 1 million people. The main hospital has 6 trauma bays and 36 Operating rooms (not including endovascular suites).

**SUNY Syracuse:** Very good program that offers a lot of autonomy and emphasis on culture of education. There has been a lot of revamping of the curriculum and culture in the last decade to promote education over service and efficiency. Great robotic experience. Simulation is what you make of it. Lots of resource opportunities for research at the institution as well as supports to go outside of the institution if needed. They will get you to research but may have to be flexible on the year you go and perform it. Great faculty who are invested in education. Residents are very forthright and kind. They emphasize being a good and compassionate person. They are the only program in the US to match 2 pediatric fellowships in the 2021-2022 cycle.

**Wright State University:** This is a mixed civilian and military program that offers a lot of simulation lab experience (including cadaveric) Everyone certifies with robot training. 1 to 2 years of research optional. However not a lot of resources at the institution for research if you choose to stay. Odds are you'll have to find funding and experiences in Cincinnati or Cleveland. Call schedule is nice with no call during intern year and night float or 3 24 hour calls per month between years three and five. They emphasize supporting each other and teamwork. There seems to be good camaraderie among residents—many of whom are married with children. Seems like they want individuals who are more forthright and willing to take charge based on the interview process. They match mostly into Plastics and Trauma/Critical Care fellowships.

#### **Final Note**

This is important! General surgery is difficult, and you will work more hours than you can imagine and more hours than all your friends matching into other specialties. The attrition rate of GS residency is about 20% with the highest attrition after intern year. GW grads are not exempt from this number, which has increased during the pandemic as well. If there is something that you would *rather* do, you should do it. If there is something that you are interested in, you should at least do a rotation in it to see if that's a better fit. Talk to GW surgery faculty, talk to applicants in prior years, take some time to really think about what you want your life to look like before deciding to pursue general surgery.

Deciding where to interview and where to match takes honest introspection about what you plan to do with the rest of your career. If you want to be an academic surgeon (do research and teach) then an academic program is right for you. If you want to be a great technical surgeon and be better prepared for private practice, large academic programs may not be the best choice. When you look at the top ranked Doximity programs, none of them will prepare you as well clinically as a busy community program. Community programs, generally, afford more autonomy, and, often, more individual case volume. The combination of this means that you will be ready to practice general surgery right out of residency. You can absolutely enter practice as a general surgeon after completing an academic residency program; however, a majority of these graduates do a fellowship to further specialize and gain additional experience. There is some expectation from [most] academic programs that you will continue to specialize and curate a career in academics. If your family is important in your decision, be sure to ask residents about flexibility in the event of an emergency, how the program works with paternity or maternity leave, childcare options, and whether or not lactation services are available.

#### **Vascular Surgery Quick Notes (Please see above away section for vascular related away rotations):**

Since 2006, medical students can now enter into a direct training pathway into vascular surgery similar to cardiothoracic surgery and plastic surgery. The traditional pathway which involves 5-7 years of general surgery followed by 2 years of vascular surgery fellowship (5+2) is still available and will continue to be so in the foreseeable future. The integrated pathway (0+5) involves 5 years (with or without 1-2 research years depending

on the program) that allows graduates to become board certified in vascular surgery. However, they will not be board certified in general surgery.

The decision to pursue an integrated program in any of the subspecialties requires a lot of insight and experience rotating on the vascular surgery service as you will not become a general surgeon and therefore not have the opportunities to explore other surgical subspecialties (with the exception of surgical critical care or cardiothoracic fellowship). The first 1.5-2 years of your integrated training will involve rotating on general surgery, so you are more comfortable with trauma, abdominal aortic exposure in the abdomen, and basic surgical principles, but the majority of your training will focus on general surgery. The benefit is that you have the chance of saving 2 years of training which can be an excellent economic decision and can allow for further fellowship. Fellowships available after integrated vascular surgery include cardiothoracic surgery (2-3 years) and SICU fellowship (1 year). In addition, studies have shown that integrated vascular surgeons have higher vascular-specific case volumes than traditional applicants albeit a lower total case volume in all surgical procedures given the 2 years less of surgical training. Please see the Pros and Cons list below for more information. If you believe that the integrated vascular surgery program is for you, please read the section after Pros and Cons for application advice and away rotations.

Pros:

- 5 years instead of 7 years of post-graduate training (7 yrs vs. 9 years if you're planning to do 2 years of research during residency)
- Early specialization allows you to focus on vascular surgery and not spend as much time learning about some irrelevant aspects of general surgery i.e. breast surgery, etc.
- Higher vascular-specific case volume
- Equal job employment compared to 5+2 track excluding programs that require general surgery call (note these are mostly in rural environments), similar surgical outcomes
- You are a vascular resident from day one and therefore build relationships with the vascular surgeons for the full 5 years
- Do not have to apply to a fellowship and interview
- Opportunities for further training in CT surgery and SICU. Some opportunities in transplant and plastics, however, are more rare.
- Only have to maintain one board certification (lifetime fees and tests decreased)

Cons:

- No general surgery board certification
- Cannot take trauma call at hospitals
- Generally, less comfort with open abdominal cases especially in the setting of hostile abdomens with adhesions, etc. (this really depends where you go for residency)
- Limited global health opportunities given a lack of board certification in general surgery- though University of Wisconsin now has global vascular surgery experiences, and opportunities for research with general surgery attendings doing global health work
- Does not allow you to explore other surgical subspecialties and delay decision to specialize

#### **Application Advice for Integrated Vascular Surgery:**

After speaking with many of applicants on the interview trail, the vast majority of applicants have conducted vascular specific research (whether published or not published) and the majority have done 2-3 away rotations. GW has a robust vascular surgery research team, but it is not available to everyone. **The new Vascular Surgery Interest Group is a great gateway to developing your interest, and potentially getting involved in research.** Without a commitment to VSIG, you are unlikely to be able to jump onto projects for publication at the last minute, so plan ahead and make sure to be an active member. For those who are active, there is an application to join the research team. Also try to attend the SVS annual conference as there is a residency fair where you can meet PDs and integrated residents in person. It's also a lot of fun!

**Away rotations COVID UPDATE:** Given the pandemic, only 1 away rotation was allowed per student. As such, applying to a couple away rotations for the same month is not considered as faux pas as before as PDs will be more understanding of the need for flexibility. That being said, try to withdraw applications once you've heard from a program you'd like to do your away at, and kindly let the other programs know. Doing an away may be more beneficial if you have one program in mind, as interviews are likely to remain largely virtual. There is talk of doing an in-person "second look" type visit with your favorite programs, but that is not yet confirmed. Use the away to strengthen in-person interaction that may not be available during a virtual interview process. Also take advantage of virtual away rotations to get to know more faculty without having to commit a full month or move. That being said, because of COVID, not doing an away is unlikely to hurt you if you are an otherwise strong candidate. The same advice applies- you could excel, or this could set you back, but generally, GW students are considered clinically excellent! Check in with the vascular faculty if you are considering an away.

Vascular surgery is a small field and all of the program directors know each other. Doing an away rotation has two roles. The first is to confirm your interest in vascular surgery by rotating at a different site (vascular surgery is practiced very differently based off of institution) and the second is to demonstrate that you have a high interest in vascular surgery to program directors. In addition, many rotators will request a letter of recommendation from their away program director in the application process. At the end of the day, a well-written letter from a surgeon you know very well will always be better than a mediocre letter from a fancy name. Keep that in mind, and use the away rotation to network with other attendings, residents, etc.

**Networking:** Use Twitter as well! That is how many of us were connected to other applicants and mentors. The handle is @FutureVascSurg, and the organization to follow is The Society for Vascular Surgery. Connect with other applicants via GroupMe, as it's a small enough group of people to exchange up to date information with. **This was a critical resource as early as April of application season.** Networking is key especially in the virtual format.

**LOR/Faculty Advising:** In addition to research and away rotations, letters of recommendation are extremely important and are discussed pretty much during every interview. The good news is that Dr. Sidawy (a vascular surgeon) is GW's surgical chairman and was the president of the SVS (Society for Vascular Surgery). In addition, he is the author of Rutherford's which is the "bible" of vascular surgery and every vascular surgeon probably globally knows his name. By conducting research with Dr. Nguyen (the research lead for the division of vascular surgery), you will get to know Dr. Sidawy through research meetings. His letter of recommendation was critical in my application and he is very supportive. I recommend meeting with him early, expressing an interest in the integrated programs, and developing your list with him. The more you meet with him, the more invested he will be and the better your letter will be. In addition, I recommend rotating with or talking to Dr. Macsata who is a sort of champion for the medical students interested in vascular surgery. If you are even remotely interested, *get to know her early*, do an early AI with the team, and work hard to impress her. She will be an asset if you are a serious and conscientious student.

## INTERNAL MEDICINE

**Chairman:** Dr. B. Borden, Office: MFA 8-416,

**Residency Director:** Dr. Chavon Onumah [conumah@mfa.gwu.edu](mailto:conumah@mfa.gwu.edu) Office: MFA 5th Floor

**Residency Program Administrator:** A. Tori Sufczynski, [asufczynski@mfa.gwu.edu](mailto:asufczynski@mfa.gwu.edu), 202-741-2574

### Advising Appointments:

- Schedule an advising appointment with Chair and the PD; this is required for a departmental letter of recommendation, which you will need. It is helpful to schedule this meeting at the end of third year/beginning of fourth year. Be sure to bring your list of potential programs, names of your letter writers, your CV and a rough draft of your personal statement. Schedule an appointment by contacting [asufczynski@mfa.gwu.edu](mailto:asufczynski@mfa.gwu.edu). She is also willing to go over program lists and personal statements.

**\*\*Do not wait to take Step 2 even if you did well on Step 1! Many programs require it before offering you an interview, and lots of others (including GW) will not rank you without a step 2 score.**

### GW/ VA AI:

*Helpful texts and documents:* Mass General Pocket Medicine, Dubin's EKG Book, UpToDate, Epocrates, Step Up to Medicine, GW Medicine residency program website of reading lists and educational resources

#### *Expectations:*

At GW, you will rotate on what was formerly known as Teal team but is now MED team 6. You will be the "intern" along with any other fourth years on the AI that month, there will not be other interns on the team. You will be paired with a senior resident (PGY 2 or 3) who will serve as your mentor and the physician in charge of your patients; however, the expectation is that these are "your" patients. You will likely be expected to pick up sign out on your patients each morning from the night float team and to sign out your patients to night float each evening. At GW, you will be expected to carry 3-4 patients on average.

At the VA you may carry 3-4 patients with likely greater independence. The level of independence and expectations likely varies by senior resident preferences. Remember that as an AI, your schedule is the same as an intern (not as a student), and school holidays are not "holidays"! The VA can be helpful in that cardiac and pulmonary patients come to the general medicine teams versus at GW they go to the Gold and Blue teams. During your AI at the VA you can become more comfortable managing a wide array of medicine patients due to less subspecialty teams.

#### *Hints and Tips:*

- Be proactive. Take responsibility for your patients and offer to help with procedures, phone calls, discussions with PT/OT, consults, etc. The more you do now, the better your evaluation and, ultimately, the better prepared you will be for intern year. Take initiative and offer to help others, including the interns, senior residents, and your fellow medical students. Some attendings appreciate it when you take the time to teach your 3<sup>rd</sup> year med students.

-If you got an Honors grade on your medicine clerkship, you likely don't have to rush to do your AI. If you did not get Honors, many suggest completing your AI early (July-Sept) so your grade can be included with your application (and you can Honor it!). Be ready to work hard! Doing it early may allow you to get a letter of recommendation from one of the attendings with whom you worked who may provide the glorious "This student is already working at the level of an intern!"

**\*\*Note that a handful of attendings at GW write department letters, and therefore can't write your personal letter. If you plan to request a letter from someone you worked with on your AI, it may be safer to complete it at the VA. If you worked closely with an attending at the VA during your 3<sup>rd</sup> year clerkship, you could also get a letter from them. If you want more time on the AI with an attending you've worked with, you can also request the chiefs to schedule you with that attending.**

\*\*Your department letter will be written by one of a handful of attendings at GW. They will generally write it based off of your prior GW IM rotations, and may reach out to you to get to know you if they haven't worked with you personally. If you do your AI at GW, you may be more likely to work with one of these attendings, who can add a more personal touch to the letter. However, the letter is pretty strictly formatted, so this may not make too much of a difference.

- As always, be polite and humble. Be helpful and work hard. This is your time to practice being an intern and to demonstrate that you can be. Your attendance at work is mandatory, and you can't miss work for interviews or social plans!

### **GW Electives**

-*Infectious Diseases at the VA* - This was a great rotation as there is a broad selection of internal medicine topics covered. Additionally, by the end I felt more comfortable choosing empiric antibiotics and monitoring for side-effects. It was also pretty laid back and gave me some time for low-key Step 2 studying.

-*Infectious Disease at GW: 2-4 weeks course*. Solid rotation. Faculty are nice and generally fairly senior, so good letter of rec opportunities. You pre-round in the mornings and then round with the attending in the afternoon. Interestingly before rounding you go to radiology and pathology to review relevant recent results, which is a nice idea. You will learn a lot of bread and butter medicine (ortho consulting for osteo or uro consulting for UTIs) but you will also get bizarre and interesting pathology as well. Great course to get familiar with HIV pharmacotherapy. Also many chances to learn next level information about antibiotics if you put in some extra effort (what has good particularly good bioavailability in specific tissues, etc.).

-*GW Cardiology: A 4-week rotation*. The general structure is 2 weeks on Gold Team inpatient (long hours of work compared to rest of the months), 1 week at the Heart Station (echos, stress tests), and 1 week in the cath lab. However, the structure of the rotation varies and you may spend more time on Gold Team. It is a very busy service and attending dependent in terms of educational value, but there are several strong clinician educators in the department.

-*VA Cardiology: Student 1*. The best thing I got out of my 2 weeks there was actually taking someone's recommendation to read Dubin's EKG book (do it!) *Student 2*. You don't get as much structured guidance as other electives where all roles and responsibilities are nicely spelled out for you. The elective can be incredibly flexible and you can make it exactly the type of experience you want it to be. So if you want more responsibility, and want a challenge, you can totally get that. [Take] the initiative to seek out those learning opportunities, and the faculty will be incredibly supportive.

-*EKG course with Dr Mercader* – 1 hour a day course. Offered remotely in 2020 and 2022, may continue. You have to be ready to read and learn on your own as the lectures are pretty short. By the end you will be much more confident in your ability to both quickly assess EKG's and pick up major abnormalities. Everyone who took this course felt more prepared for interpreting EKG's as an intern. It requires some independent reading/effort to get the most out of it so try to take advantage of the extra time to really learn EKGs. Final exam is multiple choice interpretation of several EKGs (open book). Great time to study for CK. He will allow you to miss 2 days of lectures for interviews.

-*ICU course at GW* - You learn a lot and are able to get exposure to many procedures, ventilators and critical care management. We have a mixed ICU, meaning interns/residents from many fields are there working together. You will be on call and may be working on weekends, with a little intense working schedule.

-*VA ICU elective* - The teams are 4 residents paired with 4 interns, and they rotate on q4 overnight call. As a student, you do not do overnight call. There are usually 1-2 medical students per rotation. This was a great experience; it's a smaller setting than GWU, and it's a MICU/CCU combined. You will see pathology like decompensated cirrhosis, ACS, and AIDS. You round in the AM with first a cards attending and then the pulm/crit care attending. Because it's the VA, smaller and there are fewer students, there is more opportunity to get

involved in procedures and have autonomy over your patient's care, as long as you are proactive. Patients at the VA tend to be less sick so it is a relatively low stakes environment to get your feet wet regarding ICU care. You can do as little/as much as you want. The learning is great too - attendings/fellows try to incorporate teaching points on rounds and sometimes there are short didactic lectures at noon as well. Recommend using Marino's ICU handbook - dense but helpful to look up specific topics. Good schedule, much less intense hours than GW ICU AI.

*-GW Nephrology:* One of my favorite rotations in fourth year, mainly because the attendings are outstanding. It is a huge service and you can cherry pick a variety of patients to follow and it provides the opportunity to learn new stuff each day. You also learn the basics of dialysis; both on a basic scientific level and on a very practical level, which is very helpful. Tons of AKIs, ESRD, and acid base all of which are really high-yield.

*-GW Hematology Oncology:* As of spring 2021, there have been some issues with restructuring of the department which has affected the quality of student experiences on this rotation. Opportunity for exposure to benign and malignant hematology and oncology in a mostly outpatient setting. It is important to look into the treatment regimens applicable to the patients and prepare for the clinic daily by reading about the patients' disease courses and natural history of the disease. It is a very loosely organized rotation so you can float between different attendings in the outpatient clinic, seeing consults, seeing bone marrow biopsies, and rounding with the inpatient team in the morning.

*-GW Rheumatology:* Very laid back, get to work with fellows, mostly outpatient with occasional inpatient rounding. Good rotation to do with other obligations e.g. applications or Step 2. Will get to learn about rheumatologic disease management as well as learn about some rare diseases.

*-Dermatology:* This is a great elective. You will learn how to recognize and describe skin findings, which is a difficult skill. If you are not going into dermatology, the residents know you're just there to learn which makes for a good experience. You don't need more than 2 weeks to get a lot out of the rotation. Clinics are high volume and you will see a lot.

*-Radiology:* Useful and virtually stress free. 4 weeks rotation. You will spend each week in a different department, and these vary based on which Radiology section you register for. Examples include Ultrasound, GI studies, Neuroradiology, Bone, IR, CT body and Chest X Ray. CT body and Chest are where you will learn the most, very high yield information. This rotation requires a lot of self-direction and independent learning, as most of it is observation. Try to be present for read-outs with the attending. Final exam is MC with an optional PPT presentation for opportunity to get Honors.

### **Away Rotation Advice:**

Away rotations are notoriously not necessary for internal medicine programs, but you may find it helpful to see other hospitals (that tend to be much larger, busier than our own). If you complete away electives at all, choose an elective or two in an area/region you ultimately want to be in or want to try out, in a major teaching hospital. I would do electives in medicine, either inpatient or outpatient, and then you can get a sense of how other hospitals run, different EMRs, and can compare yourself to their interns, residents, students to see where you stand. Rotate on a consult service instead of doing a general medicine rotation to get more face time with attendings. The schedule may be a little more manageable that way as well. Of course, be on your game and work hard, especially if it's a place you might want to match. An away rotation can be a great opportunity to meet with the program director of the institution you are most interested in, as well as to meet attendings who may ultimately go to bat for you if they are impressed with your performance (or write you a great letter!). Be sure to express your interest in the program! Some programs have begun offering select remote away rotations in light of COVID. This may be an interesting way to get experience with telemedicine and learn more about another institution.

Reasons why you may want to avoid doing an away rotation, particularly an AI or general internal medicine rotation, is that it will likely be difficult to compete with the institution's own students. The other students are already familiar with the hospital/EMR and the way things work on service. You might end up looking a lot worse

by comparison, which is not the impression you want to give to a program you're interested in. For those interested in the west coast, California has been rumored to be a location where it is necessary to do aways to get interviews there. However, some who did not do aways still got interviews on the West coast.

Decide for yourself if doing an away will work to your advantage. Are you better in person than on paper? Are you more reserved and may not perform your best given the stress of adjusting to a new hospital? While doing aways can work to your advantage in some cases, this is a very personal decision. IM aways are generally not necessary at all to get interviews. If you plan to do an away, try and schedule it as early as possible. You will have an opportunity to get a letter, and as the year progresses you become more tired. You don't want to underperform on an away rotation. Consult with Dr. Catalanotti and/or Dr. Wasserman on your individual situation, they are such great resources!

### **Specific away rotations completed by students:**

#### **2018**

**Kaiser LA** - Hematology Oncology 4wks. Applied through VSAS. Worked mainly with Dr. Karen Kwan, Dr. Roberto Rodriguez, Dr. Sameer Kulkarni, Dr. Michael Glowalla. Arrived at 7am, pre-round, then round from 8 or 9 until 12pm (which included new consults) then joined IM noon conferences or HemeOnc tumor boards, then worked with a specific doc in clinic until anywhere from 3-5pm (usually seeing 1 or 2 patients and writing the note, and finishing any other notes from inpatient). Pros: super close to family so lived at home with easy commute, Kaiser system is very nice to navigate with EPIC and access to lots of records, the HemeOnc doctors were the best (except for 1...Dr. Shar was a bit rude and abrupt) but they loved teaching, and were not mean pimp-style docs. Worked closely with same fellow and resident all 4 wks so was able to get a good work flow/rapport, and they would make sure to give feedback on every note I wrote. Cons: Maybe a con that you bounced around with attendings throughout (but I got comfortable working with the 4 mentioned), have to be flexible with attendings' clinic schedules, but honestly not much else. If you're from LA and looking to be near family for awhile and wanting to do an interesting elective, would definitely recommend.

*USC Infectious Disease Elective : 2018*, Great experience at a great program. I worked with Dr. Spellberg mostly, who is incredibly knowledgeable and great with students. Elective involves rounding with the ID service at LA county (not Keck). County serves a large underserved population, with many patients having minimal or no access to care. You learn a lot about HIV, TB, and late presentations of more unusual infections. Opportunities to participate in weekly conferences and even present cases if interested. The culture here is laid back, zero hierarchy, and incredibly friendly.

*Stanford Nephrology: 2018*, - overall a wonderful experience. Application process is not through VSAS and is a tad more involved but 100% worth it. Learned a lot, residents and attendings were wonderful.

*UCLA ID: 2018*, - overall another wonderful experience. More rigorous than expected but again wonderful teaching, great attendings and residents. VSAS application, need LOR to apply.

*Tufts Pulmonary: 2018*, They have their own visiting elective form (not VSAS), so make sure to check deadlines. Great teaching and friendly atmosphere.

*Massachusetts General Hospital Endocrine: 2018*, Application non-VSAS. No letter of recommendation required. Great clinical and educational experience. Really enjoyed working with the fellows and attending physicians.

*Brigham and Women's Hospital: 2018*, Transplant/Cancer ID consult service: Application non-VSAS. No letter of recommendation required. Wonderful clinical and educational experience. Really enjoyed working with the fellows and attending physicians. Encouraging and supportive learning environment.

*OHSU Geriatrics Department:* 2018, I did summer session #2, which was actually the first session available for Internal Medicine away rotations at OHSU. The application requires a few extra documents including a statement of purpose (cover letter/personal statement) and a letter from Dr. Wikstrom (our clerkship coordinator). The coordinator Marcie Evans is super helpful in getting your paperwork together if you need clearance for the VA in Portland and invites you to all sorts of interest group meetings/info sessions. During my away rotation, I got a great view of the inpatient and outpatient settings at OHSU and was impressed with the organization in terms of level of teaching, approachability of attending physicians and collegiality among health care professionals. OHSU allows you to attend their student IM interest group meetings. During my away rotation, I was able to attend sessions on writing my personal statement, choosing programs (community vs university settings) and a meet-and-greet with Program Directors from other Portland and Seattle Internal Medicine residency programs. In addition, I had a faculty member write a letter of recommendation for my residency application after this rotation. I would wholeheartedly recommend this away rotation if you want to get your foot in the door and see OHSU as an insider before applying to residency.

### **Applying:**

#### *Competitiveness:*

IM is not one of the most competitive specialties, so if you are a competitive applicant (AOA, Honors, etc), then you should do very well on the interview trail. Research and publications are not a must, but always helpful, particularly if you are applying to large academic programs.

#### *Advisory Meetings:*

Meet with PD in June or July to go over your potential LORs, CV, and program list. The department also advises that you have another internal medicine advisor, but it is variable how much you need this.

#### *Letters of Recommendation:*

Not all GW hospitalists can write LORs because they are responsible for writing departmental letters. It would be a good idea to ask PD who these hospitalists are prior to doing your AI. You typically need three letters of recommendation (due to COVID, this requirement was reduced to two for the 2020-2021 cycle) in addition to the departmental letter. At least one LOR should come from IM faculty. You should ask for these letters in the summer and request they be completed/uploaded by early September. You can always ask for more letters than you need and can send different letters to different programs.

If you high pass your AI but you got a letter from one of your attendings, don't be afraid to use it; it will most likely help, especially if your attending was enthusiastic about helping out and you had a good rapport. If you have a really good rapport with your LPCC, great letter option. If you've done lots of research or unique outside projects with faculty, that's a great letter.

#### *Specialized Tracks:*

Many programs offer tracks within the IM program. Some common examples are Primary Care/Generalist, Global Health, Research, Women's Health, etc. These will often have additional interviews and/or interview days. Some will also require speaking to specific researchers so knowing your own interests as well as the work that they do is advantageous. Be sure to research program websites when you are applying to ensure that you are applying to all tracks you would be interested in. In some cases, you can apply to more tracks after you receive an interview offer, but this is not always the case. The best is to know which tracks you are applying to when you submit ERAS.

Most large academic institutions now have primary care tracks, with both combined/separate interview days. They offer 2-8 spots on average. These programs are looking for applicants who have shown a longitudinal dedication to PC (i.e. volunteering at Healing Clinic, doing research in preventative health, doing global health, or completing an internship in public health). Didactics focus not only on bread/butter outpatient medicine, but also cost consciousness, policy, ethics, underserved populations, and integrative medicine. These primary care tracks are generally housed within the larger categorical program - so you have separate PDs and mentors, but rotate on the floors with your categorical peers. The difference is that when categorical residents may receive more elective



time, like doing inpatient consults - you will be spending that time doing ambulatory care (primary care clinic, outpatient dermatology clinic, sports medicine, etc). A lot of the applicants had secondary Masters' degrees or worked in another industry (such as finance or social work) prior to medical school. Interview days for PC programs are generally low-stress. PC tracks are also great if you are considering an outpatient specialty. This can be a good reason to apply to both categorical and primary care tracks, especially if there's a particular institution you are interested in.

Some programs offer a physician scientist-internal medicine program. This is for people focused on pursuing a career predominantly focused on research and are highly competitive. Depending on the program, your residency may be reduced to two years in order to accelerate your entry into fellowship. There may also be a guarantee that you will be able to enter a fellowship program at that institution in your area of interest. Individuals applying for this track need significant research backgrounds and have often received PhDs.

#### *How many programs?*

Drs. Wasserman and Catalanotti will help you create a list with an appropriate number of reaches, good fits, and safeties. Apply broadly, but within reason (likely no more than 20 programs unless you are couples matching or have other special circumstances). You can always cancel interviews when you feel you have enough (usually at least 10 depending on your application). With the onset of virtual interviews in the 2020-2021 application cycle, it was very easy to accept many more interview offers than in prior years. However, there was no indication that this was beneficial or necessary, so you should not anticipate needing to apply to more programs if interviews remain virtual.

#### *Application Timing:*

Submit ERAS before the due date, ideally a couple days before. Your application should be immediately available to all programs you applied to.

#### *Personal Statement:*

Don't include lengthy patient vignettes - they will inevitably be more about the patient than about you. Be clear about your interest in medicine, subspecialties, how you see your career unfolding, and what you would bring to the table as a resident. If you have a personal story of overcoming hardship, these can be quite compelling, and unique, and you should definitely consider writing about it (e.g. first in your family to attend college, or you took six years to finish college because you had to work full time to pay for it at the same time, etc). If you have a blemish on your application (failed a course, failed an exam, etc), DO comment on it in your personal statement. You're not fooling anyone by not mentioning it - they see it on your transcript! This is nuanced and tricky - have at least two faculty members you trust read your personal statement if you are doing this (Drs. Wasserman and Catalanotti are great at it) -- in general you want to convey accountability, reflection, and action you took that led to improvement.

You generally only need one personal statement, but you can send unique personal statements to different programs if you have a particular reason or circumstance (i.e. you are dying to be in NYC, you can send a separate personal statement just to NYC programs). Discuss this with your advisors before doing so.

#### **Interviews:**

##### *Responding to Interview Invitations:*

Internal Medicine interview offers generally come early, but not from all programs (e.g. Columbia, NYU, Johns Hopkins, UPenn). It is important to respond to all interview requests as soon as possible as interview days quickly fill up. Most programs have a self-enrolling wait list so you may still get a spot but it may not fit your schedule the best. If you are on a rotation during interview invitation season (October/ Nov) let your residents/ attendings know that you're expecting emails and may be stepping out for a couple of minutes. Be professional about it!

If you applied to tracks, you may need to complete two days of interviews at a program, so plan accordingly. Contact programs for an interview sparingly and be as polite as possible. While there is no problem expressing interest in November if you haven't received an interview from a program, do not pester!

Have an idea about how you would rank the programs, as some will offer interviews much earlier than others may even let applicants know. If it is a program you would be okay with canceling, then other than like 1-2 for practice, schedule it later so that you can hear from other programs and then cancel if need be. If you choose to cancel an interview (which is ok!), do it at least a week in advance and preferably by phone or direct email. DO NOT just cancel yourself on an online interview scheduling program without also calling or emailing to say you did it. Note that your late cancellations or no-shows reflect poorly on your school and PDs have been known not to offer interviews in subsequent years to schools from which prior students have burned them. Also, be aware that different programs set different “lock out dates” for modifying interview visits so think ahead if you may be canceling an interview.

#### *Interview Day Structure:*

##### In person:

Often there is an interview dinner the night before. This is typically held at a local restaurant or a resident’s home depending on the size of the program. If at all possible based on your schedule, try to attend. It is the best time to chat with residents, hear about the program, and, more importantly, see if you want to hang out with them.

Interview days typically start at 7:30-9 AM until 1-4PM. Breakfast and lunch are usually provided. The day will consist of morning report with residents, 2 30-minute interviews with faculty members (typically who share interests with you), a tour of the facility, a presentation by the PD or Chief Resident about the program and/or the city, time with residents, and sometimes an opportunity to go on rounds with one of the teams. The interviews are usually informal, conversational, and often they are trying to sell the program to you and answer your questions. You may be asked about a time of difficulty/challenge on the wards, a difficult patient, or how you work in a team. Some interviewers may only ask you what your questions are, so be prepared with a few!

##### Virtual interviews:

Many programs offer pre-interview happy hours with residents. Sign-up information is sometimes sent at the same time as the interview invite or closer to the interview date. There are usually several dates you can sign up for, most offered the night before interview days at 7/8pm. Happy hours are usually about an hour long via zoom or other video conferencing service and are run by residents. Dress is generally casual, just wear a nice looking shirt. Some people will have a drink and it’s entirely optional. Many sessions will have smaller breakout groups where you can ask residents questions. These happy hours often end up just being long Q&A sessions so have a list of questions you want to ask. Most programs say that residents don't have a direct impact on how a program ranks you or do formal evals of applicants, however it is said that some PDs will survey their residents for good/bad standouts after these events. So just be genuine with your questions but always remember to behave professionally and as if people were evaluating you!

Virtual interview days generally follow the same schedule as in-person interviews. Some offer morning/afternoon start options to accommodate those in different time zones. Mornings generally consist of an introduction to the program from PD/department head/chief residents. Some have virtual tours they will show, or allow you to watch on your own time. From there the day is usually split into smaller group sessions where students will rotate between interviews, resident Q&A sessions, one on ones with the PD, and breaks. You’ll all come together for a noon or morning report, cameras are not required to be on for this. You’ll have one wrap-up session in the afternoon and sign off. The advice for in-person interviews generally apply for the virtual interviews. Additional advice is to find a quiet place with a neutral or neat background. Make sure you are lit from the front so your face can be seen clearly. Test your headphone/microphone setup ahead of time to make sure you can be heard.

#### *Thank You Notes and Post-Interview Communication:*

The association of program directors in IM has released a consensus statement recommending that programs not contact you post-interview and most programs follow this. The group has also encouraged PDs to ask applicants not to send thank you notes, and some programs are adamant about this (Cornell, UPenn). According to Dr. C, these thank you notes really have no impact. The exception to this is if you have additional questions, do not

hesitate to contact your interviewer. For the program you are most interested in, it is okay to contact them and let them know they are your #1 choice (ONLY DO THIS FOR ONE PROGRAM); however, according to Dr. C, this does not make much of a difference. Expect no response or a very generic response if you send one of these emails. Do let Dr. Wasserman and Dr. C know which program is your #1 choice as they may know someone willing to go to bat for you. Dr. C and Dr. Wasserman are sometimes willing to reach out to your top choice program if you have special circumstances.

### **Specific Interview Information**

#### **General Advice:**

Have a rough idea of how you would rank before starting interviews. Try to then rank/rearrange as you go. Take notes THAT DAY about the vibe, your gut feelings, unique aspects, how interviews went (what questions, what you remember your good answers were or where you struggled). Ideally 2 interviews a week, try not to do more than 3. Don't overdo the coffee. Keep lots of water on you.

When researching programs use the [FRIEDA website](#)! It includes important statistics such as average work hours reported in first year, number of interviews offered last application cycle, number of overnight calls, and benefits.

Nationally collaborative IM google doc (this can be found on reddit on r/medicalscool): It may be anxiety provoking if you are waiting to get an interview but haven't heard from a program yet while others posting about the days they received invitations. Keep in mind that some programs send invitations to their own students first and don't let this discourage you. Includes interview impressions and current MS4 impressions of their own programs.

Get Step 2CK taken care of early on while you're relatively fresh from 3rd year.

For interview prep, take advantage of mock interviews that the Deans offer. You can review a video of the encounter afterwards. Write out bullet points for answers to common interview questions to prep for interviews.

IM interviews are very conversational, think about what you want to convey to the program about yourself and bring these topics up in your answers so you can elaborate. For example if you are interested in research, find ways to bring this up in an answer to a question, then expand upon it later in your interview. Additionally try to work into your answers why the institution you are interviewing at will help you achieve your goals, be a good fit, and/or what you will contribute to the program.

**Read program websites thoroughly** before interview day and come with questions for residents and interviewers. It can be hard to know what questions to ask at first, but you learn what to look for along the way. The most important factors are likely location and fit.

Suggestions for things to ask about or observe during interview day (if not made clear on their website):

- Hospitals/clinics where you will rotate
- Elective time
- Research time
- Call schedule- nightfloat, overnights
- Admission style- daily "drip," short call/long call, q4 overnights
- Didactics- dedicated education half days, daily meetings
- Autonomy for interns/residents
- Quality of ancillary services (social work, discharge planning)
- Non-teaching services (helps with overflow admissions or patients who are awaiting dispo)
- Clinic- X+Y, full day, half day? Do you get your own patient panel or do you follow your attending's panel?  
Is there inbox coverage while you are on inpatient service?
- Mentorship- structured programs?
- Fellowship of interest
- Support from PD

- Structured feedback? How does the program respond to resident feedback?
- What do residents like about the program?
- What would residents change about the program?
- Perks- parking, food, housing stipend
- Resident groups within the program: women in internal medicine, minorities in medicine

**Memorable Interview Questions:**

Most interviews are conversational with some behavioral questions thrown in. Have 3 or so patient scenarios in mind that were challenging because of patient circumstances or team disagreement on the patient’s care. Be prepared to discuss what your role was in improving the situation/taking leadership or ownership of that patient.

- *Discuss a failure/mistake you made and what you learned from it (something substantial, not a test failure)*
- *Why did you apply to this program (especially if there is no clear geographic connection)*
- *Was asked whether I had or will have any ICU experience, other medicine specialty rotations*
- *Asked what concerns I had about the program/ questions about the program in general.*
- *Asked favorite and least favorite parts of med school or best day/worst day of medical school*
- *Tell me about a conflict with a colleague and how you handled it (especially someone senior to you)*
- *Why is diversity important and how will you contribute to diversity at our program?*
- *What are you looking for in a program?*
- *Tell me about your career goals.*

**Programs Arranged by State**

See 2021 Match List and Geography here <https://smhs.gwu.edu/academics/md-program/current-students/awards-ceremonies/match-day>

**Alabama**

N/A

**Alaska**

N/A

**Arizona**

N/A

**Arkansas**

N/A

**California**

**CPMC**

2018/2019: In SF stood out for observing AM report and noon conf (excellent) and team rounds (felt like GW), but did not get any interaction with residents (like social or lunch :/ but Artin Galoosian is a GW grad and intern there). Kaiser SF has 3 interns from GW (Isaac Sun, Neha Sanyal, 1 other) and they had great EKG didactic with active participation.

**Cedars Sinai**

2022: This is an exceptional "academic community" program in LA at a very prestigious/well-regarded hospital. I thought because of this, the hospital may only see a majority of rich/insured/VIP clients but on the interview day, they made it clear that most of the patients that residents see are the underinsured and Medical patients. The residents all seemed very happy and satisfied with their training. They mentioned sometimes they may work on a service with attendings who are less focused on teaching and more focused on their private patients. LA is expensive but they offer a housing stipend.

2018/2019: 1 ~30 min interview with faculty. Great community program with very solid fellowship match. Female PD who is wonderful. Residents were all very friendly, happy, and fun to be around. Many offered their contact info. They are from all over, not just California. Residents don't directly take care of private patients, mostly see underserved populations on their teaching services.

2017 and prior: - this is a very prestigious UCLA-affiliated community program. The training is split between Cedar Sinai and West LA VA. The fellowship match was very impressive, surpassing many university programs (especially in GI and Cardiology). Incredibly kind program directors, the residents were as kind and friendly as you could ask for.

#### **Kaiser Santa Clara**

2018/2019: one of few places with a 2+2 schedule that residents love. Has a CHOICE primary care track. Biggest Kaiser in the Bay, beautiful facility, affiliated with Stanford (core IM site), UC Davis (ambulatory site), BU. Bay area cardio referral center (do transplant, LVAD). Good fellowship match (esp in CA - USC pulm crit, UCLA nephro, Harbor cardio, Stanford geri, UC Davis endo)

#### **Kaiser San Francisco**

2017 and prior: Great program. A little more laid back than other programs in terms of call schedule, but they have a great program where they will pay you to get your MPH at UC-Berkeley in Preventative Medicine.

#### **Scripps Green in San Diego**

2022: Close-knit community program in San Diego. The residents all seemed very happy with their quality of life. They also seemed very satisfied with their training. Two biggest complaints from residents is that that don't see that many underserved patients in their private hospital system and that San Diego is hella expensive and the program offers no housing stipend. Interview involved speaking 1:1 with the program director. All interviewers knew my application very well and seemed as though they were trying to recruit you during the interview process versus the other way around.

2017 and prior: Only 10-11 residents per class and the hospital is only med-surg with no ER (no other specialties there like ob/gyn, peds, psych, etc). Interview day starts the moment you arrive and ends when you leave the dinner later that night since everyone who works there has read your file and knows your name.

#### **Stanford**

2017 and prior: Prestigious name. You rotate at the University hospital, a very nice VA, and a community hospital. The university hospital is actually quite an old facility but they are moving to a new hospital in 2018.). You interview with one APD, one faculty member, and have a very brief meeting with the PD. Everybody (like 86% a year or something similar) here goes on to fellowship. Big in cards and GI in particular. Of the big name places I interviewed this seemed to be the most laid back. Palo Alto is super expensive but they make an effort (~\$75k a year once you factor in all the stipends). Apparently about 20% Spanish speaking, so not speaking Spanish not a game breaker.

#### **UC Irvine**

2017 and prior: Alternates inpatient & outpatient blocks to prevent resident burnout, which is excellent and not done by many programs. Interview day includes an interview with a faculty member and a resident, very chill.

#### **UC Davis**

2017 and prior: Great program but somewhat off the beaten path...Sacramento is a much smaller city that one might imagine. Interview day is laidback.

#### **UCLA**

2022: Two interviews, short and laid back interview day virtually. Four hospitals to rotate at make it a very varied experience, residents say they feel prepared to handle anything. PD is very laid back and friendly.  
2018/2019: Two interviews, conversational and a 5 minute talk with the PD, very laid back. There will be a new PD for year 2020.

2017 and prior: A very prestigious program set in Westwood. Most of the training inpatient occurs at the main university hospital, which is a large referral center that focuses heavily on quaternary care medicine with much transplant medicine. Other inpatient rotations occur at a neighboring Santa Monica Hospital, where more "ordinary" cases are seen. Even the categorical program has a large outpatient component to the training. There are some opportunities to rotate at Olive View, which is a county hospital in the San Fernando Valley. Fellowship placement is excellent. Residents were kind, seemed happy, and there was great attendance at the social event after the interview. Program director does not respond to any correspondence, but the housestaff are young and fun, the hospital is amazing. Interview may be with a faculty member or a Chief Resident and is laidback.

### **UCLA Harbor**

2018/2019: Not affiliated with UCLA other than by name. It's mostly a county dump where the residents are worked hard and teams are led by sub specialists (can be limiting since they aren't as strong in other areas of medicine that is not their specialty). The faculty interview was pleasant and relaxed; however, the resident interviewer was woefully underprepared and threw me under the bus in front of other applicants. On the bright side, they will start rotating at Cedars Sinai, which has an excellent heart transplant program. If you want a job in SoCal, this program will get you one. Do I recommend you interviewing? No, but then again it's your funeral. You are done with the interview before noon.

2017 and prior: The parking lot is about a 5-10 minute walk from the entrance to the hospital, so make sure you allow enough time for walking to the entrance. If you go through the main entrance you will need to go through metal detectors. Try and go in through the ER entrance. Very short interview day. Done by 1 pm.

### **UCLA Olive View**

2017 and prior: Wonderful program. Huge indigent population, not a very shiny hospital

### **UCSD**

2022: Interview consisted of two 1:1 faculty interviews and one informal conversation with a chief resident. Faculty interviewers seemed to be hand-picked based on interests and application (one of mine was a GW alum). All residents, faculty, and program director were extremely nice and laid back. However, the program did not seem as laid back and all the residents reported they "worked hard" especially intern year. Traditional schedule no x+y with full clinic days a couple times a month during wards. Lots of inpatient time intern year with time spent ~40% at VA, ~40% at Hillcrest medical center (public hospital), and rest of time at more fancy Jacobs medical center. No 24 hour shifts. They have a strong union presence that in 2021, renegotiated salaries and benefits and at \$76,300 is one of the highest salaries I saw on interview trail. It is needed though as cost-of-living is quite high.

2018/2019: 1 interview with faculty. Great program director, lovely location, just now creating different tracks for specialization within IM (primary care, medical education, etc), 3 hospital setting with public, private and VA hospital. They take you into a bus tour, great weather.

2017 and prior: an excellent 3-hospital system program: 1 county, 1 VA, and subspecialty-heavy inpatient center, and a new cardiovascular institute opened in 2011. Solid fellowship match list, with a very heavy placement in Southern California fellowships, including UCSD. Known as an excellent clinical training program, with a large amount of research opportunities. Incredibly kind faculty and residents, that appeared happy with their training, and love living in San Diego.

### **UCSF**

Strengths: Amazingly supportive program. Great research opportunities and social justice/community health initiatives. One of the most well rounded programs - can support any endeavors you have and propel you to an outstanding job/fellowship afterwards. \$13K housing stipend.

Weaknesses: UCSF has been cited previously for duty hour violations. Definitely will work you hard, but part of the clinical rigor that is similar amongst top programs.

2022: Not an X+Y the first year. Two faculty interviews and 15 minutes with the program director who is very knowledgeable about individual applications. Amazing schedule years PGY-2 and PGY-3 with 6 mos/ of outpatient/year, rougher the intern year. Compared to other programs that sometimes get 4 days off per month, this has a guaranteed 5/month. Incredibly nice across the board.

2017 and prior: This is considered one of the most prestigious programs in the country. You train at 3 different hospitals: a university, a county, a VA. Fellowship placement is excellent, and there is a high level of teaching. There are a few GW alum that have attended the IM program. It is rumored that doing away rotations here will not increase your chance of an interview.

## USC

2018/2019: 2 interviews with the associate PDs and/or PD - very conversational. You then tour the county hospital, which is new and very pretty! Residents seem to work hard but are very happy and hang out with each other. They rotate through the LA county hospital, Keck (more bougie), and their cancer hospital. All of the hospitals are within walking distance of each other. Strong and ample research opportunities. Residents say even though program size is larger, PD really advocates for each resident. 2017 and prior: community hospital patients in a new hospital.

## Colorado

### University of Colorado

2018/2019: Best kept secret is their PC program- Dr. Chako is very passionate about primary care and will talk about the benefits of the program at length for a full 1 hour, many unique electives where they practice giving joint injections with n orthopedic surgeon in OR etc, opportunities to work in rural and urban setting; three hospital system with public, private and VA hospital; residents are all really relaxed- have a cabin where residents go skiing once per year.

2017 and prior: You rotate and the main university hospital, a VA, and a private hospital which are all quite spread out. You interview with two faculty members. I was asked in the interview very specific questions about my AI from both interviewers (how many patients did you carry, what were your responsibilities, etc) so it would be good to finish your AI before coming here. This seemed like the hardest working place I went on the trail. Interns carry 12 patients and can get disastered for high census. Everyone is really into skiing.

## Connecticut

### Yale

Schedule: 6+2

Strengths - PD has been at Yale for a very long time and seems to be well regarded among other programs for future fellowship match considerations. He is also very committed to the residents, and the program seems receptive to resident concerns/successful in implementing changes (i.e. changing call schedule). Ample opportunity to work with refugees/immigrant populations in Fair Haven clinic/refugee health program. Investigation Distinction Pathway and Research in Residency programs available to categorical residents interested in research. Salary and benefits on par with NYC programs but with the living expenses of New Haven.

Weaknesses/Red Flags: Location in New Haven, diversity of faculty.

General Comments: 6+2 schedule, no 24 hour call except at VA. Interview day has two 30 minute interviews and one large group session with PD; one interview is with associate dean and the other is with faculty member in an area of interest expressed on application

2018/2019: Two interviews, conversational. PD is extremely supportive of his residents. Morning report was not very impressive and residents were not engaged, those that were engaged did not appear very

bright for their level of training. Ivy league infrastructure is great for research opportunities. Residents seemed very focused on quality of life over the quality of training they received.

→ *Primary Care Track* 2018/2019: 2 interviews, informal, PD was very involved and the track had many different opportunities for residents to pursue their own area of interest within primary care, a distinct program from the categorical side but seemed more organized and had strong leadership, cared deeply about primary care. 2017 and prior: Largest and one of the oldest PC programs in the country. Very supportive of residents. Residents were incredibly nice. Rotate through Yale-affiliated hospital for gen med wards and Yale Hospital for ICU/subspecialty services so may see a bit more bread and butter medicine while on gen med. Separate interview day from categorical and far less overlap with categorical than with many of the other primary care programs. Interview day with 2 standard interviews. Will ask you to do "prep" where you read about the program and then they flip the classroom and you work in small groups to learn more about the program (very low-key activity)

## Delaware

### **Christiana Care**

2017 and prior: They have a pre-interview dinner and pay for your hotel! Hospital is huge (think about how much walking you will be doing all day)! Program has a lot of financial support, people were nice, the call schedule q2, only a small amount of fellowship programs

## District of Columbia

### **Georgetown**

Schedule:4+2+2

Strengths: - Close-knit residency program, residents seem very enthusiastic about how 4+2+2 schedule allows for resident wellness. Strong health policy focus.

Weaknesses: Diversity of patient population at main hospital, more isolated from underserved populations in DC due to lack of transportation of accessibility. Have to rotate through 5 different sites which some residents find cumbersome/difficult to adjust to. No metro access.

General Comments: Interview day with 2 faculty interviews, one with mixed in behavioral questions

2018/2019: - Two interviews with faculty, conversational. PD was actively involved during morning report and seemed to care about residents and had a strong rapport with them, residents seemed happy and gave best advice about interview experience in general.

2017 and prior: You rotate at a ton of facilities (4? as an inpatient and several others on an outpatient basis) so you need to learn a lot of EMRs. You interview with one PD/APD and one faculty member. Seemed to have more research than GW but they have less focus on primary care. Great hepatology if that is an interest. Still use some paper charting in the ICU. Overall there is a bit of an air of superiority from some of the residents here that rubbed me the wrong way.

### **GW**

2018/2019: One interview (since I was a student here), conversational. You don't have to stay for the hospital tour. 4+1 schedule.

2017 and prior: As a GW student, you only have one interview.

### **Washington Hospital Center**

2017 and prior: have a 4+1 schedule and more electives earlier on

## Florida

### **University of Miami**

2017 and prior: great program, huge hospital system. You will work a lot, and there is a huge push for autonomy of interns. There is a very sink or swim attitude at this program.

## Georgia



## **Emory**

(2018/2019): 2x 30 min interviews, well developed track programs (GH, QI, teaching, innovation), really incredible new and young PD, Grady (public hospital with lots very sick patients and lots of resident responsibility). You have the option of ending the day at Emory where you started and leaving your luggage in the bus so you can get roped off near the metro station (an easy, very convenient way to the airport).

2017 and prior: Rotate at many hospitals- Emory, Emory Midtown, Grady and the VA. Grady Hospital is a fantastic training hospital for anyone interested in underserved medicine or the ability to make first diagnoses. Residents are very nice and laid back. Emory Hospital is in a beautiful area. Atlanta is affordable. Still on a traditional scheduling system with one full day every 2 weeks of continuity clinic (have not seen this anywhere else). Program seems very well-organized with a new PD.

→ *Primary Care Track*: Same interview day as categorical program. Will have one interview with PC faculty and one interview with categorical faculty. The Primary Care program director is great and heavily involved in women's health and medical education. Not block scheduling. Lots of mentorship.

## **Hawaii**

N/A

## **Idaho**

N/A

## **Illinois**

## **Northwestern**

2017 and prior: Interview day is relaxed. Lunch is deep dish pizza and then interviews are in the afternoon so be careful how much you eat. No block scheduling with weekly continuity clinic. Cards, heme-onc, hepatology services. Emphasis on resident quality of life/ work-life balance with q6 call and opportunities to go home early.

## **Rush**

2018/2019: Known for being the cushiest residency in Chicago, I found this reputation to be true during the interview day. There was a lack of participation by the residents during morning report, with an equal lack of interest in making applicants feeling welcomed at the program. It appeared as if residents took to medicine like a hobby, while buying tickets for Lollapalooza or debating the best Chicago deep dish pizza (highly recommended you try) served as their full time job. Although Rush sees a surprising number of patients annually considering they are competing with UIC and Loyola in the same region, they suffer from having another hospital to rotate through (aside from Cook County, which is if you take the ID elective). I appreciate the transparency in the PD's presentation, showing resident satisfaction and their increasing trend in ABIM passing rates. Both faculty interviews were conversational and laidback. Interview day ends around 1:30 pm. Another student said : " residents had good work-life balance, large interview day with very good coffee (the best of the interview trail IMO), heard rumors about the program having leadership that is in flux from GW faculty members but on actual interview day did not get this impression from residents, faculty or the leadership themselves, in a part of town that seems isolated from the city center."

## **University of Chicago**

2018/2019: Serves southside of Chicago, very research focused with not well developed primary care track, but residents were really nice. Did not seem malignant at all and residents really seemed to know their stuff during grand rounds. You attend rounds on interviews and the attendings all seem really into teaching and passionate about patient care. Two interviews, conversational.

2017 and prior: You rotate entirely at the University hospital, but this gets a good mix of community and referral patients. You interview with one PD/APD and one faculty member. Lots of chances to talk with residents on the interview day. Gorgeous new facility. Very nice PD. Fully on a 4+2 with longitudinal

outpatient subspecialty opportunities. Opportunity to apply to newer primary care track (called LUCENT) at the end of PGY1 which seemed to have more of a leadership emphasis.

### **University of Illinois at Chicago**

2017 and prior: Solid program. Rotate at UIC hospital and VA (with Northwestern IM residents). Residents were incredibly happy and friendly. PD is second-oldest in country and program is very well-run. Emphasis on serving underserved in Chicago.

#### Indiana

N/A

#### Iowa

N/A

#### Kansas

N/A

#### Kentucky

N/A

#### Louisiana

### **Tulane**

2018/2019: 1 resident interview, 1 faculty interview, 5 min chat with PD. Very inspiring ex-PD who recently stepped down is present for all of interview day. Fun pre-interview bbq/party at his house the night before and a bar night the evening after with residents. 3 hospital system (Tulane, University Medical Center, and VA). Residents are sharp and very hard working, but also like to socialize and clearly enjoy spending time together. Tulane started the first 4+1 (X+Y) system.

#### Maine

N/A

#### Maryland

### **Johns Hopkins**

Strengths: Amazing prestige, research opportunities, and fellowship match.

Weaknesses: Workhorse culture with the most amount of call of any IM program. May be a strength for some given the unmatched clinical rigor.

2018/2019: One in person interview, conversational. PD schedules a 7 minute video interview before your in-person interview day to get to know you (he is very friendly and the interview is very relaxed). Ask 3 standardized questions at most : if not medicine what other career would you have chosen and why? If you get stuck on an island with people, what is an important trait to have and what would be your role (how would you help)? He will ask specific questions about your application and one standardized question: why is diversity important and how will you contribute to diversity at Hopkins?

2017 and prior: - Considered one of the most elite programs in the country. A very impressive match list. Residents were very nice and really enjoyed being around each other. Operates a firm system which contributes to comraderie. Faculty were nice -- often on a first name basis with residents. Residents were proud that they "work very hard" and they said they wanted an intense resident training experience. → *Urban Health Track*: Unique primary care program with specialized electives related to urban health such as adolescent medicine, psychiatry, substance abuse, etc. Will have a special session after the categorical interview day concludes where they take you to the outpatient community clinic. 4 residents/year.

### **Johns Hopkins Bayview**

Strengths: Used to be Baltimore City Hospital so the program really does have strong roots in the city. Patients trust them for quality care. Very social justice oriented people. The residents really do seem happy. I happened to be on my interview day during the fellowship match and it was really heartwarming to see everyone finding out and celebrating together.

Weaknesses: Q2 call = huge red flag.

General Comments: Very small program so you're on call a lot. Their call schedule goes until 8-9pm but many of the residents said it's not uncommon that they stay past 10pm.

2022: On my interview day, the residents seemed very stressed/overworked and reported often hitting the 80 hour/week limit. Has the advantages of Hopkins affiliation so access to some great research opportunities. Low cost of living but the area of Baltimore the hospital is located seems to have less character than other parts of Baltimore. Residents reported satisfaction with their training and opportunities for research. Strong fellowship match.

2017 and prior: Amazing program director who seems very helpful and responsive to feedback; same could be said about the chair of medicine. Impressive fellowship match list. Residents seemed very happy at Bayview. Each ward team has a specific focus; for example, one team would be focused on high value care, which involves examining the cost of medication/testing for your patients. Another team focuses on patient history and involves taking a very comprehensive life history of each patient on service. Big focus on resident wellness.

## UMD

2022: Strong academic program with residents who seemed very happy with their training. They seemed to emphasize the importance of residents getting off work on time and not staying late and their wacky call schedule (as I remember it) reflects that priority. This program has many GW alums-reach out to one of them! Interviews were low-stress and conversational.

2018/2019: 1x 30-45 min interview with faculty, very conversational

2017 and prior: One of the current chief residents is a GW alum, and there are many GW alums there. Residents seem to match well for fellowships, and they are very fellowship driven. Seem to have a demanding curriculum but the residents feel they are very well trained. Great, welcoming PD who seems to truly care about her residents.

## Massachusetts

### BIDMC

Schedule: 4+2

Strengths: "Harvard with a heart." Focus on social mission and resident wellness with a really good culture. Has resources of Harvard with good research and fellowship opportunities. Strong clinician educator program. Good mentorship. Their mantra is that "residents are supported in everything they do." Have flex days available for making family events/doctors appts/errands etc. No 24h as an intern.

Weaknesses: Not the most diverse patient population. Is considered "least prestigious" of Harvard programs for what that's worth. High cost of living in Boston.

2018/2019: 2x 30 min interviews, strong QI opportunities, well developed teaching track, laid back program feel, residents and attendings are extremely friendly. You are on a first name basis with the attendings. Geographic wards with firm system. Very focused on developing clinician educators but also strong opportunities for research.

2017 and prior: During the tour, you see both the east and west campus hospitals which are across the street from each other. Make sure you have comfortable shoes! Two 30-minute interviews. Strong emphasis on teaching. Firm system and geographic services. Residents are all really happy, and the program seemed supportive to its staff. Large emphasis on resident education with many different track opportunities and innovative elements. Dr. Catalanotti is a grad of this program.

→ *Primary Care Track*: Same interview day as categorical. Most interesting thing about their program is the PGY2 "long block"- 6 months of outpatient training similar to GW's PC track. 2<sup>nd</sup> continuity clinic. Lots of PC grant money.

## **Brigham and Women's**

Strengths: Strength of program, prestige, amazing culture.

Weaknesses: None.

2022: Three interviews plus a resident interview. Very kind faculty and residents. Everyone has a tremendous amount of respect and deference for Joel Katz, the PD. He will go to bat for the residents and find funding for everything. Big emphasis on a supportive culture. 2 week rotations for everything to increase the amount of patients seen and despite it being X+Y no one gets stuck in the hospital inpatient setting for more than 4-6 weeks.

2017 and prior: Prestigious name. You rotate mostly at the University hospital with a bit of time spent at a VA. Your oncology rotations are at Dana Farber. You interview with two faculty members and briefly with one PD/APD. You "interview" a current resident which is really just a chance to ask questions. You briefly go on rounds as well. People here are very self-motivated and hard working. The morning report here was the best I've seen, and I was extremely impressed by the quality of the residents. Huge names on faculty, but everyone gives assurances they are approachable.

→ *Primary Care Track:* You are required to apply to categorical and both PC programs. They have two well-supported programs: DGM, geared towards social justice/community medicine and HVMA, which uses the Harvard Vanguard system as a model system/patient-centered medical home. Will require that you interview on a separate full day either the day before or after your categorical interview. You will start the day at BWH and in the afternoon go to Harvard-Vanguard. You briefly meet with both PDs (sometimes over the course of 2 days) and have 2 30min+ primary care interviews with faculty and lunch with residents. One of the residents will host a mixer at their house (again, separate from the categorical dinner). The residents are all very warm, friendly, and interesting. Head of HVMA is incredibly friendly and kind.

## **BU/Boston Medical Center**

Schedule: 3+1

Strengths: They were really open and welcoming and very amenable about discussing family leave as that was a concern I had for the future. They even had me talk to a chief resident about my concerns with family leave. I also am interested in GI and they had me connect with a pgy3 who had just matched into GI at UMD. Overall, it was obvious that the program is a close community and that everyone was very enthusiastic about making sure applicants got everything they needed to make the right decision.// 3+1 schedule is great. Strong social mission. Complex and diverse patient population with a lot of social issues, have good multidisciplinary support staff. First name basis with attendings. Opportunity to rotate on inpatient specialty teams. Resident union gives leadership opportunities.

Weaknesses: Honestly none. I loved them, ranked them #1, and matched there! // Big program, hard to get to know all interns. Not very close to T stop. High cost of living.

2022: The virtual interview was preceded the week before with a 1:1 with the program director (a cool ID doc) who asked a question about the importance of diversity. They care about their mostly underserved patient population A LOT and was the main thing residents loved about the program. Their schedule seemed great, and residents seemed very happy with manageable work-life balance. I loved this program but it was the high cost of living that was a HUGE turnoff for me. Dr. Wasserman described it as "the 4th best program in Boston" which I think takes away from its amazing social mission and fantastic residents and faculty but I'm sure they get that stereotype as a general outsider's perspective.

2018/2019: 2 behavioral interviews, has a strong social mission, PD was jovial and fun, has the first food bank in a hospital in the US, residents were very nice and loved BU. They will ask every applicant about why diversity is important and how you can contribute to diversity at their institution.

2017 and prior: The ER is in a separate building on campus from the Medicine wards, so be prepared to walk outside in just your white coat in the Boston winter to see new admits in the ER. Interview day does not allow much time to interact with residents, only during the lunch. One 45-minute interview. Program has 3 + 1 schedule with 3 weeks in patient and 1 week outpatient every month. Residents work very hard. Mostly underserved population along with rotation at the Boston VA. Very social mission driven.

### **Cambridge Health Alliance**

2018/2019: had 3 interviews, with a PD, faculty, resident. Supposedly has up to 6 mo maternity leave. Very small community hospital (no cath lab, no stroke team, tiny ICU), do some ICU at another community hospital and do cardiology rotation at Beth Israel; has Harvard affiliation. Obviously robust outpatient curriculum and site options since it is a primary care IM program. 8 people per class.

2017 and prior: very friendly and collegial atmosphere. The interns and residents there were uber friendly and SJWs, so passionate about being kind. The institution well respects the rights of residents and interns (they have a union) and was the first in the country to promote resident hours restriction. The doctors there seemed genuine to be DOCTORS. // Three 30-minute interviews. Looking for dedication to primary care and that you are a normal person, given that the program is so small and that you all work very closely together. Faculty is really invested in teaching and helping you get involved in whatever primary care interests you have. You rotate mostly at CHA main hospital, there is also a community hospital in Somerville. There is a required cardiology rotation at BID and if you want to try more inpatient electives, you can set them up at BID.

### **Mass General:**

Strengths: Impressive research opportunities and fellowship match.

Weaknesses: Received comments from a resident not to "pick your residency based off of name alone." Got the impression they were overworked, which is likely given the Bigelow model. Must understand this is a workhorse program like JHH.

2018/2019: 2x 30-min interviews, one faculty interview and one panel interview of 3 faculty and one resident (seems intimidating but they are very relaxed). Be prepared to answer about any rotations you may have struggled in. Also the chairs of the intern selection committee will know intricate details from your application and ask you about them in conversation throughout the day. For instance one of the chairs asked about my club sports experience from undergrad. Two unique general medicine services, traditional service and Bigelow. Chairwoman, PD, and all the faculty are extremely welcoming and appear supportive.

2017 and prior: Fantastic program with a great reputation. They are working hard to dispel the reputation of an intense or malignant program. Personally, everyone I came into contact with was extremely kind and seemed genuinely interested in seeing their residents succeed. Program is rigorous and some may describe an intense sort of vibe. Be ready for a panel-style interview, which can feel intimidating. Also a 1:1 interview, which is more laid back and conversational. // Unconventional "Bigelow" System on internal medicine floors where instead of interns carrying their own patients, 4 interns share 20-24 patients and do a different job for the day e.g. admissions or assessment/plans or calling consults. Interview day there is a group interview with 3 faculty members and a resident, but very relaxed and questions about your resume mostly. This actually was one of the more enjoyable interviews. Residents insist this is not an intense place.

→ *Primary Care Track:* Separate full interview day either before or after categorical day. Will have a strange mixer/networking event in the morning with primary care faculty. Will have a brief interview with PC PD and another interview with PC faculty (may be on the categorical day). Will have a casual talk with another faculty member which they say is not for evaluation purposes but for you to get more information. Separate dinner at PC resident's house the night before.

### **Tufts**

Schedule: 3+1

Strengths: Small program with a lot of heart. Located in Chinatown so serves a very diverse asian population. Had a fantastic conversation with my interviewer who described why she chose Tufts over other Boston programs. She said the smaller institution allows you to pursue more of your own passions. Higher ups allow more autonomy and not as research/grant driven.

Weaknesses: Is a smaller program and less prestigious when compared to a lot of other boston programs.

2018/2019: uses subspecialty admit service (pts get admitted directly to GI team, Renal team, Pulm team, etc, with specialist attendings running the team, though there were 1-2 gen med teams). They use block schedule (3+1). Most training happens at Tufts. Excellent lunch at a dim sum restaurant.

2017 and prior: Different setup with a Specialty Ward Team model; meaning that there are very few general Internal Medicine hospitalists and patients are split into specialty services. Although more programs are adopting the specialty ward team model, general medicine issues appear to get neglected at Tufts, as specialist attendings don't bother with medical issues outside the scope of their field of specialization and instead leave these issues to residents to manage on their own. Located in Chinatown, so lunch is at a Chinese restaurant. Smaller program than rest in the area.

## **UMass**

Strengths: Their residents and faculty seem incredibly happy. Out of all the programs I interviewed at, they had the most 'lifers' because they all fell in love with the culture and environment of the hospital. People praised their COVID response. The PD was amazing. Residents had the work hard play hard mentality. Overall, I fell in love with their culture as well. They have a resident lounge with a massage chair and coffee station. Every team room has windows and the hospital is absolutely stunning. Worcester an up and coming area with low cost of living.

Weaknesses: Night float cross coverage makes the intern cover 90-100 patients (the entire inpatient service) as residents admit throughout the night.

General Comments: During my resident social they were with the PD trying out different kinds of whiskey. Loved it. Could really picture myself being a part of their team!

## **Michigan**

### **University of Michigan**

2017 and prior: You rotate and the main university hospital, a VA, and optionally at private facilities. You interview with two faculty members and briefly with one PD/APD. Incredibly nice people, everyone seemed to actually really like each other. In Michigan tradition the residents are unionized and have some great perks like holiday pay. They have a resident assistant program where teams have administrative assistants who take care of things like getting records and making appointments. Premier facility in the state with a good mix of pathology. Schedule is not block and interns described it as "front-loaded" in PGY1.

→ *Primary Care Track:* Does not have a separate match number but you join once you match into the categorical program. Has a focus on QI and individualization of scheduling/mentoring based on your interests. Not block scheduling but has a 1-month outpatient immersion as PGY1 plus 1 extra month and many more outpatient months in PGY2-3. Can work in underserved clinics. Patient population is more rural.

## **Minnesota**

### **University of Minnesota**

2018/2019: Excellent 3 hospital system with a robust transplant program, one of the most established hospitalist tracks in IM, and one of the best run VA systems in the country. Their patient catchment area is massive, and Minneapolis is known to have a significant Hmong and Somali population. The city itself is charming, surrounded by plenty of nature, biking trails, sports teams and an excellent nightlife. You will come to appreciate the term "Minnesota nice" the moment you interact with the residents during the pre-interview dinner and up until you board your plane for departure. Dr. Duffy is the PD and has done an excellent job in establishing a collegial, welcoming environment for resident learning. I found the residents to be on point with their medical knowledge and clinical thinking during afternoon report, and appreciated how they incorporated the applicants in this process by breaking us up into groups and assigning a "teaching" resident. Both the faculty and PD interview were conversational, down to earth and enthusiastic to answer all of your questions. You are catered a delicious local lunch and the program coordinator keeps applicants flushed with La Croix all day long. They also add a personal touch to the interview day that leaves a great, memorable impression about this program.

### Mississippi

N/A

### Missouri

#### **Wash U St. Louis**

2017 and prior: Mainly rotate at the giant university hospital. Interview with one faculty member. Very collegial residents and faculty. Massive facility with tons of opportunities. 4+2+2 schedule. Lots of research. They do a cool noon conference where a faculty member basically walks through a zebra case and explains their thought process. Had both the best dinner and breakfast of the trail!

→ *Primary Care Track*: Newer track that appeared to be developed because they had very few graduates enter GIM in recent years. Different opportunities for continuity clinics (underserved, private practice) than the MFA-type clinic.

### Montana

N/A

### Nebraska

N/A

### Nevada

N/A

### New Hampshire

#### **Dartmouth**

Schedule: Traditional

Strengths: Everyone looked really happy. You can really tell they want their residents to be well! During our interview day they had us play Family Feud, gave us tons of breaks, and had us spend ample time with their residents. Tons of golden weekends to get interns out of the hospital.

Weaknesses: Very rural. Was difficult to see myself happy there. Lots of men. Traditional schedule so you have weekly clinic that pulls you away from inpatient duties. To me that felt a little stressful.

General Comments: Great fellowship opportunities and the training is obviously top notch but ultimately it was the geographic location that made me rank it lower on my list.

2018/2019: 2 behavioral interviews, rural program, traditional schedule. Residents are very collegial and happy. High case mix index, do not transfer patients out.

### New Jersey

#### **CMSRU/Cooper University Hospital-NJ**

2017 and prior: Interview day is early, right next to Philly so not in the dangerous part of Camden. People were super nice, program leaders are quite young, have a 4+1 schedule with a total of 5 weeks of vacation!

#### **Christiana Care**

2017 and prior: They have a pre-interview dinner and pay for your hotel! Hospital is huge (think about how much walking you will be doing all day)! Program has a lot of financial support, people were nice, the call schedule q2, only a small amount of fellowship programs

#### **Jersey Shore Medical Center**

2017 and prior: Community hospital affiliated with Robert Wood Johnson, as an intern/resident you get a food stipend of \$15 a day! No international rotations possible

#### **Robert Wood Johnson**

2017 and prior: solid program, good reputation, program director seems a little intense, was not crazy about the lack of ethnic diversity, have a 4+1 system

## **UMNDJ-NJMS:**

2017 and prior: program director was amazing; hilarious, outgoing, great personality, people were funny and enjoyed the residents. This program just got taken over by Rutgers which may be a good thing financially.

## **New Mexico**

### **University of New Mexico**

2017 and prior: You rotate at the University hospital and the VA. You interview with one PD/APD and one faculty member. Surprisingly large facility with some interesting case mix (plague, hanta, etc). Albuquerque is fairly small and isolated, but has lots of outdoor activities and everyone there seems to be into hiking/biking/skiing/etc. People here were nice and happy. Not a big research place. Large percentage of Spanish speaking patients.

## **New York**

### **Columbia**

Schedule: 4+2

Strengths: Research opportunities and fellowship match. Recent program director incredibly kind and focused on resident wellness.

Weaknesses: Highly autonomous, less support from administration. Will be required to draw labs occasionally.

2017 and prior: Interview day led by APD. Two 30-minute interviews. Large underserved hispanic/spanish speaking population. Residents seem very committed to underserved population. Residents emphasized "working hard" and occasionally drawing blood/transporting patients, etc. Will learn a lot. 2 attendings/ward team is unique.

→ *Primary Care Track:* that is described as "interest group" with no difference in schedule versus categorical program.

### **Cornell**

Schedule: 6+2 (PGY1+3), Traditional (PGY2)

Strengths: If interested in heme/onc, ability to rotate through Memorial Sloan Kettering and fellowship match are huge advantages. PD went to Cornell for residency training and is very dedicated to resident concerns/feedback. // Wonderful, caring PD. Pays most of NYC programs, offers resident housing very close to hospital. No 24 hour call ever. Strong focus on resident wellness. Prestigious program with great research opportunities. // Amazing culture/wellness. Social media presence (Instagram) showing not only how friendly the residents are with each other, but also initiatives they/program administration take for wellness (food, HH/social outings, etc).

Weaknesses: Have a reputation for taking care of wealthier individuals in NYC, perhaps less patient diversity and less initial resident autonomy than other NYC programs though they deny this is the case. Switching from x+y to traditional schedule in 2nd year less desirable for some. // High cost of living in NYC but highest pay. People seemed to not like the culture when rotating at Memorial Sloan Kettering. // Cost of Living on the Upper East Side.

General Comments: 2 interviews, one with chief resident and one standard behavioral interview with faculty member

2022: Very strong program with great vibes (just take a look at their Instagram account and you can see the residents are very happy there). My main concern about this program was diversity of patient population as it does not have a safety net hospital however I was assured on interview day by residents and faculty alike they see a variety of patient populations (NYC after all). The only difficult thing may be the follow-up for uninsured patients after hospital discharge. The cost-of-living is high and rent is high even in the Cornell housing (~2000 for a studio which is similar to market rate) but I liked the convenience and community feel the Cornell housing provided.

2018/2019: Two interviews, conversational. Virtual tour of the hospital, very nice! Everyone from the PDs to the administrative staff are extremely friendly and love to have fun.

-> *Primary Care Track:* 6+2, seemed most flexible of NY primary tracks (in terms of career) with quote "Passion and flexibility", solid curriculum, add 2nd continuity clinic in PGY2, get to be ambulatory chief



resident for several months in PGY3, get elective up in Ithaca. Same inpt experience as categorical.

Traditional style of AM report but really thoughtful discussions

2017 and prior: Two 30-minute interviews. beautiful hospital. Offers great housing options which they let you tour on your interview day. Very research focused program. PD is very focused on incorporating technology into the program - each intern/resident is leased an ipad with a Cornell IM podcast featuring teaching points from morning report. IM residents only rotate at Cornell, Hospital for Special Surgery, and MSK. Given their location within the city, they do not see as diverse of a population as some of the other NYC programs. Most patients will have some kind of insurance. Interview dinner is night before, very nice, they split the group of applicants up and each group has 1-2 residents. During the interview itself, expect to be asked about healthcare systems issues, some behavioral questions, and any research on your CV.

### **Montefiore/Albert Einstein**

2018/2019:

→ *PCSIM Track* - had 3 interviews (PD, 2 faculty). Most intense about their primary care vibe and desire to graduate PC docs. One resident said "We're all misfits." Do a lot of addiction med curriculum/get suboxone certification

2017 and earlier: very big program, LOTS of people on interview day (like over a 100). They do not have many conferences (no intern report, just started a journal club this past year), they have housing, but it's very difficult to get because they base it on distance, so unless you come from a different country, you probably won't get housing, many people complained about living in the bronx, not a lot of money for food/books/etc, an intern said they work A LOT

→ *Social Medicine Track*: Smaller program within the IM residency with individuals focused on PC, public health, and global health. Residents run a separate clinic near Yankee Stadium where they see a very diverse patient population - uninsured, homeless, immigrant, etc.

### **Mt Sinai/Icahn**

Schedule: 6+2 | 3 Sites: Mt. Sinai, Elmhurst Hospital in Queens, VA in the Bronx

Strengths: Diversity of patient population, main hospital located between the Upper East Side and Harlem, also rotate through Elmhurst Hospital in Queens (serving what is considered to be the most diverse zipcode in the world) Focus on academics/research, ample opportunities for involvement. Unique style of morning report with several cases presented by residents, direct feedback by program director who is very involved with residents and resident education. Strong GW presence (3 categorical residents in Class of 2021, 2 categorical residents/1 preliminary resident in Class of 2020)

Weaknesses: Alternating gold and black weekends on inpatient means 12 days working in a row, not for everyone. Also have alternating 3pm and 8pm leave each day while on inpatient. Got the impression that interns work pretty hard. Not a lot of focus on resident wellness.

Interview Details: Interview day with one interview, one small group session to answer questions about the program

2018/2019: 1x 30-45 min interview, very happy residents, strong research in personalized medicine. "PD and vice-chairman ask you for a fun fact with introductions on interview day, so make sure to have something prepared." overall very relaxed. Comment from 2018: " residents worked hard but seemed happy and received great training due to the acuity of patients seen within the institution (large referral center and will transfer non-sick patients out of hospital to lower acuity care centers), morning report was interesting where residents presented cases and were pimped in front of other residents about the case which seemed intimidating but was done in a very non-malignant and fun way- residents took it in their stride and said they learned a lot from this teaching format, 1 interview where interviewer has a set of questions that they fill out- pretty generic questions like what will you contribute to Sinai, tell me about a time when there was a conflict on a team you were working on,etc, relatively new PC program but directors were nice and seems like it is a institutional focus- per Wasserman, this is the best categorical training program in NY" The morning report described above was the most impressive morning report I've witnessed and the residents were the most brilliant I saw on the interview trail. The morning report is extremely focused on evidence based medicine and allows each resident to discuss an admission rather

than focusing on one admission for an entire hour. The program director reviews the areas past residents have struggled on the boards and specifically brings these points up during morning report. All the residents were extremely enthusiastic and happy to be at Mount Sinai.

2017 and prior: You rotate and the main university hospital and a community hospital in Queens. You interview with two faculty members. Most notable thing is the morning report here, which is pretty amazing. The PD and chiefs go around the table pimping the residents about new admissions. The residents can't bail each other out so each one pretty much sits there and gets grilled in turn. They swear up and down the nursing isn't as bad as everyone says and the only labs you draw are stat labs. Big GW connection with many GW alumni as current residents. They are on an 8+2, only place I saw that. They have subsidized housing on the upper east side/east harlem, but it is possible not to get a reasonably priced place and you have to find your own place. Interview day is a little long, 2 interviews 20-30 minutes each (one with chief resident), they will ask you a fun fact about yourself in front of everyone.

→ *Primary Care Track*: No separate interview day required from categorical day, and will not necessarily interview with PC faculty. PC has a separate PD and APD who are grads of the program. Interview day includes a primary care career panel with PC leaders within the institution. There is also a special primary care happy hour in January - highly recommend attending if you want to meet more PC faculty and residents, the PD and APDs will also be present.

## **NYU**

Schedule: 4+2 | 3 sites: NYU Tisch-Kimmel, Bellevue, Manhattan VA

Strengths: Very diverse patient population and clinical exposure across 3-hospital system, especially at Bellevue. All 3 hospitals adjacent to each other on one "super block" in a good area in Manhattan. There are many tracks for different interests (clinical investigator track for research, Bellevue for underserved care, primary care, etc). Many residents are passionate about working at Bellevue as the oldest public hospital in the country and feel they gain a lot of autonomy and ownership over patients in this setting.

Weaknesses: One of the largest residency programs in the country. Will likely draw labs, put in IVs etc more often at Bellevue. High COL in NYC and not guaranteed subsidized housing.

General Comments: Overall felt like a "work hard, play hard" program but residents universally felt that they got strong clinical training and would be prepared to handle any situation in future practice. Interview day included 2 faculty interviews, virtual tour, and plenty of opportunities to ask residents questions. Future chiefs heavily present and involved in planning interview day and pre-interview social.

2018/2019: Two interviews, conversational. The day starts by PD going around the room and picking one hobby and one research project from students CVs and ask you to talk a bit about your hobby.

→ *Primary Care Track*: since the 80s, very solid curriculum, set 'mission', don't believe in variety of subspecialty clinics during ambulatory time - so they have "blocks" like derm block, MSK block, etc. Same inpt experience as categorical.

## **North Shore LIJ**

2017 and earlier: really nice hospital, people were nice. The program has a lot of money but has a reputation of not working very hard and being "cush", you do TWO hospital tours so wear comfy shoes. One of the higher salaries in the area. Many residents are married/coupled.

## **Stony Brook**

2017 and earlier: The hospital from the outside looks amazing, but on the inside, with the building being in a circle, it made things seem cramped. The program director was really nice, the residents seemed enthusiastic to be there, it is like 2 hours away from the city, but the surrounding area is nice and in a good town. Also go to the VA on Long Island.

## **North Carolina**

### **Duke**

2017 and earlier: Smart, well-trained, down-to-earth residents. Very research and fellowship driven, great opportunities at a well-known well respected academic institution. Residents seem very happy and close

to each other. Beautiful facilities. Know that the area is not as lively as DC, but lots of outdoor opportunities.

## **UNC**

2017 and earlier: Residents are very nice. Many are married and/or with kids. Nice sized college town. Seems like a fairly laid-back environment. They will really try to impress you on interview day with all of their Nobel prize winners and/or famous researchers. Especially strong in geriatrics and rheumatology. Nice mix of rural and urban medicine. Block scheduling with good quality of life and a supportive "family feel."

## **Wake Forest**

2018/2019: x2 faculty interviews, structured questions, but very conversational. PC and Categorical interviews conducted same day. Wonderful faculty and facilities. Winston Salem feels very small-town with great cost of living.

### North Dakota

N/A

### Ohio

N/A

### Oklahoma

N/A

### Oregon

## **OHSU**

2017 and earlier: You rotate at the University hospital and an attached VA (you actually spend more time at the VA than the university facility). You interview with one PD/APD and one faculty member. Gorgeous campus, prettiest facility I interviewed at. Only place I had to do the dreaded go around the room and share a fun fact ice-breaker thing. Only academic facility in the state, so they get good pathology. Residents are solid and you will be well trained, but you will work for it.

### Pennsylvania

## **Albert Einstein Medical Center-PA**

2017 and earlier: not in the best location in Philadelphia. Hospital does not look like it receives a lot of financial support. They have private patients, so you have to call outside attendings who call the shots on the patient, a lot of foreign residents

## **Thomas Jefferson**

Schedule: 4+2

Strengths: Really highly rated hospital with a lot of opportunities for learning. Philly is a diverse area with a rich history, hospital is located in a great area in City Center. Everyone I spoke to was very passionate about living and working in the area.

Weaknesses: For whatever reason, the overwhelming majority of residents and applicants here either grew up in Philly or went to school in the Philly area. It did make me feel a little out of place. Newer PD.

2018/2019: 2 interviews, one with a next year chief resident and one with a faculty member. super happy residents many of whom were GW graduates, the hospital provides amazing patient care and big emphasis on providing quality care to patients. Great location in center city. Very focused on developing clinician educators, less so on research. 4+2 schedule provides you with half of your weekends as 2 day weekends (golden weekends).

2017 and earlier: Program director is amazing. Interview day includes an interview with a faculty member and a Chief Resident.

## **Pennsylvania Hospital**

2017 and earlier: people were nice, conference room was in the "old hospital." The program director made a comment after each and every person when asked where they were from which was annoying; the residents were nice. Food was good, was not crazy about their call schedule, small program, NO FELLOWSHIPS

## **UPenn**

2018/2019: Three interviews (two faculty, one resident). Interns generally seem happy. PD walks the halls every day to facilitate feedback from housestaff.

2017 and earlier: Residents seem happy but are worked very hard (and they don't make a secret of it). Great research opportunities. Multiple GW med alums are residents.. Very standard interview day. Excellent program director who is a leader in medical education. 2 standard interviews with faculty. → *Primary Care Track*: Attend separate half-day interview session before or after categorical day. 2 interviews with PC faculty. PC residents have continuity clinic at separate clinic from categorical with special didactics mentorship. Small-knit group with emphasis on mentorship and support. Procedure-oriented outpatient curriculum. Community health focus. 6+2 for interns, 4+4 for PC residents.

## **University of Pittsburgh (UPMC)**

Schedule: 4+4

2018/2019: Large hospital with great teaching attendings and enthusiastic, down to earth residents. Completed endocrine consult elective which allowed me to see their hospital, chat with the residents, meet interesting faculty, and have relatively normal hours.

2017 and earlier: You rotate and two attached main university hospitals and nearby VA. You interview with one PD/APD and one faculty member. This was the place I was most pleasantly surprised by on the trail. Really bright and nice residents and faculty. Most unique thing was that attendings only round with the team once a week, otherwise rounds are run by the senior. This frees up attendings to do daily afternoon teaching sessions. Pitt basically owns the healthcare system in central and western Pennsylvania so they get good cases. Big data as they own 29 hospitals, so if you want to do data research it is a great place. Big education emphasis with protected half days 3 times a week for lectures. Many track options (women's health, geriatrics, generalist, research, global health). Great 4+4 scheduling w/ difficult months (wards, ICU) alternating with lighter months (ambulatory, consult, etc).

## **Temple**

Schedule: 4+1

Strengths: Program is very resident run, have gradual autonomy. Great patient diversity and passionate about social mission. Emphasis on QI. Everyone seemed very nice and happy to be there.

Weaknesses: Hospital located in not very safe area, most residents commute via public transportation. Residents mentioned that social work/case management wasn't the most proactive at the hospital. Resident opportunities to work on different services were limited with COVID (hepatology, renal transplant, spanish speaking service) but they were hoping to reestablish this.

2022: All residents were great and PD seemed was a dedicated and amiable dude who seemed very committed to improving the program and resident well-being. If you are interested in seeing patients who come from very disadvantaged backgrounds, this is the program for you! Great cancer center, good for ID. My least favorite thing was the location because it seemed like most residents commuted by car and lived in city center Philly or elsewhere due to the less safe location of the hospital in North Philly.

2018/2019: Two interviews, conversational

2017 and earlier: Program director was very enthusiastic, knew everyone in her program by name, people were really chill. Go to the mixer, it's fun, but can get crowded, they have a 4+1 schedule.

## **Rhode Island**

## **Brown**

Schedule: Traditional

**Strengths:** They've really amped up their research in the past couple of years. Faculty seemed really enthusiastic about research and fellowship. I loved my faculty interviews because they asked me unique questions that just facilitated genuine conversation about things outside of medicine. // Nice people and good culture. Very low cost of living but up-and coming city, short travel to other cities. Have more patient diversity than might be expected for RI, large refugee population. Advocacy curriculum for residents.

**Weaknesses:** House staff looked exhausted and disinterested during the interview day. There was just a lot of lecture throughout the day and even though there were ample breaks, the interview day went too long. I was there from 7am-4pm. Traditional schedule means interns work very hard, 2nd and 3rd year are more flexible. Being split between 3 different sites means it is sometimes hard to coordinate curriculum.

2018/2019: one interview, conversational. Affiliated with Rhode Island Hospital. PD and APDs are very friendly, almost too friendly. During my interview the APD asked personal questions like how my parents met and how I grew up, he was not as interested in discussing clinical and research experience. Residents seemed very happy but clinical knowledge seemed a bit lacking.

2017 and earlier: You rotate entirely at 2 facilities with a fairly even time split, one is a University hospital and the other a very large private facility. You interview with one faculty member. These were some of the happiest residents I met on the interview trail. Despite being right next to Boston and Providence being a pretty small these are large facilities and they get a good range of pathology and patient mix. They have shortened the interview day so you only see the university hospital. Program directors and housestaff are like a family and are all on a first-name basis. Emphasis on global health and travel in residency.

#### South Carolina

N/A

#### South Dakota

N/A

#### Tennessee

##### **Vanderbilt**

2018/2019: *1x 30 min faculty interview with matched interest and one 10 min exit interview with PD, great culture, strong global health, lots of opportunities for genetic research. They "Serves Hattie B's hot chicken at the lunch prior to afternoon interviews - it's incredible, but eat carefully (mild is an option). "*

2017 and earlier: Rotate at university hospital and VA. Happy residents and friendly, supportive faculty and PD. Lots of NIH funding for research and large genomics database based here. Subspecialty services. 4+2 block schedule. Interview day involves quick chat with PD and an interview with faculty or APD.

#### Texas

##### **Baylor College of Medicine (Houston)**

Weakness: Lottery system for determining electives/time off

2017 and earlier: Located in Houston, near Rice University. Affiliated with MD Anderson Cancer Center and has a specific track that appears to focus on training internists in the complex care of cancer patients. Large program (>40 residents/class). 2 interviews, both very relaxed. Residents appeared happy, but definitely have a difficult intern year. They have a 4 week block system, where they try to alternate between wards/ICU months and subspecialty elective/ ambulatory months. Lots of time to do research in second and third year.

##### **UT Southwestern**

2022: Two faculty interviews, one Q&A with the chiefs and everybody. Very low cost of living. Requires a car to get to each of three hospitals: Parkland HHealth, Dallas VA, and William P. Clements Jr. Hospital. Interns get a lot of procedure practice. Residents during the virtual happy hour were very down to earth.

#### Utah

##### **University of Utah:**

2022: This is a great program and one of the strongest academic programs in its region with a very large catchment area for patient populations (urban to rural you name it with global health opportunities as well). Of everywhere I interviewed, the residents here seemed to have the best work-life balance and seemed to have lots of free time for recreation. Residents seemed outdoorsy (skiing, hiking, climbing) but mentioned lots of non-outdoorsy people loved coming to this program too! SLC is smaller city but becoming a very cool place to live (COL is becoming higher and higher each year). I spoke to a former GW resident who is now an attending there who said that the hospital is incredibly well-run and well-managed and all residents are great to work with and teaching is prioritized. One drawback is lack of diversity which the program seems to always be actively working on. Loved this program and ranked it high.

### Vermont

N/A

### Virginia

#### **Inova Fairfax**

2018/2019: 2 interviews, laid back. new program but very nice PD and options to personalize residency training. They have their own cardiology fellowship only for now. PD starts off the interview day by going around the table and asking students why they applied to this program (may said because they rotated here or because they are from the DC area).

#### **UVA**

2018/2019: 2 interviews, very laid back, very good but long pre interview dinner, residents were very nice and happy, enthusiastic about life in Charlottesville but definitely a small town, primary care program was small and underdeveloped. When asked most residents said they chose UVA for "the people."

2017 and earlier: Very happy residents, very supportive program. Beautiful hospital. Subspecialty services. Interview day has 2 standard interviews. Dinner and lunch are delicious.

-> *Primary Care Track*: Very warm and supportive PC PD. Rotate through university clinics and affiliated clinics in more rural areas. Can have personalization of schedule and lots of mentorship.

#### **VCU**

2018/2019: 2 20-40 min faculty interviews, one of them is likely to be behavioral (what would you do or have you done in these scenarios) very relaxed. You can sign up to go on a bus tour of the city after the end of interview day. Chief resident will talk about history and important/ fun spots in Richmond, I highly recommend it (not part of interview day so you get to relax and learn about the city).

2017 and earlier: They give you a bus ride through town at the end to show you how cool Richmond is- I never knew!

### Washington

#### **Virginia Mason (Seattle)**

2018/2019: - 2 interviews with faculty, one behavioral question, 15 min meeting with PD. solid community program with cat and primary tracks, per Dr. Wasserman on par with Cedars and CPMC, per Dr. Catalanotti a "GREAT unique program". Really into "tailored experience", feedback culture, physician wellness called "Optimizing U" (and PD spent like 15 minutes going through these concepts and their mission statement with us, very sincere kind PD). Core IM and surgery site for UW. Tertiary referral for Alaska, WA, Idaho, Montana. 6 cat, 4 primary, 5 prelim, 6-10 transitional, and also have surgery/urology/anesthesiology/radiology residents. Really into QI - with VM Production System. Unique rounding system called "one-piece flow" - 4 teams share daytime admitting with hospitalist service, interns make list of pts from most to least sick and see them one by one with attending/resident, come back to put in orders, call consults, and write note while other intern rounds on a pt, then switch, back and forth, so by the end of rounds most of initial work of your day is actually done and timely done. Residents were really nice, happy with training and didactics, love Seattle

## **University of Washington**

2018/2019: AMAZING PD, so enthusiastic and all the residents love him, interview day is really fun with a tour of Seattle led by a tour guide that is not affiliated with the university, three hospital system with Harborview (public), UW, and VA, residents all seem really happy, very strong PC program with many chances for electives both in rural settings and abroad//2x 45 mins interviews, laid back, strong primary care, lots of global health, very social mission driven, rotate at 3 hospitals including a public hospital 2017 and earlier: You rotate and the main university hospital, a VA, and at a community hospital with a quite indigent population. These facilities are all pretty spread out. Loved the residents here, hardworking but all got along very well and not at all pretentious. Only academic hospital and it serves Alaska, Washington, Wyoming, Montana, and Idaho, so they are busy but get amazing cases. Big homeless population in Seattle and you have many opportunities to work with that population. No X+Y and you have q4 24 hours call at the University hospital.

## **West Virginia**

N/A

## **Wisconsin**

### **Wisconsin**

2017 and earlier: You rotate and the main university hospital, a VA which is actually attached, and a private hospital. The university hospital is state affiliated so it is the provider of last resort (underserved, prisoners, etc.). You interview with one PD/APD and one faculty member. Big institution with opportunities to do what you are interested in, well rounded but not outstanding at anything in particular. Opportunities for research but they don't require their residents to complete anything. Nice faculty and interviewers, the PD is the longest serving IM PD in the country. Seems like they have a very good work/life balance. Madison is great in the summer but rough winters.

-> *Primary Care Track*: Interview during the categorical interview and meet with primary care PD and APD. Mostly conversational interviews with a few behavioral questions at the end ("we have to ask you these"). Emphasized the ability to personalize your schedule based on your career interests and seemed very supportive.

## **Wyoming**

N/A

### **GW Connections**

- Dr. Catalanotti trained at Beth Israel Deaconess (Boston), and many of the PDs on the East Coast know her
- Dr. Barbour trained at Emory

### **Resources**

- Make good use of your GW advisors, attendings, etc.
- Contact GW residents at programs during your interview day - they will be thrilled to see you and give you their real opinions!
- Avoid websites like Student Doctor Network - they only provoke anxiety!





## **INTERVENTIONAL RADIOLOGY**

**Chairman:** Dr. Zeman

**Residency Program Director:** n/a

**For Research:** Dr. Sarin: [ssarin@gwu.edu](mailto:ssarin@gwu.edu), Dr. Scher: [dscher@mfa.gwu.edu](mailto:dscher@mfa.gwu.edu)

### **GW – RAD 381**

The Vascular and Interventional Radiology (RAD 381) is a 2- or 4-week subspecialty radiology elective focusing on vascular and interventional radiology. The goals are to orient the student to the vascular and interventional radiology section and to become familiar with the full variety of special procedures which are performed by this section. Faculty includes: Drs Anthony Venbrux, Shawn Sarin, Daniel Scher, and Sarah Kantharia. It is highly recommended to take this course as early as possible to build a relationship with the attendings and get a letter of recommendation. It is also great preparation for away rotations as it is a low-stress situation to learn as much as you can about IR procedures. Everyone is approachable and helpful, and they love to teach.

Student comments about RAD 381:

“This rotation is very laid back. As a medical student, you have very few responsibilities. This rotation is to provide face time with the major faculty and obtain letters of recommendation.”

Student Comments about IR: “IR AI (RAD 381) is more time consuming than DR but can vary greatly from physician to physician. Typically, the day will start at 7:00 for rounds. Medical students are expected to attend but do not present. If you want to, you could come earlier and try to preround with the fellow/residents. Cases for the next day are always on the board the night before. It’s always a good idea to look up the ones you’re not familiar with!”

“After rounds you get to scrub into any case you’d like for the day. Try to get cases the resident and the fellow are not on as you get to do more. Dr. Venbrux is extremely hands on and will let you do a lot depending on your own confidence.. You should know the indications for the various cases being performed that day, relevant anatomy, and complications. I never felt humiliated if I didn’t know something in the IR suite as it is a very supportive environment. Finally, enjoy this rotation as much as you can. The attendings are all fantastic and each has their own quirks which make for a sometimes unusual but excellent working environment. The support staff is funny and engaging and love to crack jokes, sometimes at your own expense. This was seriously the best month I had in medical school and really solidified my desire to go into radiology.”

“Dr. Venbrux is incredible at writing letters of recommendation. But he gets busy (as do the other IR attendings) Be aware of this and give them plenty of time to write your letters.”

“I found the IR section of this textbook helpful for a brief overview of the procedures

Preface. In: Elsayes KM, Oldham SA. eds. Introduction to Diagnostic Radiology. McGraw-Hill; Accessed May 06, 2021. <https://accessmedicine-mhmedical-com.proxygw.wrlc.org/content.aspx?bookid=1562&sectionid=95874541>

If you want something more in depth

Mauro, M., Murphy, K., Thomson, K., Venbrux, A., & Morgan, R. (2021). Image-guided interventions (Third edition.). Elsevier.

This book (of which Dr. Venbrux is an author) is also helpful.

### **Away Rotations**

Away rotations are very very highly recommended for IR. Please don’t overlook the fact that they drastically increase your chances of matching at that specific program so don’t “waste” a month at a program where you wouldn’t consider doing residency. They can also be helpful if you are looking to go to a specific program or geographic area. The golden number seems to be 2-3 but I personally thought that 2 was enough. Schools with cut-off USMLE scores often waive those cut-offs if you did an away. Keep in mind that your away rotation is essentially a month long interview so be your best self :) Additionally, if you do not happen to get an away at a place you really want or do an away and don’t like the place as much as you thought you would, that is okay. Every away is

still a great opportunity to learn, network, and get a letter of recommendation from outside GW. And while always do increase your chances of matching, a high percentage of IR applicants end up matching somewhere they did not do an away rotation at.

A few more pointers:

- Try to get a sense of whether or not the IR and DR departments are friendly with each other; it'll help you with your game plan during DR interviews for that school.
- I highly encourage you to meet with the program director as well as the chairman of the department around week 3 of your rotation to express your interest in the program.
- Handwritten thank you notes!!! I personally wrote one to every attending I worked with as well as the chairman and the coordinator (they work incredibly hard to make aways/matching possible). Edit: Handwritten notes are a nice touch but not necessary if you don't have the time, most people I met on aways and interview trail emailed thank you notes. Definitely still send them!
- Never go into a case blind: at minimum, know the basics about the procedure and the indications for that specific patient
- IR techs are the best and your very best resource. Be nice to them and they'll teach you a ton!

### **Specific Away Experiences by GW students:**

#### **2020**

**Kaiser LA IR:** Applied on VSAS, heard back very quickly from them. The IR department has the most students rotate through it in the country. During my month in July there were 5 of us. This was surprising to me because they only have 1 residency spot, but students want to rotate here because you learn a lot and students get a ton of hands-on experience. Each student is assigned to an angiosuite for the week. During my rotation I got to do a TACE and put in a few lines as primary operator. The caveat is the rotation is very intense. You will be at the hospital M-F 6am-9pm every day because there is a very high case load and they are well staffed. You are expected to write operative reports, obtain consent, and preround on all your patients. Dr. Vatakancherry (one of the most well known IR physicians in the country) is the PD there and he loves teaching medical students. I got a letter of rec from him and almost every physician I interviewed with brought up how they knew him and frequently talk to him about how to improve their program.

**UT Houston/MD Anderson IR:** Applied on VSAS, be careful there are 2 on VSAS that have very similar names! One is at MD Anderson and one is at Memorial Hermann Hospital. Residents rotate at both but the PD is at MD Anderson. Overall, I had a great month here. The residents and fellows were some of the best I worked with. They let you do a lot of stuff yourself if you prove you know all the steps to a procedure. At MD Anderson you will stay there the full month. At Hermann you will be between there and LBJ county hospital. I didn't end up getting EMR access so I didn't preround or see counsults and mainly just did procedures. Hours were normally 7am-6pm. Could stay longer sometimes depending on day. All of the attendings were great teachers and most of them liked to joke around and keep the atmosphere fun. There are 3 residency spots here.

**UCSD IR:** Applied on VSAS, there were 2 of us on my month there. During the rotation I spent time at UCSD, Hillcrest, and the VA. The UCSD hospital is brand new and super nice while the others are older. Overall I had a great experience here. All of the attendings were nice willing to teach and they gave the residents a lot of autonomy as well. Frequently scrubbed in with just a resident with attending watching from the control room. Across the 3 hospitals they do the whole spectrum of IR procedures. As a student I was expected to preround, write procedure and progress notes. Day was typically 7am-6pm. Location is amazing, close to the beach and beautiful weather. There are 2 residency spots here but 1 is a dedicated research spot, which requires you to have take an extra year in residency.

#### **2019**

**Georgetown IR :** Applied on VSAS, the coordinator is still the wonderful Silvia Villaros. I sent an email in conjunction with my VSAS application expressing my interest in the program. Georgetown has 3 angio suites, a CT room, and an ultrasound room. All of the attendings (7+) love teaching and cover a broad range of cases including TIPS, fibroids, biopsies, peds IR, and interventional oncology. There's definitely plenty of cases for the trainees and plenty of opportunities for hands-on experience. As far as work load, it's an intense, busy, and extremely fun program. Als were expected to preround with fellows at 6 and present every patient on morning rounds. The rest of the day was spent in cases and looking up patients for the next day. The days usually wrapped up around 5 but occasionally lasted much later (8-9) depending on cases/emergencies.

**Cornell IR:** Also applied on VSAS and reached out to the coordinator. Cornell has a very large IR department with tons of attendings (not sure about the exact number but we're talking 15+). The department is subdivided into three main teams: gold, red, and blue, based on attendings' area of expertise. One. Thing to keep in mind is that they have a lot of trainees. This will be slightly different next year as the fellowship is getting phased out and the 7 fellows who are currently there will be finished with their training. Similar to Georgetown, there's a wide variety of cases each day. The Als usually stay in the main hospital and are not expected to present/carry patients. There's an outpatient IR center across the street but it's mainly used for smaller cases and staffed with one of the fellows.

## 2018

I did away rotations in Interventional Radiology at Emory and San Diego Naval Medical Center. I found that a few times IR was not listed as an available away through VSAS so I just emailed the university I was interested in and they helped arrange it. Apply early and make sure all your documents are in. If you don't get the dates you want, email the coordinator after to see if they can accommodate you. You wont know if you don't ask. Emory is a very large institution with a robust IR program ( a useful experience to see what high volume looks like).

**Georgetown IR :** Applied to VSAS, their program coordinator is Silvia Villaros but its hard to get in touch with anyone at first. It was nice to not have to pay for a new apartment in DC. I had a good experience. You are really involved as a medical student and see patients daily and present in morning board rounds. Then you can just go see cases all day. Its long hours and you're busy, but a good experience overall.

**MUSC IR (Charleston, SC):** Applied on VSAS. Didn't get the first month I requested. Seems like they are busy with the amount of rotating students. I had one other away student with me, but there's two sites so you get to be at different places. MUSC rotation is pretty laid back in IR, but for radiology you have alot of lectures and case presentations so its a lot of busy work, which is annoying. You probably learn more about radiology by doing this though so it is good. The IR service is pretty good, and a very chill place to work. Charleston is a great city and it was relatively easy to find places to stay on rotating room.

## Applying

Apply early and apply broadly. Interview at around 15-20 places. The number you apply to will vary based on your application strength. Right now most IR applicants apply to the majority of programs (around 50-65) because it is so hit-or-miss whether you get an interview. My thinking was it is easier to cancel an interview than not get enough, but hopefully this changes in the coming years. It is also very helpful to reach out to program coordinators or directors through email or a phone call expressing your interest to interview there.. Don't forget about getting a good prelim and TY programs. Some PDs say prelim surgery is necessary if you are going to do IR, however some residents and attendings have said that it does not matter one way or the other. Try to see what the preference is during the interview and on the website for when you make your rank lists later. Application numbers have picked up recently, and radiology is still competitive but very doable. Research can help. Dr. Tu is an amazing resource for research and loves helping medical students.

## Interviews

Interviews are not only a time for programs to meet you, it's also a chance for you to get to know the program. The most important thing you do during interviews is get a vibe for the place. See if the residents are happy. Could you

be happy there? Do they have the type of culture you want in a program? Is the program director looking into the future? Do they have the resources to support the residency program? Are they focused more on resident education or fellow education? What is the relationship between DR and IR? Do residents place well in fellowships? More of the details can change between the time you interview and the time you begin radiology, but get a good overall feel. It's competitive to get interviews, but once you are on your interviews everyone is generally very friendly, laid back, and there is very little feel of competitiveness. So make sure to go into your interviews relaxed and try to have fun!

Accept interview invites as soon as you get them. If that program also has a preliminary program, email or call and ask if you can interview there too.

Try going to the dinner the night before whenever you can. It gives the residents a chance to meet you and gives you a sense for the culture of the program. Residents often have a say in the rank list in many programs, though the faculty always has the last word.

Go to the interview day prepared with plenty of good questions to ask your interviewers. Many of them just want to answer your questions, rather than ask questions of their own.

Be very familiar with your resume. It is very nice to have some research to talk about during your interview and don't be afraid to put down hobbies on your resume. Hobbies are a great way to make a connection with the interviewer. And interviewers will ask about them.

#### Student Comments:

Interview days for radiology are usually laid-back. Interview days vary on schedule, but start somewhere between 7:00 – 8:00 am. There is an introduction by the program director, sometimes an AM lecture and then you typically get at least 2 interviews with some programs giving you up to 8, speed-dating style. There is almost always breakfast and always lunch. Interview questions vary, some programs have more rigid interview type questions (tell me about a time where you failed), but others are just the typical (tell me about yourself, why radiology, what fellowship do you see yourself in) set of questions you will be asked everywhere you go. I was never asked very detailed questions about my research except by one school. Most of the time it was a very simple question pertaining to the overview of the topic. That being said, if you put down you are an expert in Retina MRI on ERAS be prepared to explain and discuss that topic at length. Be prepared to sit through a didactic session and try not to fall asleep. Always be on your best behavior to everyone from the janitor to the chairman and keep off the cell phone. It looks bad if you are texting during a lecture and yes, people notice. The typical day ends between 1:00 - 2:30 pm although there have been programs which keep you longer. Keep this in mind for travel plans afterwards. Consider sending a thank you letter to the program.

Get to know the location while you are there. You'll be living there for quite a while. Keep in contact with your #1 program and emphasize that you love their program for x,y,z reasons.

Many programs will interview you for DR and IR on the same day if you applied to both programs at that institution. Your interview day may be a little longer, or some of your DR faculty interviews will be with IR faculty.

#### **Virtual Interviewing**

Interviews usually last a half day (8-12). Consist of a few interviews with faculty, maybe 1 or 2 with residents, a presentation about the program, and a large group meeting over lunch with the residents and all the applicants. Most programs use Zoom, but some used Webex, Thalamus, and MS Teams. Many programs will have a virtual meet and greet the night before where you can meet all the residents and ask questions. Otherwise, the content and format is very similar to the in person interviewing described earlier. Make sure to watch your time because some places may move you out of a room automatically as soon as time is up. Otherwise all the general rules provided by the career advisory deans regarding virtually interviewing apply.

### **Memorable Interview Questions**

- Why should I believe that you want to be a doctor in this field of medicine?
- Why did you choose radiology? And why IR?
- Were there any memorable experiences?
- What do you think the future of radiology is?
- What are you looking for in a radiology program?
- What are your thoughts on the impact of AI?
- Why this location?
- Describe a challenge in your life?

**The following is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2015, 2016, 2018**

#### **Northeast**

##### **Zucker/Northwell:**

Newer program. The PD is very focused on resident education, and they make sure all their teaching faculty are committed to teaching. Call is heavy, but you never feel alone. Rotate at Long Island Jewish and Northshore hospital (2 miles apart). Total system is 17 hospitals, so there is a wide breadth of pathology. Residents do a lot of activities together (eat, escape room, games) There is on campus housing. Have a research institute and plenty of research opportunities. Lots of opportunities for medical education, and they have a program SONICS for teaching ultrasound to medical students. Partnerships with industry like Siemens and General Electric. Do the full breadth of procedures except for a lot of aorta work they say. Residents say PD "Drew Caplin is the best person in the world"

##### **Mather:**

Soild community based program. Lots of one on one time. IR attendings were very involved in education and very insightful on they they wanted to do training. IR department keeps up with developments in the field, and they do a lot of procedures. Many of the procedures done in the hospital are done by IR. They also get along with other departments well. The hospital is in the process of being fused with another, but the PD says this will only make the program better.

##### **Rochester General Hospital:**

Hybrid of private and academic practice. The PD seems very involved and supportive of residents. Residents get lots of independence and start off with lots of responsibility. Great city to live in and very affordable. ESIR available. Independent IR call. The PD seems very committed to the program, involvement in SIR, and creating and expanding the existing research opportunities. He stressed that they will also show you how to build a practice.

**Rutgers:** In Newark, NJ. Seemed like a robust program. Could do well there.

**Cooper:** Odd program director. Residents seem happy enough there. Terrible neighborhood. However, most live in downtown philly (15 min train ride from center city directly to station literally outside of the hospital).

**Christiana:** Smaller program. Well funded. Residents are paid quite well. Residents seem happy and well supported. Nice hospital. Met with one Georgetown resident who specifically went there because she has two kids. Seem to do reasonably well with fellowships.

**Pennsylvania Hospital (PAH):** In the heart of Philly. Very good breast imaging reputation. Residents do trauma at Presbyterian in Philly, GI at Upenn, Peds at CHOP. Focused on the education of residents. Good attendings. Low volume at night.

**Einstein:** In the outskirts of Philly. Program director is very involved, seems to be looking to the future. Former GW med student there. Nighthawks get sent all ectopics, potential head bleeds, trauma.

**Bryn Mawr:** In the suburbs of Philly. Rotate through lots of hospitals, including St. Christopher's Hospital for Children and Nemours DuPont for peds. Didn't seem like much of a cohesive residency community. Residents live outside of or in Philly.

**Hershey:** 7 residents/year. LOVE the town. Smaller community made up of Hershey employees and hospital staff. Close to lots of cities. Good culture at the hospital. No in-house 24 hour attendings. First year orientation of 5 weeks. Dedicated 1st year curriculum.

**Geisinger:** Out in the middle of nowhere

**George Washington:** Smaller, resident-run program. The attendings and residents are great and there is a lot of time with one-on-one instruction. Dr. Zeman (the chairman) is very enthusiastic and involved. Breast imaging and IR are strong. Residents have 3 peds rotations at CNMC. Plenty busy at night. Good share of trauma. Internal moonlighting is available during evenings. No in-house 24 hour attendings. If you want to stay at GWU, talk with Taffel and let him know, but don't bullshit him unless you are sure! This is the first year for the integrated IR program. All the attendings are great to work with, and Dr. Venbrux is a leader in the field with a wealth of knowledge.

**Georgetown:** Lots of oncology and transplant. Not so much of the bread and butter. Residents spend 2-3 peds rotations at CNMC. Travel to Shock trauma [in Baltimore] for a one month rotation since they don't have much trauma. Go to WHC for cardiac. Throughout these areas you get exposure to everything. Lots of PAD at WHC. No in-house 24 hour attendings. They are in the process of expanding their IR suites and building a new hospital building. Have a categorical surgery year. Residents gave examples of how the faculty advocate for the residents.

**University of Virginia:** Great community in Charlottesville. A larger resident group, but supportive program. Good fellowship opportunities there. Impressed by how collegial the residents and attendings were. A few of the residents were having children, using subsidized daycare near hospital.

**Easter Virginia Medical School (EVMS):** Extremely welcoming to applicants. Norfolk is surprisingly charming. A couple residents live in VA beach. Large private radiology group and you get the sense that some are more involved than others in teaching residents. Very well financed hospital. Program director is incredibly supportive and devoted to residents. Free standing children's hospital twenty steps from the main hospital. Heart hospital. Affiliated med school. Lots of trauma (in fact military residents do their trauma rotation here).

**MGH** -- amazing, elite program. It's Harvard. PD is intense and I wasn't sure that she was listening to me. Some of the faculty rubbed me the wrong way... seemed a bit abrasive and intense. 4 interviews including presentation with by the chiefs. Truly leaders in radiology. Clinical work has great depth and breadth. Facilities are amazing. Department physically designed to encourage a lot of interaction and bring other disciplines down to the reading room. Money coming out both ears for research, facilities, etc. These people are at the pinnacle of their game, unfortunately along comes a fair amount of snootiness, and Ivy League / Top 10 med school nepotism. Interview day had a very ""why should we take you at MGH"" kind of feel. Still, many of the residents I met were totally normal people in the social setting, while the others just seemed too cool for school. Also, weird that everyone at MGH (interns to faculty) wears short white coats; I guess ""lifelong students."" Beacon Hill is a really cool and storied part of Boston. That being said, it's expensive. Overall, world class institution, more serious environment than other departments, lots of fellows but still plenty of volume to go around, weaker in IR.

**Brigham & Womens** -- amazing. More laid back than MGH and nicer faculty. 6-8 quick interviews. Considered in top 5 for sure, and in many cases barely in shadow of MGH. Another Harvard program, also part of Partner's Healthcare System (along with MGH). I actually liked the Brigham more than MGH on the basis of the residents in the program. MGH and BWH are basically equivalent in my eyes. What part of town do you want to live in? Beacon Hill / Downtown for MGH or Longwood site of BI and HMS for BWH. The Brigham's radiology library is beautiful and

overlooks the quad of HMS, which I thought was pretty cool. One of the GW IR guys, Albert Chun, recently worked as an attending there.

**University of Vermont** - extremely casual and laid back, excellent program/great hospital/ very friendly/warm residents, 5 20-minute interviews

**Brown** – politically active program

**Boston University** - Top program. Great hospital. interview includes quite an extensive tour of the facilities, which required walking quite a bit outside in the snow, lunch was a few blocks away from the hospital, which involved more walking outside! watch the weather when packing for this interview, interviews themselves are fairly relaxed, one faculty member, the chairman of the department, and a chief resident. Residents seemed dorky but fun-loving and sociable. Nice location in Boston. Attendings were very friendly and actually respond to emails (a rarity on the interview trail). Would probably receive more acclaim if they weren't the 4th best program in their own city behind the Harvard programs. Workload seemed intense but meaningful.

**Yale** -- very impressive and well-organized day. Chairman visits the cocktail hour before dinner and meets everyone. He knows Dr. Zeman well (who did his residency there). Very good program, but not necessarily known as a top program, despite Yale name. Loved the residents. All very friendly, funny, and stress-free; seemed to go out to the bars with each other a lot, others had families. They have 24-hr on-site attending coverage (unique aspect), which takes the resident on-call overnight off the hot-seat; resident can consult the attending sitting next to them, and never have to make a tough call on their own. Attendings were concerned this affected resident education in a negative way. Also, residents could take time to read about a case, and stop interpreting clinical work for the day if they decided to; thus, no stress of volume of work done, rather learning at your own pace (could be positive or negative). Research is not stressed, but available if you're interested in it. New Haven isn't great, but married couples and those with families lived in nice neighboring towns on the coast. Currently undergoing major changes with merging of hospitals and replacing chairman. Larger program and good pathology. Good IR. Best didactic lecture all season. Had more formal interviews compared to other programs especially regarding research. Great, friendly program director. Pre-interview dinner is almost mandatory. Not as strong as its Boston counterparts or the name would lead you to believe. Residents seemed more uptight and less laid back. Dr. Zeman is well known to this program.

**Mount Sinai** - Top program. Great hospital. pretty relaxed day with 3-4 interviews. Great subsidized housing. No pre-dinner so I couldn't get a good feel. Several GW people as residents. Some attendings seemed friendly while others seemed more NYC business serious. Residents only mildly sociable. Department had a very "stuffed in the basement" kind of feel. Nice NYC location with subsidized housing. When on call only read plain films and do your own ultrasounds, aware of deficiencies in program but I think they're in process of changing, great IR. Mount Sinai is the liver and crohn's hospital of NY so see lots of these pathologies.

**Lenox Hill** – subsidized housing

**Nassau University Medical Center** - lack of technology, however, they received a TON of money recently and will be improving significantly in the near future

**New York Presbyterian Hospital** -- fun, laid back, Mexican dinner the night before. 4-5 laid back interviews. Great part of the city and great housing. Radiology facilities are dated for such a named program.

**Cornell** - Elite program. Enthusiastic attendings with great backgrounds. Top notch hospitals (NYP, HSS, MSKCC). Program has a lot of money and residents get to reap the benefits (good pay, lots of happy hours/dinners, subsidized housing, research grant money for resident projects). Residents extremely happy. \$100/hr moonlighting amply available. Fantastic location in NYC. Seems to be full of NYers or NYC med school grads. Short interviews

made it tough to get myself across in 10-min time frame. 3 laid back interviewers from cornell, hss and/or sloan-kettering. Relaxed dinner beforehand. Get to see housing.

**NYU** - Elite program. Great hospitals in great location. Top notch attendings. Work very hard, play very hard mentality among residents. group interview (they do 2 days of like 50 people). Dinner beforehand was snazzy with faculty there who will come talk to you. 3 panel interviews with 2 interviewers each... a life/hobby one, research one, and why nyu/radiology one. Very impressive and well-organized. Extensive resident-applicant interaction and attendings eager to get to know you. Their program director's only job is to be a program director -- no reading responsibilities. So he is very accessible and responsive. Felt like program had chip-on-shoulder when mentioning Cornell. Most laid back program I interviewed at, residents say their best and worst thing is the laid back atmosphere, up and coming IR?

**North Shore University Hospital – NYU** – best community program in NY, great hospital, new affiliation with Hofstra Medical School, great location and teaching, very well known in NY

**St. Luke's Roosevelt** – subsidized housing, very happy residents

**St. Vincent's** - small community hospital program in the village in Manhattan, excellent location, only take two residents/year

**Staten Island University Hospital** – + PACS system, structured curriculum, very happy residents, dedicated program director and chair, great teaching, no graduates of the program yet

**SUNY Stony Brook** – pay for hotel the night before, dinner at chair's house, presentation on technology, followed by 3 interviews and tour of the facilities

**Winthrop University Hospital (NY)** - nice university program in Mineola on Long Island, didn't look like Mineola would be that great to live in, but they provide excellent/cheap housing (300/month for 1 bedroom) and you are located only 30mins from Manhattan right off the LIRR, program director is extremely nice and friendly, program has amazing benefits, however, a lot of the residents there were transfers from other specialties and were, quite frankly, mean to many students who rotated there, there is construction going on to improve the department, however, as of now, residents are competing to get a workstation every day and do not read out a large amount of time

**Morristown Memorial Hospital (Atlantic Health System)** – phenomenal reading stations, very nice faculty, lots of construction for new cancer center

**UMDNJ – Robert Wood Johnson** – good educational focus for medical students and residents, may have too much call, don't show you the second hospital that you will work at

**Drexel** - interview day was very relaxed, 3-4 interviews, one being with a chief resident

**Temple** – molecular imaging, pain management, great IR, very nice facilities

**Thomas Jefferson** - very relaxed interview day, dinner the night before which was well attended by residents, 3 faculty interviews including one with the program director which was by design the shortest very conversational. Awesome PD, big MSK and ultrasound center, IR known for lots of resident hands on experience

**University of Pennsylvania** - 2016: Awesome program in a nicer part of philly. 6 interviews 15 min each, basically speed dating. Very strange questions, residents will tell you some of the questions the night before. This program has everything bc they have so much \$\$\$. Huge emphasis on research, most residents take 1/2 day a week off to do research. Program director (sweet old mama bear woman) has no involvement in selection, she just runs the



program. Selection chair is really nice but again, weird questions. Pre interview dinner is amazing (spanish paella and tapas) but the topic of conversation at the table was MRI physics, thought the residents were a bit on the stranger end of the spectrum.

**University of Pittsburgh** - Large hospital with well known transplant and oncology programs. People at the UPMC are very friendly. Good moonlighting opportunities. Pittsburgh is a cheap city with lots of affordable living options. Optional pre-interview dinner. The faculty are really enthusiastic about teaching. Residents are all pretty interesting and relaxed. You rotate at multiple hospitals, so there is some travel. But the hospitals are pretty close. Great city to live in with plenty to do. Call is just you and the attending, you are expected to be kind of like the fellow. Have additional lectures on business and personal finance. Program has one clinical rotation in your third year. Say they don't do as much PAD and aorta work. Lots of bleeds, trauma, PE, and hepatobiliary interventions.

**Penn State** - Optional dinner the night before. Residents seemed like interesting and cool people. It is a smaller city, but the residents say the ease of living there is incredible. They describe the program as semi rural. The catchment area is > 2 million people. Hands on teaching is very important to them, and 30% of the volume is interpreted by residents. Independent night call. Call starts early on in first year. The residents seemed like very interesting individuals. Moonlighting available. The IR and DR programs are very close. Currently 6 attendings, and graded responsibility is very important to them.

**University of Maryland** – 2016: Didn't do pre interview dinner but interview day was pretty relaxed. 4 interviews, 20 min each with questions about stuff listed on ERAS. Residents seemed happy, some even commute from DC. One weird thing is residents kept saying how weird the PD was and how I was lucky to not interview with him. Long interview day, ended around 3-4pm. Beautiful reading rooms and gym across the hospital just for residents and faculty. 2020: The DR PD seemed normal to me and very responsive to resident concerns. They really emphasize the collegiality, and it really showed during the interview. The faculty are very passionate about teaching, and many are lecturers at AIRP. The IR PD said they are a little weaker in pediatrics and PAD. Have a new department chair from Yale that really wants to build the program and its research.

**Johns Hopkins** - amazing. It's Hopkins. There are 6 short interviews (12-15 min each). Meet in the place where the first residents in the country slept (why we are called residents). Dr. Brem, Dr. Venbrux, Dr. Levy, and Dr. Hill did residency or currently guest lecture there. #1 Hospital in the country for the last 20 years. Tons of money throughout! Incredible clinical education and research opportunities. High volume of cases, many of which are very complicated; it's Hopkins! Probably the most "formal" environment I came across; faculty is more "old school!" The new program director, Dr. Horton, is keen on looking for "leaders" of health care and radiology; she seems quite intense. She puts on a very straight face during the interview (I've been told you may get the vibe she doesn't like you, but that is not necessarily the case! She just has a good poker face). Location of the hospital is in shady area, but surprisingly, there are some very nice affordable areas to live (Inner Harbor, Fells Point, Canton, etc). Optional dinner the night before.

**Montefiore**: very nice faculty, nice facilities, strong in most areas, would rank it 3rd in nyc (behind nyu & cornell) Seems like you will get a great education from leaders in the field. Faculty are very invested in teaching and feedback. Plenty of research opportunities. "You are only there to learn, you are not required to clear the list" You do rotate at multiple sites, so there will be some travel. There is subsidized housing on campus. The PD is very nice and approachable. For virtual interviews, they had the best organized information packet of the programs I interviewed at. The IR PD seems intense, but also comes across as someone that really cares for the residents. He is very close and works with the DR PD. He also runs a big IR conference in NY every year.

**Christiana Care**: this is where I matched into the Direct Pathway for DR/IR. This includes DR + fellowship in IR for those students who know they wanna do IR. I am not sure about the area but there are beaches, parks, nearby major cities and north Wilmington is on an upsurge after the riots in the late 60's with ample tax free shops, restaurants, home to biotech, banks but the program is a community program with an academic feel. Excellent

pathology and 900+ bed hospital, level 1 trauma center. Very active IR group and affiliations with Thomas Jefferson.

**BIDMC** - 2016: One of the Harvard programs but considered the most "laid back" one. 4 interviews 20 min each. PD is an older female attending who was really kind and just talked the whole interview. They were very clear about "let us know if you want to go here". Gave us a packet with fellowship match stats and publications of residents but no presentation from PD about curriculum, benefits, or other random things you'd want to know about a program. Lots of faculty are leaving, was told 7 in the last 2 months and being recruited by other institutions which has to impact resident education

**NEW ENGLAND-Specific Advice:**

*It is possible to drive to all of your interviews (New England isn't very big)!! Boston attracts more people from out of New England than the surrounding hospitals and, as a result, is more competitive. Know what you're getting yourself into – Dartmouth, UVM, and Maine are in smaller cities (Dartmouth, Hanover NH is basically a not so big town) and are rural, so you have to like that sort of thing in order to be happy there  
Maine Medical Center (Portland, ME) is categorical (i.e. you only rank them for radiology, prelim is automatically included*

*There are no separate prelims for Dartmouth or UVM (i.e. Dartmouth and Fletcher-Allen are the only programs in the state so there is no community hospital nearby)*

*Many New England radiology programs (Dartmouth, UVM, Maine, Lahey Clinic) send residents to Children's Boston for 2-3 months of pediatrics usually within radiology years 2-3. They put you up in an apartment in Boston for the 2-3 month block. (Major consideration if you plan on having a family at that time)*

*Trauma (especially penetrating trauma) numbers are much lower for Dartmouth, UVM, and Maine – it's just a fact to know going in*

*Lahey Clinic sends residents to Brigham and Women's for OB imaging and there's no Pediatrics there (i.e. no OB imaging or Pediatric imaging on call)*

**UVA** - optional dinner night before (significant others invited), very casual, interview with 5 people per day, everyone was very nice. Charlottesville is a super cute town with very good food. Great for families (affordable!!), but may not be the best location for singles (2+ hour drive to DC). Lots of outdoor recreation here. Overall, outstanding program, very strong in IR.

**West Virginia University** - optional dinner the night before  
**VCU**

Rotate and VCU health system and the VA. I really liked the residents at this program. Program has a formal orientation. Very relaxed program with a strong focus on education. Few fellows. "Feel like you are appreciated, not just a workhorse" "Committed to being a teaching hospital" The PD is great and cares a lot about the residents. Plenty of moonlighting opportunities. Richmond is great city to live in with low cost of living, easy travel, and plenty to do.

**University of Kentucky** - fairly relaxed day, nice residents, there is nothing in Lexington, hospital is undergoing quite extensive building/renovations - should be a mess for the next few years

**Vanderbilt** -- less organized interview day than I expected. Dr. Dina (PD) was an attending at GW. 4 laid-back interviews. Older attending from South Africa loves to talk about rugby and is known to be abrasive (though was nice to me). I thought my virtual interview experience was very organized. The interviewers were all fun to talk to, and they had interesting and thoughtful questions. The department chair is interesting and seems very focused on innovation and research. There is plenty of volume, and they say currently 40% of cases have only an attending present. You see the full spectrum of pathology. They say they are running it more like a surgical subspecialty residency, and there are a lot of surgical rotations in PGY-5. The departments are collegial and get along well at the hospital. They work well with the surgery department. Research is heavily supported.

**Duke** – Awesome program. Very focused on individualized teaching during readouts, daily small group case sessions with attendings. The program is very focused on high quality education, and the residents mentioned a board review course run by Duke that residents from all over the country attend. Have 3/2 program where you spend 9 months of 4<sup>th</sup> year dedicated to a subspecialty and then can do either same subspecialty or different subspecialty during fellowship. Note: they really like to keep their own, and don't necessarily like you to leave to do fellowship elsewhere; luckily they are amazing in basically every subspecialty but just be aware, definitely possible to do fellowship elsewhere but it tends not to be the norm to leave for fellowship. Very affordable. Small city feel. During the interview the faculty really expressed their enthusiasm for teaching.

**Wake Forest** – Very strong DR education and residents get great fellowship placements. Do a lot of IR call in your DR years. Intentionally small program, so there is plenty of volume. Use SIR essentials. Great facilities for IR. Courses in economics and leadership as well. Lots of autonomy and independence, and call starts early. They are focused on independence and getting you up to speed quickly. They say you will work hard in this program, but you will be very well trained. For IR there is a categorical surgery prelim year. Residents say it is very easy to live there, and there is still plenty to do. Lots of camaraderie between the residents, and they get a long well. "Education first program"

**University of North Carolina** - Great all-around program. Very nice people – reputation is shadowed by Duke, but they're definitely on the upswing. UNC is in a super cute location, very nice community and very affordable (the city bus is free!). You'll get solid training here.

**Medical University of South Carolina** – group interview with the chairman to start off the day. Charleston is awesome. Dinner beforehand was fun and nice. 4 interviews that were laid back. Be prepared to answer why Charleston? Residents told me several times to email them if I was interested because that makes a big difference there.

**Emory** - Very large program. Very nice interview day, program director spends quite a bit of time introducing himself and the program. Excellent program, takes a lot of residents (like MIR). Grady is every resident's favorite hospital– a TON of trauma here, very busy. Very friendly people and well connected. The department chair meets with residents monthly. You rotate through a LOT of hospitals here, and traffic is terrible in Atlanta. The academic is the only program in the city. The residents complain about rotating and taking call at so many hospitals (seems like a lot to juggle). However, you'll get great training here. Atlanta is a very green city with lots of parks; good cost of living as well. However, one resident did mention that there are some very unsafe parts, and you need to be careful where you live. Residents also mentioned that the call is busy. The faculty and PD seemed really nice and enthusiastic about teaching. Separate Children's hospital that is one of the best in the country. The program has special tracks for interests in the research, education, innovation, etc... Program has a transitional year you can apply to as well. Large IR program as well with lots of faculty, and they are expanding their facilities. The IR and DR programs are close, and they emphasize having a strong DR background for IR.

**Mayo Clinic-Jacksonville** - Actually in Jacksonville Beach, just minutes from the beach. Very affordable, safe, minimal traffic. Beautiful hospital, great attendings and residents, but very small program. The graduates seem to really like the program and many come back to work there. Faculty during the interview were very enthusiastic about teaching and medicine in general. They really emphasize the patient coming before everything else. They do a wide breadth of procedures.

**Ochsner Clinic** -- paid for my hotel. I did the Fri/Sat thing which was different. New Orleans is awesome. Do not drink too much at dinner or on Bourbon St after the dinner. Good mix of private practice and academics. One interviewer tried to push research. Laid back. PD does IR stuff for Saints and Hornet players, which is neat.

**Tulane** -- Smaller than Ochsner in NOLA. Lunch after but no pre-dinner. Residents seemed a little overworked (4 of them). Hospital isn't as nice as Ochsner. PD was very laid back and nice. Did lose their radiology accreditation after Katrina like LSU did.

**UAB-** Great program, large. Dinner before hand at a resident's home, which was different and neat. 4-5 interviews with an awkward mixer at the end with attendings. Building a new womens and childrens hospital. At the social the night before, it seemed like the residents really got along outside the program. The program seems really accommodating for residents with family. The hospital system is great, and you will get a great education. Plenty of research opportunities. Procedures on every rotation. Have independent call. Call starts 6 months in. Few fellows don't interfere with resident volume. Birmingham is very affordable to live in. The program is very responsive to feedback, and supportive of residents. Have ESIR. The program has a formal mentoring program.

**U of Mississippi** -- Solid program in the south. Lots of new, young, well-liked attendings. Residents were happy. Chairman has a set of questions that he reads off like a list to everyone.... like when was first Xray? what are 3 biggest achievements in modern medicine?

**Baptist Memphis** -- private practice. No academics. No research... can't imagine getting a broad basis. Residents are very happy and make tons of money moonlighting.

**U of South Florida, Tampa, FL:** Very friendly attendings, mix of private and academic practice which they emphasize as very unique, solid program. Tampa seems great - good cost of living, sunny and warm, close to the beach and Orlando theme parks, overall a wonderful place to live. The residents are amiable. Program has a 3d printing lab. You do rotate at multiple hospitals, so you will have to do some travel. IR does a lot of cool stuff, and the department is very strong. They recently finished building new IR suites, and the PD says they probably have the best facilities in the country. IR is very important to the hospital there.

**Florida Hospital Center** -- New program just graduated first class. Stupid amounts of study volume (1.2 million studies per year) and money. Academic appointment at adjacent university and full physician on site benefits (free sushi lunch everyday). Fellowship placements were mediocre. Residents learned at their own pace and did whatever they wanted everyday which was unexpected and a double edge sword for those who are lazy. Excellent support by on staff physicist for board prep and excellent research opportunities with intra-operative MR. IR was bread and butter, nothing fancy. Given time, may be an excellent program but there are better options in Florida.

**Cleveland Clinic** - very nice dinner the night before, very casual feeling to the whole day with good time to visit with residents and faculty, interviews with the PD, a physicist, and a faculty member (all very nice), get a chance to sit with the faculty at the viewbox for 30 minutes, overall a very positive day

**UChicago** - Elite program. Sprawling gothic grounds. Walking around campus feels like being in college again. Mix of young social attendings and old-school academics. Great academic atmosphere with interdisciplinary rounds and lecture schedule. Very social residents. Limited trauma exposure. Great children's hospital. Very cush call schedule. Slightly easier work load.

**Rush-** Nice program. Excellent new medical center built. Enthusiastic and friendly program director. Very intense call schedule and workload. Program seems to be struggling for money and to define its place within the hospital. Residents were friendly but did not seem to be as close of a unit as other programs. This may have changes as the residents during my interview seemed to get along very well. The diagnostic call still seems intense. They are not a level 1 trauma center, but the residents feel they still get adequate exposure. Excellent IR program. You do a very wide breath or procedures, and there is a lot of volume. Two prior GW students are currently there.

**Loyola** - Nice program. Nice new medical center but decently far from downtown Chicago, requiring a commute. Residents seemed to work fairly hard and were proud of it. Residents may have been smart, but seemed dorky and less social.

**Mayo Clinic (Rochester)** -- You will see a TON of pathology here, but they assure you that you'll see the bread and butter, too. The facilities are absolutely beautiful. They have very strong didactics. You will no doubt get

outstanding training here. Drawback is location – Rochester is in the middle of nowhere (about an hour drive to Minneapolis). The PD (or ?chair) asks you a series of interesting questions: things like “what do you fear most in life?”. I got asked a variety of different questions here that seemed more philosophical. One of the interviewers also asked the dreaded “why YOU” question (ie: why should they pick YOU out of everyone else?). But people were very nice, and the atmosphere was generally laid back. They really want to make sure you’re willing to come to Rochester. Mayo also has an amazing gym, and you will have time to use it!

**Northwestern** – 2018: Northwestern-dinner the night before, have 2 groups, IR in the AM and DR in the PM. Had 5 interviews each was 20 min, some independent night call, class of 11. 2016: Awesome PD (her 2nd year), the residents here were VERY happy and the program really emphasizes work life balance. 6 interviews 20 minutes each but prob the most laid back interviews I had. Just straight conversations about random things or TV shows, got asked a few questions about my IR research by IR attending but not because he wanted to grill me, but bc he was genuinely interested. Dr. Taffel did fellowship at NW so they all know him well there. Most beautiful hospital ever, kept mistakenly calling it a "hotel". Class is prob the most diverse I saw, 50/50 men and women and they were all really normal and happy.

**University of Chicago** - dinner the night before, there is a bit less time to meet with residents during this interview day, interview two groups each day (an AM and a PM session), with each group having 6 30-minute interviews with faculty and residents, quite relaxed, but also formal feeling

**University of Illinois at Chicago** - three interviews, one with the chairman, one with two of the chiefs, and one with a faculty member, not quite as much time to meet with other residents, very relaxed day

**Wash U Mallinckrodt**- Elite program. Radiology has its own separate 12-floor building dedicated completely to radiology. Arguably the best radiology program in the nation by reputation, research, and graduates. Beautiful hospital. Extremely professional and friendly attendings (most attendings stopped their work, stood up, shook our hands, and chatted during our tour of the department). St. Louis has bad rep, but everyone that I've met that lived there likes it. Low cost of living, minimal traffic, lots of free family activities if you have kids. One of the top programs in the country (if not the very top), but everyone was nice, relaxed, and down to earth. Interview day was laid-back, excellent pre-interview dinner. Residents seemed more stressed than usual, didn't notice a lot of camaraderie. No meal stipend. Lots of fellows in program. Make sure to have questions for your interview with the PD. They had a special website for virtual interviews that was one of the best of the season. They really emphasize their excellent didactics. IR is strong as well, and there is plenty of volume for a large program. Program has an optional surgery year, but the residents say a medicine or TY is fine.

**U of Michigan**- Amazing program – one of the best out there. The chairman’s opening powerpoint is the best one on the trail. You’ll get outstanding training here. The only drawback may be location – Ann Arbor is a cute, but small, college town. It gets very cold here in the winter! Interviews are very relaxed, and they give you good schwag. At the end of the interview day, you can stay for cookies and coffee and talk with the faculty and residents.

**University of Minnesota**: Very nice people here and a strong, up-and-coming program. It’s certainly in the shadow of Mayo, but it’s a solid program. You rotate through a few different hospitals in Minneapolis. Upshot they have over Mayo is location: Minneapolis is infinitely better than Rochester (lots of bike trails if you’re a cyclist). Warning: it is FREEZING here in the wintertime. You rotate at a couple of different sites, but they are very close. This gives a good diversity of pathology. Midwestern culture that is polite and humble. Program seems very supportive of residents and their families. Strong sense of camaraderie and collegiality. All moonlighting is contrast coverage. Good volume, but residents say it can be uncomfortable at times. The program is categorical with an associated TY year that transitions well into the radiology years. Do a good breadth of procedures, and lots of PAD at the VA.

**UT Southwestern** - Good program going through a transition period with new Chair, but only going to get better. Great residents and program director. Dallas is more affordable the further away from the hospital you get, so may

have to commute 30+ minutes in traffic that can be heavy. Large Program, but good camaraderie. Huge upcoming program in diagnostic radiology. Large volume of studies and superb pathology. Two brand spanking new hospitals. Program director is peds neuroradiology trained, very supportive and kind. New chairman is from Harvard and was brought in to bolster up research, wants to make UT Southwestern a top 10 program. Tons of available clinical and basic science research. We spent a considerable time touring research facilities. Strong OB/GYN ultrasound, good peds. Excellent IR at Parkland but less autonomy due to number of fellows. Comes with typical county issues. Hospital system is expanding and only going to increase the number of studies per year. Excellent pre-interview dinner.

### **SLU**

Strong IR program with a very active PD and department chair. Really focused on building IR as a surgical subspecialty. They recently finished building a new hospital with interventional platform to facilitate coordination with the other interventional procedural specialties. Excellent facilities. Good didactics and they show you a lecture on interview day. The residents get along well. They have a lot of data that they are now starting to do research on and publish.

**Baylor Dallas** -- nice hybrid of private practice and academics. Really liked that they had business courses intertwined in their curriculum. Neat, young and accomplished PD. Happy residents. FYI, Dallas has most Fortune 500 companies for any city in the US and has recently surpassed LA for plastic surgery. 3 laid back interviews, no dinner before

**UT Health Science Center, San Antonio, TX:** Very affordable and safe housing right by hospital, but older, kind of run-down facilities. Very nice attendings, very family-friendly.

**UT Houston, Houston, TX:** Horrible traffic, most residents commute 3hr + minutes. Call heavy. Great residents, Texas Medical Center is huge, exposure to MD Anderson is great.

**Texas A&M/Scott & White:** Awesome program. Very chill working environment but maintains high volume case load and procedure load. Small town. Might suck if you're single. Attendings are great. Residents love it there 7 spots

**UT San Antonio- Good program:** Higher volume than most. All the hospitals are within a block of the main hospital. Program Director is enthusiastic and involved. Plenty of volume, bread and butter, trauma. Older facility, but building a new pediatric hospital. 9-10 spots

**Baylor - 2016:** Red Flag - PD attends pre interview dinner and stays the whole time. Apparently he wants to meet everyone since he doesn't interview everyone, but was told by a med student that he doesn't want residents to complain about how hard they're working. Very relaxed interview day, 4 interviews (2 faculty, 2 chiefs) for 20 min each. Has IR pathway where they reserve 3 spots at MD Anderson and fellowship match is impressive. I think they sell themselves really well on the interview day but really question how happy the residents were there. Seems that they take a lot more call than UT Houston but moonlighting there is good.

**UC Davis:** Large hospital complex in Sacramento serving as county hospital in the area. Decent amount of pathology. Residents are very friendly and loyal to the program. Adequate IR. Program often overshadowed by Stanford/UCSF due to strength of research. Top tier faculty. Weaker in pediatrics. Long 8 person speed-dating interview day.

**Cedars-Sinai:** Largest study volume in LA (high 500s/yr), super rich, and small program. Large body CT procedure volume. Not a lot of autonomy even as a PGY5, need to talk to attendings for everything. Decent pathology, great location, residents typically have some connection to LA. Trying to increase research of complex as whole. Good fellowship placement.

**Cottage Hospital:** Super small program, private practice group – excellent community radiology program, small hospital. Pathology caters towards the older community. Santa Barbara is super expensive, but if you can afford it, it's beautiful. Great weather, right by the beach, minimal traffic. Best location in SoCal. Low volume, poor pathology, poor pediatrics, poor IR. Despite all the downsides to this program, they still manage to have good fellowship placement. Great benefits with subsidized housing.

**UC Davis:** Large hospital complex in Sacramento serving as county hospital in the area. Decent amount of pathology. Residents are very friendly and loyal to the program. Adequate IR. Program often overshadowed by Stanford/UCSF due to strength of research. However, they say their residents perform very well compared to residents in other programs. Top tier faculty. Weaker in pediatrics. Long 8 person speed-dating interview day. One of the interviewers has some thoughtful questions about AI. The residents are great and really get along with each other. The IR PD is from GW. They have great facilities, and very enthusiastic IR faculty. They do the full breadth of IR procedures. A current resident is from GW.

**LAC+USC:** Large volume, superb pathology, large county program. Has only county run PET/CT in LA and awesome trauma. Comes with the typical county issues (think VA issues). Resident run program means a lot of autonomy. Residents are laid back, friendly, and sharp. IR is second to UCLA only because of vascular surgery encroachment of peripheral arterial work, but strong regardless. No overnight attending call coverage. Ridiculously awesome meal stipend. Great moonlighting with some residents making 6 figures. Truly an underrated program on west coast. Venbrux knows PD well.

**Harbor UCLA:** Low volume but decent pathology, has overnight night hawk service cover call. Residents seemed sloppy, disinterested and not engaged with the program. Weak IR. There are better options in LA unless you desperately want to come back to California.

**Santa Clara Valley Medical Center:** Excellent county-run program which acts as a feeder school for Stanford/UCSF. You do several rotations at UCSF/Stanford. Great autonomy and camaraderie among the residents. Good bread and butter IR but not a lot of new and upcoming procedures. Strong loyalty to program by alumni and great program director guidance. Excellent fellowship placements at UCSF/Stanford. Has typical county hospital issues and facilities are a bit run down.

**Maricopa:** In Phoenix, Arizona- good weather. Small program with 3 residents/year. Older county hospital serving the underserved in Phoenix, facilities were run down. High volume given their patient population which comes with unique and interesting pathology. More moonlighting opportunities than anywhere else I interviewed. The program fully supports moonlighting and some residents are able to make 6 figures in residency by babysitting MR scanners. IR is strong for a not-well known county program and if interested in IR, they will let you be primary operator of your own suite. The residents seemed to get along quite well but did not seem as sharp as residents from other programs. Fellowship placement did not seem too impressive. They have a few big name matches every year, but in weaker departments of those programs.

**St. Joseph's Hospital, Phoenix, AZ:** Phoenix is surprisingly big city, but affordable and lots of outdoors stuff to do. Residents and attendings were great. Nice hospital, small program.

**Kaiser Permanente LA:** great categorical program in DR but seems highly sought after and competitive. They have a great IR department.

**U of Arizona, Tucson, AZ:** Everyone that lives in Tucson seems to like it. Warm weather, affordable, 6 hour drive to San Diego. Program was OK, people seemed friendly enough.

**Mayo Arizona:** New program, has not had a first formal class matriculate as of this writing. PD is from UCSF and is big shot in ultrasound. Interview day felt like a high pressure sales info-session and I got sleezy “used car salesman” vibes from the PD. Program has a lot of issues such as low volume (no trauma and no ED in hospital), poor

pathology which was surprising especially given the Mayo name, poor IR as most cases in AZ are sent to St Josephs or Maricopa. The program is unproven and has not linked up to Mayo Rochester/Mayo Jacksonville to gain case volume. Mindset is one of learn to read films by taking time and effort into a small number of images instead of trying to interpret a vast amount which may be bad if you are interested in venturing outside of the Mayo brand. On the plus side the facilities are beautiful, the staff was very nice and eager to teach, pay was excellent, and benefits are good. There are better programs in AZ if you are desperate to get back to the state.

**Sacred Heart/Providence Spokane, WA:** Categorical program (intern year is super chill), very small program (2 residents/year), Inland Imaging radiologists run the show (very large private practice group), very smart, nice people here. They do not babysit the residents, so you need to be highly motivated to do well here. Call is really nice – NO overnight call. When on call, you stay till 1am only! Spokane is a nice, very family friendly, affordable city. ~4 hour drive to Seattle. Unlike western WA, you'll have 4 seasons here, and a hot, dry summer. Very close to mountains and lakes for winter/summer recreation.

**UCSF - 2016:** Amazing program and people but the facilities were surprisingly really dated and old. Kept being told that they are "moving soon" to the new hospital. Residents were very normal and happy but seemed a little stressed bc they actually rotate at a different hospital every day and can even have a call shift at a different hospital from where they worked all day. Big concern is cost of living in SF, give you \$12K added to your salary (taxed) to help with living but seems like all residents are still living with roommates or in a studio for \$2500-\$3K monthly. Very little moonlighting and commuting seemed stressful. Lots of teaching at the workstation, faculty seemed very invested in education. Pre interview dinner and post-interview happy hour, seemed weird to do both but was actually pretty fun. 6-7 interviews, 20 min each, no weird questions all conversations.

**UCLA-** rotate at a few hospitals, best IR on west coast, young faculty

**University of Washington, Seattle, WA:** Amazing program – you'll get solid training here. The PD is nice, and the chairman is awesome. You rotate through a lot of hospitals (which are not all located close to one another), which can be a drawback, however, you'll get unique training at each site (peds, trauma, cancer, VA, bread and butter, zebras). Seattle is a fantastic city in a beautiful setting. Tons of outdoor recreation!!

**Virginia Mason, Seattle, WA:** Excellent community program (one of the best community programs in the country). You rotate through a couple of the same hospitals as the UW residents, and you do your didactics (physics courses and other didactics) with the UW residents. You will get excellent training here, and everyone is super nice and friendly. This is a great alternative program to UW if you're looking for a less-hardcore place in the same beautiful location.

**OHSU:** Great program, very, very nice people. Very relaxed atmosphere (some say "too relaxed"). The IR department is separate from the radiology department, which is a bit strange (unsure if that will change?). The hospital is beautiful, and Portland and the Portland community are great (very outdoorsy, granola-types!). You get paid extra if you bike/run to work!

**University of Utah:** Solid program in a beautiful city. The people are nice here, though seems to attract guys into the outdoors (so if you're a lady not into the outdoors, this may not be the best fit for you!). You're responsible for doing ultrasounds while on call, which the residents insist is a plus rather than a minus. Again, tons of outdoor stuff if you're into skiing, hiking, etc. Chairman was brand new this year. Brought from the west coast to bump up research. Program director also pretty new, but seems very intelligent, dedicated, and well-informed about the program, resident self-improvement, etc. Connected nationally. Program has a nationally known reputation for neuroradiology.

**University of Colorado:** super friendly people here, very relaxed and laid back. Like Utah, this program seems to attract the outdoor types, and I kind of got a "frat boy" vibe from the residents. That said, everyone was super nice and friendly. They only have a few interview dates, so you interview with a TON of applicants and kind of feel like



cattle getting herded around the hospital. The plus to their interview day is that you can interview on a Saturday (and come Friday for the optional tour). This is extremely helpful if you're trying to group west coast interviews but don't have available dates during the week! New chairman is making major changes to the program. Trauma is weak here, pediatrics is strong. Fellowship placement was weaker and tended to fill internal spots. A good place if you want to live in Denver but not a top program by any means.

### **GW Connections**

Robert Zeman – Vermont, Yale, Northwestern, Mayo, Georgetown

Anthony Venbrux – UCSF, UCSD, LAC+USC, University of Washington and many more. The man knows everyone.

Kathleen Brindle – UCSD

Albert Chun – Brigham Women and Childrens

Shawn Haiji – Northwestern

Rachel Brem – Johns Hopkins, UWashington

Shawn Sarin – University of Virginia, Kaiser LA, most east coast programs

Jocelyn Rapelyea – New Jersey School of Medicine and Dentistry

Reza Taheri – MCW, University of Washington

Ramin Javan - Duke

### **Resources**

[www.auntminnie.com](http://www.auntminnie.com)

## MEDICINE-PEDIATRICS (MED-PEDS) COMBINED RESIDENCY

### No program at GW

#### Overview:

This combined program condenses categorical Internal Medicine (IM) residency (3 years) and categorical Pediatrics residency (3 years) into one rigorous **4 year residency** during which residents generally switch between IM and Peds every 3-4 months. Often programs will list their specific timelines or have a sample schedule on their website, so researching each program is key!

Through Med-Peds residency, physicians become **board certified in IM and board certified in Pediatrics**. (Of note, unlike family medicine physicians, Med-Peds physicians **do not provide Obgyn medical care**.) After residency, Med-Peds physicians may go into adult and pediatric hospitalist, primary care, or fellowship. Med-Peds physicians are eligible for all IM fellowships, all pediatrics fellowships, and even dual fellowships where the physician becomes trained in both the pediatric and adult fellowship.

**The application process** is similar to any other specialty. However, as there is no Med-Peds department or residency at GW, it may be helpful to get the process started early and make connections/network as early as possible – keep in mind though that the Med-Peds community is very small and everyone knows each other. Connect with 3<sup>rd</sup> and 4<sup>th</sup> year medical students and GW alumni who are current Med-Peds residents! GW alumni who are current Med-Peds residents are located at Georgetown, Christiana Care, Rochester, LSU-New Orleans, Tulane, etc.

Also, give yourself more time, as you have double the amount of advising from GW faculty. Many GW students in the past have reached out to the Georgetown Med-Peds advisor (Dr. Erin Farrish) or the Georgetown Program Director for advising. Dr. DeWolfe and Dr. Catalanotti (the PD of GW's IM residency) are also great resources for connecting you to Med-Peds trained faculty that you might not know about. **Reaching out early is advised:** you can arrange to work with Med-Peds faculty clinically (via in-person or virtual away rotations) and secure LORs, which is a very good way to show that you are interested in the field and not just undecided.

For applying to Med-Peds it is important to have a reason you are applying Med-Peds – It is best to not appear undecided!

#### Advising Appointments:

Schedule an advising appointment with both IM (Dr. Wasserman) and Pediatrics chairs (Dr. Dewolfe). This is required for a departmental letter of recommendation. Not all programs require departmental letters from both IM department/chair and Pediatrics department/chair, however many do. It is helpful to schedule this meeting at the end of third year/beginning of fourth year.

Be sure to bring your list of potential programs, your letter writers, and a rough draft of your personal statement as edits will be offered and strengths highlighted. This will be helpful for interview strategy planning! It may also be helpful to meet with IM and Peds Residency Directors.

Your advising appointments can help you get a picture for both the IM and Pediatric sides of various programs. It doesn't always line up 100% with the strength of the Med-Peds residency itself, but it does give you a good picture of programs and residents that you will work with closely.

#### Als:

Doing both IM and Peds Als are *not* required (unless (rarely) noted by a specific program- research your programs!), but may be helpful especially if you are looking to apply to the more competitive programs. If you have to choose one, the pediatrics AI at CNMC tends to give you a lot of autonomy and independence in clinical decision making, though all Als ultimately depend on what you put into them. If you do only one AI, I recommend doing a more rigorous elective in the other field before apps go out. For example, if you do an IM AI, the PICU, NICU or Peds EM rotations might be a good counterpoint for Peds. If you do a Peds AI, then IM rotations such as ICU or EM may be good counterpoints for IM. ( Just note that it is **very difficult** to get a letter of recommendation from EM rotations.)

### Electives:

You can try to have an equal balance of IM and Peds electives to keep you exposed to both adult and pediatric medicine. If scheduled appropriately, it can be a way to see what rotating between the two specialties will be like. However, this is not necessary. There is not one right schedule or list of electives, though for your pediatrics departmental/chair letter, you will be asked how many and which pediatric courses you have elected to take.

### Competitiveness:

In general, Med-Peds is about as competitive as IM and Peds programs. The caveat is that residency classes are small (the average is four, especially in the Northeast region) and there are around eighty programs in the country. Step One scores of folks who match are on average the same as those who match IM, slightly higher than those who match Peds. It's best to rank 12 programs, so go on at least that many interviews. Talk to Dr. DeWolfe, Dr. Wasserman, and a Med-Peds advisor about your program list and how many programs you should consider applying to. (Think about applying to a few more than they recommend to be safe.)

### Dual Applying

Many people dual apply Med-Peds. You can dual apply Med-Peds with any other specialty, but popular combinations are Med-Peds with either/or IM, Peds, and Family Medicine. Reasons for dual applying include geographic restriction ( of family/significant others/etc). This is especially common as Med-Peds programs are geographically scattered. There are many other reasons for dual applying as well.

#### Special Notes for Dual applicants

- You can absolutely dual apply to different specialties at the same institution; however, often Program Directors (PDs) will know that you dual apply. This is okay! Some would recommend not talking about dual applying though unless you are directly asked during an interview. Other GW alumni who matched Med-Peds would recommend: You can apply to both the Med-Peds and the IM (or Peds/ Family/etc.) program at the same institution, however if you interview in both specialties at that institution, you should bring this up in your interview. Whether you choose to bring it up in both your Med-Peds and IM interviews or in only one of them is up to you, but you should let someone at the institution know that you dual applied and explain why: i.e. "While my preference is strongly towards Med-Peds, I dual applied with IM because *insert reason here* and I think that I would be happy at/ could contribute to both programs." You want to inform them because IM and Peds program directors often have some input into selection of the Med-Peds residents. They will be very understanding because of how common it is to dual apply with Med-Peds. You *do not* need to inform programs that you dual applied if you do not interview at both programs in the same institution. (You want to look as confident in your choice of Med-Peds as a specialty as possible.)
- Tell recommenders that you are dual applying so they do not have one specialty in their letters of recommendation. Do the same with your Advisory Dean who will be writing your deans letter.

### Personal Statement:

Do not underestimate the power of a good personal statement. This is often how a program weeds out those who are choosing Med-Peds because they can't decide on a specialty and those who have a compelling reason as to why Med-Peds training makes sense for their career paths. Be specific. However, if you have a subspecialty in mind, be mindful that some programs have a strong Primary Care emphasis (i.e. Hopkins, Mount Sinai) and that may count against you. (In which case you probably shouldn't apply there because subspecializing may be more challenging.)

### Letters of Recommendation:

As stated under "Advising Appointments," look up the LOR requirements for the programs to which you are applying. To cover all your bases since **programs have different requirements for LOR** (research your programs!), you may need and should make sure to take the steps to **obtain**: 1 departmental/chair letter from IM, 1 departmental/chair letter from Peds, 2 letters from clinicians on the IM side, and 2 letters from clinicians on the Peds side.

If programs *do not* request departmental/chair letters (some will say “**4 letters of your choosing**”), it is generally better to send LORs from the clinicians who know you and have worked with you instead of departmental/chair letters. If they say “4 letters of your choosing,” make sure to have at least one from an IM faculty who knows you well/has clinically worked with you, at least one from a Peds faculty member who knows you well/has clinically worked with you. The other two may be from any type of faculty member (Psychiatrist, Surgeon, Obgyn, etc), as long as they write a strong letter of recommendation for you.

**If you are dual applying**, let your letter writers know that and remind them not to mention what your desired specialty is in their letters (they shouldn't be doing that regardless!) Then you can use the same letters for both specialties to which you are applying.

### **Away Rotations**

Though not mandatory, away rotations can be helpful! As a GW Med-Peds “orphan,” always give you access to Med-Peds advisors. Always also show you what Med-Peds is like (not *just* a combination of IM and Peds!), which is helpful for writing your personal statement and figuring out your own Med-Peds niche. Many GW students do an away rotation at Georgetown. If there is a specific program you are interested in, try to do an away rotation there to make personal connections! Unlike some other specialties, you absolutely do **not** need to secure a letter of recommendation from a Med-Peds away (though you may!)

For a virtual away rotation, I highly recommend (especially during COVID times) the Christiana Care Med-Peds virtual away rotation. It is two weeks of Zoom discussion and lecture with Med-Peds faculty members and residents on medical topics. You also get to meet other medical students from other medical schools who are interested in Med-Peds. Highly recommend and excellent experience!!

Not an away rotation, but I also recommend attending a NMPRA (National Med Peds Residents' Association) conference if you can. The best one is the national conference, which is usually in October and is held in conjunction with the national AAP conference. Med students are welcomed with open arms (no need to present anything), and there are break-out Q&A sessions with program directors. This is an excellent opportunity to network, meet program directors who have already invited you to interview (they will remember you on your interview day!), and possibly secure new interview invitations. It's another way to show programs that you are invested in Med-Peds. (Note, travel can be expensive and this is by **no means** mandatory.)

**General interview information:** Most of the Med-Peds programs are similar in interview day structure.

**For in-person interviews:** The interview day runs from 7-8am to 2-5pm. You will have on average 3 interviews and then tour both medicine and pediatric floors. For programs with stand-alone Children's Hospitals, you will be driven to those sites or do a virtual tour. Most programs only have 4 slots per year so the group is quite intimate. I would highly suggest going to the dinner the night before. Interview questions include: "Why Med-Peds", "Tell me about yourself", "What do you see yourself doing with Med-Peds training", "How do you think this program will help you succeed?" Interviews are generally very conversational- they aren't trying to trick you. Apply early (opening day), schedule your interviews IMMEDIATELY (i.e. check your phone CONSTANTLY), and schedule the places you REALLY want to be third or fourth (you may not know what you REALLY want until the 3-4th interview).

**For virtual interviews:** The interview day length varies and runs from 8-10am to 12pm-3pm. You will generally be provided materials about the residency program through websites/videos/etc. There will be a program overview often from the PD and/or chief residents, there will be Q&A time with the PD and Q&A time with the residents, and there will be a video showing the hospital facilities and cities. You have an average of 3 interviews (although that generally varies by program) and you often are interviewing with a PD and associate PD (aka APD). Most programs only have 4 slots per year, so the group on interview day is small/quite intimate. Interview questions include: "Why did you choose to go to medical school?", "Why Med-Peds?", "Tell me about Yourself", "What do you see yourself doing with Med-Peds training," "Why this program?," and teamwork questions. Also, either the night before the interview day or on an evening on the week of the interview day, there will be a virtual Zoom with the

residents that I highly recommend attending to ask questions and assess if residents seem happy in their residency.

**Specific Program Information for Programs Interviewed at by GW Students:**

**Rutgers:**

Location:

- Newark, NJ (but most residents live in Hoboken or Jersey City). Rotate through VA, University Hospital, St. Barnabas, and Children's Hospital.

Program:

- 4 residents/year. Clinic is a combined med-peds clinic with ½ day of clinic per week. Clinic emphasizes patient continuity. Has a good balance of common and rare pathology with a very diverse and underserved population. National Tb center, center for biodefense, liver transplant center, stroke center, burn center, pancreas and renal transplant, level 1 trauma center, matheny experience (working with kids with complex medical needs). No standalone children's hospital (has hospital-within-hospital system). Has level 4 NICU with ECMO. PD seems very well-liked by the residents and faculty. No global health opportunities to travel abroad.

**SUNY Stonybrook:**

Location:

- Stony Brook, NY (approximately 1 hour outside of NYC). Pretty suburban area, but rotate through more urban sites in Islip. Main children's hospital is right next to main university hospital. Facilities are gorgeous.

Program:

- 4 residents/year. Combined med-peds clinic. Diverse patient population. Level 1 trauma center, burn center, peds and adult multiple sclerosis centers, strong cystic fibrosis program, opportunities to work with complex care patients, strong global health. No standalone children's hospital (has hospital-within-hospital system). Has level 3 NICU without ECMO.

**Christiana Care/Al Dupont:**

Location

- Wilmington, Delaware. 20-40 minutes from Philly. Associated with Thomas Jefferson in Philadelphia. Has a beautiful dedicated academic Children's Hospital (Nemours/ Al duPont). More community medicine on IM side. Facilities are gorgeous.

Program

- 5 residents/year. Combined med-peds clinic with ½ day of clinic per week (except on ICU). Center for Special Healthcare Needs, learner/manager/teacher model on IM, BMT and liver transplant at Al Dupont, strong leadership opportunities, Mini MBA and global health opportunities. Standalone childrens hospital with level 4 NICU (ECMO capabilities). Med-peds is well-established. Many GW graduates have matched at this program and are very happy here. The program has an excellent culture! Program director is a big name in Med-Peds and strong leader in NMPRA, and he is very enthusiastic and interested in your own unique career goals and how to help you achieve them. Faculty is also incredibly supportive, with a very strong family feel among residents and program leadership. Equal support whether your focus is primary care or subspecialty

**VCU:**

Location

- Richmond, Virginia. Peds facilities are very close to IM facilities.

Program

- 4 residents/year. 16 month internship. Learner/manager/teacher model, liver center, large jehovah's witness population, level 1 trauma center, has ECMO and solid organ transplant, big focus on research. Located in the state capitol, opportunities for engagement in public policy are abundant. Med-Peds is well-established at the institution. New standalone children's hospital with level 4 NICU (with ECMO). Unique schedule where alternate between outpatient and inpatient every 2 weeks (so no more than 2 weeks of inpatient back-to-back / at a time). Residents seem to love the schedule and state that it has really contributed to their wellness.

**University of Maryland:**

#### Location

- Baltimore, Maryland. Rotate at three hospitals (UMD, VA, Mercy), which are attached/ close by in Downtown Baltimore.

#### Program

- 4 residents/year. No combined Med-Peds clinic, but there are opportunities to work in combined Med-Peds clinic after first year. Weekly ½ day of clinic. Strong in shock trauma, transplant, international and global health. New level 4 NICU with ECMO. No standalone children's hospital (has hospital-within-hospital system). Big emphasis on mentorship and networking to help you meet your career goals. The population is very underserved, and they claim that they have the sickest patients in the country. Very little patient transfer to Hopkins (the only time they get transferred to Hopkins is for cystic fibrosis). Med-Peds residency was formed by the IM and Peds program directors; hence the institution is very supportive of Med-Peds.

#### **Georgetown:**

##### Location

- Washington, D.C. Rotate at many different hospitals (Georgetown, the VA, Children's National Hospital, INOVA, Virginia Hospital Center, NIH), but spend most of the time at Georgetown.

##### Program

- 4 residents/year. Combined Med-Peds clinic. Clinic is 50% x + y and 50% ½ day per week schedule. (This is because IM is x+y and peds is not). Diversity of patient populations and pathology. Very robust global health track and very robust teaching track. Strong emphasis on training residents to be medical educators. Very strong GI/liver. Lombardi Cancer Center, so strong heme/onc program. Strong transplant program (liver, small bowel, etc). NIH Infectious Disease rotation, during which residents have rounded with Dr. Fauci. Ethics Center. QI/holiday block between Christmas and New Years (either take Christmas off or New Years off, but having the QI block makes work a little lighter during this time period). Extra training in behavioral and mental health. No standalone children's hospital (has hospital-within-hospital system). Has level 4 NICU with ECMO. Program director is beloved, and the faculty is very supportive (especially of GW applicants seeking advice!)

#### **Penn State:**

##### Location

- Hershey, Pennsylvania, approximately 20 minutes from Harrisburg, Pennsylvania (Capitol of Pennsylvania). Penn State Hospitals: Standalone IM and standalone Peds, which are connected on the same campus. Beautiful new hospital with lots of windows.

##### Program

- 4 residents/year. 16 month intern year. Clinic ½ day per week. Large Amish and Mennonite population with rare pathology and metabolic conditions. Strong medical education curriculum. Standalone children's hospital with Level 4 NICU (with ECMO). Very strong family feel among the residents, who have great support from faculty/ program leadership. Need a car.

#### **MUSC**

##### Location

- Charleston, South Carolina

##### Program

- 4 residents/year. Combined continuity clinic. Extra med-peds elective time. Medical education training, global health track. Med-Peds transition rotation available. One of the APDs is a GW Medicine graduate.

#### **UMass Baystate**

##### Location

- Springfield, Massachusetts (approximately a few hours from Boston)

##### Program

- 8 residents/year. Combined Med-Peds with ½ day clinic per week. Clinic also has lots of ancillary support with on-sight specialty clinics and suboxone clinic. Learner/manager/teacher graded autonomy. Tracks (humanities,

social justice, hosp, research), emphasis on service. Hospital-in-a-hospital peds (no standalone peds hospital). Level 3 NICU (no ECMO). Med-Peds is well-established.

### **UMass Worcester**

#### Location

- Worcester, Massachusetts (approximately 45 minutes from Boston)

#### Program

- 4 residents/year. Combined Med-Peds residency with ½ day of clinic/week. Provides most elective time of any Med-Peds residency. 7 primary care blocks in 4 years (but also strong support for primary care, hospitalist, and fellowship careers with good fellowship match). International/global health experiences. IM has ECMO, peds has no ECMO (with level 3 NICU). Hospital-in-a-hospital peds (no standalone peds hospital). Lose some complex patients to Boston. Enthusiastic and supportive PD who has been PD for many years. Med-Peds is well-established.

### **Albany**

#### Location

- Albany, NY (Capitol of NY and located in Upstate NY)

#### Program

- 4 residents/year. Combind Med-Peds clinic. Global health opportunities, currently building transitional clinic, has every IM fellowship except heme/onc. The only peds fellowship is NICU, No standalone peds hospital (hospital-in-hospital peds). Has level 4 NICU (with ECMO). Got EMR recently, but hospital will need new EMR in 2-3 years.

### **Rochester**

#### Location

- Rochester, NY (Upstate NY)

#### Program

- 8 residents/year. Complex care center with dental services on site. Global health opportunities, teaching/medEd opportunities. Emphasis on diversity and culture of psychological safety. Current residents are pursuing primary care, hospitalist, and fellowships (including combined Med-Peds fellowships). Med-Peds well-established. One of the first Med-Peds programs and has enthusiastic PD who is a leader in Med-Peds.

### **Baylor**

#### Location

- Houston, Texas (No state income tax in Texas (and Florida!)). Hospitals are Baylor, Ben Taub (Community), VA, MD Anderson, Texas Children's Hospital.

#### Program

- 8 residents/year. Combined Med-Peds clinic ½ day per week. Transitional medicine clinic, strong global health opportunities, MD Anderson Cancer Center opportunities, undiagnosed disease network, center for medical ethics and health policy, tropical medicine elective and certificate, emphasis on child advocacy. Standalone children's hospital. Level 4 NICU (with ECMO)

### **Cincinnati**

#### Location

- Cincinnati, Ohio. Hospitals: Cincinnati Children's Hospital, University of Cincinnati for IM, Cincinnati VA Hospital.

#### Program

- 7 residents/year. Combined Med-Peds clinic ½ day per week. Many tracks and pathways. Many global health opportunities. Very strong standalone children's hospital (Cincinnati Children's Hospital) with Level 4 NICU (with ECMO), although most exposure to NICU may be in a level 3 NICU.





## PRELIMINARY YEAR IN MEDICINE/TRANSITIONAL YEARS

**GW Contacts:** Dr. Alan Wasserman [awasserman@mfa.gwu.edu](mailto:awasserman@mfa.gwu.edu)

**Specialties that may need this:** Dermatology, Radiology, Anesthesiology, Ophthalmology, Radiation Oncology, Neurology, PM&R

### Applying

For preliminary internal medicine, you should have a Medicine Department letter. The department sends out an email in late spring to arrange for someone in the department (a GW hospitalist) to write this letter for you, which is signed by this person and the Chairman. Over the summer, you will meet with the Chairman and can request a letter writer from the GW Department of Medicine during your meeting.

Many preliminary applicants highly consider lifestyle, location, etc when choosing intern year programs. Others try to find the best fit for their professional/academic goals.

Some preliminary programs can be quite competitive (many of the prelim spots at some institutions are reserved for those matching into advanced programs at that institution). **Do NOT assume you will match wherever you want without difficulty**, and apply to an appropriate number depending on your application and the programs you select.

First ask yourself: Do I want to move once? Stay in DC for prelim and then move for residency? Do I want to go someplace random/cool for prelim and then move again for residency? Do I mind commuting for prelim if it means I only have to move once? Would you rather move home for you prelim year then go on to residency? Strategize accordingly. Know how many prelims your top choices take (i.e. some only take 2). Know that there can be a big difference in expectations between programs. Keep in mind that University/Academic programs require interns to do (on the whole) more ward months, carry more patients, do more ICU months, more night float, and take more call; community programs are (generally) less rigorous but still have exposure to a very broad patient population. Transitional Year programs typically have more elective months compared to IM prelims, but have random mandatory requirements (based on the program) like general surgery, OB, peds, or emergency medicine. If you have a general idea about what will be your top programs to rank, and you only want to move once, apply to prelims accordingly.

### How many prelims should you apply to?

Unfortunately, there is not a perfect answer, it depends on the strength of your overall application. Keep in mind that the applicants going for a prelim year tend to be on the more competitive side (think dermatology, ophthalmology, radiology, etc). It might be helpful to look at GW match lists in years past to see where GW grads have matched successfully for prelim/transitional years. Applicants tend to apply to prelim programs based on their perceived level of "cushiness" or their location (location near SO/family, not wanting to move twice, or just a dream of living in a certain place for a year). Dr. Wasserman typically preaches that you should have at least 1-2 safety schools (hard to determine what a safety is, but safer programs are programs with a larger number of prelim spots, not just one or two, and a community-based program). He also says you should go on 5-8 prelim interviews (this was pre-virtual interview season, I think this number is still appropriate, but depending on the location of your prelims/their competitiveness (ie California) if you want to be super safe maybe go for ~5-10 interviews, especially if most of your prelim programs only have 2 prelims a year). With this in mind, try to send out as many applications as needed to try and net this amount of interviews. Use the Deans and the Texas STAR data to help you gauge your competitiveness with certain programs (they do have a medicine prelim section separate from categorical medicine). Reach out to Dr. Wasserman to discuss your particular stats – he will be honest with you about what programs will be reach programs for you.

### What constitutes a "good" or "cush" prelim year?

A GREAT question! Historically, since most prelim applicants don't want to pursue internal medicine in the long run, the mindset is to learn the medicine required to be successful as an intern and have the basic training for the

advanced training, without being the world's best hospitalist in one year. The measures for a good or cushy prelim year tend to be **fewer ICU weeks, more elective time** (since you don't usually take call/work weekends), **less night float weeks** (unless you like being nocturnal), and the opportunity for elective time to be used in something like **research**. How much is a lot of ICU time? Most programs I've seen have at least 2 months of ICU, but there are a select few programs that have only 4 weeks of ICU so this is super nice (!). I'd probably stray away from anything over 8-9 weeks of ICU unless you're going to be a critical care anesthesiologist. How much is a lot of elective time? Programs with only 4 weeks of elective are sad, I'd probably say shoot for at least 8 weeks but very happy with those programs with 12+ weeks. And you probably want your 4 weeks of vacation time so if anyone cuts that short, that's not super great.

Other things that add to the cushiness of a prelim year: free food makes a **HUGE** difference. When you're tired and exhausted and don't want to meal prep, knowing that you can just go to the hospital and get free (*catered* is a PLUS!!) food can be a huge perk as an intern. Having some money on your card to use at the hospital cafeteria is also super helpful in case you get hungry on call. Free parking is incredible. Don't forget to look at the salary/benefits page of the program – though this isn't as important as the ICU/elective time stuff, this could make a difference in differentiating programs on your rank list (ie this program pays for my STEP 3/UWORLD cost and this program doesn't, but otherwise they are the same exact thing to me). Also, don't underestimate weather as things like snow, etc can affect your quality of life.

And another factor: overnight call is probably a no-no for the cushy life. The night float system is probably better since at least you're doing a 12ish hour shift instead of a 24.

#### **Prelims in the DC area?**

GW itself has very, very few (if any) prelim spots that are not linked to their advanced years so keep that in mind (if you're doing something like PM&R, since GW doesn't have a PM&R residency program). Sometimes it's 1-2 prelims, sometimes it's 0 based on luck of the draw with the advanced matches for that year. Washington Hospital Center is known to be the cushiest (and probably most competitive) prelim year in DC because it has a lot of elective time and there is a culture of making sure interns are not overworked (ie lots of resident support). University of Maryland is less competitive than Washington Hospital Center since it tends to be busier, less elective time, more night float.

#### **Prelim vs Transitional?**

This one tends to be personal preference. Transitional years are known to be "easier" hours-wise, on average, than prelim years, for the most part, but a lot of people choose prelim years for the increased breadth of medicine training. I've seen some transitional years that are more difficult than a prelim medicine year (and in the same light, I've seen some prelim medicine years that are easier than some of the transitional years). It really depends on the program curriculum, and you should definitely look into that before applying. If you don't like general surgery or OB/GYN but your transitional year has 2-3 months of it, that program is probably not for you. Some transitional years have very specific requirements – I've seen mandatory rotations in pediatric emergency medicine and things like that. Again this is your personal preference: if you want the stronger medicine foundation and are anti-surgery, go with the prelim medicine year, but if you want the chance for a more chill schedule, chance to do more surgery (ie if you're doing something like ophtho), or chance to do a ton of random electives throughout the year, a TY year is probably in your cards. A TY year is often described as a "5<sup>th</sup> year of med school" because it feels like you're rotating through random rotations that you may or may not enjoy throughout the year, and on some rotations it can feel like you're just shadowing (positive or negative depending on who you are).

#### **Interview**

For preliminary medicine, you generally spend about 30 minutes with 1 or 2 faculty members. Occasionally you may interview with the program director as well, either for a full 30 minutes or just a few minutes. Most programs have prelim applicants the same day as categorical IM applicants. The interviews are typically very relaxed. The interviewers want to learn about you as a person, if you will work well with their other residents, why you want to spend your intern year at this program (ie, will you be happy here?), etc. So try to get a sense of the personality of

the program and do your best to fit in. Still try to show enthusiasm for the program and for being an intern at their program, even though you may not be ecstatic about being a medicine intern for a year before going on to your chosen field.

### Virtual Interview

The virtual interview format for prelim interviews is very similar to the in-person format, just exponentially more convenient! Programs will likely lump you in with categorical medicine interns for virtual happy hours/dinners/the interview day itself. Try to convey your enthusiasm about the program even if you are surrounded by categorical applicants the entire time, because you don't want to be that person on Zoom that is silent the entire time. The big key they are trying to figure out is "would I be ok/happy working with this person for one year." There was also a big emphasis on how good your training in internal medicine was at med school; I was asked so many times if I did a medicine AI, how many patients I was carrying/what my specific tasks were with the AI, etc – I think they want to see if your transition to intern year will likely be smooth or more disjointed if you've never put in orders (or anything else an AI does). Even though it's a prelim interview, most programs read my application thoroughly and had specific questions for me. It was rare to just have an open-ended, broad interview.

### Specific Site Information:

- **Abington, Philadelphia:** Very relaxed interview. The program is very ICU heavy, but the ICU patients aren't very sick so you get good experience as an intern without worrying about your patients crashing every day. Residents have a nice balance between learning and still having a life. Recommended for those doing residency in Philadelphia.
- **Beth Israel Deaconess Medical Center:** Very diverse group of residents. Awesome program director and very approachable faculty. Only one month of elective; challenging schedule.
- **Brigham and Women's Hospital:** Wonderful place to gain a well-rounded medicine foundation. Opportunities for research during prelim year. 2 months of electives. Resident classes seem Harvard-dominated. Only two residents showed up to the prelim interview dinner. 2018: rigorous, academic prelim yr; faculty VERY nice
- **Colorado** - Unique 4+4 (4 weeks inpatient, 4 weeks outpatient), focused on wellness of residents. HUGE program.
- **California Pacific Medical Center – 2022:** some of the friendliest, warmest attendings and residents on the trail. The program coordinator is the program "mom" and bakes cookies/brings treats for the residents all the time. The PD is well known and is one of the nicest people I've met. Historically known to have at least some GW grads as categorical residents. Most residents here go onto advanced training at UCSF or Stanford. GORGEOUS hospital. Residents did seem like they worked very hard though and had longer hours compared to some other California prelims. You will have med students rotating through as well.
- **Drexel** - 2018: run down hospital, doesn't seem to have great organization
- **Harbor Hospital - Baltimore** - 2016: This is a popular program because you do less work. One resident bragged about how his census was 4 patients as an intern, one of which was cellulitis. Many folks going into rads, anesthesia, or derm love this program but if you want a good internal medicine foundation, this is not the place for you.
- **Miami/Jackson** 2018: great mix of elective time and inpatient academics
- **Pennsylvania Hospital**- 2017/2018: UPenn affiliate hospital. Situated in a very nice part of Philly. Relatively chill program with a good amount of elective time (3-4 months). Majority of prelim interns are from Philly medical schools.
- **Rush** - 2018:- overall very well-balanced; residents seemed happier than most
- **Santa Clara Valley Medical Center – 2022:** super nice residents, culture of collaboration and very family-oriented. Only has 4 weeks of ICU (absolute minimum for ACGME requirements). 17 weeks of subspecialty elective time. Most residents go onto Stanford or UCSF for their advanced training. Is a primary rotation site for Stanford and Dartmouth medical students so you will have med students/chance to teach as an intern. New facility as hospital remodeled in ~2018.

- **St. Mary's SF** – 2022: very friendly, community hospital affiliated with UCSF. Incredibly kind attendings, super nice PD who was a UCSF residency alum. Most residents went onto UCSF or Stanford for their training. Interns seemed to work very hard, especially on ICU, but always felt supported.
- **U Chicago** - 2018: beautiful hospital, very ICU heavy for prelims, not for faint of heart, 2020: reportedly very taxing year, but don't need to interview with prelim program if you interview for advanced program there.
- **U Illinois @ Chicago** - 2018- comparable to GW
- **UMD Medical Center**- 2017: Great place to see diverse pathology. Some residents seemed burnt out at the interview dinner though.
- **UNC** -2021: Very friendly program, many married couples with kids. Believe was 4+2 (4 weeks inpatient, 2 weeks outpatient). PD protects her interns.
- **UVA** - 2017: Very nice and warm faculty and PD. 5-6 months of outpatient time with contingency shifts (in case fellow intern is sick, etc). Charlottesville is a cute town that has many amenities of a larger city. 2020: Approx 3+3 (3 weeks inpatient, 3 outpatient). Department seemed very welcoming with family feel. Many married couples in program with kids.
- **Vanderbilt** - 2018: very little flexibility in schedule compared to most prelims
- **Washington Hospital Center**- 2021: known to be probably the chilliest prelim year in DC. Lots of elective time. Interns feel super well supported, noting that their seniors believe that interns shouldn't be left to do all the scutwork, so the residents dismiss the interns early pretty often (was told by an intern that the regular wards schedule is 7am-4pm). Worked with many, many residents and can confirm they are truly nice, friendly people. PD is incredible and knows each of her interns, including her prelims. 2017: Balanced prelim schedule, with emphasis on intern well-being. Awesome, supportive PD. Great didactic sessions. Relatively chill program for DC. 2018: categoricals are all IMG's, pretty good mix of academic/elective

#### Transitional Years:

- **Riverside Regional VA** – 2021: Super chill program, interns made it well known how cushy this program is. Lots of elective time, and unique exposure to radiation oncology so tends to have lots of rad-onc folks. 2020: Only 3 months inpatient medicine, with EM or ambulatory focus for rest of mandatory rotations. 6 months electives. Very chill.
- **Scripps Mercy San Diego** – 2022: very friendly interns who I could tell were super happy and not overworked. PD was super nice but was stepping down this year, new leadership for next year. 2022: ~6 months inpatient medicine (but still more relaxed hours than traditional academic center), 6 months outpatient. Very relaxed and friendly program at a hospital in a fun area of SD. Hospital has numerous residency programs making it a nice hybrid between community and academic programs.
- **UCR/RCH** - 2020: Only 3 months inpatient medicine, with EM or ambulatory focus for rest of mandatory rotations. 5 months electives. Very chill. Emphasized family feel of program and resident wellness.

## NEUROLOGY

**Chairman:** Dr. Henry Kaminski

**Residency Director:** Dr. Perry Richardson ([prichardson@mfa.gwu.edu](mailto:prichardson@mfa.gwu.edu))

**Assistant Residency Director:** Dr. Christopher Leon-Guerrero ([cleonguerrero@mfa.gwu.edu](mailto:cleonguerrero@mfa.gwu.edu))

**Residency Coordinator:** Crystal Woods ([cwoods@mfa.gwu.edu](mailto:cwoods@mfa.gwu.edu); 202-741-3411)

**Clerkship Director:** Andrew Becker ([ambecker@mfa.gwu.edu](mailto:ambecker@mfa.gwu.edu))

**Clerkship Coordinator:** Nakesha Ballard ([nballard@mfa.gwu.edu](mailto:nballard@mfa.gwu.edu))

### GW AI

Try to complete your GW AI before August of your 4th year. It is helpful to show strong neuro interest (in addition to basically guaranteed honors) and to get a strong LOR. Do a full month at one site, CNMC or GWU (depending on whether you want to do peds or adult neurology). Know your vascular neuroanatomy well. Try to read a few chapters in *Neuroanatomy Through Clinical Cases* (Blumenfeld). This book is utilized by many students and residents. One resident remarked that this book may be one of the best books to get ready for rotations, but more importantly for residency. Try to do as much reading as possible and supplement your presentations with research articles to present when the census is low. If you can, try to request for MSPE to explicitly say that you got an honors in Neurology. Note, your GW Neuro AI will not count as your official AI, so plan to also do an AI in internal medicine, ICU or surgery.

### Away Rotations

Away rotations are not required for neurology, but if you are interested in going to one of the top 5 programs, it helps to do away rotations. Most of the residents at the top 5 programs are medical students from other top-tier medical schools, so you can get an interview, but matching there may be more challenging. You may also want to do an away rotation at a place you are really interested in going to. If you are not sure where your interest lies, then one suggestion would be to do an away at one of the larger programs. If you don't feel like traveling far, Georgetown has a rotation that contrasts GW so you can see what two different neurology residencies are like. It would be a good contrast to what is available at GW and may give you an idea of what size program you like better which may help to guide your applications and rank list. Schedule them to occur between June and October of your 4th year. Read as much as you can before your away rotation.

Columbia has the reputation of being more likely to offer you an interview if you rotated there. If you want to go to a west coast program, you may want to do an away at a west coast school.

Neurology is not a field that requires, or even strongly recommends, that you do an away rotation. Many people match to excellent programs having never done an away, and programs will not fault you for not having done an away if you have strong grades and letters from your home institution.

### Applying

Completing a traditional adult neurology residency requires one year of training in internal medicine, followed by three years of neurology. Neurology residency programs are traditionally one of two types: Advanced (3 years long, does not include the first year of internal medicine) or Categorical (4 years long, includes the first year in internal medicine and the three subsequent neurology years). If you are applying to Advanced programs, you'll also need to apply to preliminary medicine programs (this is that first year of internal medicine that is required before you start 3 years of neuro). If you plan to more heavily apply to Advanced programs, check with an internal medicine advisor to see how many preliminary medicine programs you need to apply to. These "prelims" can sometimes be very competitive given the amount of specialties that require a prelim year. FYI, GW often offers prelim spots to their own students if going for advanced programs so definitely apply. There are also combined internal medicine/neurology, psychiatry/neurology, and peds/neurology programs that you can apply for separately.

In some cases, programs that are listed as "Advanced" actually have a guaranteed prelim position through an agreement with the internal medicine department, but you still need to apply to that prelim program on ERAS so

they have your information and you can rank each other. This is not listed on ERAS or FREIDA and finding this out requires looking at the program website. Many applicants prefer categorical programs or advanced programs with linked prelim years because it's easy to move once, learn one institution and people, and be more comfortable.

Specializing within neurology is reserved for fellowships. Nowadays, 80% of residents subspecialize. Pay attention to where residents at each program are matching for fellowships, and in what fields. In general, fellowships are not hard to get, but certain fellowships are more competitive than others, and obviously more competitive in the "big 5." Neurology fellows have great lifestyles, outside of neuro critical care fellows, so lifestyle is not a factor for fellowships, but rather location. Fellowships are usually 1-2 yrs, and some require a research year.

If you are a hard charger and want the big name, then try applying to places like MGH/Brigham, Columbia, etc. However, be aware that many of these places have a lot of fellows, focus heavily on research, and you may not get as much attention from the attendings. These may be better places to consider for fellowship training. Medium-size programs have fewer attendings where you get to know them better and work with all of them. They draw in residents that are from more diverse backgrounds and interests within neurology.

To determine how competitive your application is, Texas STAR is a great resource where you can input your board scores and grades and see how applicants similar to you across the country fared (ie. How many interviews they received). Apply to top tiers, middle tiers, and lower tiers – it can be completely random in terms of what interviews one gets. Look where previous GWU grads are at; can find a map by meeting with one of the advisory deans (i.e., Dr. Davis, Haywood, Norris). Overall, you'll be best prepared if you meet with one of the neurology faculty members, especially those involved in residency training or education (Dr. Kaminski, Richardson, Becker) early in the fourth year to discuss your competitiveness and interests.

#### **Recommended 4<sup>th</sup> Year Electives**

- Geriatrics and palliative care elective for goals of care discussion
- Ophthalmology
- ICU rotation; lots of neuro patients
- EKG; 1 hour a day for 2 weeks
- Cardiology
- ENT
- PM&R

#### **Letters/ Faculty/ Connections**

- Dr. Kaminsky is a great resource for application questions, very well respected by program directors across the country (East and West Coast). If you can work with him, a LOR from him will go far.
- Dr. Ted Rothstein is a great resource for programs on the west coast as he is a former faculty member of the University of Washington.
- Dr. Richardson is the program director at GW and is a good resource for advising as well.
- Dr. Leon-Guerrero ("Dr. LG") is the associate program director at GW and a great resource for advising as well. If you rotate in the GW inpatient service there's a good chance you'll work with him.
- Dr. Rothrock is a big name in Headache medicine and a letter from him can get you far on either coast.

For obtaining a LOR: Just ask, "Would you be able to write a strong letter of rec for me?" Working with an attending for 2 weeks is usually the most time you'll work with an attending, and academic faculty are for the most part willing to write you a letter based on 2 weeks of working with you if you work hard and demonstrate strong interest in Neurology. A letter from IM is also very important, since PD's are looking for well-rounded applicants, and you have to do one year of IM training. They typically don't want to see just 4 neurology letters for example. For the other letters, it doesn't matter what speciality they are in, - as long as they can say strong things about you as an applicant!

#### **Other Misc. Info**

If you are interested in neurology, start talking to faculty members early as they are a great resource. Speak with the residents at GW as they are also very helpful. Good board scores, grades, and letters of recommendation should get you an interview at most programs.

Anyone in the neurology department is happy to write a letter of recommendation for you if you worked with them. You do not need a Chairman's letter to apply, but Dr. Kaminski is well known in the field and well respected. In order to get a letter from him, contact him by email and set a time for a meeting. He may then provide a letter for you and provide advice on programs. Letters and the reputation of your letter writer are very helpful in getting interviews. There seems to be a West-East Coast divide as far as name recognition goes, so unless your letter-writer is a heavy-weight, East Coast writers tend to help for East Coast programs and vice versa with West Coast.

### **Interview**

Neurology interviews have the reputation of being much more relaxed than other sub-specialty interviews. Have a good understanding of why you want to be a neurologist. Some programs offer free lodging, but travel expenses are not covered. Typically there is a dinner the night before the interview with current neurology residents. This is a great time to see how the residents get along, their personalities, and ask them questions you don't want to ask in front of faculty members the next day. The residents will be honest with you at the dinners. On interview day you will interview with 2-8 faculty members, usually including the program director and oftentimes the department chair. If a program is not too large, try and look up articles to get a feel for what the faculty's research interests are. You will also have time to do that quickly on interview day once you learn who your interviewers are. There are many resources for how to prepare for interviews and common questions. The most important thing is to be passionate and honest.

***Below is a sampling of programs that GW students interviewed at from class of 2016,2018, 2020 and 2021.***

#### ***Montefiore/ Einstein***

2021 Virtual interview: Interviewed by the Program Director and two attendings. The patient population is more underserved and speak a diversity of languages. The residents seemed very tired. Many residents live in Manhattan and commute to the Bronx.

2020: You will have two interviews (both one-on-one). This is a larger program that primarily focuses on inpatient training - you'll see most residents go into epilepsy or vascular fellowships. It is constantly busy. They also talk about how they were the first in a lot of things. You have a mix of old attendings who are experts and brand new fresh attendings who were just residents there not too long ago.

#### ***Brown –***

2021 Virtual interview: Interviewed by the Program Director and two attendings. Residents seem happy. Liqqi, a GW graduate, is a PGY3 and great resource. The patient population is pretty diverse given that Brown serves at the main hospital in RI.

2020: They provide a cute bus tour of Providence with a tour guide. Very busy, front loaded program, but the residents seem happy and relaxed. Nice facilities.

#### ***Jefferson –***

2021 Virtual Interview: Interviewed by the Program Director and two attendings . Large neurology program; 2 spots were added this year. Definitely has a focus on stroke and critical care. Residents seemed very comfortable with each other and happy. A lot of residents decide to stay for fellowship positions and as attendings.

2020: Strong stroke, neuro critical care and headache program. More evenly distributed program. 7 residents a year, but they stick mostly to one hospital. Has its own neurosciences building. Immediate former PD is now the vice department chair and seems to advocate strongly for the residents. Residents there seemed really fun.

***Georgetown - 2020:*** Great teaching, more relaxed program. Front loaded with lots of consulting rotations. Split time 50/50 between Georgetown hospital and Washington hospital center. Everyone there seemed happy and chill. Bigger focus on outpatient training. Especially known for movement disorders. Access to NIH including a clinician-scientist track. A lot of their neuro faculty trained there as residents and/or fellows (both good and bad).

**GW –**

2021 Virtual Interview: Interviewed by the Program Director and two attendings. midsize program. Residents seem happy. Very pleasant interview.

2020: Front-loaded program, smaller with one funded international grad every year. Rotate at GW, Children's, and the VA. They're consistently hiring more mid-level providers to help offload some work from the stroke service. Interview day is more laid-back compared to others. This year changed from advanced to categorical.

**UMD - 2020:** Big on TBI, spinal injury and neurorehab. Prelim program is intense but one of the best on the east coast and definitely in Baltimore.

**BU –**

2021 Virtual Interview: Interviewed by the Program Director, Chair and two attendings. Very large emphasis on serving the underserved. Very pleasant interview. The Chair is relatively new, from Yale, and seems to have big plans for the program.

2020 Medium-size program. This is an example of an advanced program with a guaranteed/linked prelim spot. Emphasis on community health as BMC is a safety net hospital, and they rotate at 2 VAs. Well-known CTE research started here, and have other strong research areas. Program had some accrediting issues several years ago but now the department and program have new leadership and faculty, seems to be going well and residents are happy.

**Beth Israel Deaconess** - Residents were chill and down to earth, fun pre-interview dinner. Didn't meet that many faculty. Emphasis on research/scholarship. One of the Harvard teaching hospitals. Options to link prelim years with BIDMC (same institution) and Mt. Auburn (Harvard-affiliated community hospital in Cambridge).

**Mount Sinai –**

2021 Virtual Interview: Virtual interview was very long, consisted of seven different interviews. Residents seemed happy, but very busy. Seems to have a large array of fellowships, so there is access/exposure to a lot of different specialties in neurology.

Large program and very large hospital. Had the most interviews here (8 faculty) but faculty knew my application the best here. Rotate in Manhattan and Queens. Big department with strength in most disciplines.

**Mount Sinai Downtown –**

2021 Virtual Interview: Smaller program than Mount Sinai Main. The PD seems very responsive and involved in helping her residents. More of a community feel.

Distinct program, curriculum, and residents from the main hospital Mount Sinai program. In 2019 moved from "downtown" at Beth Israel hospital to Mount Sinai West in midtown west. Outpatient work is still at Union Square offices. Smaller program, more community feel. Had an information session with the PD before the interview dinner with residents.

**NYU –**

2021 Virtual Interview: very pleasant interview. Residents seemed happy. Dr. Koubeissi attended NYU for residency. He is also a good resource.

Large program (11 residents). Cover three very different hospitals - NYU (private), Bellevue (public), and VA. This year they had 10 guaranteed prelim spots for the 11 neurology residents. Residents seemed fun and happy.

**Yale:**

2021 Virtual Interview: interviewed by PD and two attendings. larger program. Very good stroke/critical care training. The residents seemed happy.

**UNC Chapel Hill:**



2021 Virtual Interview: The PD is very supportive of her residents. Attendings seemed very friendly. Residents seemed happy. Chapel Hill is a main safety net hospital in the area, so there is emphasis on the underserved. Enough residents live in Durham since it has a bigger city vibe.

**UVA** - Small-medium program (6 residents). They paid for our hotel stay and had a goody bag and handwritten note from PD welcoming us when we checked in. All the residents in the program came to dinner; this was the only place that happened for me. Strong community feeling, toured UVA undergrad grounds, APD very into university history. Rotate at UVA hospital only.

### West

**Kaiser-Los Angeles** – panel interview, but not that stressful

**UCLA Ronald Reagan:** great experience but it is a competitive program so apply early for the away if you want to go there. Most of the away students were instructed to work on the stroke service. The rotation usually lasts for 3 weeks and you spend your time at Ronald Reagan Hospital. They do very thorough neurologic exams so prepare by making sure you know everything about the neuro exam. Overall the residents and faculty were very friendly and helpful but I have heard of others who reported the program can be more cut-throat at times. You should be your own judge.

## NEUROSURGERY

**Interim Chairman:** Dr. Michael Rosner

**Program Director:** Dr. Michael Rosner

**Residency Coordinators:**

Susan Stoddard; sstoddard@mfa.gwu.edu; 202-741-2754

Francesca Copeland; fcopeland@mfa.gwu.edu; 202-741-2709

### Preparation Before 4th Year

*Academics:* USMLE Step 1, performance in clinical rotations and AOA are major factors in your application. These should be your priority in the first 3 years. If you have a setback in one of these, focus on making up for this (low Step 1, crush Step 2; poor clinicals, prepare to crush away rotations).

*Step 1:* the average score for 2016 matched applicants in neurosurgery was 249. Students who obtained this score had an 85% probability of matching.

*Publications:* Publish as many peer-reviewed journal articles as possible, preferably in areas of neurosurgery and the neurosciences. To accomplish this, seek out neurosurgery mentors as early as possible (preferably as early as MS1) to get involved in projects. Apply to grants and research fellowships for med students (e.g NREF/AANS, Gill, Health Services, etc.). Get involved with our Neurosurgery Interest Group, and go to the events throughout medical school.

### GW AI and General AI Advice

Meet with the Chairman and the Program Director (Dr. Rosner) before your AI to discuss your game plan for matching in neurosurgery. GW is where you will learn how to be a good sub-I. Work hard, and you will be rewarded with excellent preparation. Show up as early as the PGY1/PGY2, and find ways to be helpful to them. Anticipate important information (stat labs, stat CT, etc.) that the residents need and stay on top of it. Scrub as many cases as you can each day and do not leave the OR in the middle of a case. Have some practice tying one-handed ties and how not to tie air knots. It's not the end of the world if you aren't comfortable right off the bat, no one expects you to be proficient in this at this point in your training. However, by the end of your GW AI, you will feel fairly comfortable with this skill.

Stay enthusiastic and don't be afraid to put yourself out there, it goes a long way. People like to work around people that want to be there and are engaged. Understand and anticipate the flow of the case you are scrubbing in on (this will come with some time, GW is a great place to learn the methodology of bread and butter cases). This way you can help hand instruments and become more familiar with the usage of each (Ask scrub tech if it's ok if you help, they can be possessive of their instrument tray!). Be helpful and nice to everyone. DO NOT throw anyone under the bus. Help out fellow AI's! Toward the end of the AI, request a letter of recommendation for your residency application. The support of your home institution is crucial.

### Away Rotations

Unlike many other specialties, away rotations are **REQUIRED** in Neurosurgery. **Do NOT allow the Dean's office to tell you otherwise.** The standard number of neurosurgery sub-I's is three: 1 month at home institution, 1 month at away #1, 1 month at away #2. **However, doing THREE away rotations is becoming more the norm (>50-60% of 2018 applicants did this).** Some programs guarantee an interview to all rotators, but some do not, so it may be risky to rotate at programs too far above your level of competitiveness (If you rotate at a top tier program with low scores and too few publications, then they may not interview/match you no matter how hard you worked on service.). Pick programs for aways that you would want to match at because rotating at a program can vastly improve your chances of matching there if they like you. Keep in mind the geographical considerations of programs. For example, if you went to GW, are from the east coast and did your away rotations on the east coast, then this will greatly reduce your chances of getting interviews from the Midwest or West coast. Away rotations are a great opportunity to express interest from a geographical standpoint. It is a good idea to pick them in geographically different areas. This needs to be balanced with doing them at institutions at which you are very interested in. Some people will do 3 away rotations (during September) just to show interest in another program. Be careful, however, since this will be when you are submitting ERAS and will start to get interview

invites. TRY TO BE FINISHED WITH ALL OF YOUR AWAY ROTATIONS BEFORE YOU SUBMIT ERAS....it's a huge relief to not have to worry about being on an away and needing to apply/respond to residency interview invites. You do not want to be scrubbed in on a case when you receive an interview invite that requires you to respond as quickly as possible.

You are expected to submit a letter of recommendation from the chairman (or Program Director) of each program at which you do a rotation for your residency application (ERAS). Therefore, you will want to try to complete your rotations before applications go out on September 15. You will be a better AI with more experience under your belt, so choose your top program as your last away rotation. Talk to people who did away rotations at places you are interested in to get a good feel for them.

Proposed schedule:

- During 3<sup>rd</sup> year, you will have 1 block of elective, take neurology or neuroradiology (elective)
- 4<sup>th</sup> year:
  - April/May – study and take Step 2 CK
  - May/June – GW Neurosurgery Sub-I
  - June/July – Away #1
  - July/August– Away #2
  - August/September – Away #3, prepare apps (due Sept 15), may be difficult to get rec letter in time for apps
  - October – flexible (consider doing other 4<sup>th</sup> year requirements), most invites will come this October so ensure you always have access to your email
  - November/December – interviews, avoid any clinical rotation during this time

You will need to give a formal PowerPoint presentation to the faculty at each of your neurosurgery rotations. Present your best research project, know it extremely well, and be prepared for audience questions. You will want to **apply for aways at the earliest date that the program accepts applications**. Research programs during winter break your 3<sup>rd</sup> year because applications may open as early as January. Plan in advance: over winter break of 4<sup>th</sup> year, look at the immunization requirements for any program you are even considering and fulfill the requirements. Some programs may require a letter of recommendation to apply for an away, so investigate that in advance as well. Most program use VSAS for applications, check with the Dean's office to ensure they give you the 'VSAS token' in time for applications. Other programs have their own application, email the coordinators to find this info.

### **Specific Away Experiences from GW students**

**USC:** An incredible away rotation experience, but this may be in part since I was there by myself. Spent two weeks at LA County Hospital and 2 weeks at Keck Hospital. All call is taken at LA County. Took call Q2 or Q3, and stayed post call until all the cases were done. Operated A LOT. A program known for resident autonomy. Regularly responsible for skin incision to opening and tacking up dura on cranial cases, got to work under the microscope for tumor resections, responsible for my side on big spine cases – obviously all of this under senior resident and attending supervision. Regularly got to place EVDs and Lumbar drains. Great high volume clinical program.

**University of Miami Hospital/Jackson Memorial Hospital:** Largest hospital system in the country – therefore extremely high volume neurosurgical rotation with over 20 full time neurosurgeons on faculty. One of the largest programs in the country 3 residents/year across all 7 years – 21 total residents. Also, gets about 10 fellows every year (4 spine, 1 skull base/open vascular, 1 endovascular, 1 tumor, 1 peds, 1 trauma, 1 functional), but don't worry the services are all **RESIDENT** run. Regularly had 60-70 neurosurgical patients on the census between cranial, spine, and trauma. Have about 8-10 OR first starts between UMH/JMH. Great diversity of cases – open vascular, endo vascular, MIS spine, big deformity, and an insane volume of trauma and tumor. The most well rounded experience – learned a lot academically and operated a ton, and helped see patients at the resident run clinic weekly. Have 1 hour of academics a day with either Dr. Heros, Dr. Morcos, (both are legendary cerebrovascular surgeons) or Dr. Levi (current chairman, one of the nicest you will ever meet). Top 4 NIH funded neurosurgical department in the county, and home to the largest spinal cord injury center in the world (Lois Pope Life Center/Miami Project to Cure

Paralysis) Has internationally recognized senior surgeons – Dr. Heros, Dr. Green, Dr. Morcos, Dr. Levi – as well as perhaps the greatest number of up and coming, connected, junior faculty in the country – Dr. Komotar (coolest PD in the country, does 1,100 brain tumors/year), Dr. Ivan, Dr. Wang, Dr. Peterson, and Dr. Starke. Overall the Miami program is a machine – you can be as clinical as you want or academic as you want.

**Brigham Womans Hospital/Boston Children’s Hospital:** the most organized and academically rewarding away rotation....i mean its Harvard after all lol. The month is broken up into 1 week blocks – one week on each service – Cushing, Dandy, ICU, and Boston Childrens. What you get to do in the OR is dependent on your resident and attending. During the month, you get paired up with a mentor for your entire month – You can go to the OR with them or even the clinic – but their main purpose is to help you with your sub-i talk for the end of the month. There are random lectures given throughout the month by the various faculty on their individual subspecialty. Be prepared to get pimped – especially by Dr. Cosgrove during the Academic conference. Seems to be the best operative program in Boston, but also has INCREDIBLE resources for research.

**UPMC Presby:** Separate application, get fingerprinted early, awesome operative experience but you're going to work 110-120 hours/week. Lots of learning! Spend time on 2/5 teams during rotation. Give a presentation during your last week! Will be with multiple other sub-is. Clinic with chair and PD.

**USF Morsani:** Participates in VSAS, q3 call, lots of operative time as well, 3 sub-i's while I was there, clinic with chair and PD.

**Mayo Rochester:** Incredible AI experience. 1-on-1 with attendings in clinic (alternate clinic and OR days). Very nice people. Kendall Synder (Class of 2014) is a current junior resident here and will help those who rotate.

**Barrow:** Incredible AI experience. Famous for letting AIs do a ton in the OR. Know how to read brain/spine scans before you go (AIs and residents are asked to read cases on afternoon teaching rounds).

**Hopkins** is a great experience and you will get powerful letters, but don't expect to match there coming from GW. You will take call and go to the OR post-call.

**Duke** is fantastic. You will work your butt off, it is a high volume place and they expect a lot of you. You will learn a lot there. Max Krucoff (Class of 2013) will be there as a resident to help whoever comes, but bring your A-game.

**Georgetown:** great program, busy, let the AI's do a lot. Mostly spine, fewer brain cases.

**Maryland:** great program, many cases but lots of observation. Can rotate at shock trauma hospital which is great. Work 1-on-1 with attending and get to do more. Nice group of residents. Aaron Wessell is a current junior resident here and will help those who rotate.

**Hofstra (NSLIJ/Northwell)** - 2016: Incredible sub-I experience with high volume and case variety. Especially great deal of open cerebrovascular for those who want to gain exposure to this area that is becoming less and less common with increasing endovascular involvement. Residents and attendings will let you get a great deal of hands-on experience. Very up-and-coming program.

**Albany Medical Center, NY** - 2016: Excellent sub-I experience with a very large emphasis on endovascular. Many of the residents end up pursuing an infolded fellowship as the chairman is well-known for his endovascular expertise. You will work incredibly hard on this sub-I relative to the average Neurosurgical Sub-I, so be prepared if you choose to do so. That being said, the faculty and residents are all very supportive and friendly.

**U of Michigan Ann Arbor** - 2016: Siri Khalsa (Class of 2015) is a PGY1 here, and will help anyone who rotates with the department.

**University of Pittsburgh Medical Center** – 2017: Arguably the best clinical experience you can get during a sub-I. The service is split into 4 separate teams (you will rotate on the cranial and trauma services for 2 weeks each, you are welcome to work on the other services for a day or so if you choose, a lot of sub-I's will work with Dr. Lunsford in the radiosurgery suite). You will work similar hours as the intern on service which are very long. This involves being there around 3:30 am until the last case is finished (or when the chief signs out and the intern leaves) which is usually around 7:30-9 pm. You will be responsible for carrying 2-4 patients in the Neuro ICU, pre-rounding on them, writing the note and presenting them to the chief each morning when they run the list. You will then go to the OR from 7:30 am until the day ends. They run anywhere from 8-14 ORs every day so there is never a shortage of cases for you to be involved in. You will see every aspect of neurosurgery if you choose and learn a ton. The volume is so large that there isn't much time for many conferences and academic discussion and you will learn by doing with some time for self education. (depending on how you learn this will be either a pro or con). This is a great sub-I to do as your last away. Residents will let you perform what you are comfortable doing at that point and there is little time for teaching new skills. No one will be keeping track of where you are as they are way too busy so it will be on you to stay enthusiastic and engaged during your time there despite how tired you'll be. It will be rewarded with exceptional letters from highly renowned neurosurgeons that will go far on the interview trail.

**University of Wisconsin Madison** – 2017: Exceptionally academically strong sub-I. Volume is middle of the road, (4-5 ORs per day) with diverse and interesting cases. Since the volume isn't so overwhelming, this leaves time for more conferences and teaching opportunities from senior residents and faculty. They do not have students pre-round in the mornings as it just slows them down rather than helps them. You will come in around 5:00 am and stay until the last case and sign out with the senior/chief. Dr. Dempsey (the chairman) is an incredible person who will take the time to explain cases in amazing detail so you can learn (from pre-op, intra-op patient positioning and pinning and throughout the case). He is a huge advocate for medical student and resident education and you will experience this from day one on his service.

**University of Buffalo**- Tons of clinical experience as a sub-I, there is a high emphasis on being in the OR and they don't make you do much floor work. 2 weeks in buffalo general, 1 week in peds, 1 week in the cancer center. The residents will push you to go to each attending especially the chair/pd otherwise you are allowed to go to any case that interests you. Volume is on the higher end, you are expected to pre round on the patients you were in surgery about- you will be asked about it. You are expected to read about the case as they will have you take part in the case unless it is obvious you didn't read (not much pimping so you show by engaging). If you are liked there they will continue to contact you while you are on interviews and they will give you research to become more competitive.

### **Applying**

**Letters of Recommendation:** Extremely important. ERAS allows only 4 letters of recommendation per program, which should be as follows: 1 from the chairman of your home program, 1 from the chairman of away #1, 1 from the chairman of away #2, 1 from a neurosurgery attending who knows you well (e.g. from research). If you do not submit a letter from your home chairman or your aways, then programs might assume you are trying to hide something. Submit ERAS at the earliest possible instant it allows you (usually September 15). Do this even if you are still waiting for a letter. How many to apply to in order to get a solid number of interviews? This number has been increasing in recent years, with the average applicant applying to >70 programs. Some applicants, especially when concerned about their competitiveness, will even apply to all >100 programs in the country. Before crossing a program off the list, ask yourself whether you would rather not match at all than train there.

**Step 2 CK:** before 2021, most neurosurgery programs did not require CK before offering interviews IF your Step 1 is high enough. If your Step 1 is low, especially if it is below 235, then strongly consider taking Step 2 CK before applications go out to show improvement (ideally >245). If your Step 1 is high, then consider deferring Step 2 CK until after applications go out (i.e. after September 15) so as to avoid the risk of dropping your score and losing your competitiveness for interviews.

UPDATE: With Step 1 becoming Pass/Fail, Step 2 CK will likely become more and more important!

## Interviews

In 2019-2020, initial invitations were sent almost every day between September 17 and early November. Invites off the waitlist were scattered around the rest of the season. **Many programs will offer more interviews than they have spots, and spots fill up in MINUTES.** Therefore, you MUST have the ability to respond to invites at all times. One useful (but not perfect) method is to set up a Gmail filter that sends you a text message whenever an email contains the word "ERAS" or "AAMC" or "interview". You have to be extremely diligent about having constant access or else you seriously risk forfeiting interviews. Some invites come by email, many by ERAS, rarely by snail mail (e.g. Columbia). Therefore, strongly AVOID scheduling a surgical rotation in October because you cannot respond to emails while scrubbed in the OR. For any days from mid-September to early November on which you will not have access to email/ERAS, have a trusted family member check for and respond to invites for you.

*Number of Interviews:* According to 2016 data, ranking 20 programs confers a ~95% chance of matching, 15 programs a ~87% chance of matching. So shoot for as many as you can, but more than 20 is probably excessive. Note that 20 interviews can cost you on the order of \$10,000 (in a non-virtual season), which requires many applicants to take out extra loans.

Peak interview season is November-December-January (only a few programs offer October or February interviews). A strategy is to take 2 months off for your busiest interview months. There are 6 weeks of 'online' elective classes (Quality Improvement, Anatomy with Dr. Slaby, Medical Spanish (costs \$400)). Independent research is also an option. If you need more time, take a flexible rotation for your least busy interview month (e.g. Emergency Medicine, which is in shifts). "Optional" dinners and other activities are not really optional: skipping a dinner is very risky and also prevents you from getting a sense of the resident culture. During the dinner the night before, be sociable but don't go out drinking hard. In many ways it is easier to hurt yourself rather than help yourself at these dinners. Second looks can show you are interested, and also to see a program when they are not trying to put on a good show. NSGY interviews are usually very casual, they want to get a feel for your personality and confidence. Pimping is uncommon, but happens sometimes. They may ask you to talk about an interesting case you've seen, so have one in mind that you know *very* well.

Make sure you have your top 5 programs "covered," e.g. did a rotation or second look there. PREPARE for your interviews. For each interviewer, know where they trained and what their specialty is at minimum. They will almost certainly ask you at some point, "what can I tell you about our program?", so have a question prepared. A good one is, "what brought you to [school]?" They will always ask you "why neurosurgery". Common interview questions include the following:

- Did you attend the resident dinner last night?
- Tell me about yourself. Tell me about your family.
- What questions do you have for me? What other questions do you have for me? Any other questions?
- Why neurosurgery? What other specialties did you consider?
- Do you have any geographic constraints?
- What neurosurgical subspecialty are you interested in?
- Tell me about your research.
- Where do you see yourself in 10 years?
- If you could design a residency program, what would it look like?
- What are you looking for in a residency program?
- Why should we choose you over the other candidates?
- What do you do in your free time?
- Will you bring a significant other with you to residency? Is your spouse's job mobile?
- What did you like and dislike about your away rotations?
- What did you learn on your away rotations?
- Who did you work with on your away rotations?
- How did you pick your away rotations?
- Why didn't you rotate here?
- What are your greatest strengths and greatest weaknesses?

- Tell me about a time you failed.
- Tell me about an interesting case you saw on your neurosurgery rotations.
- Tell me about an ethical dilemma you saw on the wards.
- As of now, which programs are in your top 5 and how would you rank them?
- Do you want to stay at your home program?
- At how many programs do you plan to interview?
- Describe this MRI. Tell me your differential. What is your workup? What treatment would you advise?

## OBSTETRICS AND GYNECOLOGY

**Chairman:** Dr. Nancy Gaba (ngaba@mfa.gwu.edu)

**Residency Program Director:** Dr. Kathryn Marko (kmarko@mfa.gwu.edu)

**Associate Residency Director:** Dr. Lauren Nelson (lnelson@mfa.gwu.edu)

**Division Director, Education:** Dr. Jennifer Keller (jkeller@mfa.gwu.edu)

**Residency/Education Coordinator:** John Shafer (jshafer@mfa.gwu.edu; 202-741-2532)

**Clerkship Director:** Dr. Kristen Gorelik (kgorelik@mfa.gwu.edu), Dr. Meghan Valentine (mvalentine@mfa.gwu.edu)

**Admin Assistant/Clerkship Coordinator:** Nykiah Betts (nbetts@mfa.gwu.edu; 202-741-2510)

### GW Sub-I and AI, Advanced Elective Recommended Options

A GW sub-I in OB/GYN is NOT REQUIRED, but HIGHLY RECOMMENDED. Here are the options:

1. *The MFM/Perinatal Rotation with Dr. Bathgate.* This rotation provides you the opportunity to bolster your letters of recommendation, as well as working with residents and attendings. It consists of working clinic hours in the MFM suite and also, working on the Antepartum Unit daily. It is recommended you take 1-2 Labor and Delivery shifts as well, and weekends are optional. Good resources include the red book you received during third year and templates sent out to you by Nikki at the beginning of the rotation. Hours are typically 5/6am-6pm. The day typically starts with pre-rounding/rounding on Antepartum, L&D signout, then going to clinic for the day or staying on L&D. In the afternoon, you would typically check back in on your patients and present them again at evening sign out. You will do a presentation on the MFM topic of your choice at the end of the rotation as well as a written report on that same topic. Dr. Bathgate will sit down with you at the end of the rotation to go over your evaluation together. She uses this meeting to get good details and examples that she can use to write a strong letter of recommendation.
2. *Gyn Onc Rotation with Dr. Lopez-Acevedo.* Dr. Lopez-Acevedo is extremely nice, down to earth, and a fun person to work with. That being said, when things get serious, be ready to work hard and spend very long hours in the OR. You must really enjoy the OR to like this elective. Grading reflected the effort that you put in and was very fair. You have to do a short presentation at the end of the rotation to the attendings and a few residents.
  - NOTE this rotation was not offered for Class of 2022 as they were on-boarding a new GYN oncologist. Dr. Lopez-Acevedo has since left GW.
3. *Reproductive Endocrinology/Infertility with Dr. Frankfurter.* He is a great person to ask for a letter of recommendation and advice regarding your personal statement. He loves teaching and will do small teaching sessions about topics such as the physiology of menstruation, pharmacology of the ovarian stimulation drugs (lupron, hCG, etc.), abnormal vaginal bleeding, menopause, and amenorrhea - so be prepared to discuss these topics. At the end of the rotation, you will pick a journal article of your choice and critically analyze it as if you are doing a journal club. This is usually done alongside the resident on REI for the month. The elective is mainly shadowing - there is one resident with you and the resident also typically just shadows. There are very relaxed hours and you mostly get to pick and choose how to spend your time (hours are 9AM to 4PM most days, some days getting out at 12 or 1PM, if you choose to go to monitoring in the morning you will arrive by 7AM). Just make sure you don't wear any perfumes/scented fragrances - they can kill the embryos! (Also one of the nurses gets an anaphylactic reaction to even the smell of bananas, so don't bring bananas)
4. Minimally Invasive Gynecology Rotation with Dr. Marfori: 1: This rotation allows you to spend more time in the OR working with the various MIGS attendings and the various MIGS fellows at GW. Typically, you will spend 2-3 days in laparoscopic cases with Dr. Marfori/fellows, 1 day assisting with robotics cases, and 1-2 days per week seeing patients in clinic. You should review pelvic anatomy, especially when viewed laparoscopically. For clinic days, you'll want to review medical vs. surgical management for fibroids and endometriosis. This is a great rotation, Dr. Marfori is amazing to work with. She is patient and a great teacher. Similar to GYNONC, you'll do a short/informal presentation at the end of your rotation for the attendings/fellows/residents.



- NOTE: Dr. Marfori and other MIGS attendings are leaving GW, Class of 2022 is unsure how this rotation might change next year!

### **Away/Audition Rotations**

Away rotations are NOT REQUIRED. There are some specific reasons why you may consider an away:

- They may be extremely helpful when you are highly considering a program or type a program (academic vs. community vs. university affiliated), whether you consider it a “reach” school or not, or highly desired region (i.e. NYC, Florida and California) and want to learn more about it.
- They may help you to stand out, but keep in mind that doing an away rotation does not always guarantee an interview.

Be aware that away rotations are both awesome and stressful (finding a place to live, learning a new hospital/EMR, the VSAS application process) and **can potentially hurt you if you do not impress those you are working with**. You will be working hard, with long hours and with the goal of Honors. This is not a time to spend a month with family/a significant other. Once again, remember that an away rotation is not just for the programs to look at you, but also a chance for you to see if you like them! An away will give you a good feel for how different hospitals run.

### *Prepping for an Away Rotation*

It is recommended you choose an area of OB/GYN that you are most comfortable in - L&D vs. MFM vs. Gyn, etc. GW requirements allow up to 12 weeks of electives within 1 subspecialty/area of OBGYN (like MFM, REI and Gyn Onc). For example, you could apply to 2 different institutions and complete both rotations in Gyn Onc—be cautious however, because Gaba must approve all aways, and she has been known to not allow 2 rotations in the same field; speak to her early if you are going to try to do this.

Also, while most programs will register with VSAS and list all their offerings, some will not. It is entirely up to you to respectfully reach out to the program coordinators and ask if there are offerings at these institutions. VSAS can first be accessed in late January/February and programs will intermittently list offerings throughout the Spring. **Be aware applications can be submitted as early as February.**

- You will likely need Health Immunization Documents, Transcripts and updated TB screening so it is recommended to start early.
- Most away rotations are first come first serve, so get your application in the day they start accepting applications. You can apply to multiple electives in multiple months offered by the same institution in order to help get an open spot in that program, if you can be flexible.

Plan to schedule away rotations between July and November of your 4th year. **If you need/want a letter of recommendation, then September is the last month to request one before ERAS is due.** It is an excellent idea to have a letter of recommendation from your away rotation because it will serve as an “objective” letter coming from another institution outside of GW. ERAS applications are due on September 15th (TBD, was October 21st this past year due to COVID) , but you can submit without all letters uploaded. It’s better to give your letter writer time to write a letter of high quality. However, it is highly recommended to have letter writers submit by the start of October. Also be aware that you are able to individually select which letters are assigned to which programs you apply to and no letter writers will ever be informed if and where you utilized their letter.

It is recommended to apply to multiple away rotations - different institutions offer rotations during different months because there are very few visiting student spots in each month. Once you begin to receive offers, it is possible to withdraw applications from other programs if you wish to do so and there will be no penalty for you to do this. Note, certain regions in the US, like California, may generally be more competitive, but you can still get a residency position there without doing an away rotation. Make sure you talk to the third- and fourth-year students at the institution where you are rotating. They will be your best advocates (i.e. give advice on what to expect/prepare for or provide insight into their program). They can also help you get oriented to computers, etc.

**BE PROACTIVE!!!!**

### *Away Rotations Experiences*

**UPMC (2020)** - Applied through VSAS once it opened in February to several electives in July and August. There are a few background checks required through the state of Pennsylvania so it was important to start the process early, though I don't believe this held up the application from being submitted initially. I participated in the Inpatient Gynecology elective. This provided wonderful exposure to a group of several residents that you worked with consistently and you met a variety of the attendings who were operating over the course of 4 weeks. Every Thursday I was scheduled to be in the OR with the Assistant Program Director. There were only a handful of patients on the floor so I was not required to come pre-round on them in the morning. We would meet with the attending to table round on those patients, then spend 6:50-7:15am reviewing an article together or another learning activity. Afterwards, I went up to the OR for the rest of the day and had a lot of hands-on opportunities in a variety of cases (vag hyst, lap hyst, myomectomy, ruptured ectopic, etc.). Usually I would be done for the day around 3pm. There were a handful of days until 6pm. It was a very manageable schedule. I would spend time watching surgical videos or reading chapters on the anatomy to help get ready for cases. I also did a 12 hour shift on L&D one Saturday to get a sense of that workflow as well and meet more of the residents and attendings. They offer interviews while you are there for the away. I did not realize this until I got there so I would definitely recommend packing a suit.

**HUP/Penn (2020)** - Penn does not use VSAS so you have to look at their requirements through their website to apply and send in your application via mail. I participated in a Family Planning elective. It was great and interesting to learn about the barriers to care under the state's current laws and restrictions in abortion care. There are 3-4 attendings that you will work with closely but get less resident exposure. I worked with two different 2nd year residents while there and 2 of the fellows. One of the fellows is a GW Med Alum and super helpful to talk to about the residency application process. This was an outpatient rotation so the hours were quite good. 8:30am to 4-5pm at the latest. Wednesdays were spent in the OR doing cases so started around 7am. In the clinic you will interview patients, present to the attending, assist with TVUS, IUD placement, MVAs. It was good to shadow the different types of clinic encounters first if you haven't had much experience interviewing patients who have miscarried or want an abortion. The attendings were good about getting you involved and having hands-on experience, but it was definitely good to ask when you see an opportunity to try a procedure. You do have to balance out how much you ask though because the 2nd year resident got priority. I felt like I got to know the attendings well enough here to ask for a letter. I also did a 12 hour shift on L&D one Saturday and met the program coordinator.

**Emory University (2019)** - I applied through VSAS on the first day of enrollment to 2 different rotations (General OBGYN and MFM) during 2 months – I was subsequently accepted into the MFM rotation for the month of July at Grady County Hospital. There were fees to pay once accepted, as well as updated background and urine drug screens through a 3<sup>rd</sup> party (different than GWs) that had to be completed. I worked with the Antepartum Intern and 3<sup>rd</sup> year medical student. Every morning (Monday – Friday) we were to round on the antepartum unit, and complete relevant tasks. However, by 8-9am we were expected to be in several clinics – Breast Clinic (weekly Monday AM session 8-12 am), Transgender Clinic (biweekly Tuesday AM session 8-12am) and Didactics (weekly Wednesdays 8 – 1 pm), and on Thursdays/Fridays we were to go to the Perinatal Ultrasound Center where we had hands on experience learning important ultrasound skills (BPPs, anatomy scans, gestational dating, etc.) . A few times in the month we were also asked to step into the resident clinic and help cross cover. At the end of clinic sessions, we were to round again on patients and make sure all tasks had been completed for the day. The residents were super helpful, inclusive and gave great advice about the application process as well as who to meet with to make networking connections! While not required, it is highly recommended to request L&D shifts on the weekends to get to know more residents, as well as schedule a meeting with the program director during your time there.

**Univ. Of South Florida Morsani COM (2019)** - Initially there were no electives listed on VSAS until December (interview season) and I subsequently reached out to the medical education office contact listed on VSAS in March / April. There were no slots – I then routinely checked VSAS, and in May once again reached out to the office expressing interest. It was not until late August when I successfully was offered a rotation in November for General OBGYN. For this rotation, I worked Labor and Delivery – two weeks of night shifts and two weeks of day shifts. You were given weekends off. Given this was prime time interview season, they were very accommodating; however, of note – you want to do you absolute best to minimize the number of interviews during a month like November.

The residents and faculty were very engaging and inclusive of students. There are a fair number of rotating 3<sup>rd</sup> year medical students while there, and I highly encourage to leave a great impression by teaching on your own without being prompted to.

**University of Arizona Tucson (2018)**- I basically emailed the clerkship coordinator (who was amazing) and she said they had a spot so I then applied on VSAS. No fee. I was on gynecologic oncology, so I worked with the resident team and went to whatever cases each day that the MS3s couldn't cover. I also became close to the gyn onc/urogyn attending (who was also the dep't chair) so I went to most of his urogyn procedures. I covered however many patients I felt like and had to ask to present, so it could be very low key. It was very slow if there weren't cases but days were then shorter. I didn't have to work weekends or take night call. I went to L&D two afternoons when the onc service was quiet to work with other attendings/residents. Pros: Very much what you make it. Really nice and fairly inclusive residents, low-key rotation. Good facilities. Helps to speak Spanish but not necessary Cons: Not great didactics - best teaching comes from MFM fellows. Fairly poor orientation - you kind of have to figure out your role as you go.

**New York Presbyterian Hospital/Columbia University Medical Center (2018)** - Maternal Fetal Medicine elective (4 weeks). Pros: Amazing experience with a strong MFM department, incredible pathology. Daily pre-rounding/rounding with antepartum team. Sub-I usually carries 4-5 patients. The rest of the day is either spent on L&D, high-risk clinic, or ultrasound. Opportunity to present papers at journal club, work closely with residents, fellows, and attending physicians. Cons: Demanding schedule, definitely recommend living in Washington Heights neighborhood given early morning hours. There is one 24-hour call required.

### Applying through ERAS

Almost all OB/GYN programs are categorical four-year programs. There are a few preliminary programs. The option to subspecialize will occur during fellowship.

- ACGME recognized fellowships include: Addiction Medicine, Complex Family Planning, Female Pelvic Medicine and Reconstructive Surgery (FPMRS), Gynecologic Oncology, Maternal Fetal Medicine and Reproductive Endocrinology and Infertility
- Other fellowships: Minimally Invasive Surgery, Adolescent Gynecology, Urogynecology, Reproductive Infectious Disease, and International Health

When deciding about programs to which to apply, first consider what aspects of a program are most important to you. It is a good idea to apply to a range of programs, not just the most competitive. At the same time, it is ok to apply to "reach" programs even if you feel like you are not as competitive. Overall, look for and apply to programs that you think you would genuinely consider going to. Some considerations you may want to think about:

- Academic or Community program
  - Note: Often, at community programs or programs with a large majority of private attendings, you do not get to manage the patients as much as the service patients. It is important to determine this as these patients are the ones you are going to learn the most from.
- Location
- Applying to a variety of different sized programs
- Research the requirements of the program
- Consider speaking with your advisors and Dr. Gaba to get a sense for the competitiveness of the programs and how competitive you are for certain programs.
- They have been doing this for many years and they have many connections at other institutions (perhaps even programs that you are interested in). Even some of the younger faculty can be helpful to speak with as they are closer to the application process and, therefore, have a better sense of what programs are like and how competitive they might be.
- They may be able to help you with preparing for interviews and answering any of your questions.
- If there is an area of the country you're especially interested in matching, it is a great idea to pick an advisor that has connections in that area.

**OB/GYN is becoming increasingly more competitive.** It is important that you have become involved within the field to become an exceptional candidate. Well-rounded applicants demonstrate experiences and skills in

academics, research, leadership, and service. Programs want people who are committed to the field and will be able to contribute to it.

-*Research Experiences*: Having at least one research project under your belt is helpful during interviews. Every residency program is different; some schools view research as a higher priority than others.

- Note: This experience does NOT have to be in the field of OB/GYN.

-*Medical Education Experiences*: They also love teaching, so participating in electives like TALKS and Healing Clinic 4<sup>th</sup> year elective can serve as great talking points during interviews. If you are in the Medical Education Leadership concentration, this is a great point that you can elaborate on very well and tends to be extremely well received!

-*Volunteer Experiences*: List community service and charitable organizations you have been involved with.

-*Leadership Experiences*: List communities, counsels, and leadership positions that you have held.

**With this said, if you decided to apply into the field of OB/GYN and have completed research or activities in other fields, that is okay – add those into your talking points!**

### **Letters of Recommendations**

Most programs want at least 3 letters. While there is no limit to the number of letters you request that are uploaded on your behalf, ERAS will only allow you to add up to 4 of them for each program you apply to you. You are able to personally decide which letters are sent to which programs. Some programs will require 4 letters, so it is good to make sure you have at least that many to choose from.

Letters are a very important aspect of your application and can make a large impact on a strong application. Most programs will require a chair letter. **Dr. Gaba (the chair)** will write this letter for you. This past year, GW decided to make Dr. Gaba's chair letter the SLOE, as they piloted the introduction of the SLOE into the OBGYN residency process similar to EM. Plan on meeting with her by July/August to review your personal statement and to meet you if she hasn't already – Nikki Betts will also send out an email with date/time requests for the meetings in June/July. If you don't know her well, consider spending a few hours with her in the hospital when she is on L&D. If you are on the MFM elective, Dr. Bathgate is fine with you spending time with Dr. Gaba in clinic for a day. This will give her clinical experience to refer to in your chair letter. She is known to have the capability of writing incredible letters, especially if she knows you personally. She is very well known amongst residency directors. In addition to Dr. Gaba's letter, **it is good to have at least one more from an OB/GYN faculty** (i.e. at least 2 letters from the GW OB/GYN department in total). Anyone at the MFA is happy to write a letter of recommendation. Drs. Charles Macri, Susanne Bathgate, and Dr. Frankfurter have reputations of writing great letters. They all give good advice in general and will also help you when it comes time to formulate your rank list.

For your other letters, it's important to ask people who really know you and have worked with you (either during your AI, in OB/GYN clinic, research, etc). They do not have to be within the field of OB/GYN either! Find those that will write you a strong letter of recommendation. Ask them early in the process (it is never too early to ask as most doctors prefer weeks, if not months, notice) and don't be afraid to ask specifically if they are willing to write you a strong letter. Some programs will specifically request letters outside of clinical experience, or research, or even outside of OB/GYN, while others will only ask for OB/GYN clinical faculty.

*ProTip*: When asked for a letter deadline, give them a deadline 1-2 weeks prior to the actual deadline to give time for delays. For example, if you wish for letters to be in by September 15, ask letter writers to have them in between September 1<sup>st</sup>-15<sup>th</sup>. Once again, letters do not have to be in when applications can be submitted – but the earlier the better!

### **Zoom socials/ Open Houses**

Over the summer and into fall from July- October many programs hosted Meet and Greets over Zoom. It is a great opportunity to learn about programs, especially ones you are less familiar with as you are building your list of programs to apply to. There are rumors that residents also take note of people who attended to gauge interest. I found this as a great opportunity to pick a few key facts from programs that I could later use in my interview as

features that I thought made their program stand out. Also, many of the residents provide their contact information so you can reach out to them, which is especially great if it is a program you are interested in but does not currently have any GW alum to reach out to.

### **Interview Invites**

**Make sure you respond immediately to interview invites!** Interview invites will all be forwarded to your email – however, there are several ways to schedule the interview. The majority are via the ERAS System, Thalamus or by email. Most come through email or the ERAS system. Be sure to check your spam folder to ensure that ERAS messages are not filing away!

CREOG and ACOG have implemented new guidelines in 2020 that were followed by over 90% of programs and applicants. This includes:

- Initial interview offers are released on 1 set day (look out for details). Applicants are given a minimum of 48 hours after an interview invitation to respond to an interview and the number of interview slots can NOT exceed the number of offers. Note, this does not mean that you will be guaranteed your preferred day/time for an interview. After these first two release days, interviews can be offered on a rolling basis.
- Recommending applicants only apply the number of necessary programs AND accept a max . Review the APGO guide for more details.
- Informing applicants of their final status—such as invited for an interview; waitlisted; or rejected, if the applicant was not offered an interview by a predetermined date.

If you can't be on your email for any reason after submitting the application, ask for assistance from someone you trust. Most interviews don't come out until October; however, interviews also start in October and go through early January so be ready once you submit. It can also be helpful to send your email notifications to your phone or smart watch to look out for invites.

*ProTip:* Create yourself a separate, non-GW affiliated email address through gmail which you will only use for your ERAS application and all correspondence thereafter. Institutional email addresses are subject to strict security and IT guidelines, often meaning that emails may be delayed in showing up to your inbox. Since interview offers come on the same day, it's also wise to plan out if/when you get an interview from program X, you know what day/time would work best (many programs publish their interview schedules online ahead of time). This can help you be more organized.

### **Interview Day**

Although not always required, **definitely attempt to go to the social events the night before.** They are useful to assess: if you get along with the residents, if you like the general sense of the program (and you might get some great food!) and to ask questions about the program

Sometimes attendings and other faculty join the dinner, but the majority of programs only have residents attend to give you an opportunity to ask questions that you otherwise would not ask during an interview.

As for the interview day, all are pretty standard and fun. Expect the day to be very structured, some days longer than others. In the morning, the program director usually gives an overview of the program followed by 2-10 interviews, that could range from 15-45 min long (each). Some interviews were a group format (i.e. multiple students with one attending, usually the chairman or residency director), some had one student and multiple faculty members, and some were individual either with an attending or resident. Some programs have you sit in on grand rounds or a noon conference as well.

Interviews tend to be casual in most scenarios – a conversation that is prompted by questions.

*ProTip:* The dean's office will allow you to practice mock interviews prior to the season. If you are nervous, definitely set a meeting up! Furthermore, there will be a OB/GYN specific mock interview offered as well which will include a "score sheet" with suggestions. You will also have the chance of reviewing your recorded interview

(granted the interview takes place over Zoom). While these may be more formal interviews than most, it is great practice and an easy way to get feedback!

Also, while you do not want to sound rehearsed and scripted, having thought of answers and how you may say them beforehand can be of great benefit. Here are some commonly asked questions:

- Tell me about yourself.
- Why Ob/Gyn?
  - Do you prefer more OB or more GYN?
- Where can you see yourself in 10 years? Fellowship? Why?
- What is your biggest strength and your biggest weakness?
- Why this program? How has your day been?
  - ProTip: If you are unsure of why, listen to the program director's morning presentation and pick out a few highlights they are very proud of and emphasized!
- Tell me about your research.
- How would your friends describe you?
- What about residency are you most excited or nervous about?
- What are you looking for in a program?
- What challenges do you anticipate during residency?
- What was the best day of your life?
- Tell me something about you that I could not find anywhere on your application, but that you would want the ranking committee to know about you?

In addition, many programs are now asking behavioral/situational questions... and lots of them. Make sure you have different stories in your back pocket that highlight topics like leadership, teamwork, challenging morals/ethics. These stories can be both medical or non-medical (sports, high school, trips, anything, etc).

Examples include:

- Describe a time you saw a physician behave in a non-professional way. How did you respond to this or what did you do about it?
- Talk about a time you had a conflict with someone and how you handled this.
- Talk about a case that was meaningful to you.
- If a physician you were working with was not practicing evidence based medicine, how would you handle this and how would you approach the physician?
- How would you handle working with a resident who wasn't doing their share of the work?
- Tell me about a difficult decision you have had to make recently.
- Name a time when you received negative feedback, how did you respond, and how did you improve?
- Give me an example of a time you failed.
- Give me an example of a difficult situation and how you approached or responded to it.
- Talk about a time you faced adversity and how it will make you into a better doctor.
- Tell me about a time you disagreed with a colleague and how you handled it.
- Tell me about a major systems-based flaw in medicine and what you would do about this?

There is a chance you may, also, get a few more memorable/off-the-wall type questions. Examples include:

- What is your family mantra?
- Are you trainable?
- What are people's misperceptions of you? Is misperception even real? Is perception real?
- What have you done to prepare to be a good surgeon?
- "Teach me something..."
- How do your hobbies connect to your career in OB/GYN?
- Describe for me what a perfect day would look like...
- Who is the main disciplinarian in your family?

Some specific questions you may want to ask residents/figure out while interviewing:

- How do the residents get along?
- Where do residents live? Common areas to hangout / things to do in the city/town?
- What is your relationship with your program director? (for the residents)
- Do you feel like you can call your attendings in the middle of the night?
- What type of support do you get from the chief residents? (for junior residents)
- What is your gynecologic surgical experience like? What is expected of you surgically at the end of intern year?
- Do you feel prepared to practice OB/GYN on your own when you leave this program? (for chief residents)
- What exposure do you have to laparoscopic vs. robotic procedures?
- Do faculty teach forceps use?
- How many hospitals do you rotate at?
- Is there elective time during your residency? If so, during what year and is it call free?
- How many people went to fellowship from your residency program over the past four years, where did they go?
- On L&D, do you mainly manage the high-risk deliveries/pregnancies or are you also doing normal pregnancies?
- How much clinic is required each week? Do you have continuity clinic?
- What international experiences, if any, does the residency program offer?
- What are the various research interests of the faculty?
- Have any residents left the program, and if so, why?

For group interviews:

- ALWAYS be kind and speak in an appropriate tone. Do not cut off anyone or deter anyone from speaking. If you disagree with something someone has said, that is perfectly ok, but make sure you find an appropriate comment or transition (avoid being rude because everyone will notice this behavior).
- Be yourself. They are looking for someone that will fit in their program well, and you need to find out if these are your "people" as well! You can't do that if you are only saying what you think you should say.
- Stay calm! The first few interviews can be a little overwhelming, but you will soon get into a rhythm and then it can actually be kind of fun!

Remember, **if you received an interview invite, you are good enough to be at their program.** The question everyone wants to answer is: "are you a good fit here?" Pretty quickly, you can assess if you are a good fit, if you see yourself there for four years in that environment, if you like the other residents, attendings, and program director. This is SO important as OB/GYN is a demanding field.

- Go with your gut even if it means not ranking the top institution as #1.
- BE ENTHUSIASTIC!! People like you if you are excited about OB/GYN and especially their program.
- Know why you applied to them **specifically** (i.e. location, research opportunities, fellowships), and **tell them that**. (Especially if you are from that area, have family or any tie to the area, etc.)

A great resource is "**The Successful Match**" [https://www.amazon.com/Successful-Match-2017-Success-Residency/dp/1937978079/ref=pd\\_sbs\\_14\\_img\\_0?encoding=UTF8&psc=1&refRID=K5ER1KA5P6Y1NCFACHA4](https://www.amazon.com/Successful-Match-2017-Success-Residency/dp/1937978079/ref=pd_sbs_14_img_0?encoding=UTF8&psc=1&refRID=K5ER1KA5P6Y1NCFACHA4).

(The library has a few copies as well)

- This book gives a lot of good tips on interview day as well as many sample interview questions. There will be a mix of "what do you like to do for fun", "tell me about 'x' from your resume", and also behavioral type questions (ex. "if you couldn't be in OB/GYN, what field would you choose and why?"; "tell me about a situation where you failed").

It is useful to have some "stock" questions on hand when you are asked, "Do you have any more questions?" EVERYONE asks this, and it's nice to have a few generic questions so you don't look disinterested. **Make sure you look over the program website so you aren't asking them a question to which the answer is easy to find.** Here are some good go-to questions:

- Can you tell me about your didactics?

- What exposure do residents have to simulation training?
- What changes do you see happening in the next few years in your program/department?
- How responsive is the program to feedback from residents?
- How did you know you wanted to pursue \_\_\_\_?
- Tell me about your interest in education?
- What do you look for in a candidate?
- How would you describe the culture of your program?
- What support is there for residents after a bad outcome?
- What changes do you expect to see within the program in the next 3-5 years?
- What makes this program unique?
- Tell me about a memorable experience with one of your residents.
- Are there any weaknesses in the program or is there anything that you would like to change?
- What is your favorite part of this program? What made you choose this program? What made you stay on as faculty at this institution?
- What makes you most proud to be the PD/chair/etc at this program?
- Why did you come to this program? And more importantly, why have you stayed?**

Arrive prepared. Relax. Enjoy. BE CONFIDENT. Ask lots of questions. Listen to other people's questions and add them to your repertoire. Be open to every program. You will meet so many other great applicants along the trail - become friends with them because they will be your future ACOG buddies for life.

**Below is a sampling of programs at which GW students have interviewed. We try to keep this as up-to-date as possible, but it's always good to ask 4<sup>th</sup> year friends that you know about their experiences. There are many more programs that people have interviewed with – make sure to reach out!**

### Interview Experiences

**2021: To see the results from a survey about the programs the class of 2021 interviewed at, please CLICK HERE: <https://docs.google.com/spreadsheets/d/1w1shimmg5nlpWPuIXUE7BKsm0GPMs17TZBROCbK9dgl/edit?usp=sharing>** A summary is below. The OB/GYN advisers also have a comprehensive list of where all GW OB/GYN students have interviewed and matched.

**Beth Israel:** Great program. Small, but take really good care of their residents. Describes themselves as "harvard with a heart" which came through well on the interview day. Continuity clinics at FQHCs throughout boston. Only work/take call at one hospital. Would have ranked number 1, but had geographic restrictions.

**NYU:** Seems like an amazing program with great training, amazing opportunities, a strong commitment to addressing health disparities, and a heavy focus on resident education and wellness .lower manhattan = amazing. I don't have to have a car, I can use the ferry to commute to the brooklyn hospital - this is amazing!

**NYU Winthrop (NYU Langone):** a lot of private attendings and private practice model. Good location and an overall okay program. housing lottery for subsidized housing. If you IV here, the PD calls a lot of candidates saying "he ranked them highly" do NOT change your rank list based on this phone call

**NYMC:** 2 hospitals an hour apart so residents choose which location they live in; definitely need a car. New PD seems great.

**Einstein-Philly:** more of a community program; no assoc med school but work with TJ med students. If you IV here, the PD calls a lot of candidates saying "he ranked them highly" do NOT change your rank list based on this phone call.

**HCA Savannah Mercer:** Liked a lot. However, this is an HCA program which has its own problems.



**Lehigh Value:** Not impressed. Community program and have been on probation in the past.

**U Kansas Wichita:** intern year is hard; they expect you to run the entire L and D board on your own with little help from your senior. do not recommend. Also highly male dominated.

**LSU Baton Rouge:** Gorgeous hospital, women's only hospital, only 1.5 hours away from New Orleans. Overall seems okay.

**OHSU:** Very friendly, down to earth. Passionate about resident wellness (during the virtual interview day, we all got into pairs and talked about wellness). The faculty are very warm and open, easy to talk to. Emphasis on anti-racist education and activism, even though Portland is largely homogenous which I was impressed by. They do rotate at a lot of hospitals---8 in total and cover L&D at 2 locations.

**University of Chicago:** University of Chicago has a lot to offer from a research perspective and they serve a really diverse patient population. They also work really hard to be involved in the south side Chicago community through a variety of initiatives. Their PD seems great, knows Dr. Gaba well.

**University of Colorado:** I loved University of Colorado. The residents work really hard but they were very warm and seemed to have the most fun! Denver Health is the community hospital they work at in addition to CU and seems amazing. Good family planning, midwife mentorship, structured research curriculum.

**Loyola:** Loyola is a great program. They have a structured research curriculum and a structured program for teaching residents to be educators. The goal of this is to create strong academic generalists but they also do well in fellowship matches. However, this is a Jesuit program and there are restrictions about providing abortion care (FP rotations happens at UIC) and providing contraception. PD is lovely and very open about this and you can still get great FP training, but something to be aware of.

**Wash St. Louis:** Wash U is a very strong program. Their PD (Dr. Strand) has been doing this a long time and the residents are all very impressive and well-trained. Prepared for a variety of careers, including fellowships.

**Vanderbilt:** Very structured! Of all the places I interviewed, this is what struck me most about Vanderbilt. The residents are great, etc., but the curriculum is set up really well to allow for graduated autonomy. For example, in the summer/fall, interns participate in low-risk delivery with midwives and then graduate to doing predominantly c/s in the spring.

**UC Davis:** Sacramento is great in that it's near to SF and fun places to explore like Yostemite, Tahoe, etc. Residents are from all over, not just California, seem to really like each other. Take call at UCSF and Kaiser. Not as strong of an emphasis on research as other academic programs I interviewed at, but still possible. PD seems capable, kind.

## 2020

**Bridgeport Hospital:** Community program, affiliated with Yale. 5 short interviews with 2 residents, chair, PD, and faculty member. PD seemed really kind, interested in training excellent generalists. Residents seemed happy. Lots of surgical experience including robotics. Chiefs felt very comfortable with their skill set.

**Lenox Hill:** Community program, affiliated with Hofstra (part of the Northwell health system). New PD, seemed very nice. You do a short 5 minute Q&A with her. Then a panel style interview with 3 faculty and a resident. There were a ton of people there on interview day which could be a tad overwhelming. Serve a variety of patients though have facilities to cater to wealthy clientele. Residents seemed to like it there. A few GW alumni are there. Intern year has no 24 hr call but no golden weekends as a result.

**Cornell:** PD is relatively new, incredibly nice. A lot of changes happening, recent hires, new chair, brand new L&D being built across the street. Lots of mid-level staff including hiring a bunch more to help residents with patient volume. Still, residents work hard. 4 interviews -- A mix of faculty, PD, residents, and fellows. Rotate at NYP Queens, which the residents felt they were able to have lots of autonomy and treat a variety of patients. There is a shuttle to Queens from the hospital. Most residents lived in the hospital housing in UES.

**UCONN:** Large program. Residents seemed happy there. Rotate between UCONN, Hartford Hospital, and Central Conn so you get a variety of experience. 5-6 short interviews with residents, faculty, PD. PD is very kind, dedicated to training, and seems like she really cares about all (40) of the residents and makes sure to check in with them regularly. Have a really large simulation center.

**UPMC:** Large program. Women's hospital. Lots of resources. Residents work hard here but are happy. PD is relatively new to the position, was previously APD. She is a GW residency alum. Interviewed with APD, faculty member, and a 3rd year resident. Many residents and faculty come here and decide to stay because they love it.

**Stamford Hospital:** Community program, affiliated with Columbia. Small program -- 3 per class. Sometimes this means they need to cross cover services (ie you could be on OB but need to cover a gyn case). Flexibility seemed key. Lots of the faculty came from Montefiore. PD and APD seemed very nice. 6 interviews with PD, APD, resident, and several faculty.

**Penn:** Academic medical center with a ton of resources. No pre-interview event, instead sit-down fancy lunch during the interview day. They only interview 2 days over one weekend and then make their rank list right after. Faculty very dedicated to teaching. Many faculty stay on for years because they love it there. Lots of the residents stay on as fellows there. First-year residents participate in Centering Pregnancy (group prenatal counseling) and then deliver all those babies. No continuity clinic but well developed clinics with mission to care for the underserved. 3 interviews -- 2 faculty and a fellow or similar mix. You do not necessarily get one-on-one time with the PD but she has done her research to know who you are and you can speak to her in between interviews/during lunch.

**GW:** Interview day in January only for GW students, interview day over by 11am so no lunch served. Can attend one of the social events in the fall with faculty and residents. Small group interview discussing readings about women's health observed by a resident and a faculty member as well as a brief group interview with Dr. Gaba. Also, 2 individual interviews -- one with a resident, one with either Dr. Marko or Dr. Nelson. Very conversational. New VA rotation. Rotate between GW and Holy Cross.

**Carolinas:** Community hospital but large hospital system serving the Charlotte area. PD seemed very friendly and had a good sense of humor. Residents were very kind and seemed happy there. No C/S until 2nd year but residents did not feel like this was a disadvantage. There is a GW alum here. Have a fetal interventionist. Seem to have a lot of clinical trials for Onc as well. Potentially going to affiliate with Wake Forest but currently has UNC medical students rotating there. 5-6 interviews with faculty, PD, 2 residents.

**NS/LIJ:** Large residency program. 2 high volume hospitals in a huge hospital system. Have lots of resources and funding as a result. Some find the PD to be a bit quirky or off putting, I think he's just a New Yorker. He cares about making the program better and the residents happy. Residents felt very prepared from their training but worked very hard. Able to practice surgeries on fresh-frozen cadavers. There's very cheap housing at both hospital campuses. Have all the ABOG boarded fellowships and planning to add others. 5-6 interviews with PD, Chair, faculty, and residents.

## 2019

**Yale:** Every resident is extremely happy and at one point one began to cry over her emotions about the program. The program director is nice and friendly. Receive great benefits as resident (vacation time, etc). Interviews are

very rapid fire in transition, but overall relatively low key. One interview is in a group setting with the department chair, and is essentially a Q & A session.

**Vanderbilt:** Multiple GW alumni are now residents there and extremely welcoming! The PD is also super sweet! Faculty are very friendly, and will come sit in at the luncheon with you. The residents are a mix of married/single, and have great recommendations for things to do in the city.

**Duke:** The day consisted of two 45 min interviews with faculty, and then two 10-minute interviews with the program director and department chair. Each interview is focused on a specific aspect of training, for example your research and goals with research and then your life outside of residency. The program director explicitly stated do not send thank you notes unless you feel morally obliged to do so, that these are not considered or influence their rankings at all; however, interpret that as you will. You then tour the facilities, sim center and have lunch with faculty and staff. The residents are a great mix of married/single and appear to truly love each other.

**Wake Forest:** The PD is very attention directed and will tell you this. Several low key interviews, one interview with a laparoscopic charades and one group interview with faculty members and several applicants. The tour includes a tour of the city as well.

**George Washington:** Separate interview day in January for ONLY GW students, and are invited to attend social events in the fall that correspond with other interview dates. Group interview discussing poems/readings about women's health and 2 interviews (one with a resident, one with either Dr. Marko or Dr. Nelson). Now have a Urogyn department.

**Georgetown/Washington Hospital Center:** 4 short interviews with 1 fellow, 1 faculty, 2 residents. These were very conversational

**University of South Alabama:** Residents are very nice, and a mix of married/single. Located in Mobile, AL – more rural community. Program is in a state of transition and growth, new MFM attending is hoping to apply for a fellowship status in the coming years. Program director is a nice, appears slightly disorganized at times.

**University of Arizona – Phoenix:** GW alum resident is there! Great residents who are very active in hiking, outdoor activities. They have a different program for night rotation, called the NAPS program (work every 36 hours 14 hour shifts for 4 months). It is a larger program that covers call for 1 L&D, therefore call is about every other week. Have lots of golden weekends relatively speaking to other programs.

## 2018

**University of Washington:** six 30 min interviews all behavioral questions, sometimes with other applicants, need to have a repertoire of stories to illustrate how you behaved in different settings. Rotate through 7 different hospitals.

**Yale:** three individual interviews, very low key, questions were predictable about your application, very nice mix of community and academic/research faculty

**Vanderbilt:** 4 interviews low key, several GW residents, people were very friendly

**Brown:** very friendly PD, interviews are relaxed, small number of students per interview day, people are very nice, very heavy on research, social was on night of interview so make plans accordingly

**Brigham/MGH:** big residency program, interview day seemed somewhat disorganized and had a very large group of people. Stress that 3rd year residents had a big say in the selection process. The interviewers were friendly however questions more intense than other programs. During social it was stressful to try to socialize with all the third years.

**Cornell:** Great interview day, residents and faculty are very friendly, PD is very kind and down to earth. Seemed like an intense schedule considering only 6 residents per class (call at Queens is q3 w/ one second year alone). Have intense rotations starting in intern year including Gyn Onc. Great fellowship match especially for REI.

**Georgetown:** very very large interview group. 4 short interviews, asked to teach a skill in 5 minutes, but for the most part was conversational. Have a lot of fellowships

**UNC:** Great program!! PD goes through your application thoroughly and hands you your folder and schedule during the social. Residents are very friendly and seem like a big family . Have all fellowships

**UPMC:** wonderful chair and PD. Residents are down to earth. Interviews are conversational and related to your application, there were no surprises on interview day. Great hospital predominantly for women.

**Maryland:** good flow, residents did not have a lot of interaction with the applicants

**Wake forest:** aggressive interview questions.

**VCU:** interview with chair is chair asking you if you have questions for 15 min

**Rush:** very friendly PD and interviews were fine

### **GW Connections**

Overall, GW is very well connected to regions and programs in the US. Programs tend to recognize Dr. Gaba, Dr. Bathgate and Dr. Macri. If you aren't sure if there is a physician with network potential at a program you are interested in, just ask. Look up the match list from previous years and, if interviewed there, be sure to get his/her email for questions.

UCLA - Chair wrote a journal article with Dr. Macri

Cedars Sinai - Chair knows Dr. Macri

USC - Dr. Macri did his fellowship in MFM/genetics here. EVERYONE knows him.

Kaiser Los Angeles - one of the MFMs knows Dr. Macri

Los Angeles County Harbor - Program director did her residency at USC while Dr. Macri was a fellow

UCSD: Dr. Gorelik did residency here

Santa Clara Valley County - Dr. Larsen good friends with chair

Brown: PD knows Gaba well

Dartmouth: Dr. George is the former program director and has connections

Columbia: PD knows Gaba well

Pitt: PD knows Gaba well

Montefiore: PD knows Gaba well

Hopkins: Macri knows the Chair here

UCONN: Dr. Peterson knows PD here

Penn State - Dr. Larsen good friends with chair

Beth Israel - 2 of the residents went to GWU. One of the attendings went to GW. Chair is acquainted with Dr.

Larsen. Several of the GW REI doctors trained or are well known here

UNM – Chair is studying in “Dean School” with Dean Scott

Northwestern – Dr. Marko and Lesko went here for residency

Brigham – Dr. Lesko did her fellowship here, fellow Vicky Dr. Vargas did residency here

University of Wisconsin Hospital and Clinics – Dr. Robinson's did residency here

St. Barnabas: Macri knows chair very well

Yale: Dr. Ahmadzia went for residency

Duke: Dr. Lopez-Acevedo (residency and Gyn Onc fellowship) and Dr. Ahmadzia (MFM fellowship)

USF – Morsani: Dr. Obican (MFM attending at USF trained at GW and was an attending)

Dartmouth: Dr. George was previous PD

### **Resources**

1. APGO website: [www.apgo.org/residencies](http://www.apgo.org/residencies): It lists all the programs, and you can search by location, institution, or number of residents per program. For OB/GYN, it is much more specific and detailed than the ERAS website. Great for general stats on number of residents, salary, occasionally score cut offs, and contact info of programs and program directors. It also has call schedules but they are no longer accurate after float has been instituted (and new duty hours). Most stats are outdated because it's updated every three years, but it's still helpful for ballpark.
2. Studentdoctor.net: Also had some helpful comments on OB/Gyn trail (although difficult to surf though). Use this to find out who has sent out interview invites and what the dates are for interviews if not already published.
3. FREIDA online: Individual program websites - helpful to look up research topics, faculty at the institution, focus of program and resident information. Provides general stats that are published, and has dashboard

and comparison features to look at programs side by side. Also, lets you place your own private notes and rankings of the programs as you interview.

4. Prior GW Alumni that are now residents!

## **OPHTHALMOLOGY**

**Chairman:** Dr. David Belyea (interim)

**Residency Program Director:** Dr. David Belyea

**Department Coordinator:** Patricia Johnson

**Medical Student Clerkship Director:** Dr. Monica Dalal

**General Information:** \*\*\*Online google spreadsheets for the past several years have now been created with lots of pertinent information regarding the program, its details, strengths, weaknesses and applicants' impressions. This can be found on student doctor network or via a quick google search ([https://docs.google.com/spreadsheets/d/1DCcmc4cQ8cdb27AcDIA\\_IH6vHg-MYvRDPabmmuxEfi0/edit#gid=1267567652](https://docs.google.com/spreadsheets/d/1DCcmc4cQ8cdb27AcDIA_IH6vHg-MYvRDPabmmuxEfi0/edit#gid=1267567652)).

### **General**

Once you realize your interest in ophthalmology, you can contact Pat Johnson (or directly to faculty) about shadowing opportunities in the ophthalmology clinic. This can be done in your free time and would be a great way to meet some of the residents and attendings. Expectation is extremely low for shadowing students so feel free to ask any question that you have. Shadowing can get boring very soon, so definitely try to learn how to perform the basic eye exam and use the slit lamp. Knowing these will make your actual ophthalmology rotation more fun as you can offer to help tech and examine patients, etc. These are also important skills to have for away rotations, as some places might expect you to examine patients. As with other competitive specialties, good preclinical grades and clinical grades are important. According to SF Match, in 2020 the mean matched USMLE Step 1 score was a 245 and the mean score for unmatched applicants was a 238. Being an AOA can help tremendously with the application process. GW does not provide an official AOA election letter but you can update SFMatch website and inform the program coordinators of the election result.

### **GW sub-I**

If you are considering ophthalmology, it is reasonable to split a third-year rotation so you can see early on what ophthalmology is about. This also gives you more time to get involved with various research projects, frees up your schedule at the start of fourth year to go on away rotations, and gives your GW letter writer time to write a letter of recommendation (applications should be mailed in early to mid August). If you do not split a third-year rotation, it is definitely fine to take it in July of your fourth year. This still gives you time to do the rotation, get a recommendation or two, and compile your application. If you do the rotation in July, you will also get to meet the incoming ophthalmology residents who take part in the interview process later (new residents are not there full time in July because they are taking introductory ophtho courses but they are there occasionally. They are there full time by August). Taking the sub-I later than July has its difficulties because applications are usually submitted in August. If it works with your schedule, try doing a day of ophthalmology during your primary care rotation to check things out.

The way the rotation works is that there are several clinics each day, one per attending, and one or two residents/techs are assigned to a clinic every day. The chief resident will usually assign you to different clinics on different days, and you will basically shadow the residents. The residents will try to teach you how to perform different aspects of the physical exam. Learning how to use the slit lamp, phoropter, indirect ophthalmoscope, etc. can be very difficult. Don't get frustrated if you get bored/can't see anything at first because eventually you'll get the hang of things, and then it really gets interesting. As you become more comfortable with the exam, you may be asked to work up some triage patients on your own. Also, try to go to the OR within the different subspecialties as much as possible because this is where the interesting stuff happens and is actually the main focus of many ophthalmologists. The chief resident will often rotate the students in the OR with different attendings. In general, there is very little pimping, but there are good opportunities in the OR to demonstrate your anatomy knowledge. At the start of the rotation, you will be provided a book called Basic Ophthalmology. This is a great primer for the rotation and is actually written for primary care physicians. Another excellent resource to orient you to ophthalmology is "OphthoBook." This is a free PDF online. It is a very simple and quick read about the basic principles of ophthalmology and helpful to read before your sub-I. You will also frequently see the Wills Eye

Manual. This is the “bible” for ophthalmology residents. Once you have read and grown very familiar with Ophthobook, it is worthwhile to start reading the Wills Eye Manual so that you can understand and even work up very common patient presentations in the clinic. You are there to learn as much as possible because the ophthalmology learning curve is very steep.

There is a short exam at the end of the rotation. Most of the answers will come from the book Basic Ophthalmology. They also require a brief presentation on a topic of your choice at the end. As usual, it is great if you can use an interesting case that you saw during the rotation and generate a discussion based on it. Start looking for a patient case during the first week of your rotation because finding a good case that has documented photos takes time. Also, you will be surprised how much preparation and research time making a presentation takes. Make sure to ask residents and attendings to help you with picking the case and making the presentation. They know as a medical student you have a small knowledge base of Ophthalmology. If you are thinking that GW will be ranked high for you or if you are trying to get a great recommendation letter, you obviously want to show you put a lot of effort into the presentation. When it comes down to ranking you a few months down the line, the attendings will definitely take your performance on your presentation into account. Some medical students who split a rotation and took the ophthalmology sub-I early did not have to do a quiz or presentation, but results may vary.

The Main Eye Clinic is located in the MFA floor 2A, and there are a couple clinics located on the first floor directly below this clinic. The easiest way to find the clinic is to enter the MFA through the Pennsylvania Ave entrance. You will see the lower level clinic on your right and you can take the elevator to 2A from this entrance as well.

### **Away Rotations**

**Virtual Rotations:** During the 2020-2021 cycle, several institutions offered virtual away rotations in the middle of the pandemic. UMD had a fantastic rotation with great educational opportunities,, and the program in general tends to favor away rotators (virtual or in-person). Check VSAS for other institutions with virtual aways.

**In-person away rotations:** Recommendations for away rotations are less clearly defined than in other specialties. In prior years some people who matched had done multiple (2+ aways) versus others did none.. A lot depends on your personal interest in checking out various programs, but they can also help you decide what you do or do not want in a program. Do not feel like you have to do your GW sub-I and an away rotation before you turn in your application. While this can help you get an additional letter, doing an away rotation later (September/October) can be valuable in helping you get an interview.

**Bottom line:** some people match where they do an away rotation, some people don't (some people don't even get interviews from their away institution). If you are doing an away, do it at a place you are interested in (for whatever reason) because it may help with an interview or match. At your away rotation, you should definitely try to stand out because it is regarded as a month-long interview. The earlier you are able to become more skillful at the slit lamp and other exam skills, the better because that is definitely one way to impress. If possible, try to do a Grand Rounds presentation at the institution you are at. If you do, make sure to do a great job because the PD, chairman, and other attendings will remember that presentation when they are interviewing and ranking you.

VSAS is the online application service for away rotations. Most schools use it, however be aware there is a good portion of programs that have their own unique application process, which can make the application process very tedious. Make sure you start updating your resume early (March-ish) because that takes some time. This will also help later when you're filling out your ophthalmology residency application. Each school has their own health form that you need to fill out and have signed by GW Employee Health, which will take them at least one day. They might also require a recent physical and vaccine titers, and you can get those done by PCP or at Student Health. Other documents you might need include a copy of step 1 score report, third year surgery rotation evaluation, a letter from Dean's office, BLS card, health insurance card, and proof of background check. Many of the schools start accepting applications around early April. There are very few spots and they fill quickly, especially if the school offers go out on first-come, first-serve basis.

**Children's National "Away" Rotation:** Recently, GW students have been doing "away rotations" in pediatric ophthalmology at Children's National. We highly recommend seeking out this opportunity as a formal elective, for several reasons. First, there are a great deal of research opportunities at CNMC (more so than GW). Second, you will be able to meet not only GW but also Georgetown residents to expand your network. Third, you will have a new experience at a different institution that can serve as an "away" experience without traveling far and subletting. Plus, getting acquainted with pediatric ophthalmology as a medical student is a unique experience. Additionally getting a letter of recommendation from someone at Children's National can be valuable for your application as there are fairly well-known ophthalmologists practicing there.

### **Away Experiences**

**University of Maryland (VIRTUAL)-2020:** 1 month virtual rotation run by Dr. Levin at UMD. There was a combination of individual reading/virtual learning and group experiences. 4-5x a week, would go on consult rounds with the consult resident and attending. Overall was a fantastic learning experience even despite being virtual in nature. The virtual away rotators have weekly didactics with ophtho attendings, attend resident didactic lectures, grands rounds and chief rounds. At the end of the four weeks, you give a grand rounds presentation (low stress) on the topic of your choosing.

**University of Virginia - 2018:** 1 month rotation at the main eye clinic and few satellite sites not too far away. Work mostly with attendings one on one scheduled in clinic and in OR. Work with first and second year residents closely as well in resident run clinic and specialty clinic. Presentation required at the end. Away rotation will help with obtaining an interview. Everyone is very nice and helpful. Overall, a smaller program but well represented in each subspecialty. Residents get worked pretty hard, and first years definitely don't have a whole lot of time during clinic for a break, almost no time to eat lunch. First year is very hard, q3 no post call plus weekend call split up pretty much the same. Second year is better. Senior year can be hard as well, Q2 backup call with one resident going to the VA 2 hours away with their own scheduling. Residents are very well trained for private practice. Charlottesville is a smaller college town with good vibes.

**Montefiore (2021) - 1 month rotation run by Dr. Gibraltar.** Lots of one on one time with attendings, but not as much OR time. Monte has a great reputation for often offering interviews to their away rotators. They treat predominantly low income patients given their location in the Bronx and this also means there are some unique pathologies that you might not see in Foggy Bottom DC (like white cataracts or really severe corneal ulcers). There is one practice presentation mid way through the rotation and one low stakes grand rounds type presentation at the end of the rotation. Monte has a fantastic reputation for treating residents well (cheap resident housing) and very nice wet lab. As a medical student there is opportunity to take initiative by offering to see patients yourself. I highly recommend specifically trying to spend more time in resident clinic so you can present directly to the attendings after seeing a patient.

### **Applying:**

SF Match! Do not be intimidated by the separate match. It can sound scary, but do not let it deter you. It is the same stuff as ERAS, just a different interface and a different timetable. The average number of programs applied to in 2021 was 79. Again, do not let this scare you. As you become familiar with the residency application process, you will learn that applying to a large number of programs is common in many of the competitive specialties. It is required to cast the net wide because it is impossible to determine who will send you an interview and who won't. Read all the instructions very carefully, and stay on top of when things need to be in.

Program application deadlines are individual, but generally earlier programs have deadlines in late August, so we recommend finalizing everything in mid-August to ensure you do not miss any program deadlines. Lots of PDs will start downloading applications as soon as CAS opens to them, so you should submit before applications are first visible to programs regardless of deadlines. Start working on SF match as soon as it opens. Their customer service is also excellent, so feel free to contact them with any questions. IMPORTANT: be sure to click on each program description that you apply to on SF Match--some have hidden requirements like sending in your photo separately, or writing a 100 word letter of interest. It's possible programs may do this to see how interested you are and how closely you read their instructions, so be sure to stay organized with these "secondary" requirements. You can



download an excel spreadsheet from the SF Match programs page with these requirements that I highly recommend you color code accordingly based on which programs have additional materials.

You only get three letters for the SF match. One could be our program director (Belyea). One should be a non-ophthalmologist – medicine, surgery, peds attending, etc, anyone who knows you well and can write you the best letter. The third letter should be another ophthalmologist, either a second GW attending or someone from an away rotation. Start looking at program websites early (and contacting coordinators if the information is not online) so that you know if there are any specific requirements that will make it necessary to ask another attending for a letter. If you have not received an invitation from a particular program you are very interested in, email the coordinator and possibly the director to express exactly why and how much you are interested. Also, always try and get your application in ASAP. Programs may start reviewing applications before deadline dates and many require a complete application before doing so.

Ophthalmology is a competitive match, but here is a reassuring stat: the match percentage for US seniors is slightly above 90%, so the odds are in your favor if you've made it to the point of applying. The overall match rate is much lower but includes foreign grads and non-graduating seniors. Starting in 2020, ACGME has mandated ophthalmology to integrate their programs, so at this time it appears programs will only require you to apply on SF Match. HOWEVER, some schools will have a separate code they will give you to apply through ERAS for their integrated prelim year (if they are integrated and not joint) so you will most likely still have to pay for NRMP.

### **Interview Process**

In the 2020-2021 and 2021-2022 cycle, interviews were 100% virtual. It is unclear what will happen in this upcoming year. Nevertheless, virtual interviews allowed students to save a lot of money. However, a con is that it can be difficult to gauge the “vibe” of a program and location without being there in person. The format of these virtual interviews varied. Some programs had quick 1-2 15min interviews with faculty while others had longer zoom days with multiple faculty/resident interviews.

Interviews start late October and go throughout December, so try to reserve these months (especially November and December) with vacation from coursework. Rank lists are usually submitted at the end of the first week of January, and match day is usually the second week of January. In general, ophthalmology interviews are casual and conversational. Interview setups range from one on one interviews to panel interviews. Almost every interview includes: ‘tell me about yourself,’ ‘why ophthalmology,’ and ‘why are you interested in our program.’ Very few challenging or uncomfortable questions. It is encouraged to attend the social events that you can make. They are fun and a good chance to get a feel for the kind of people in the residency program. As the season goes on, they do become tiring, and it can be hard to be fully interested in the details of a program. You do become familiar with many of the applicants on the trail, which is fun.

Scheduling your interview is challenging, and scheduling conflicts are inevitable. The best advice is to be glued to your phone so you can respond to emails ASAP. It is also helpful to have a hardcopy calendar on you at all times so you can reference it and respond to invitations quickly. Keep in mind that the weekend before Thanksgiving is a very popular interview time, including GW's only two interview days.

### **Interview Experiences**

**University of Virginia 2019** – Nice interview day with 4x 2-on-1 interviews with almost all faculty. Everyone is very charming and nice. Small, down to earth program with southern vibes. Facilities a bit old and outdated. Charlottesville is a small college town set in a beautiful part of the country. Lots of married couples, some with children. Opportunity to schedule internal medicine or surgery prelim year interviews there. Parking is validated. Breakfast and lunch served.

**University of Maryland 2018** – nice interview day with 2 on 1 interviews, a good number of their faculty. Very nice and personable, hip, program director and chair. Residents were nice and bubbly. Facilities are decent. Baltimore is a gentrifying city, however many areas are still undesirable. Lots of public health and health policy options. Call is

shared between the 1<sup>st</sup> and 2<sup>nd</sup> years so it's more spread out. Breakfast and lunch served. Relaxed resident interview.

**Johns Hopkins University 2018** – 2-3 on 1 interview situation and a one on one with the chair. Morning starts with grand rounds, somewhat of a up-tight atmosphere. Half the faculty seemed very upbeat and personable, the other half not so much. Program director seems like a good guy. Breakfast and lunch served. Afternoon bus tour of the city was helpful. Residents were pretty social, although had some concerns regarding surgical training when asked, however numbers were decent (~180 cataracts).

**Wake Forest 2018** – small program located in a more rural part of the country. Very personable faculty, program leadership, coordinator and residents. One panel interview (10 on 1) and a relaxed resident interview. Residents have night float. Free lasik and contacts for residents and family members. Very high surgical numbers and great clinical training. Not research heavy, mostly focused on producing private practice docs.

**UNC 2018** – average sized program in Chapel Hill, which is a great city. Personable faculty and well represented considering its size. Huge burn center and one of the best surgical wet labs. 2-on-1 interviews with faculty and meeting one on one with the PD. Residents were nice. Lots of Christian residents.

**Mass Eye and Ear at Harvard 2018** – large program. Day starts with breakfast and grand rounds, which was hilarious and very collegial. Interviews were usually 2-3 on 1, very personable faculty and residents. Separate meeting with chair just to chat, extremely lovely lady. Very thorough presentation about the program. First years are in the eye ED, which gets pretty busy. Away rotation in Maine to help with cataract numbers. All the research you can want and top fellowship matches in every field. New and improved surgical wet lab.

**Ohio State 2018** – Nice program in Columbus Ohio, which is an up and coming city. Very nice and personable people throughout. Day starts with breakfast and presentation, followed up 2-on-1 interviews. New eye facility with new equipment.

**University of Pittsburgh 2018** – Decently large program with lots of well-known faculty. PD is awesome. Interviews were 2 on 1, most everyone was nice. Chair is a hot shot that spends a lot of time in Paris. Residents feel like family. Facilities are a little old. Only thing that wasn't so great were the lunches. Need to go to New Mexico for 2 months for one of the rotations.

**Roski Eye at University of Southern California 2018** – a top program with great, innovative faculty and very hip vibes. PD is amazing. 4 interviews that are 2 or 3 on 1. Most everyone is nice. Program is both very academic and seems also to have very high volume. Residents are really personable and great. South Central LA is not so great. Recently lost Doheny to UCLA...so maybe strength weakened? Overall still a great program and a very nice interview experience.

**University of California at Davis 2018** – recent changes to leadership after put on probation – this subject was not heavily probed. One panel interview with the leadership and an one on one interview with a faculty member. Faculty seemed okay, new program director seems amazing, residents weren't too interested to be there. Pretty good catchment area and surgical volume. Good opportunities to be involved with research and innovation.

**Georgetown 2018** – 6 residents per year. Faculty all very personable, and some younger faculty on board as well. Residents all very personable and seem to like each other very much, very engaging with the applicants. 3 interviews that are 3-5 on one. Break and lunch served. Coordinator is amazing and very sweet. Pretty old facilities at medstar, but apparently better at some of the other locations. Surgical numbers are decent for DC, without the need to travel elsewhere.

**Boston University 2018** – 2 on 1 interviews, about 5 of them. Chair of the department seemed very nice, program director seemed pretty nice as well. Other faculty were a little impersonal, one lamented his time there somewhat (originally a Midwesterner) and one scoffed at my response to a question. Residents were nice.

**University of Florida Gainesville 2018** – multiple one on one interviews with faculty members, who are all very personable. The chair is amazing. Very happy residents, surgical volume is outrageous. Cheap area to live. Alligators in the swamp in the middle of campus. New eye center being built soon.

**Emory 2019** – coordinator runs a tight ship. Very strong program with great reputation, however not too academic. 2-3 on one faculty interviews, all of whom were nice however many tougher "behavioral" type questions. Residents all very nice. Strong southern charm. Afternoon bus tour helpful. New nightfloat system is being implemented which should ease call burden.

**Vanderbilt 2018** – very polished program with academic / family feel. 4 interviews, 2-on-1 with personable faculty, one on one interview with the chair. Some tougher "behavioral" type questions. Morning starts with a mock grand

rounds. Residents all very personable. Mandatory general surgery intern year (doesn't sound too bad). Night float call system. Heavy on ocular trauma. Has exchange program with Emory.

**GW 2019** – One on one interviews with faculty. All GW students will interview at GW. (2021-2022 update) one panel interview with faculty and one panel interview with PGY-2 residents who will be your seniors.

**Boston University** - 2019: Outstanding surgical volume. Lots of pathology from underserved Boston population. Shared sites (VA, Children's Hospital) with Mass Eye/Ear. Emphasis on resident wellness (post-call relief if slept <4 hrs) and excellent for those interested in pediatric ophthalmology (Boston Children's).

**Penn State** - 2021 - Several one on one interviews with faculty from PD, chairman, and all other faculty. Smaller program so both PGY-2s and PGY-3s (1st and 2nd year ophtho) are expected to take call (q6 days).

**Montefiore** - 2021 - three or four 2-on-1 interviews. PGY-2s (1st year ophtho) do night float for a week rather than being on call and then having clinic duties the next day. There is a residents apartment next to the hospital that the resident on nights is able to use for the week.

## **Resources**

### **Websites:**

<http://www.opthobook.com> <http://www.kellogg.umich.edu/theeyeshaveit> <http://gonioscopy.org>

**Books:** Ophthalmology Made Ridiculously Simple by Stephen Goldberg MD Basic Ophthalmology by Richard Harper MD Practical Ophthalmology by American Academy of Ophthalmology Ophthalmology Secrets by James Vander MD The Wills Eye Manual by Adam Gerstenblith MD

### **Application Process:**

Sfmatch.org

The Iowa Guide to Ophthalmology – 30 page document found online which outlines the entire ophthalmology match process. A helpful read before you start the process.

## **ORTHOPAEDIC SURGERY**

**Chairman:** Dr. Robert Sterling

**Program Director:** PD Dr. Sam Moghtaderi

**Residency/Clerkship Coordinator:** Yolanda Porter (yporter@mfa.gwu.edu) 202.741.3311

### ***General Application Advice/Info:***

- Work to develop a relationship with one of the attendings in the department. Discuss how competitive you are so that you get a feel for how many programs to apply to and what your expectations should be.
  - Their ability to give advice is limited so keep this in mind. The way ortho is moving everyone is super competitive and even the top tier applicants are applying to over 100 programs.
  - Also recommend reaching out to the ortho applicants in the class ahead of you for advice.
- Start working on personal statement early. It is not a deal breaker and as important as in other specialties, but make sure to include life stories and hobbies aside from academics.
  - Get several people to read it who will give you an honest assessment! (VERY IMPORTANT)! Advisor, friends, school dean, attending you've worked with.
  - The stereotype of a PS is to talk about what sport you played or what injury you had that led you to fall in love with orthopaedics--try to think of something else if you can.
  - The PS will not make your application. Better to be safe and just have a very stereotypical PS than to write something crazy that might be a turnoff to PDs.
- Make sure to look at the programs you want to attend early on and what their requirements are for letters, supplemental essays, etc.
  - Suggest that throughout medical school (especially third year), if you feel like you worked well with an attending and got good feedback, ask if they would be willing to write you a GOOD LOR. Have them do it right after you work with them and upload it to ERAS (you receive your ERAS token early in third year to make your account, so do this!). Don't need to use later down the line but makes your like MUCH easier come application time.
  - Some programs require a supplemental essay or an individualized PS. Check their program website for this info.
- Some programs offer a 6-year track with an extra year devoted to research. Some of these are matched positions, some are optional once you match, and some are offered as agreements outside the match. Check with each individual program about the options that are available if you are interested in research.
- *What do I do if I want to go to a specific program or area of the country?*
  - If you want to go to a specific program or area of the country make a separate personal statement discussing the reasons why and submit it to that specific program(s).
- *How do I know if I am competitive enough?*
  - Residency explorer is a great tool to input your numbers and information and compare yourself to the students who have MATCHED at that residency program. Very very helpful!
    - <https://www.residencyexplorer.org/Account/Login>

### ***LOR's***

- Some schools will require a non-ortho letter. Make sure to look into these requirements early on.
- Some programs require a chairman's letter. Coordinate with Yolanda to have whoever the new chair is to cosign one of your GW letters (this process may change with the new chair).
  - Most programs that require a chair letter will also take a PD letter in lieu of it. Try to do a hand rotation so that you work with Moghs.
- Also make note if the program requires an SLOR (standardized letter of recommendation by the American Orthopaedic Association). <https://www.aoassn.org/standardized-electronic-letter-of-recommendation-eslor/>
  - Attendings can fill this out through the website and submit to ERAS.
  - You can also download the PDF form and email to your letter writers to attach it with their narrative letter

- Some programs may just want SLOR **without** a narrative letter. Make sure to make note of this.
- Suggest including the SLOR with the narrative letter if it is not specified on the programs website.

**Advice for Away's:**

- Virtual Aways:
  - Varied based upon different programs.
  - For the most part consisted of lectures from faculty and residents and included a presentation done by the student.
  - Did not guarantee an interview for some programs.
  - Some notes about virtual aways that were done by the class of 2021:
    - **UVA:** Virtual away was once a week for 8 weeks, two separate sessions. They introduced it with a faculty lecture for 15 minutes, then break out rooms for 30 minutes with an attending and a resident. Then the final 15 minutes was a resident presentation on life at UVA outside of the residency. It really showed us a ton about the program.
    - **University of Rochester:** You get a lot of facetime with a number of different attendings from different departments. Very low key two weeks, mostly just case based presentations based on assigned readings. Culminates with giving a case based presentation at the end of the two weeks. Also get a lot of facetime with residents (virtual HH every Friday).
    - **Michigan:** Virtual open house attendance was taken
- In person aways: during non-COVID times try and take two away rotations.
  - In the past some students have even taken 3-4 away rotations.
  - A large majority of incoming residency classes are either A) home students or B) away rotators (some numbers that have been quoted are as high as 75%).
    - This trend is changing during COVID times obviously and may be here to stay.
  - Try to rotate in the area of the country in which you want to do your residency.
    - Keep in mind that it is hard to get an interview in the Midwest or on the West Coast unless you are a native of the area, or rotate at a program in these areas.
  - Send your applications in early to VSAS.
    - Some programs will even allow you to reserve spots to rotate with their department even if their school application is not yet available. Inquire with the individual coordinators of the department.
    - **\*\*Some programs will not automatically grant you an interview on the basis of your rotation; you can learn more in the Reddit and google interview spreadsheets (google these for your year).**
  - Some programs are not taking applications through VSAS so make note of those and make sure you keep track of deadlines.
- *How do I do well?*
  - Show up ready to work, always be available to help and jump on any task that needs to be done.
  - Make sure to work well as a team with other medical students. The residents can pick up on things you don't think they see, just beware of this!
  - Just because your clinic or OR finished for the day doesn't mean you are done. Go to the team room or the ED and try to help with consults. Residents really appreciate you taking initiative and getting things done on your own without being asked.
  - Figure out the layout of the hospital early on so that you can find your way around effectively. If a resident asks you to get something for them and it takes too long cause you got lost they will just go do it themselves.
- *What resources do I use?*
  - Download Orthobullets app onto your phone.

- Refer to it for quick knowledge, as well as refer to techniques to prep for cases.
  - <https://www.orthobullets.com>
- Netter's Concise Orthopaedic Anatomy
  - Really helpful book to carry in your white coat.
- Handbook of fractures by Egol
- AO Surgery website
  - Can also add app to your phone. Helpful for trauma cases and approaches.
  - <https://www2.aofoundation.org/wps/portal/surgery>
- Touch surgery
  - Can help with approaches
- Did not use it but heard great things about Pocket Pimped

### **GW Sub-I**

- 4th year elective that is broken into 2 two-week blocks with two different preceptors/sub-specialties.
  - If you are interested in working with a specific attending, you can request this through Yolanda Porter (the coordinator) and she is more than willing to accommodate.
  - List of attendings that have generally been good to work with in the past: Doerre, Debritz, Moghtaderi, Chodos, Campbell.
- Expectations:
  - Read x-rays during Wednesday morning conference and attend all other conferences and resident clinics.
    - May be asked to read additional x-rays or anatomy questions.
      - Make sure to ask the intern that gives you orientation how to properly read a set of x-rays.
        - Xray of what, how many views, what views
        - Fractures, alignment, degenerative disease, soft tissue swelling
  - In July and August, the residents take part in anatomy lab on Thursdays (pre-COVID). Although you will not be quizzed, ask the residents what to read in advance so you can keep up with what's going on.
  - You will be most helpful in the morning by finding out which patients need dressing changes and go around doing dressing changes during pre-rounds.
  - Will give one presentation at the end of your month on a topic of your choosing.
    - Ask the residents or the attending you are working with to help you with what topic to choose.
    - Can use this presentation for other away rotations (less work for you!)
  - Be prepared for anatomy questions for each case, orthobullets and AO surgery are helpful when you look up the technique, approach and what not for the specific case (do this night before).
    - Most attendings do not pimp much, but always be prepared in case they are in a 'mood'.
    - Debritz likes to ask "tell me something interesting about this case." He's not looking for anatomy facts or approaches. He wants to know about complications or how prognosis is affected by some specific aspect of the injury.
  - You will have call once/week with a post-call day.
    - Although clinic can be boring, this is actually where you can work with the attending the closest and they can get to know you and you can be most helpful, avoid taking call on this day if you can.
- Helpful to have in your pocket are trauma shears for splinting and taking down dressings and tape for putting on splints.
- As a GW medical student, in the past with the old chair, your interview was done at the end of your month rotation.
  - Interview was very laid back and straight forward. More of just any questions you had about the program, etc.

- May change with new chair.
- For class of 2022 they did not formally interview us and stated that the Sub I took the place of an interview. I am not sure if they will continue with that policy.

**Away Rotation Experiences:**

**\*\*Please note that most of these experiences were pre-covid and in the years 2019 and before.**

<u>Program</u>	<u>Year away was done</u>	<u>Subjective experience (from students)</u>
<b>UVA</b>	2021	<ul style="list-style-type: none"> <li>● awesome rotation</li> <li>● worked on peds and sports</li> <li>● you do 2 weeks on inpatient and 2 weeks on outpatient</li> <li>● they work you very hard 6am-7pm usually</li> <li>● one weekday call per week and one weekend call per week</li> <li>● some big names here that can write really good LORs (Gwathmey (PD), Miller (Miller Review Course), Diduch, etc)</li> <li>● residents love to teach and will really let you have a hands on experience</li> <li>● you participate in surgeries much more so than you're accustomed to at GW</li> <li>● have events for residents and rotators to hang out and get to know each other</li> </ul>
<b>University of Vermont</b>	2019	<ul style="list-style-type: none"> <li>● An awesome away rotation to do early on.</li> <li>● They are all really nice people, easy to work with, and attending expectations are low (don't even see patients on your own in clinic).</li> <li>● They are really hands on while on call, will even let you try reductions towards the end of the month.</li> <li>● You will work hard and you will not get post call days, but definitely an amazing learning experience and worth it.</li> </ul>
<b>University of Western Michigan</b>	2019	<ul style="list-style-type: none"> <li>● Privademics model.</li> <li>● Easy call schedule, always get a post call day.</li> <li>● Nice people, would recommend if you're interested in trying for some midwest programs.</li> </ul>
<b>University of Rochester</b>	2019	<ul style="list-style-type: none"> <li>● VSAS</li> <li>● Very well rounded program in terms of strength in different subspecialties, research, operative experience.</li> <li>● Very pleasant group of residents who treated med students very well.</li> <li>● Well organized med student curriculum with weekly skills lab sessions for subls taught by residents.</li> <li>● Call here for subls is once a week, and ends somewhere around 10pm-midnight, so you can get home and sleep before working the next day.</li> <li>● Only complaints would be a bad parking situation (minor issue), and that Rochester, NY is not a particularly exciting place. It seems like an easy spot to live in general, but the city is sort of run down.</li> <li>● All rotators invited back for interview during interview season.</li> </ul>
<b>University of Iowa</b>	2019	<ul style="list-style-type: none"> <li>● Non-VSAS</li> <li>● Well rounded program.</li> <li>● Very good operative experience and autonomy in OR.</li> <li>● Very few fellows, with attendings often running multiple ORs.</li> </ul>

		<ul style="list-style-type: none"> <li>● Produces high quality research, with plenty of research opportunities for residents.</li> <li>● All hospitals on same campus, which means residents aren't separated at all.</li> <li>● Excellent leadership and faculty.</li> <li>● Really nice group of residents.</li> <li>● Many residents have families.</li> <li>● Iowa City could be a pro or a con. It does not have big city activities, and it's relatively hard to get to by air. It is, however, affordable, generally very convenient, and has a college town feel downtown.</li> <li>● All rotators invited back for interview in early November.</li> </ul>
<b>Columbia</b>	2018	<ul style="list-style-type: none"> <li>● Non-VSAS</li> <li>● People at Columbia were fantastic- residents actually did a lot of teaching and you feel like a valued member of the team, but you will work very hard.</li> <li>● Not incredibly hands on in the OR, but truly a familial atmosphere.</li> <li>● Went to dinner with my team and attendings several times.</li> <li>● Lots of big names on faculty who can help with fellowship.</li> <li>● The hospital itself is in Washington Heights, but most residents lived on the upper west side (i lived right across the street from the hospital)</li> </ul>
<b>University of Colorado</b>	2018	<ul style="list-style-type: none"> <li>● VSAS</li> <li>● Faculty were all great, but the residents got crushed, especially at Denver Health.</li> <li>● Expected to be in at 4 am to essentially shadow rounds as an MS4.</li> <li>● No post-call days.</li> <li>● Extremely hands on- 4s and 5s were definitely more skilled at colorado compared to some of the other places i rotated, but it comes at a cost of happiness in my opinion.</li> </ul>
<b>Thomas Jefferson</b>	2018	<ul style="list-style-type: none"> <li>● Non-VSAS</li> <li>● Very impressive program.</li> <li>● By far the best work-life balance I saw for residents, and by far my cushiest away rotation as a student.</li> <li>● Lots of big names, tons of research opportunities and support, in a great part of Philadelphia, and by far the most efficient system I worked in.</li> <li>● Different feel because the Rothman Institute is a private practice, but everyone seemed very happy and faculty stay there forever.</li> </ul>
<b>WBAMC (William Beaumont) Army &amp; AF</b>		<ul style="list-style-type: none"> <li>● Stay in the hospital, its a sweet set up and makes getting to morning report really easy.</li> <li>● You don't do any pre-rounding.</li> <li>● Morning report is chill, med students are rarely asked questions.</li> <li>● Only time you'll get pimped is in the OR, but still doesn't happen that often.</li> <li>● MUST DO: take as many call shifts as you can at UMC - its their level one trauma center and its freaking nuts. They call it cowboy-orthopedics --&gt; usually just you, a few residents and one attending, so you'll often be in a trauma case with just another resident.</li> <li>● You get to do more here than everywhere else combined. Practice your suturing before going (that goes for every place).</li> </ul>



		<ul style="list-style-type: none"> <li>● Ask to be on sports team. Goodman is the joints guy, do as you would with Boutani (see below), and the same goes for Dr. Lanzi. Lanzi is assistant program director and is awesome, but you have to earn his respect - have thick skin and work hard. Side note: Goodman, Boutani, and Lanzi are similar in demeanor as Debritz.</li> </ul>
<b>TAMC (tripler):</b>		<ul style="list-style-type: none"> <li>● Study your freaking anatomy before coming here. You will get asked a lot of questions, but all have to do with anatomy. Just study Netters (only thing you need to look at prior to any rotation).</li> <li>● Pretty chill atmosphere all around.</li> <li>● There is usually a get together every weekend, so chill out, relax and bullshit with everyone from interns to any attendings that show up.</li> <li>● OR is chill, usually just you, resident and attending. You will have one week with Dr. Ryan, so know your foot and ankle anatomy well, as well as physical exam maneuvers. When in the OR with Boutani, shut the **** up and do whatever he says. Don't ask dumb questions, you will be made fun of.</li> </ul>
<b>Mass Gen</b>		<ul style="list-style-type: none"> <li>● Well-known, solid program.</li> <li>● A large residency class which at times can make you feel lost in the mix.</li> <li>● You do 2 weeks on trauma and 2 weeks on another service (recommend doing either joints or tumor).</li> <li>● The volume is high but the hours/call is not crazy.</li> <li>● However, doing a rotation there does not increase your chance of getting an interview there unless you get yourself exposed to the program director.</li> <li>● So if you are serious about going to the HCOP do your away at the Brigham instead- make sure you work with Dr. Dyer or Dr. Raskin.</li> </ul>
<b>Duke</b>		<ul style="list-style-type: none"> <li>● Great place to do an away because they like to match people who really want to go to Duke.</li> <li>● With that said, you can definitely still match there if you don't do an away there, but it may give you a leg up.</li> <li>● Fun place to work.</li> <li>● Residents are very welcoming.</li> <li>● Good balance of academics and busy clinical volume.</li> </ul>
<b>NYU/HJD</b>		<ul style="list-style-type: none"> <li>● Top 10 program but very big at 12 residents per year.</li> <li>● With over 150 attendings, there is a ton of caseload, and these residents are very busy.</li> <li>● This program virtually owns NYC trauma covering both Bellevue and Jamaica Hospital.</li> <li>● You will work hard this month. Days typically run from 4:30-5 am to 7pm.</li> </ul>
<b>Georgetown</b>		<ul style="list-style-type: none"> <li>● You will spend 2 weeks at WHC and 2 weeks at Georgetown Hospital.</li> <li>● This is a very academic rotation and expect to be pimped daily.</li> <li>● Conferences are a key part of this experience, and the PD Dr. Delahay will hold conference every Tuesday and walking rounds on Thursday. These consist of him putting up an X-ray and then asking students any questions that come to his mind. He is an amazing teacher and truly one of a kind.</li> <li>● This is a very old school, boys club, type of program.</li> </ul>

<b>Oregon Health Science University</b>		<ul style="list-style-type: none"> <li>● AMAZING.</li> <li>● Chairman doesn't believe in public chastising of residents.</li> <li>● You will automatically do a week with the chairman and a week with the program director, so it doesn't really matter what you do for the last two weeks.</li> </ul>
<b>University of Utah</b>		<ul style="list-style-type: none"> <li>● Amazing</li> <li>● You HAVE to rotate with Dr. Aoki on the Sports service, otherwise you will probably not get an interview.</li> </ul>
<b>Temple University</b>		<ul style="list-style-type: none"> <li>● Great attendings and residents.</li> <li>● Great collegial environment.</li> <li>● You get to work with an underserved population.</li> <li>● Lots of fun ballistic trauma cases as well.</li> <li>● Doing a rotation here pretty much guarantees an interview unless you really screwed it up.</li> </ul>
<b>HSS</b>		<ul style="list-style-type: none"> <li>● Despite all the rumors, attendings and residents are actually really fun to work with.</li> <li>● Lots of autonomy as a resident.</li> <li>● Lots of cases to cover- never need to worry about double-scrubbing or fighting for cases with the fellows.</li> <li>● Great facilities.</li> <li>● Students will be asked a lot of questions while on rotation- therefore, definitely need to study hard for this one.</li> <li>● No floor work since they are covered by the PAs.</li> <li>● Also required to give a presentation to during the Wednesday conference- very important for evaluation.</li> <li>● You apply to the services ahead of time, with the majority of students rotating through SAS (Their joint program), sports, peds or hand.</li> </ul>
<b>UC Davis</b>		<ul style="list-style-type: none"> <li>● Grueling rotation. Call q3 without post call days, they expect you to write all their consult notes for them.</li> <li>● They only took 1 student for an interview out of the 11 I rotated with.</li> <li>● The residents are generally nice and approachable, the fellows do a lot of teaching in the OR.</li> <li>● It is generally hands off for students and even the PGY1-3's.</li> </ul>

**Interview Process:**

- Interviews are mostly friendly.
- They are just seeing if you are nice and if they can work with you.
- There is no magic bullet for getting an interview, however, things that programs will seek in a candidate are:
  - Competitive step 1 scores ( some programs have hard cutoffs for interviews, a competitive applicant has around a 250)
  - Research (getting published is above and beyond and will help at academic places, but just having worked on projects will give you something to talk about on interviews and is great)
  - Good letters (in general and from your away rotations)
  - AOA membership
  - Unique experiences
- The interview at each school is structured differently, but usually includes a tour of the hospital and research facilities, a brief meeting with the Chairman and the Program Director, and several other interviews with faculty (clinical and research), and residents.

- Other than the normal tell me about yourself and other typical interview questions, be prepared to answer ethical questions.
  - You can google various questions that may be asked. Have your answers prepared for these common questions.
- **Orthogate** – [www.orthogate.org](http://www.orthogate.org). Reviews of some residency programs; also has forums about interviews and applying (do not make yourself crazy with this website!)
- There is usually a google doc/reddit site that goes around each year where students input information on aways, interviews, etc.
- Virtual Interviews:
  - Have a cool set-up behind you for interviews. Many interviewers commented on things in the background which led to more conversation.
  - MAKE SURE to confirm that you know the time difference between east coast and other locations.
  - Still may be asked to read xrays and other knowledge type questions, as in in-person interviews.
- In-person interviews:
  - It is good to go to the social events to see what the residents are like outside of the hospital (if occurring in person). These are mostly casual. You don't need to dress up- some are business casual (shirt, pants, no tie; casual dress with boots, black jeans and a blouse) and some are completely casual (jeans).
    - But don't stress out if you can't make it to the social events- they understand that the majority of the ortho interviews land on the same weekends, and you'll have time to meet and socialize with the residents during the interview day.
  - Almost all interviews ask where you did away rotations (pre-COVID), and ask you what you liked and did not like about the programs, so be prepared for this.
    - Also be prepared to justify why you chose those aways and compare those programs to the program you are currently interviewing at.
  - Additionally, interviews prior to COVID usually involved a skills station (arthroscopy, reading an xray, suturing, etc.) while being asked questions. They don't expect you to be an expert at these things but want to see how you do under pressure in these situations.

**Program specific information:**

- **The graph below is based on a 1-5 attempted objective rating.**
- **5= strong**
- **1= doesn't exist, or weaker.**

Residency Program	How many residents/year?	PD Friendliness	Resident Friendliness	Research Emphases	Resident Autonomy	Resident Wellness	Female Presence
University of Rochester	7+	4	5	4	4	4	5
Stanford University	7+	5	5	3	4	4	5
Michigan	7+	5	5	3	3	5	3
University of Virginia	5	5	5	3	5	5	3
Maryland	6	5	5	3	3	3	5
Brown	6	3	5	5	4	4	5

<b>Mt. Sinai</b>	7+	5	5	4	4	4	5
<b>University of North Carolina</b>	5	5	5	4	4	5	5
<b>Walter Reed</b>	6	5	5	5	5	4	2
<b>NMC San Diego</b>	5	5	5	3	4	5	5
<b>NMC Portsmouth</b>	4	5	Can't comment interview only.	3	Can't comment interview only.	Can't comment interview only.	1

<b>Program/Location</b>	<b>Comments on PD</b>	<b>Comments on resident friendliness</b>	<b>Comments on research</b>	<b>Additional Comments:</b>
<b>University of Rochester</b>	PD is kind of quirky but a good guy. Assistant PD's are new and young and are very connected with the residents. They specifically say that this is a resident focused program with very few fellow/fellow interactions.	Residents definitely seem happy and very close. Usually will get together with each other on weekends and on free days.	UofR in the top 3 of grant funding most years. With that being said, it is not pushed by the school as something everyone has to do. If you are genuinely interested in research there are more than enough opportunities for it, but speaking to some residents who don't have that interest, it is not forced on you.	<ul style="list-style-type: none"> <li>• Currently have 9 female residents in the program</li> <li>• Lots of research opportunities, low cost of living in Rochester</li> </ul>
<b>Stanford</b>	PD was a great guy, huge advocate for resident learning. Residents see him weekly and he gathers feedback from them at every weekly conference of what they can be doing better. Residents went out of their way to show how much he cares about them as people and their development as surgeons.	Some of the nicest residents I met on the interview trail. All seemed very happy working together and looked like they got along great. Seemed genuinely invested in getting to know us as applicants		<ul style="list-style-type: none"> <li>• Currently 9 female residents in program. With intern and PGY2 classes about 50% women.</li> <li>• Housing stipend, moving allowance, international opportunities,</li> <li>• <b>Negative:</b> VERY expensive to live in Palo Alto</li> </ul>

<b>Michigan</b>	Young PD who is a trauma guy. Really in touch with the residents and wants the residents to succeed. Making a lot of changes in the last 2 years and future that will definitely help the residents get more operative experience and have a better overall time		Research is not mandatory other than one project per residency. However, Michigan has all the resources to be a productive researcher if that's what you want to do	<ul style="list-style-type: none"> <li>• Because of the number of residents or experience might be slightly lower. Autonomy takes a longer time sounds like more 4/5 year</li> <li>• Lighter call schedule than most other programs because 8 residents per year. Makes call way more manageable</li> </ul>
<b>UVA</b>	Answered emails, talked with each of us during the virtual interview. Exit meeting with PD.	Took time outside of residency to FaceTime and speak with a medical student even before interviews etc	Not necessary, however tons of resources to do research + a dedicated gap year med student research fellow each year	<ul style="list-style-type: none"> <li>• Night float system.</li> <li>• At least 1 female/year</li> </ul>
<b>Maryland</b>	One of the best PD's I've interacted with. Dr. Henn is great, cares about the residents and the program as a whole. Very resident centered program.		One research project requirement, increasing support over the last couple of years.	<ul style="list-style-type: none"> <li>• More autonomy due to increasing satellite locations available. Just added PG county hospital which allows for a lot of autonomy early on as a 2.</li> <li>• Lots of driving at the program is probably the biggest con. Drive all over Baltimore for multiple sites. As well as to PG county hospital.</li> </ul>
<b>Brown</b>	Did not interact with the PD. Only with the chair on my interview who was amazing.		Lots of research done at Brown. Have PhD faculty that are dedicated to the residents to help with projects. Tons of projects being done. Lots of \$\$\$ to support research. Great fellowship matches because of the research they put out.	Trauma 6th year can be viewed as a pro or a con. Lots of autonomy as a 6th year, run own clinic, book own cases, and operate on your own as a trauma surgeon. Get paid decently in the 120-130ks. However, still taking call and not full autonomy as an attending. However, they get great fellowship matches because every fellowship program knows they can operate on their own and know how to take call well. They have a great operative experience because of this, however the 6th year is mandatory.

<b>Mt. Sinai</b>	PD was great, spine guy was really interactive during the interview. Great personality, cares a lot about the residents.			Lot's of females. Great female attending presence.
<b>University of North Carolina</b>				1 research resident per/year
<b>Orthopaedic Surgery/NMC San Diego</b>	<ul style="list-style-type: none"> <li>• Dr. Defeanbaugh is the man! He is so approachable, really chatty and just a great guy.</li> <li>• He is trauma trained.</li> <li>• Is making an effort to make productive changes to the program. Got rid of joint UCSD didactics and now has SD specific ones, which are improving.</li> <li>• He shows up to all anatomy labs with the residents.</li> </ul>	<ul style="list-style-type: none"> <li>• They are an older bunch at San Diego (a lot of former military) but all are so nice and welcoming.</li> <li>• At first it was a bit difficult to navigate the department since all the residents are spread out, but all are willing to help.</li> </ul>	<ul style="list-style-type: none"> <li>• They do engage in research if they would like.</li> <li>• No research dedicated year, but considering some changes to the program to increase research production.</li> </ul>	

<p><b>Orthopaedic Surgery/WRNMMC</b></p>	<ul style="list-style-type: none"> <li>• Dr. Eckel is beyond welcoming and is very involved in the program.</li> <li>• He gives the residents a lot of say in their training and in the rotation schedules.</li> <li>• He is extremely approachable and will make fun of you and laugh with you (in a good way).</li> </ul>	<ul style="list-style-type: none"> <li>• Everyone was extremely welcoming in the department, and they went out of their way to make me comfortable.</li> <li>• The residents also helped me a lot to make sure I was presenting myself well in front of the department.</li> <li>• Every Friday after academics they go to happy hour at a dive bar in Bethesda. It was a really great time to get to know the residents and talk to them outside of the hospital.</li> <li>• They also do a lot of things together as residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Research year after PGY3 year that is required by everyone.</li> <li>• I am not that into research to be quite honest, but I know that it is really important for good fellowship spots.</li> <li>• There is not research number requirement on number of publications and what not... it is what you make of it!</li> <li>• Many of the residents used it as a year to travel and do fun things since they don't have to be at the hospital!</li> </ul>	<ul style="list-style-type: none"> <li>• I think they had the best outside rotations out of all of the programs. They go to INOVA, Shock trauma, Children's and/or CHOP in Philly, Sibley, down to Ft. Bragg for trauma, and Ft. Belvoir. Lots of diverse training.</li> </ul>
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**Where are GW students now?**

***Class of 2022***

Zack Whiting - Case Western Reserve University / University Hospitals

***Class of 2021***

Katina Kartalias, Walter Reed National Military Medical Center

Pradip Ramamurti, University of Virginia

Thomas Rodenhouse, University of Rochester

Caitlin Ward, Rush University

***Class of 2020***

Albert Einstein - Dannie Putur

UMiami - Danny Lee

Tufts - Alex McIntyre

VCU - Jake Farrar

Univ Southern California - Katie Yensen

GW - Alex Gu

BU - Zachary Zellar

Univ Rochester - John Minto

Case Western - Alex Hallwachs

***Class of 2019***

Iowa - Sam Swenson

Penn – Jordan Cohen

San Antonio (Army) – Daniel Gelman

El Paso (Army) – Mikel Tihista

Walter Reed (Army) – Matt Kinnard

Walter Reed (Army) – Cody Schlaff

***Class of 2018***

Penn – David Falk

Penn – Sachin Gupta

***Class of 2017***

Tufts- Nora Cao

UT Southwestern- Jaclyn Kapilow

***Class of 2015***

Hopkins - Ian Patten

***Class of 2007***

Georgetown - Clark Bambusch

SUNY Upstate - Kris West

Albert Einstein - Erin Farrley

***Class of 2005***

Case Western - Ryan Garcia

***Class of 2004***

UMDNJ-Robert Wood Johnson - Kevin Roenbeck

***Class of 2003***

SUNY Stony Brook - Cory Nelson



## **OTOLARYNGOLOGY-HEAD & NECK SURGERY**

**Chairman:** Dr. Steven Bielamowicz (Most people just call him Dr. B)

**Residency Coordinator:** Jamella Smith jmsmith@mfa.gwu.edu

**Clerkship Director/Residency Program Director:** TBD - formerly Dr. Philip Zapanta (leaving MFA in 2022)

**Clerkship Coordinator:** Jamella Smith jmsmith@mfa.gwu.edu, Robert Pakan (rpakan@mfa.gwu.edu)

Otolaryngology has become one of the most competitive specialties in the match, and for good reason. The field offers an enormous diversity of pathologies, patient populations, operations, procedures, and more. There is a strong balance of operations (both life-saving and quality-of-life saving) and clinic (unique, hands-on clinic with lots of cool technology such as flexible fiberoptic laryngoscopy and otoscopic microscopes). While the field is competitive, the best thing you can do to increase your chances of matching is getting involved in otolaryngology research early and developing strong mentorships with the faculty at GW and Children's who will write you strong letters.

### **GW SUB-I**

You will work very hard on your AI at GW, but the AI prepares you well for any away rotations you may do. Make sure to read through the guide the residents made called, "How to 'Med Student on ENT' – Guide for MS3, MS4 and Ais" which will be sent to you early in the rotation. On this rotation you will be the first one in in the mornings, after the first couple of days you will be responsible with your co-AIs in preparing the list for rounds and making copies for the residents and the rounding PA. The intern on service will go over this with you on the first day, if not then ask specifically for it. Between the students, every patient should be covered.

### **Format of Rotation:**

2 weeks on Head and Neck Service, working with Joshi, Thakkar, Goodman

1 weeks on Otology/Rhinology/Laryngology Service working with Dr. B (chairman), Monfared, Singh

1 week at Children's National (or another week on otology/rhinology/laryngology if you do the Pediatric ENT elective)

\*This may depend on the number of AIs during the rotation and also may change day-to-day at the chief resident's discretion.

*Head and Neck Service:* This service is very operative heavy, and you should expect to be in the OR most days. Prepare for long hours with few breaks. The operations are really interesting and you may get to see TORS, help close flap sites, place drains, etc. Joshi will pimp you on anatomy questions mostly, "what is this, what fascial layer are we in, what is under this" etc.

*Otology/Rhinology/Laryngology Service:* This service is usually less busy. You should expect to be in clinic roughly 3 days per week and the OR 2 days per week. You should all spend at least one day with the chairman in clinic and/or OR. Cases are variable and may range from endoscopic sinus surgery to skull base cases to microscopic laryngoscopy. Mostly shadowing these cases in the OR as there is not really a place for an assistant other than the resident--mostly one person cases.

*Children's National:* Option to do this as a pediatric ENT elective for 2 or 4 weeks instead. You get excellent exposure to a breath of procedures, from advanced airway operations to otology procedures. Relatively relaxed rotation with good opportunity to get familiar with ENT anatomy and cases. Great opportunity to make connections with Peds ENT faculty.

**Call:** There is no call on weekdays since the residents take home call. However, you should expect to stay late on several nights a week to help out until everything is done for the day. The sub-I's usually split weekends such that there is one sub-I there to round every weekend day. You will come in to round in the morning and help with any floor work or scheduled cases. Oftentimes you will be released by early afternoon, but you may get called back into the hospital if a cool case comes in.

**Presentation:** Every student usually gives a 30 minute powerpoint presentation on a topic of their choice in front of residents and attendings at the end of the rotation. Start working on this early. It needs to be a fairly specific topic that will interest the attendings.

**Day to Day:** The day to day schedule can be very variable and tough to predict. In general, you will likely come in around 5am to start pre-rounding (rounds generally start around 6am depending on the resident and patient load). As mentioned above, you need to be sharing the responsibility of preparing the list with your fellow Sub-Is throughout the rotation. Monday through Friday, you will be expected to split the list among the other 4<sup>th</sup> years and 3<sup>rd</sup> years (not likely to be third years anymore given our clinicals structure) and pre-round on all patients. If you are scheduled for the OR that day, you should expect to stay at least until 7pm although you will likely stay until all cases have finished. Clinic is usually scheduled to start at 8am or 9am and end at about 5pm. However, as an AI you will be expected to return to the hospital to check in with the team and may be expected to come to the OR if cases are still running and uncovered by a student.

**General Advice:** If possible, do your AI at GW before you do your away rotations. GW offers around 2 AI spots per month, so if you know you want to do ENT, then schedule your month early— usually May, June, July. This is a very tough rotation but prepares you well for other sites.

Your role as an AI is essentially to be energetic and prepared at all times. It is also important to work hard and well with residents and faculty. Do not be discouraged if you feel the ENT department is a bit cold towards you. Some people have had the experience of “having to prove themselves first”, but by the end of the rotation everyone is usually very warm and supportive towards you. In general, all attendings and residents are approachable and kind. Clinic is an especially good time to shine since it’s one-on-one time with attendings. Always try to volunteer to stay or help out in any way, but at the same time don’t become a nuisance. Show interest and initiative. With an increasing number of people interested in ENT, you must work well with your co-AIs and appropriately share the cooler cases (flaps, etc.)

Rounds: Always carry tongue depressors and pen light. Stuff your pockets with suture removal kits, gauze, tegaderm, etc. Take notice of the materials the residents use frequently for rounds and carry that around. There should be a box created somewhere with all of this. Make sure you have needles, syringes, lidocaine, suction tips, trach’s if trach changes are scheduled for rounds.

In the past, students have helped with daily progress notes as well as consult notes throughout the day. Make sure you check with residents and the PAs for guidance on how they like their notes and if they want you to do them.

**Books and Resources:** It’s hard to learn, but try to know your anatomy! *Netter’s Head and Neck Anatomy for Dentistry* is a good resource. Try to read about the steps in each surgical case, indications, complications, and relevant anatomy—you will be pimped. For general ENT knowledge, *Primary Care Otolaryngology* and *ENT Secrets for the Wards* are good books to have on hand. The residents use *Otolaryngology Head and Neck Surgery* by Pasha.

ENT Secrets is essential--use it to prep for clinic and cases.

<https://www.headmirror.com/headneck> this is a surgical anatomy video atlas, helpful in reviewing for cases

The *Primary Care in Otolaryngology* book that Zapanta will share with you is good basic review for clinic.

Also recommend you spend some time reviewing CT scans of the neck, and maxfac as you will often be pimped on this in clinic, especially with Zapanta.

Honestly, the best resource for anatomy is Google. Use it.

### Signals

Since 2020-2021 academic year, ENT has used a signal preference due to COVID. If this continues, signals are very important to where you get interviews. OPDO (Otolaryngology Program Directors Organization) analyzed the first year signals were implemented and found that signals increased the odds of getting an interview by 2-4x or something. In 2021-2022, we got 5 signals and an away rotation counts as a signal. Signal programs that you want

to go to AND that you think you are a good fit for (i.e. don't waste a signal MEEI or Michigan if you know you're not a top notch ENT applicant with strong research interests). If you want to go to a certain region, signal programs in that region. There is no need to signal your home program (i.e. GW) or away programs (the OPDO system won't let you).

### **Away Rotations**

Away rotations are a necessity coming from GW. Only select medical schools with massive departments (Vandy, Michigan) tell their students that they aren't necessary. It is a good idea to do aways at specific programs you want to attend or at programs in the geographical location you'd like to end up in. If you work very, very hard and impress on away rotations, it will go a long way in getting favorable reviews there. Many top programs fill a lot of their spots with home and away students. If done before September, you should 100% aim to get a letter from a big name attending at your away, or the PD or chairman. If you are wondering who the big names are, ask the residents there if you develop good relationships with them. It seems weird, but it's not--they know you are looking for a letter and expect to write them. Make sure you work with the PD and the Chairman and any attendings who play a significant role in the residency application process. Usually this is worked into the structure of the away, but advocate for yourself if not. It may also help to sit down with the chair of the department since you will be there anyway. Plan your away rotation very strategically. If you are worried about the number of interview invites you will receive, think about doing multiple away rotations that interview all students who rotated there. If you want to go to a big academic program, consider doing aways at institutions where the faculty are very well connected. Some programs do not offer interviews to all the AIs (notoriously Vanderbilt, Michigan, UW). You can ask the program coordinator at the site if they offer interviews to all candidates who have done an externship. Doing away rotations in California and the New York City area might help in breaking into the area. These are regions that are tough to crack, but a letter from a Chair or Program Director can help get you interviews in other programs in the area.

Look into aways early. Not all programs use VSAS; some have their own separate application. If needed, get VSAS done early (look as soon as possible to find application due dates—usually April but programs seem to have rolling applications). Contact programs personally via phone/email unless they specifically say not to. ENT is small enough that it's easier to do it this way than solely relying on VSAS. Some require a letter of rec to apply for an away; they are very short letters just testifying that you are a solid student and are interested in going into ENT. Zapanta used to write this, but, as he is leaving, reach out to the new PD (TBD) or the APD (Dr. Goodman) for info on how to proceed regarding this. If you have a mentor at GW, they can write this letter.

Try and be as prepared as much as possible! Expect to work very hard as away rotations are essentially a month long interview. Make sure you prep for cases and clinic, figure out how to help the team and the residents with rounding/prerounding/notes. Have supplies for rounds! Be a good team player

### **Away Rotation Experiences**

Unfortunately these were unavailable to 2021 applicants. Away rotation experience from previous years are listed here. For 2022 applicants, we were allowed 1 away rotation (these were added here).

**Michigan** – friendly staff and residents. Half the rotation spent on H&N, the other half on general. No pre-rounding and only take call 2x/month. Expect some late nights in the OR. Tend to interview about half of the rotators. 2019-massive academic powerhouse with many big name attendings, great faculty, chairman and PD write letters if you ask and meet with them—but make sure to work with them first. Spend 1 week on head and neck, one on general, one on peds or otology, and a fourth week on either the head and neck or general service again. Super busy head and neck practice so on those weeks nights will be very late. Interviewed a quarter of away rotators in 2019 cycle. Prince (head and neck) is the chairman and Thorne (pediatrics) is the PD. New PD incoming 2021 is Dr. Kupfer.

**UCSF** – very location dependent. You can apply to different sites in VSAS including main Parnassus campus, general hospital, VA, or Mission Bay. I worked at the VA and loved the experience for personal reasons. It was very relaxed and hands on compared to other rotations. There was very little prerounding and not a heavy case load. While this

slower pace was nice, I felt like I didn't get a very clear picture of the residency program because I only visited a couple of the other sites for teaching and conferences. They do not interview all of their rotators.

**Vanderbilt** – a big program with LOTS of visiting students (10+ per month). Rotate one week with each specialty with 2-3 nights on call. Difficult to stand out but a very friendly work environment, much easier than GW AI (less responsibility and no prerounding). Resident opinions are VERY important. Only about 10% of visiting students get interviews.

**UNC**- 2019- big traditional academic powerhouse with many big name attendings. Head and neck will work you. Late nights and early mornings due to the heavy patient census. No prerounding on head and neck just collecting numbers and making the list. You preround on your own patients when on the general service. Two weeks on each for the rotation. Many of the head and neck attendings pimp heavily here but most of them do it in a nice and respectful way for the students. The plastics attendings are also pretty heavy pimpers. Zanation is a world renowned rhinologist and probably future chair of the department, great attending to get to know. Buckmire (laryngology) is the PD and Yarborough (head and neck) is the chairman. Yarborough likes to pimp on tumor biology, carcinogenic viruses, and generally non-surgery related questions to assess your general knowledge. Super funny guy though, working hard to change the old fashioned culture there.

**Johns Hopkins** - 2019: one of the best experiences over the course of medical school. Huge program (4-5 residents per year) with many of the leading experts in the field. Both faculty and residents are welcoming, approachable, and super smart. Very little pimping from any specific faculty or resident, but they were very willing to teach and took every opportunity to do so. They have a dedicated night shift, which diminishes the need for heavy prerounding or preparing the list in the mornings. You're assigned a mentor who you meet and work with at least once a week and may ask them for a letter of recommendation. You'll spend about 1 week on each service (laryngology/sinus, neurotology, pediatrics, head and neck/plastics) and the majority of the time you'll be in the OR; you'll be in clinic maybe once a week depending on case load. It's a pretty sought out rotation, and they are not on VSAS -- the application is mail-in only so be sure to get it in early. The coordinator is very flexible in working with you to find a good time that fits your schedule, should you need to push off the rotation til later.

**University of Washington** - 2021-2022 academic year: an amazing, extremely research-oriented program and that shows on the sub-internship. They do not interview all rotators. You will be busier than at GW and have long hours but no call. You have to round 2 weekends during your month there (1 at each site). You spend 2 weeks at 2 sites and can choose from the following: UW Medical Center (UWMC), Seattle Children's Hospital (SCH), Harborview (the county hospital), and the VA. You also have to do 1 presentation - pick an interesting topic you know well or present your research if you think your research is impressive (again a very research heavy program with all residents taking at least 1 research year and 1 taking 2 years). UWMC is very head and neck cancer heavy with extremely complex cases: typically day 5am - 7pm. You work longer than at GW. You help with notes, consults, and cases (suture, help dissect at times on flaps). Keep you involved. Flaps are long because solo attending with a fellow unlike at GW. Chiefs will try to schedule you for clinic with the chair and the PD. SCH is 5:30am-6pm. Expected to help with consults, clinic, and the OR. Some attending have you see patients on their own for clinic, some have you shadow. Harborview schedule is typically 5am-8pm and it is the only level 1 trauma center for the entire WWAMI region (Washington, Wyoming, Alaska, Montana, and Idaho). You will see all sorts of really awesome trauma there from gun shots to the face and car accidents all the way to bear attacks and wilderness trauma. These cases are often repaired with complex flap procedures that you can assist on similar to at UWMC. Sub-I's are expected to help the team by having supplies prepared on rounds, writing notes, helping out in cases (suturing, not tying, some dissecting), helping with consults, and seeing patients independently in clinic. This is definitely an intense site hours-wise but it is an excellent learning experience. Overall, residents are very nice and try to set you up for success - however, this is by no means a cush program. Minimal pimping by attending - if you did well at GW, you'll do well here.

### Applying

First off, this website will be your best friend and worst enemy: <http://www.otomatch.com/>

Use the spreadsheets for learning about different away rotations and the leadership for different programs. Also useful to know when certain programs send out invitations to interview. But there's lots of toxicity and trolls--so don't peruse too much.

ENT has become one of the most competitive specialties in the last several years and high board scores and good grades are not a shoe-in to get interviews/match. In general, you will be told that you need to have scored around or above 240 on Step 1 to be able to match. You need strong research and/or strong letters (in addition to a good academic record). Since ENT is a small field, the people that write your letters can be very influential as to whether you will get an interview, the more well known the letter writers are, the better. However you want to strike a balance to make sure they know you well and are able to articulate about your strengths and show how much they know you. You are allowed 4 letters to submit to each program, and 100% 3 should be from ENTs. It's possible that you may have someone outside the field who is well known and can write you a bomb letter but in most circumstances if you can have all from ENT, they should be all ENT. Usually it is expected that you get a letter from your own department's chairman. From GW, the most well known surgeons are probably Bielamowicz (prolific and influential basic science and clinical research in laryngology, literally co-author of the Textbook of Laryngology), Joshi (very well known as he frequents national meetings), and Dr. Monfared (neurotology is a small field and he's very well respected). However, within our university, the attendings at Children's are very well known throughout the ENT community. The chair there, Zalzal, doesn't interact with students much and will not write letters, but is a powerful name. Dr. Preciado and Dr. Bauman are both very well known, and their letters have clout throughout the community. Dr. Preciado is chair of the national pediatric otolaryngology community (ASPO). Dr. Reilly and Dr. Mudd are also well known.

Apply broadly, and it has become the trend to apply to 50+ programs. I would encourage you to apply everywhere you would rather go than not match (this will probably be 80+). It is very difficult to predict where interview invitations would come from, so don't rule out places unless you have a good reason to do so. If your mentor has ties to any program in particular, consider asking them to make a call or send an email on your behalf to that program - it may make a difference in getting an interview invite. Dr. Zapanta (or the new PD) and Dr. Joshi usually meet with students, and they will give you advice about how competitive your application is. **Highly recommend considering dual applying to another specialty or prelim if you would rather do another specialty than go unmatched/SOAP/research year to reapply (research position may or may not be paid).**

As mentioned above, you do need a Chairman's letter for your application. Dr. Bielamowicz is happy to provide this, just ask to meet with him sometime in the beginning of your AI so it can be scheduled before you finish. He may say your day with him in clinic was enough and not schedule a meeting (don't be alarmed).

Personal Statement: personal paragraphs for each institution are no longer required and often encouraged against. However, if you have ties to a program (location close to home, significant other in the city, you did an away there, you did research there), might as well throw in a few sentences about it. Try to keep your personal statement to one page on ERAS. Have many residents/faculty/mentors read it to confirm the voice is authentic and the subject is interesting.

Research experience is very important, better and almost necessary that you have some specifically in ENT (can get away with facial plastics/facial trauma or other fields with direct overlap). This may be the most important aspect of your application along with letters of recommendation. You should aim for a first author ENT publication (pubmed-indexed), and as many other publications as possible. In 2021 the applicants averaged five or so publications, with some having as many as seven while others had three. It always gives you lots more to talk about during an interview and helps you stand out. Publications are important, but not always necessary. Case reports are a great way to get a fast publication. You can also talk about teaching projects. Be aware that publications are an absolute must for T32 research programs (programs with a total of 6 or 7 years for an additional year or two of dedicated research time). They are considered a separate slot, so you separately rank each research program you interview at.

## **Interview**

Interviews themselves are not terribly stressful and most are very straightforward. Most programs do multiple mini-interviews. Exact structure varies - usually 6-12 interview rooms, each lasting 10-20 min. Faculty are generally very friendly, but don't get thrown off by odd questions (e.g. Tell me a joke. What was the most tragic experience in your life? Why are manholes round? If you had one wish what would it be?). You can easily google common interview questions. Some refer to [this list](#), although I didn't find it particularly accurate. These are long days as ENT interviews are often with all faculty members. Be prepared to talk intelligently about anything you put on your application (and think of something to say that is NOT listed on your application). Be able to talk intelligently about your research (I was asked about research at some point during every interview day). Try and enjoy the people you meet on the interview trail - you'll be amazed at how friendly and accommodating people are. Interview socials are helpful to interact with the residents in a non-school setting. They can be a drag because they can last a long time, and nobody wants to be the first person to leave. I would not stress too much about the socials- enjoy them and use them to evaluate the residents. Don't get too drunk and do something stupid...it will go back to the committee.

Common Questions: Tell me an example of when you failed or how you overcame a challenging situation. What traits are required for strong leaders? Why ENT? Why should we pick you? Why do you want to come to our institution? Tell me about some research you have done. Always be prepared with a case to present (one interesting ENT surgery and one interesting patient from any rotation). Be ready to think on your feet and be yourself within reason.

## **Virtual interviews**

This is how it was for the class of 2021 and class of 2022. They may continue to be held in this format, and consisted of jumping between different zoom rooms with faculty and residents. As far as I could tell, similar questions were asked throughout the days. Often there was a virtual happy hour with the residents, which I found to be one of the best ways to get a feel for program culture. Attend these if you can and if you have the energy. Make sure your background is professional, and that the lighting is perfect. Invest in a decent webcam (can be ~\$30 on Amazon).

## **Below is a sampling of programs that GW students interviewed at:**

### **Wayne State**

- 2021: Very strong H&N and facial plastics but weak laryngology with no fellowship-trained faculty members. Faculty appeared to be kind and approachable. PD was extremely warm and embracing and clearly took time to review my application and personal statement. He really wanted to get to know me as a person. Residents were relaxed and enjoyed the outdoors and all had dogs.
- 2019: residents got pretty lit at the pre-interview social. Long interview day. One of the head and neck surgeons has a pretty weird room where he asks you for "three examples of this, and that, and the other thing." Otherwise pretty chill interview day. Huge volume and really good cancer center. Residency is spread out among several hospitals throughout Detroit.

### **Iowa**

- 2021: Extremely highly regarded program across the country. World renown for otology but has great breadth in all other subspecialties. Faculty were all relaxed and preferred to ask about life experiences over research. The old chairman is brought back for interview season and he is one of the nicest people I met on the trail. Residents come from all walks of life and appear to be very happy and collegial. If you worked with Nancy Bauman at CNMC, they all adore her and would love to hear how she is doing.
- 2019: Good research and fairly good training although it is top heavy (PGY-4 and 5 year is when you operate). Potential downside is the location. Slower paced program. Amazing program with historical significance--First CI here and first free flap. Legendary attendings. One of them usually has a guitar in office so if you say you play, be ready to play. Many interviews here, pretty long day. Great in neurotology, has a temporal bone lab with virtually "unlimited" specimens. Top heavy program, mostly clinic as a junior resident, but there is volume to catch up later.

### **Cooper**

- 2021: New program with one resident per year. The PD seems very invested and created the program as an act of love, and it clearly shows. Strength is head and neck but most of the subspecialty exposure will be through a large outpatient partner in Jersey. Didactics are with UPenn and you interact with them frequently in residency. The two residents that were there seemed like nice down-to-earth people.

### **SUNY Brooklyn**

- 2021: Solid program with lots of different training sites and exposure to all subspecialties, but that diversity does bring with it plenty of call. Dr. Thakkar trained here, and the faculty remember her well. She would be a great resource for you in getting to know this program.

### **Emory**

- 2021: I would call this a well-regarded workhorse program. You will likely get fantastic training in all the subspecialties and would graduate a great surgeon. The only downside is some heavy call in PGY2 and 3 years, but well worth it from what I gathered.

### **University of Miami**

- 2021: This is another well-regarded workhorse program where you will work hard but come out a great surgeon. Residents seem like a fun group who go out together. PD seems to want to make a push to make the program a research powerhouse.
- 2019- Very head and neck heavy with lots of operative time. Busy 2nd and 3rd year. City is beautiful but expensive. Interviews with many attendings, 2 or 3 per room. PGY-4's interview as well. Attendings were hard to read, some of them were stone-faced during the interview. Awesome tour of the city by the residents. PD and APD do not interview, they lead a tour of the facilities--try to talk to them one on one while walking around campus. Social was unreal. Super busy program, residents work hard but feel well prepared. Work hard play hard for sure.

### **Johns Hopkins**

- 2021: Top-notch program with surprisingly down-to-earth and relaxed faculty. Was impressed by the comradery and informality. Residents were also relaxed, approachable, and friendly. They take pride in training "academic otolaryngologists", and research is big for them. Will encourage you to apply to both the 5 and 6 year (T32) programs.

### **University of Wisconsin**

- 2021: Good training in all subspecialties. The only weakness is trauma because Madison is not a trauma heavy place, but how many mandibles do you really need to see? This was by far the best group of residents I met on the trail. They were all incredibly close and poked fun at each other in the best way possible. Seemed like the best group of people to spend 5 long years with.

### **University of Maryland**

- 2021: ~10 interviews with 2-3 faculty each. One resident room with 5-7 residents that was very casual and mostly question asking from my end. All rooms very conversational but started with a "standardized" interview question, but nothing surprising or strange.
- solid program with lots of experience and autonomy for senior residents. Very busy practice. Increasing in reputation. Chairman is the most charismatic and well-dressed guy. Long interview day. PD is Dr. Goodman's wife (different last name).

### **Indiana University**

- 2021: ~10 interviews with 2-3 faculty each, PD and chair had individual rooms. All mostly conversational with typical interview questions. Big emphasis on wellness and positivity.

### **Cleveland Clinic**

- 2021: ~10 interview rooms with 2-3 faculty each except for PD and chair had their own rooms, and one room with 3 residents. All mostly conversational with some typical interview questions and conversation about research. No surprises or hard questions.

**NYU –**

- 2019: great group of residents, tour of the facilities and interviews with 2 faculty per room. PGY-4 residents interview as well. Low stress interviews. Residents mostly work at the three hospitals centralized in Kips bay (bellevue, Tisch/kimmel, VA)

**Mt. Sinai –**

- 2019: Historically malignant, but PD and Chair are very nice and welcoming. Residents definitely like to have fun, a work hard play hard program. Residents work at many sites around Manhattan. Merged with NYEEL, now 6 residents per year--largest in the country.

**BU –**

- 2019: very different interview day - use iPad and you pick what you want to answer (spans ethical, behavioral/situational, random trivia, and basic anatomy questions), residents very nice and happy. Very busy program, but just added a resident to their compliment. One of the attendings from Boston Children's interviews at Tufts, BU, and Harvard and asks the same questions at all the interviews--kind of stern.

**EVMS –**

- 2019: Everyone is always surprised about the quality of the program. Happy residents with pretty good research opportunities. Norfolk is largely a naval-city. Great case volume and resident autonomy here. No fellows and many fellowship trained attendings. Lots of CNMC trained attendings who know CNMC and GW fairly well. Interesting research too, work heavily with the DOD as it's a military town.

**UNC –**

- 2019: New chair, Yarbrough is a great guy and amazing surgeon. Long interview day here, really fun social with the residents. Half the interview day is surgical simulations with 7 or so stations each staffed by a resident and attending. YOU are working in pairs with another co-applicant. Although it seems stressful, they just want to see how you take feedback, learn, and work under pressure. By no means do they expect you to rock the simulations.

**Michigan –**

- 2021: Great place if interested in academics as you will have limitless opportunities and will get fellowships and jobs anywhere. Chair seems like she has your back and is very nice. Residents were cool. They are part of the resident union so have slightly better benefits and salaries. Ann Arbor is a small college town but a cool place. Be aware it may not be as strong in terms of operative experience, or at least known more for creating strong academicians versus the best surgeons.

**University of Illinois – Chicago –**

- 2019: Pretty short interview day and short tour of facility. Only program in Chicago that gets Cook county and the VA. Lurie children's is also one of the best children's hospitals in the country. Well respected especially in plastics and facial reanimation.

**Northwestern –**

- 2021: Well-known program, strength in pediatrics (Lurie as well), facial plastics, and rhinology. They seemed to be lacking in otology experience (per residents), and when I interviewed they did not have a full-time laryngologist on staff which was a little alarming if you are trying to keep all doors open. Dr. Riehl trained here, really couldn't go wrong.

**Ohio State –**



- 2021: This program really blew me away. Fantastic operative experience with renowned surgeons across all subspecialties. Heavy operative/H&N experience which means residents work very hard. Strong research and just opened brand new cancer center. Chairman was one of the nicest people around, along with a kind and engaging PD. One of the few programs in the country that might be able to call itself the best.

#### **Mayo –**

- 2021: They have unique apprenticeship model in which you are paired with faculty members throughout your residency, and chief year where you see your own patients in clinic and schedule your own cases for OR. Arguably some of the best surgical training. Research is strong, but actually not a huge focus of their program. Unfortunately Rochester, MN is a small town with not a lot of industry and it's freezing. I ended up ranking low because of lack of opportunities for my partner. Their interview had a skills session which was surprisingly involved.

#### **University of Cincinnati –**

- 2021: Really strong (perhaps the best) pediatric ENT, with lots of fellows in peds. Really nice faculty and residents. Known for being extremely hard work throughout residency, but well-trained. They ask many behavioral questions on interviews (like tell me a time you were in a conflict with a team member, tell me a time you were challenged, etc).
- 2019: Interview half with the UC attendings and half with the Cincinnati Children's attendings. PD is a little off, kind of antagonistic in the interview but the residents said he's testing you so take that as it's worth. Chairman Dr. Pensak asks in the morning that you come up with a good question for him that's non-generic. Super nice and very well known faculty. Cincinnati Children's is arguably the best airway center in the world.

#### **University of Washington –**

- 2021: Everyone does 6 years (1 year of research), with one resident doing 7 (2 years research). Obviously strong research. They are very busy operatively it sounds like too. They recently added another resident, making it 4/class which should help decrease the amount of call, Seems like there is a big push for residents to go into academics. Seattle is a great city. Their chair (Futran) is a head and neck legend. The head of Laryngology, Al Merati, is also a legend and past head of the AAOHNS. Their residents seemed very tight-knit and engaging.

#### **OHSU –**

- 2021: Very awesome, well-balanced program. Strength in all areas, fun residents to talk to. Their PD Mark Wax is a character and legend in the microvascular reconstruction space. He has placed a big emphasis on wellness. Some of the nicest faculty and residents on the trail. They have great quality of life in Portland, although city is getting busier meaning more traffic. Really beautiful hospital campus. Weaker trauma as well, although they added rotation at community hospital.

#### **Utah –**

- 2021: Strong research in a location right next to the mountains. Great breadth of specialty. Do a "semi-apprenticeship" model where you get a lot of experience with certain attendings to promote your growth longitudinally as a surgeon. Location is not to be overlooked, really cool up-and-coming city with outdoors access.

#### **Medical College of Georgia/Augusta –**

- 2019: Tour of Augusta Georgia for half the day, and interviews for the second half of the day. The chairman here knows and really likes Dr. Zapanta. No female faculty here. Residents are mostly married.

#### **Jefferson –**

- 2019: very short interview day. Presentation with just the residents and then about 8 rooms of 2 faculty per room. Cognetti (chairman) knows Joshi well. Casual interview day, residents take the applicants out

for a pretty fun social. This program probably operates the most out of any in the country, residents feel extremely comfortable in the OR. Even on required research rotation residents are pulled into cases that are uncovered. Minus a few months of pediatrics at a hospital in Wilmington, Delaware (30 min outside of philly) everything is at Jeff's hospital in Center City.

**Georgetown –**

- 2019: Bigger program than GW, many more faculty and 3 residents per year. Fairly short interview day with a tour of the facilities following. Low stress, no crazy questions here. They rotate at CNMC as well but for less time than GW residents. But they do get the VA, GW does not.

**GWU –**

- 2021: as a home student, this interview is very chill, mostly just conversational.

## **PATHOLOGY**

Chairman: Antonia Sepulveda MD, PhD

Residency Coordinator: Sandra Boccanera ([sboccanera@mfa.gwu.edu](mailto:sboccanera@mfa.gwu.edu))

**Terms:** Since Pathology is very different from most other specialties, here is a list of basic terms you will need to know in order to make sense of this document:

-AP: Anatomic pathology is primarily concerned with the histologic examination of tissues. This involves grossing tissue specimens; examining prepared tissues under the microscope to provide a definitive or differential diagnosis; and providing intraoperative consultation to surgeons by interpreting frozen sections; Subspecialty training opportunities in anatomic pathology include, but is not limited to, GI, GU, bone and soft tissue, dermatology, breast, head and neck, and neuro.

-CP: Clinical Pathology, which is now more commonly being referred to as laboratory medicine, is concerned with the efficient and accurate generation of laboratory data for tissue and fluid specimens. Subspecialties with CP include blood banking, microbiology, chemistry, molecular pathology, cytogenetics, and bioinformatics

-Sign out: When you go over your cases with the attending pathologist. Similar to rounding in medicine, this is when the resident/fellow/trainee and the attending pathologist both examine and consider each patient's case to come up with a differential diagnosis and any necessary ancillary tests to come to a final diagnosis. At the conclusion of sign out, a pathologic report is generated by the trainee and attending that is then added to a patient's medical chart.

-Integrated training pathways: This refers to trainees receiving training in two distinct concentrations. The most common are residency training programs in AP and CP (AP/CP). An AP and Neuropathology (AP/NP) track is also available. Limiting training to either AP or CP is uncommon as job recruitment sometimes requires or prefers pathologists with training in both aspects of pathology. Nevertheless, some trainees pursue AP-only or CP-only training for professional or personal reasons. The benefits and risks for each training option are best discussed in person with at least one academic advisor familiar with the pathology training pathways.

### **GW Electives (Surgical Pathology, Autopsy, Clinical Pathology)**

The main thing is to be proactive and immerse yourself in the field of pathology. The best advice for these rotations is to indicate your interest in pathology (or any field that you are going into) to the program director and, in that way, they can (and will) make your rotation as useful as possible. Do not be afraid to ask to preview cases in the morning and take a shot at signing them out in the afternoon with an attending. The teaching during afternoon sign-out is great! Down time during the day can be used to observe an autopsy, observe in the grossing room, and sitting with residents/fellows while they preview their own cases for afternoon sign-out. Frozen sections are another great opportunity to see how pathology and surgery collaborate for intraoperative diagnosis. Feel free to indicate your interest in "being on frozen" for as many days as you would like and enjoy the action!

Remember the basics: be on time, attend as many conferences as you can, offer to help when you don't have any work, and read up on things you see to show you are interested in educating yourself in pathology-related materials. There is a pretty good library in the resident's room, [www.pathologyoutlines.com](http://www.pathologyoutlines.com) is a great resource, and you can always sign-up for a free 30 day trial of ExpertPath on the Elsevier website.

Each rotation requires you to present on a topic at the end of the rotation. Take advantage of this presentation and become very familiar with a single diagnosis/entity. It is recommended you present a case that you signed-out with an attending and ask that attending for help/advice as you prepare your talk. The presentation can take any form: case report, lit review, review of diagnosis, etc. The residents will likely attend so if you can help organize and present a topic in a way that would help them remember then it will always amount to a successful presentation.

**IN ORDER TO MATCH INTO PATHOLOGY YOU MUST** do some pathology rotations. Program Directors are not only looking for students who have been successful in the class and on the wards, they also want a candidate who is

familiar with the practice and scope of work of a pathologist. You can only accomplish this in medical school by completing at least one 4-week rotation. Certainly, the more pathology rotations you do, the more confident you will become with your career decision and the more confident programs will feel in interviewing and hiring you.

### **Away Rotations**

Away rotations are not necessary for pathology. That being said, if there is a program you would like to match into, doing an away rotation at that program will GREATLY increase your chances of interviewing and possibly matching to that program. If you have a specific program in mind you would like to match to, do an away there. Pathology is an apprenticed art and who you know is extremely important. Do an away rotation to check out a program you are interested in and make sure you want to match there. If you can also get a strong Letter of Recommendation from that away rotation, that will look great on your ERAS application.

Try and schedule away rotations **early in your 4th year** (June-August) but look into programs earlier. Applications for away rotations are commonly through VSAS but may also be directly through the program so be sure to browse program websites for information on applying for aways. Application information (materials, deadlines, etc.) usually come out in March/April of 3rd year. So look into programs you might potentially be interested in and know which one(s) you would like to do an away rotation at by the time the application opens (usually around late-April). Do note that while away rotations generally help you, they can also hurt your cause. If you make a bad impression or have a personality clash with someone in charge, it may reflect negatively for interviews/matching.

### **Applying**

In pathology, students, for the most part, are the drivers in the application process. It is not nearly as competitive as other specialties, so strong letters of recommendation, a good (or even average) academic record, and research experience are sufficient to apply. As stated above, it is not necessary to do away rotations to get interviews at top institutions. Dr. Karcher will tell you that students could expect to get invited to all programs listed on ERAS if they applied. You are looking to secure 10-15 invites, so applying to 15-20 programs should be sufficient.

Dr. Karcher is a good person to get to know up front, and he's an excellent advisor and letter writer, his name is well known in the pathology world, and he won CAP's Pathologist of the Year award in 2015! It is also recommended to have the department Chairperson write one of your Letters of Recommendation. Any attendings you choose as mentors will write you strong letters so work closely with attendings that interest you most. Dr. Tabbara is an excellent letter writer, well trained, and well known!

**Dr. Keiser** is in charge of a lot of Clinical Path especially pertaining to Micro. Everyone loves him! One of the best path faculty! So dedicated to students and enthusiastic about pathology! He knows everything about everything (even outside medicine) and is quite witty, we should all aspire to be like him :)

- Note: Dr. Keiser retired in 2021 but he was still around in September/October for teaching and general advice!!

**Dr. Latham** is in charge of the autopsy rotation and does a great deal of the autopsies herself. You know her already from the preclinical years, she is a wonderful teacher! Also reach out to her if you are interested in getting involved in the e-atlas!

- Dr. Latham is also taking a step back from autopsies in 2021 but will still participate in fetal autopsies, which are tough but are great learning experiences

**Dr. Sana Tabbara** is a good contact for UVA and in charge of a lot of the surgical pathology curriculum. She focuses mostly on breast and Gyn path. She is very kind and a great person to be your faculty advisor. Get to know her and she will write a very strong letter of recommendation. She will fight for you if there is a program you need to go to (this past year she made calls and got Dr. Karcher to make calls for one student who was trying to couples match) She is incredibly available if you need help editing your personal statement or anything else involved in the application process! HIGHLY SUGGEST USING DR. TABBARA AS YOUR ADVISOR.

### **Interview**

Have some idea of what you may be interested in as a sub-specialty, especially if you are going to interview at the above places - which are all keenly interested in fellowships. Know why you want to be a pathologist and **look**

**excited about it.** Try to keep the conversation on experiences you had as an M4 on a rotation that you chose to do. Read the literature about each program (what they have to offer, etc.), and look up the names of your interviewers if possible. This will help you gauge your questions. It is helpful to know which interviewers are CP attendings and which are AP. Many interviews are full days (8 to 5) and some are half days (8 to 2-3). Important things to ask on interview day:

- What is the program's status on informatics and molecular pathology and how are residents involved in generating and communicating an integrated diagnosis?
- Is sign-out general (get specimens from every organ system) vs. sub-specialized (focus on one organ system per week/month)?
- What is the volume of specimens per year and what are the grossing responsibilities of residents/how much support do residents have (be cautious if programs have under 12,000 surgical specimens a year, most programs have more than this, but it has been said that 12,000 surgical specimens a year is the lower limit for a sufficient variety)? How many pathologist assistants are there?
- Current available fellowships
- Whether or not AP and CP is mixed into month-long blocks all four years or AP and CP are staggered into 1 year intervals (e.g. 1 year AP, 1 year CP, 1 year AP, 1 year CP). Is CP more hands-on learning or book learning? Can you do a CP rotation earlier to gain exposure if program is first two years AP and last two years CP? (this is important as you apply to fellowship your second year and need to know early if CP interest you)
- Are there opportunities to learn how to handle an electron microscope?
- Are there opportunities to teach?
- Do you foresee any changes in the program? Are there any upcoming changes within the department? Is there anything you would change? (I asked this a lot and people liked it!)
- Also ask about the department's relationship with surgery and oncology (you will be working with surgeons and oncologists closely).
- How is interacting with the surgeons? Good question for the residents (NOT attendings) that is rarely asked and makes you look like you have worked "behind the scenes" in pathology
- If you could change one thing about the residency program, what would it be? (this allows you to assess potential weaknesses in the program, without framing the question in a negative tone)

Great resource for questions and things to consider!!

[http://www.cap.org/apps/docs/pathology\\_residents/top\\_8\\_things.pdf](http://www.cap.org/apps/docs/pathology_residents/top_8_things.pdf)

Overall, the interview process is much more pleasant than the medical school interviews with more time dedicated to answering your questions and getting to know you on a personal level (i.e. casual conversation). Know your own CV and research well because you can expect specific questions to come up occasionally. Most of the time, interviews are more like conversations, most programs just want to see that you can get along with/work well with others, and that you are passionate and excited about the field of pathology! Reach out to residents (even after interviews) with questions (if you have any).

Below is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2016, 2017, and 2020.

### **Northeast**

**MGH** – perhaps one of the most independent among pathology programs, but very welcoming compared to the other Boston programs, significant research interest, more serious/malignant, knowledge of classical music and oak furniture are excellent conversation starters

**Beth Israel Deaconess** – good program for clinically oriented pathologists and GI pathology, less emphasis on research, little less organized interview day, revamping program and facilities, but great connections as it is one of the Harvard programs. Hospital itself is on the older side, but campus overall and Boston are beautiful! Residents are very nice, it's motto is "Harvard with a heart" and that shone through during the interview day.

**Boston University** – smaller department than GW, laid back program, but not great for research

**University of Massachusetts** - Residents are very friendly. You get exposure to many different ways of practicing pathology, academic, community practice and commercial - you do rotations at quest, so you get exposure to what it would be to work at a larger institution. The UMass hospital is having some financial trouble so be aware of that.

**Danbury** - 3 to 4 day cycle during 1st year, all other years 3-day cycle. PAs generally gross the biopsies and residents are responsible for the larges. They do general sign out and AP/CP is integrated throughout the 4 years. On interview day, they highlighted teaching as the most outstanding feature of their program. Danbury is on the smaller side.

**Hartford** – This program does general signout (with attendings trained in different subspecialties), and work on a 3 day cycle. Tip for interview day, they like to call their residents “Learners” and avoid calling them “trainees.” They also have an active autopsy service.

**Yale** - Good for breast, GU and cytopathology, strong informatics and clinical bent. Know why you want to move to New Haven. They have two separate chairs and departments, one for AP and one for CP. PD and faculty very enthusiastic and devoted to program, but still improving! Website outdated and bit disorganized.

**NYU** – excellent for anatomic pathologists, less so for clinical path. Not as prestigious as other NY programs, however the forensic pathology program is one of the top in the country. Beautiful brand new facilities! Great well-rounded down to earth residents! However, note that many faculty recently (2016ish) left due to the “politics” between attendings.

**Cornell** - Residents work hard, but also have a well-balanced life. Very down-to-earth attendings despite their major contributions to the field of pathology, very strong program with balanced AP/CP. Connections to Memorial Sloan Kettering and Hospital for Special Surgery (options to rotate at these and do fellowship in the future). Note that a second-look at this program seemed very important to them. That being said, they do pay for everything (including flights/train rides) for the second look if you choose to go back.

**Mount Sinai** - Residents are wonderful and easy to get along with. The actual hospital is a little run down and the pathology floor seems a little cramped. Program seemed disorganized, new PD seems to be making good changes as they did too much grossing in past, etc.

**Albert Einstein (Montefiore)** - Note that they interview large groups (20-30 people on an interview day). While the Bronx is known for being unsafe, the actual area that the hospital is on is known to be a safe area. They also provide housing on the same “safe pocket” of hospital property. They are a large transplant center (heart, liver, kidney), and have general sign out. All residents are involved in teaching. They encourage graduated responsibility and offer a “junior attending” elective.

**University of Pennsylvania (HUP)** – good for cytology, GU, pediatrics, and clinical pathology. Strong program, new program directors in past few years who have made drastic changes to the program as it was once more on the malignant side and residents were very overworked. Three program directors (one overly intense) but other two very nice and overall seemed like a nice group of residents who are happy there! Great opportunities for exposure research and advancements in pathology! And if interested in peds path, CHOP is a huge deal.

**Pennsylvania Hospital (PAH)** - a smaller and more close-knit version of U Penn. They have a 3 day schedule. Most of CP is completed at HUP (U penn). They are in the process of establishing further connections with U Penn so that when you graduate, it says you did your residency at U Penn. They have TONS of breast cases and TONS of GYN cases. In fact, the U penn fellows in breast pathology spend more than 50% of their time at Penn hospital. You rotate at CHOP (children’s) as well as U penn. The residents seem like a cohesive group. The attendings here ARE all approachable (which is something some people are concerned about if going to U Penn).

**Thomas Jefferson** - Prided themselves on a flexible schedule and the fact that you see over 70% of the things you gross. They are large into graduated responsibility and following your own cases. They have some subspecialty sign out, which they term a “psuedo-subspecialized” department. For pediatric pathology, residents can rotate at CHOP or in Delaware. During away rotations, the institution pays for room and board as well as your continued salary. They do a daily sign out (1 day cycle). Thomas Jefferson is well known for its urology, which means they have a variety of GU pathology cases. Have their own blood bank, pretty cool!

**Drexel**- Dr. Mapow and Dr. Hanau (Program director and Chair) are probably some of the strongest resident advocates out there. This was THE most friendly program I visited (statement from 2017 applicant). This program has a 4 day cycle (day 1 - gross larges, day 2: frozens, sign out biopsies and preview larges, day 3: sign out larges, day 4: a protected education day for research/teaching), rotate at CHOP for pediatrics, and HUP (U penn) for neuro. Drexel is a transplant center with a good amount of kidney and liver transplants). 80% of graduated residents go into community practice, 20% go into academics. Recent residents have gotten fellowships at the following: Emory, U Chicago, CHOP, NYU, Mt. Sinai, Mayo, Drexel. This is a for-profit hospital.

**Johns Hopkins** – high-powered academic program, have fellowship in almost every section, lots of research support. Dr. Hruban (Chair) is world-renowned for his work in pancreatic pathology and has a passion for medical history, especially Hopkins history (Just watch this link and you’ll be fine: <https://www.youtube.com/watch?v=YoCl0QQjhx4>) Be ready to discuss your long-term plans for your career. They want to find people who will come in and advance the field. Therefore, expect very few “classic” interview questions and be ready to “talk shop” and have a pleasant conversation. Do not be afraid to demonstrate any familiarity with Baltimore that you may have. Everyone there know that Baltimore has a bad reputation and some will assure you it is not as bad as we hear.

**GW** – Very good program with strong connections to the community practices in the area. The home base - if you rotate through here the faculty will know you and your understanding of how the program works will be self-explanatory. Balanced AP and CP and great didactics from personal experience. The fact that CP and AP are so close and interact is a plus that many programs don’t have. And obviously, THE BEST ATTENDINGS EVER!

**University of Maryland** - a well known program. Work on a 3 day cycle (day 1 gross, day 2 frozens and preview, day 3 sign out). While you will get a great education here, and prepare yourself well for residency, the program also focuses more on having a good work-life balance. Sends a lot of its residents to Johns Hopkins for fellowship. Residents get along very well and do a lot outside of work. They also have an incredible forensics program. If you are interested in forensics, you need to interview here. This is also a very strong transplant center if you are interested in transplant pathology. Dr. Loffee is a strong advocate for her residents. You get 5 months for board studying in your 4th year. They have the 2nd largest medical library in the US.

**Dartmouth**: Small program in rural NH (very rural and they directly ask you about this), brand new facilities, great group of residents and faculty. Very personal, for example, I (2017 candidate) mentioned in my hobbies I liked drawing and they directly e-mailed me to let me know they had a cartoon school nearby where I could take classes.

### **Southeast**

**UVA** – A top program with strong cytopathology and dermatopathology, will be thrilled if you are interested in diagnostic work, great places to get good letters of recommendation from an away rotation as there are some big names in the field here and several GW alumni. Very strong AP program, particularly cytology. Charlottesville is a beautiful city as well. Dr. Tabbara also has ties here, a letter of recommendation from her is helpful if you are interested in UVA.

**VCU** - A lot of the residents seem to be previous surgery/medicine residents that realized they wanted to go into pathology after a year or 2 of residency. The program is more focused on training private practice pathologists

than academic pathologists. Overall they have very good facilities, new molecular rotation, and are more focused on training private practice pathologists.

**Duke** – Laid back Southern program, revamping program, making lots of good changes! New program director and chair are extremely friendly and approachable. Lots of volume, stronger at AP than CP like UVA. Good for clinical research but less opportunities in basic research. Very friendly residents. Well-balanced lifestyle.

**UNC** –Part of the research triangle (Duke, North Carolina State, and UNC are with 30 minutes of one another), very laidback program. Residents are happy, friendly bunch. Balanced AP/CP. Smaller volume than Duke but good training with 12 fellowships offered there. Resident room doesn't have windows, but does have a pet and baby wall with pictures of resident's pets and babies!

**Wake Forest** - Balanced AP/CP program in Winston Salem, NC. Pays for hotel. 5 interviews with faculty and lunch with residents at restaurant in town. Strong forensic program and a forensic attending who is very supportive of those he takes under his wing.

**Vanderbilt** – Pay for hotel, laid back Southern program though the residents work very long hours. Good breast pathology. Department is rapidly expanding, beware of tactics employed by director and chair (long-time couple) which border, if not cross, the behavior of a match violation.

**Emory** - Laid back southern program with excellent bone and soft tissue sarcoma as well as medical renal exposure. Strong AP and CP. One of the biggest training programs in the country (8 residents per year). Lots of funding and support due to its location in Atlanta and Coca-Cola connection. Dinner the night before. Atlanta is a vibrant and big city with lots to do. Residents are a fantastic group of people.

**University of Florida - Gainesville**: Known for their subspecialty sign out (residents work on grossing and signing out cases for one organ system).

**University of Miami** – World-renown bone and soft tissue pathologists. Note that during the interview they have one attending who may ask you to look at something under the microscope and ask questions about what you are looking at. And then of course, who wouldn't want to live in Miami?!

**Mount Sinai in Miami** - While this interview is a bit weird (a 2 day interview, you are the only applicant), the people are very nice. The Dr. Poppeti is known across South Florida, and has incredible connections, and will advocate strongly for you. If you are looking to stay in South Florida for a career, this is a great place to go. They are big into teaching and a small program which leads to great 1 on 1 interactions with attendings.

## **Midwest**

**University of Michigan** – excellent program with strong informatics and good cytopathology, good support for research and impressive faculty! Ann Arbor is definitely a college town, residents very intelligent, most married, more suburban feel.

**Mayo Clinic** – residents may do more than 100 autopsies without actually having to get their hands dirty, supportive services for residents far surpasses any institution in the country, lots of funding internally for research, but not great external funding. Trains surgical pathology by exclusively doing frozen. I think this might be the only place that does this. Some people love it, but just as a warning it is not for everyone.

**SLU** - smaller program, but very nice and down to earth residents. Just hired new faculty trained at Wash U, have their own peds hospital so great exposure to pediatrics. Have new facilities, while they are a small program they do a lot with the resources they have and are expanding. Less emphasis on bench research, more emphasis on clinical research. They are starting an Integrated Lab Management rotation.



**U Missouri** - the program director and attendings have a very resident-focused mind-set. They are a smaller program, but very friendly. Flexible schedule. The program director has many connections with different programs and residents generally get good fellowships. This is important because U Missouri itself doesn't offer fellowships (as all of its resources are focused on training its residents to the best of their ability).

**University of Wisconsin** – Interview with 6 faculty, observe hour didactic in morning, lunch with all the residents. Balanced AP/CP. Residents are solid group. Might just be my experience but most were from the Midwest but welcoming nonetheless of East Coasters. Madison is a fun college town. Great place if you're a Packers or Badgers fan!

**Northwestern University**- Hospital and facilities are in the heart of downtown Chicago. Solid program with a beautiful hospital (grossing room overlooks Lake Michigan!) Everyone there seemed incredibly well-rounded, happy, and trainees seemed heard/respected by the chiefs and faculty.

**Northwestern University (Evanston)** - Interviewed by 4-5 attendings, program director will contact you after interview to see how you feel about the program.

**University of Chicago** - Very strong program with impressive faculty whose books we have read! Beautiful hospital and path facilities! Well balanced AP/CP. Lovely program director who is dedicated to teaching. Opportunities for electives where you teach medical students. Lots of involvement in conferences amongst pathology programs in Chicago!

**Washington University in St. Louis** – They place a large emphasis on research, but are a clinically-oriented program. They have structure of 2 years of anatomical pathology, 1.5 years of clinical pathology and then electives. Has had some leadership changes in the last few years. New PD is friendly. The residents here are known for working hard, but the job prospects thereafter are nearly limitless. The Wash U name is huge in pathology, and you will have interactions with many well-known pathologists. Be prepared to discuss life in St. Louis. Some residents will spend sometimes too much time assuring you life in St. Louis is safe, which was concerning.

**Cleveland Clinic** - An incredible amount of cases (in the hundred thousands), tons of opportunities for research. This program separates AP and CP, first and third year is AP and second and 4th year is CP. Interview was more "formal" or "traditional". Overall, the residents are friendly, endorse that they do work hard, but the Cleveland Clinic name is world-renowned and many find great fellowships and jobs. Strangely, in 2020, many residents were very candid and stated that they were ambivalent about being at CC--mentioned they matched or transferred there to be closer to family.

**Case Western** - More relaxed atmosphere than Cleveland Clinic, however does have a lot of opportunities for laboratory research and strongly encourages it. Strong neuropath (Prion disease center for all of the US is nearby). Note that the program director (specialized in GU) may be retiring soon so changes may be occurring. Overall very friendly residents and attendings with open-door policy. 1 day cycle.

## **West**

**Stanford** – Small department feel with a lot of quality support for residents, want residents who are interested in living in Palo Alto area since very suburban. Excellent program, beautiful facilities and huge campus. Residents super down to earth, very hardworking! Long interview day. Close to SF!

**University of Washington** - Strong mixed AP and CP program, gets specimens from Washington and the WAMI states (Wyoming, Alaska, Idaho, and Montana). Strong in the newer fields of Molecular and informatics (both part of CP). Excellent program, more serious feel. Long interview day. Seattle is a hippy, fun city with easy access to the gorgeous outdoors!

**University of New Mexico** - Pay for hotel and dinner the night before. Interview at multiple sites so you are driven around by 1 resident all day. Forensics and hematopathology are awesome here, residents are solid and laidback group. Program takes good care of their residents. Albuquerque is an interesting city (Breaking Bad and many other things are filmed here!) with lots of outdoorsy activities.

**University of Utah** - VERY strong CP program because they have the ARUP laboratories set up close to the hospital. You meet with the department chairman, total of 5-6 interviews and lunch with residents. Beautiful area and great for anyone who loves outdoors activities and snow-related activities.

**University of Colorado** – Balanced AP and CP programs. Majority of training on medical campus in Aurora (neighboring city to Denver) since the University hospital and Children’s Hospital are located here. They are currently working on moving the Denver VA to this location as well. Other training sites are in downtown Denver. Very strong peds path program. The Denver area is beautiful and perfect for anyone who loves outdoorsy activities. Denver is a cool and trendy area, so lots of people from throughout the country are moving there causing cost of living and traffic to increase sharply. I only mention this because while I was there several residents mentioned how this was a bit of an issue.

**UC San Diego** - Well balanced AP and CP program, strong in molecular pathology. Very tough first year that is AP heavy but hey you're living in San Diego.

**UCSF** -Huge program (10-13 residents/year) with great caseload and diversity. Research is top-class. Surprisingly, for such an intense environment, the faculty and trainees were remarkably happy and collegial. Definitely seems like a great environment. Beware of SF rent and house prices though. Many people will bring this up and assure you it is not as bad as you assume.

**UC Irvine** - Smaller program with less volume in Orange County CA. Balanced in AP and CP.

#### **GW Connections**

Dr. Tabbara trained (residency and fellowship) and worked at UVA.

Dr. Almira (the neuropathologist) trained under Dr. Rivera who is a neuropathologist at University of Florida - Gainesville. She did her fellowship at UVA.

Dr. Quintana did her residency at University of Illinois and her fellowship at Emory.

Dr. Wu did her residency and one of her fellowships at Alabama. Previously worked at NYU.

Many faculty I interviewed with knew Dr. Latham.

Many faculty also know Dr. Karcher.

#### **General Advice**

It would be better to front load more path early in fourth year to get a basic understanding of anatomic pathology (what you did in second year), but also in clinical pathology (chemistry, transfusion medicine, molecular pathology, micro, etc...). This will help you know what you want out of a program and help you to have questions/comments regarding a program when you sit with CP-only pathologists. Early interviews with clinical pathologists can be awkward if you have no CP experience, so you may not know what to ask or what you want out of a program's clinical pathology curriculum.

Most importantly, relax, be enthusiastic about pathology, and be pleasant! Have a concise and well-prepared answer for why you chose pathology and how you got interested in it. Be prepared to be asked if you will miss patient contact or what kinds of reactions you have gotten about choosing the field. Overall, they are just trying to get to know you and you are interviewing them just as much! Ask lots of questions about how they chose the field and why they chose to be in that specific area, as it can be very telling. Especially ask this of residents, “what made you choose here? Where else were you looking?” And people have awesome life stories so you learn a lot! Enjoy the interview trail, you learn a ton about the field (and how it’s advancing in such awesome ways) and about what you want in a program. Go with your gut feeling at the end of the day, you all will do fabulously!! Please feel free

to reach out to us if you have any questions (us path people have to stick together :) -- In all honesty, text (as opposed to phone calls) or e-mail is probably the best way to reach us.

**Contacts:**

Jenna Wade (Graduated 2016) - current pathology resident at Emory

Elizabeth Doane (Graduated 2017) - phone: 561-301-0020; email: [edoane@alumni.nd.edu](mailto:edoane@alumni.nd.edu)- current pathology resident at Saint Louis University

Victoria Costa (Graduated 2017) - phone: 914-409-2620; email: [vcoasta@gwmail.gwu.edu](mailto:vcoasta@gwmail.gwu.edu)- current pathology resident at Cornell

Thomas Zaikos (Graduated 2020) - 248-787-4778; [zaikostd@gwmail.gwu.edu](mailto:zaikostd@gwmail.gwu.edu)- current AP/NP trainee at Johns Hopkins

## **PEDIATRICS**

**Chairman:** Dr. Stephen J. Teach

**Residency Program Director:** Dr. Aisha Barber

**Residency Coordinator:** Janet Barbour, pedres@cnmc.org

**Third Year Clerkship Director:** Dr. Craig DeWolfe, cdewolfe@childrensnational.org

**Fourth Year Clerkship Director:** Dr. Jeremy Kern, JKern@childrensnational.org

**Clerkship Coordinator:** Wilhelmina Bradford-Holmes, WCBradfo@childrensnational.org

## **ACTING INTERNSHIP**

*Helpful Texts and Documents:*

- Harriet Lane
- Pocket Medicine Pediatrics
- UpToDate
- Peds in Review by AAP for more in depth reading

### **Academic Teams:**

- What are the Academic Teams?
  - There are **three** academic teams at CNMC that you can participate in as an AI: **purple, orange, and red.**
  - The academic teams are high-volume and involve the breadth of pathology from bread and butter peds to complex care patients requiring multiple subspecialty input.
  - As a member of a multi-level team, you work alongside 1-2 interns and 1 senior resident.
  - You are encouraged to teach and guide 2-3 third year students throughout the rotation. It is not a requirement, but the seniors of the team will appreciate it if you take the effort to help 3rd years navigate what they should be doing for pre-rounding, how they should present, and what things they can do in the afternoon to help the rest of the team.
- What are the **expectations**?
  - AIs act as interns on the team, carrying between 3-5 patients as they get more comfortable with the workflow. They are expected to manage all aspects of patient care: note-writing, contacting consults, presenting your patients in family-centered rounds, communicating with nurses, placing orders (that are then co-signed by your senior), and communicating with patients and their families.
    - Most AI's on the first day either get 1 patient to start to follow OR they may just shadow the first day and pick up patients the next day -- this is dependent on the senior on your team. The senior on the team will most likely have been on the team the week before so will know the patients well.
    - The senior on the team will be overseeing the patients you see. It will be rare that a 3rd year medical student will also follow a patient that you are seeing – your senior will typically try to make sure the patients they are seeing are followed by interns.
  - The goal is to feel comfortable and become efficient performing the daily activities of an intern at a large referral tertiary care center.
- What is the **schedule**?
  - At a minimum, you are expected to remain at CNMC from 6 AM to 5:30-6 PM (depending on when signout ends) to participate in signout of your patients.
    - During signout, you as the AI will sign out directly to the night intern who is coming on. The night senior will also be in the room and will be paying attention; they will gather more information from the day senior after you sign out the patient, if needed.
  - You will complete three weeks of day float and one week of night float during your AI.
    - Night float will involve admitting patients and managing acute concerns.
    - On the night service you will most likely be in charge of the entire team while the night intern will take the other team. Technically, the night intern is responsible for

- overlooking both teams (both orange/purple or red/silver) but you will be responsible for giving the attending the update on your team when they call at night.
- You will need to work two weekend days and are allotted up to two personal days. If there is a holiday during your AI, you can *most likely* work the holiday and count that as one of your weekend shifts.
  - As long as you provide notice, they are flexible with which days you select.

**PHAST Team:**

- What is the PHAST Team?
  - This is a hospitalist team at CNMC that sees patients with lower acuity illnesses (e.g. asthma exacerbations, bronchiolitis, gastroenteritis, etc). Patient stays are generally shorter than on the academic teams.
  - It consists of a rotating hospitalist, a 2<sup>nd</sup> year pediatric resident, 1-2 physician assistants or nurse practitioners.
- What are the **expectations**?
  - You are expected to act as an intern on the team, admitting patients, writing H&Ps, pre-rounding, following labs, writing discharge notes (there will be a lot of discharge note writing on this team) and instructions, etc.
  - You and the other medical student (if present), can often split up patients on your own. You may start off by seeing 2-3 patients in the first week and up to 6-7 at the end of the rotation.
  - You will be expected to lead family-centered rounds for your patient and update the patient and their families on pertinent information, call consults, etc.
- What is the **schedule**?
  - You will be expected to be present for morning sign-out at **7am** (this is different from the academic teams) and stay until at least 5pm. You do not need to arrive prior to 7am, and it is not expected that you stay for evening sign-out at 7pm. You are usually released between 5-6pm
  - There is one week of night float (7pm-7am).
  - You will have to work 2 weekend day shifts.

**PICU:**

- What is PICU like?
  - The ICU takes all patients not appropriate for the floor over a few months of age through 23ish. The “simplest” patients are bronchiolitics or asthmatics needing hi-flow or biPAP and can be as complex as patients requiring intubation/pressors with multisystem involvement. Most patients are only there for a few days before being transferred back to the floor but some can be there for weeks.
  - PICU has two teams - a medical team and a surgical/neuro team and you split your rotation between the two. Each team consists of an attending (changes every week), fellow, 2-3 2nd/3rd year residents. There is no official “senior” but often the third year resident will take you under their wing and guide you. There is also a hospitalist team if the census is high enough that takes the kids on the “main” side, but the resident teams absorb these patients on nights.
- What are the **expectations**?
  - You work as an equal resident, admitting/writing H&Ps, following up on labs/consults, writing transfer summaries to the floor.
  - Since there is no senior, you pick up patients from the resident’s lists. The resident will still see the patient (just as a senior does on the floor) in the mornings, but you are responsible for all other tasks. Your first week will have 1-3 patients that are more textbook/on lower supports and work up to 5 complex patients (or more on nights).
- What is the **schedule**?
  - You have to be there for signout at 5:30am (earlier than academic teams) and stay through signout at 5pm.
  - One week of night float (Monday-Friday) 5pm-6am-ish.

- One weekend 28hr shift.

#### **NICU:**

- What is NICU like?
  - The NICU takes all newborns! Children's is a level 4 NICU so they take the tiniest of 23wks onwards. Some babies are just there for sepsis rule outs or transient hypoglycemia, while others are there for months while they continue to grow and learn to do all the baby things.
  - NICU has two resident teams (orange and green) as well as two NP/PA teams. The babies admitted to each team are the same, with admissions just based on census. You spend the whole 4 weeks on the same team. Each team consists of an attending (changes every week), fellow, 2-3 2nd/3rd year residents. There is no official "senior" but often the third year resident will take you under their wing and guide you.
- What are the **expectations?**
  - You work as an equal resident, admitting/writing H&Ps, following up on labs/consults, writing transfer summaries to the floor.
  - Since there is no senior, you pick up patients from the resident's lists. The resident will still see the patient (just as a senior does on the floor) in the mornings, but you are responsible for all other tasks. Your first week will have 1-3 patients that are more feeder/growers and work up to 5 complex patients (or more on nights).
- What is the **schedule?**
  - You have to be there for signout at 6am and stay through signout at 5pm.
  - One week of night float (Monday-Friday) 5pm-6:30am-ish.
  - One week 28hr shift.

#### **Advantages and Disadvantages of both Acting Internships:**

- **Advantages of Academic Team:**
  - Team replicates an acute ward team, with a variety of pathology and more complex children with higher acuity concerns.
  - Work closely with residents and other students.
  - It is a more accurate model of what to expect in a large teaching hospital. It gives you a true feel of what it would be like to be an intern at a large hospital setting; you will be able to see what works for you with pre-rounding, rounding etc. and will be able to take what you learned and apply it during your intern year.
- **Advantages of PHAST Team:**
  - Work closely with the attendings which is opportune for letters of recommendation.
  - Typically bread and butter pediatrics which is really beneficial especially if interested in pursuing community pediatrics.
  - Hours tend to be better.
  - Rounding team is much smaller than the academic teams. Rounds are therefore shorter and start later in the morning.
- **Advantages of ICUs:**
  - **You will learn A LOT about managing acute pathology and sick vs. not sick.**
  - **Work closely with senior residents/fellows.**

Residents and attendings alike will treat you as an integral member of the team and want you to grow and succeed as a student. You are afforded a lot of autonomy, which produces a great learning experience. There is a lot of bread and butter and a lot of zebras at CNMC, so you will get exposure to a variety of things! There is a steep learning curve at CNMC, but you will end the month feeling much more confident! Be prepared to put in your own orders and to know more about your patients than anyone else on the team. You will also be given an ASCOM phone, laptop and pager, which the nurses and other team members will use to contact you often and ask you questions/recommendations for the patient.

#### **Hints and Tips:**

- Use “BlueCard” (CNMC’s free pediatric dosing app) and Harriet Lane for appropriate dosing information. There are plenty of Harriet Lane books lying around the team rooms.
- If you are looking for a letter of recommendation from your AI, you should ideally complete your AI before September. However, if your AI is during early September and you really connect with an attending, you can still try to ask for a letter of recommendation as long as you can give them about 2 weeks to write it. Just don’t depend on a letter this late in the process—have other letters secured as back-up.
- If you are looking for a high census, you should complete your AI September thru February. Keep in mind the interview season for Peds peaks during Nov-Dec months.
- Understand there is a steep learning curve. Try your best to be confident as attendings and residents know you are learning.
- Be aware that pre-rounding is quick at CNMC (especially on Tuesday and Thursdays due to morning report at 7:30), so it may be best to get in early the first couple of days to allow yourself more time.
- Don’t forget to review your patient’s urine output and fluid intake. Attendings ask about this often as a good indicator to determine if fluids are still necessary.

### **AWAY ROTATIONS**

Away rotations are not required or necessary in pediatrics. CNMC has EVERY elective in pediatrics you could want if you decide not to do an away. You can do your entire fourth year besides anesthesia at CNMC. However, if you are thinking about applying to a very competitive program (and/or do not feel you are a very competitive candidate), away rotations may be of some help. Also, if you are interested in going to a particular program or region (i.e. California), it may be helpful to rotate there. However, if you do not have a compelling reason to complete an away rotation, you may not find it necessary to complete an away rotation.

Away rotations may also be helpful in evaluating potential future programs, getting to know PDs, and trying out a different hospital system (and EMR). Not only are you exposed to a program of choice on a more rigorous basis (it gives a more realistic experience as you will walk away from most interviews having fallen in love with the program), but it gives you an opportunity to be evaluated by outside faculty. If you rock all of your clerkships and peds electives at GW and Children's, it helps prove that your grades were not inflated if you receive a great evaluation externally. Plus, you will hopefully climb their rank list simply by being a familiar face and showing investment by actually working and living near the program. If you do complete an away, know that you must be “on your game” the entire time, and will want to perform very well. There is nothing worse than underperforming at an institution at which you may want to match!

Some of the very competitive programs have pretty intensive applications for away rotations so start the preparation process early. Some may also charge an application fee. It may take weeks or months before you are notified about receiving a rotation, so have a backup plan. If you are interested in rotating in a particular hospital, list several rotation options on your application so you have a better chance of rotating there. Try and schedule away rotations early on in 4th year (August, September, October) if you would like to get an additional letter from the program. If not, you can choose to go whenever it is convenient for your schedule. Speak with current 4th years about which electives to choose for your away rotation block as there are multiple choices.

### **Away Rotations Completed by Past Students:**

***PICU at CHOP (2020):*** I did a 4 week elective in the CHOP PICU. This was an awesome experience where I got to work really closely with 2nd and 3rd year residents and picu fellows. There isn't really a lot of contact with the rest of the residency program (because residents in the PICU don't go to normal conferences), but the residents I worked with were super welcoming, and very open about the pros and cons of the program. I'm very interested in critical care, so I chose to do an away in the PICU because that was where I felt I could be the most engaged/do my best. The CHOP picu is huge, nearly double the size of the CNMC PICU, and it was a great opportunity to see what role the residents can play. While I was there, Dr. Ronan (the PD) was very open to meeting with me and speaking about the program before applications went out.

**EVMS/CHKD (2020):** I did a 4 week elective in September at EVMS/CHKD in Norfolk, VA. Two weeks were spent in outpatient Infectious Diseases and two weeks were on an inpatient hospitalist team. While on outpatient, the hours were typically 8am-4pm and I worked directly with three attendings. There was a huge emphasis on education (which I really appreciated!) and I went to morning report and noon conference every day. For the inpatient portion, hours were 6am-6pm. Felt like I really got to know the residents well and this portion of the rotation mimicked what residency at this program would really be like (which was really helpful for me because I was strongly considering this program). Overall, I found doing an away rotation to be extremely beneficial! EVMS/CHKD is a medium size program and it was really useful to have a comparison point to CNMC. If anything, doing an away rotation helped me to realize the aspects of a residency program are most important to me and go into interview season with a better/more focused idea of what I am looking for. Figuring out the logistics of the away were a bit difficult, but in the end it was an invaluable experience and I am very glad I did it! While the two weeks of outpatient were more fun/had better hours, I actually recommend doing an inpatient away rotation. I felt that the two weeks on the hospitalist team gave me a better sense of the program and allowed me to interact with more residents & attendings.

**St. Louis Children's Hospital/Washington University in St. Louis** - I did an away rotation in the PICU here. Which was an unbelievable experience. All the attendings, fellows and residents were incredibly kind and supportive. Great teaching and opportunity to fully take on ownership of your patients. I did several LPs and one central line. After a month here I left with several mentors who took an interest in helping me over the course of 4th year and would periodically check in with me just to say hi. Also the program director here, Andy White is one of the nicest guys I've ever met. Everyone I spoke to (here and at other institutions) says he is the best PD around.

**Children's Hospital at Montefiore - Renal:** Generally away rotations are not required for pediatrics but is a good way to see a different program or to live in a different area of the country for a month or so. Applied through VSAS. Was able to see inpatient and outpatient but because it was a specialty worked primarily with fellows. Hospital serves a very underserved patient population. Overall a very positive experience!

**Pediatric Emergency Medicine at CHOP:** "It was totally not necessary, but I wanted to have a month in Philly to be closer to friends and family outside of medical school, and figured working in the ED elsewhere would be a great way to see the kinds of stuff that come into the hospital and to get to know the residents at a program where I'm potentially interested."

**Pediatric Nephrology at CHOP** ""It was an ok experience- not really what I had expected, given that I had wanted to work on an inpatient service and interact with residents, and it was a primarily outpatient rotation with fellows. But it gave me a good flavor for the atmosphere at CHOP and I learned a ton about the kidney!"

**UT Houston GI:** "Great rotation with awesome faculty who love to teach!"

**University of Arizona:** "Resident driven program with an awesome program director who really wants to get to know everyone."

**Kaiser Oakland- Peds Neuro:** "Great community rotation with an emphasis on preventive care"

**Duke:** "I have a unique situation in that my fiancée is a year ahead of me and has matched into a six year surgery program at Duke. Consequently, I am only applying to programs near her program which is certainly a good reason to do an away!"

**Portsmouth, Virginia Pediatric GI:** "The attendings were awesome! Excellent rotation- very hands on. You get to work in the clinic and help with endoscopy/colonoscopy."



**Walter Reed Inpatient Pediatric Ward:** Everyone is very eager to teach. They wanted medical students to take full ownership of their patients, so if your patient was having a procedure, you were the one who was able to do it. You take care of the heme/onc patients and general inpatient floor. During October, it was very busy, so I was able to see a lot of cases.”

**San Antonio Inpatient Pediatric Ward:** “Good learning experience. You are expected to teach third years each week on a different topic. Great heme-onc program- attendings are very eager to teach you and are very approachable.”

**Northwestern Lurie Children’s Hospital Emed 2016:** “Amazing rotation. Beautiful new children's hospital in Streeterville, Chicago. No night shift or weekends on this rotation. You spend M,W,Th,F working in the ER and Tuesday afternoon working in the urgent care section. You see patients first by yourself and then run your plan by the third year resident and then present to the attending. Faculty are all really fun and love teaching. Very hands on rotation - I was able to do minor things like pertussis swabs and splinting as well as lumbar punctures, etc. You attend Monday morning lectures and simulations with the interns which is really fun. I loved the atmosphere and learned a lot!”

**Oncology at St. Jude Children's Research Hospital 2016:** “You will spend two weeks working on the leukemia service and two weeks on solid tumor service. There are no interns so you will work with the fellows, who were really great and amazing teachers. For being leaders in the field, the attendings here are very down to earth and seem to enjoy having medical students on the team. They also provided great teaching. You will carry 2-4 patients depending on the complexity of the patient. The relationships you can make with patients and families is amazing. Very meaningful rotation. St. Jude will house you in an apartment complex on Mud Island, which is right on the Mississippi River. Brand new apartments that were around \$750/month. I would recommend having a car because there is no public transportation in Memphis which makes grocery shopping hard. There is a shuttle that runs from the apartment complex to the hospital.”

**Pediatric Neurology at Vanderbilt - 2016:** “Definitely not necessary to do an away, especially if you are trying to save money! That being said, I really wanted to try out a different pediatric program, keeping in mind that I am likely to stay in the area for residency and might not get the chance to work in another hospital for a long time. Also, I refused to do adult neurology so it made sense to go on a little adventure with another classmate of mine who got accepted for the same away rotation. Vanderbilt has an excellent peds-neuro service, great pathology and well-known pediatric stroke specialist on site. You will come away from this month knowing how to manage seizures in an acute or chronic setting, how to work up developmental delay in a young child, and how to treat migraine headaches among other things!

## **RESIDENCY APPLICATION (I.E. ERAS)**

### *Advising:*

- It is important to have an advisor at GW to guide your application. Consider speaking to Dr. Craig DeWolfe, Dr. Terry Kind, Dr. Jeremy Kern, Dr. Clarissa Dudley, or Dr. Cuzzi (Holy Cross director). Many students choose multiple advisors to discuss letters and programs with, then discuss their rank list with Dr. DeWolfe.
- Dr. DeWolfe often meets with students to help them develop the list of programs they should apply to. He has developed an algorithm over the years to estimate each candidate’s likelihood of getting an interview at or matching at a particular program. He will ask for information such as your CV, personal statement, and step scores (if applicable) in order to best help you. His guidance is definitely helpful, but not always 100% correct (so consider taking the algorithm results with a grain of salt).

### *Letters of Recommendation:*

- Most programs require three letters. You can choose to have additional letter writers and designate which letters you want sent to a specific program. You can send a max of 4 letters to programs (although some may specify they only allow 3, so just check the websites).

- There are a few programs that also require a Departmental or Chairman's letter. These are more general letters, somewhat similar to a Dean's Letter. If this is the case, you can contact Dr. DeWolfe or Dr. Teach for additional information. The majority of programs do not require this however and if they do it will be on their website (and Dr. DeWolfe will usually recognize which programs require it when you meet with him to go over your list).
- At least one of your letter writers should be a pediatric attending (outpatient or inpatient) who knows you well. Many people aim to acquire a letter from an attending they worked with during their AI, but this isn't a requirement. You can certainly ask an outpatient or inpatient attending you worked with during your 3rd year clerkship. Try not to have 2 letters from the same rotation (ie 2 from your AI, 2 from your peds clerkship) - some PDs may see as a red flag.
- It helps to have letter writers who know you in a variety of contexts and can speak to your varying talents. Be sure these are individuals who know you well and have seen your work, whether it be in research, clinical work, or a POM small group. In the end, it is the content of your letters that matters, not who it is that wrote it necessarily. As long as you have at least one pediatric letter, feel free to ask attendings from other specialties to write other letters for you.
- Most people obtain their letters by emailing and asking if the potential writer feels comfortable writing them a strong letter of recommendation. Some may or may not ask that you meet in person or provide a CV/personal statement. Some may also ask that you draft a letter first, then send it to them for additional edits and submission. While this is more work for the applicant, you also have an opportunity to highlight personal characteristics and activities in the letter.
- Give your letter writers a minimum of one month's notice to write your letter. You can track whether their letter has been uploaded to ERAS and may need to give them gentle reminders leading up to the application deadline.
  - The biggest piece of advice that I got in terms of deadlines was to tell them a deadline that is *at least* 1-1.5 weeks prior to the actual date.

Hospitalists at CNMC are usually happy to write letters. If an attending offers you a letter of rec in third year, **TAKE THEM UP ON IT!** It doesn't mean they will write it right then- but they will definitely take notes on your performance and keep them for when they go to write your letter later. This can prevent a lot of stress in the process of collecting recommendation letters.

#### *Application Timing:*

- Get your applications in right away! In order to do this you have to get started on it EARLY (e.g. get working on your personal statement and CV sooner rather than later).
- Definitely submit your application by the ERAS deadline (the first day that programs are able to download your application). This is usually in late September. Submitting your application before this date does not give you ANY advantage, but you WILL be at a disadvantage if you submit after this date! Also keep in mind that on the final day, the website may slow down and potentially crash, so try not to wait until the last minute.
- CNMC will hold a CV/personal statement workshop where you will be paired with a resident/fellow/attending and work out any kinks in your personal statement and CV -- attend this if you can! It is always helpful to have several people read over your CV and personal statement.
- Send your CV/personal statement to your mentors to get their feedback and thoughts. The deans are also always happy to look over them.

#### *Which programs should I apply to and how many?*

- Try and determine if you are more drawn to large free-standing children's hospitals (such as Children's National) versus smaller programs consisting of a children's hospital within a larger hospital.
- Some residency programs have multiple (specialized) tracks that you can apply for, sometimes as a separate match, sometimes once you are in the program itself. Simply comb through the program's website to see what these are. You will learn a lot about the various tracks on your interview days, so don't be afraid to apply! Some examples are:

- **Boston Children's** – Urban Health and Advocacy track and Categorical track; both are very similar. If you are interested in the program, apply to and rank both to double your chances at matching.
- **CNMC** – primary care track, advocacy track, and categorical track (as well as genetics and peds neuro)
- **Columbia** – community track and categorical track; not separate match numbers
- **UNC** - primary care and categorical track
- **UCSF** - Categorical, PLUS (Pediatric Leaders Advancing Health), and Pediatrics Molecular Medicine; all separate NRMP numbers
- Aim to *apply* to about 15-20 programs (more or less depending on how competitive an applicant you are). Remember, you are not guaranteed interviews at every program you apply to, so if you need to scale back, do it after you obtain interviews.
- Aim to *interview* at 10-12 places. Your chances of matching should be high at that point. Some people have more, and some people have less however. Keep in mind that once you get to your 11th or 12th interview, the process becomes pretty tiring. It is ok to cancel interviews within the time frame they give you (some ask for 2-3 weeks notice). **It is NOT ok to just skip an interview without notice.**
- If you are couples matching, you will likely need to apply to and interview at several more programs. The final number depends on yours and your partner's competitiveness in your respective specialties, as well as geographic preferences. See the section on "Couples Matching" for more details.

## INTERVIEWS

### *Scheduling*

- Once you submit your ERAS application, interview invitations will likely start coming SOON (like the day after you submit). Make sure you **CHECK YOUR EMAIL**, because you'll want to try and schedule your interview before the time slot you want fills up.
- Highly suggest making a new email for interview season so everything related to the interview process is on one email. A lot of MS4's had then made sure that the only notifications that would pop up on the home screen of their phones were from this email. It will also be easier to give the login information to someone else who may be helping you schedule interviews at a time you might not be able to!
  - You can then use this same email for residency onboarding information after match day.
- Some programs will have you schedule your interview through ERAS; others will have you email your preferred date; and still others will send you a link to their own scheduling site. You can reschedule your interview if need be (refer to the residency program's instructions).
- Interview season for peds tends to run from **late October till early-mid January**. Try to complete interviews before January as you will begin to tire out (seriously, you will).
- Some programs may pay for your accommodation. If so, they will let you know in their interview invite. Make sure you look out for these and reply in a timely manner.

### *Interview Prep:*

- You should at least have some basic knowledge of the program you are interviewing at prior to interview day. Spend some time looking through the program's website a day or two before your interview. You may also want to ask some questions to current residents that you may know at the program before your interview day (you can ask GW Alum who are residents at a particular location -- see below). This will also help you come up with questions to ask during the interview day.
- Take advantage of any mock interviews you can. Dr. DeWolfe organized a mock interview at CNMC which was very helpful!

### *Interview Socials*

- Most programs will offer a dinner/happy hour for applicants either the night before or after your interview day.
- Pretty much all of the social events are super casual (including dress code).

- These gatherings are *optional*, but take advantage of them if you can! They're usually fun and a good opportunity to mingle with residents from the program. The residents do not have any influence on your rank position at a particular program, so this is an opportunity to ask additional questions about practical things (parking, free food, etc.) and also to get unvarnished opinions.
- You **DO NOT need to attend every social**. Again, interviews can be tiring and it's perfectly fine if you cannot make all the socials.

#### *Interview Day*

- Interview days normally begin between 7:30-9am and end between 1-4pm.
- The day starts with breakfast for the applicants or morning report with the residents, followed by tours, interviews, lunch, etc.
  - Some of the Children's Hospitals are within a larger hospital so you may be doing A LOT of walking. Highly recommend wearing comfortable shoes that you don't have to worry about being in pain when walking.
- The number of interviews during the day varies from about 2-4, depending on the program. They typically range from 15 to 30 minutes per interview. You may be interviewed by faculty, the program director, chief residents or residents.
- *Pay attention to the program directors* - how involved they are with the day, what the residents think of them, and the vibe you get from them. They are a vital part of the program. Also pay attention to why the Chief Residents there chose to stay there for another year, a lot of them will share their reasoning for doing so.
- Also pay attention to the residents and how happy or engaged they are.
- The general consensus is that pediatrics interview days are comfortable, laid back, and everyone is friendly. The interviewers are often more interested in telling you about the program and answering any questions you may have rather than quizzing you or asking uncomfortable questions, **so relax and enjoy the day!**

#### *The Actual Interview*

- Be prepared to answer standard interview questions such as:
  - "Why are you interested in our program?"
  - "Tell me about a situation in which you had a conflict and how you resolved it?"
  - "Tell me about a time when you failed."
  - "What was the hardest time for you in medical school?"
  - "What was your biggest mistake?"
  - "What was the most difficult situation for you in a clinical setting?"
  - "What are you passionate about?"
  - "What do you see yourself doing in 10 years?"
- You may be surprised that many of the interviews are pretty conversational. Interviewers just want to get to know you and what you're interested in, so try to relax and have a normal conversation.
- Make sure you are able to discuss what you have listed in your personal statement/ERAS application in detail -- this includes the hobbies/interests that you've listed! Be able to discuss your research in a straightforward manner for instance.
- Again, have a couple questions ready for your interviewer! Some interviews start with "what questions do you have?" and may be the only question they ask you during the interview. This just makes you look more interested in the program or the person you're talking to.
- **BE YOURSELF** in each interview. Be honest and humble. You got this!

#### *After the Interview*

- It is still common courtesy to send a thank you note or email to each of your interviewers. Try to include a unique part of your conversation so they can remember you!
- If you really like a program, let them know you are interested!

The interview trail is crazy, but try to find something fun to do and explore in each city you visit. Whether you enjoy hiking, trying new beers, restaurants, museums, etc., go explore if you can. Not only will it give you a better sense of your potential future home, but it will also give you something to talk about in the interview!

### **Specific Interview Information**

*Below are programs that GW students interviewed at in classes 2008, 2011, 2013, 2014, 2016, 2017, 2018, 2020*

#### **NORTH EAST**

***Hasbro Children's Hospital (Brown)*** – Happy hour night before interview, very friendly residents. Medium sized program with an incredible new NICU. PD is a brand-new woman and she has a lot of ideas for changes for Brown's program so TBD. Providence is very diverse, lots of refugee health opportunities. Lots of autonomy on nights - run the PICU at night as a third year.

***Boston Children's*** – 2018, The Urban Health and Advocacy track is phenomenal and I had 1 faculty interview there that was very interactive. The morning case that was presented at BMC was on the workup of hyponatremia secondary to child neglect. They had an extended 20 minute discussion on how to best address similar situations-I was blown away! All the chiefs and intern selection committee members were present at my interview and not only did they know my name, they also knew specific highlights from my application. I felt like I had 10 small interviews in addition to my actual interviews as so many people so intimately knew my application and approached me to ask me questions about it. The UHAT residents get a dedicated 6 month time period with which to design a community focused intervention--many have developed successful rigorous community interventions that are being expanded throughout the BMC system. My interview 1/2 day at Boston Children's was a bit more formal with 1 faculty interview. There is a happy hour immediately following the interview day (most people go in their suits but there is an opportunity to change if you want). There is an option to stay with the residents if you're coming from out of town.

***UMASS*** - lunch with residents at a restaurant during the day, interview with faculty member, program director and Chair, each interview is only 15 mins.

***MGH*** – have option of coming for morning report and rounds on interview day, this is called the extended day option and the day goes from 8AM-6PM, there is a reception at the end of the day with residents and faculty

***The Floating Hospital for Children (Tufts)*** – dinner night before; small program located in Boston. Rotate at one other community hospital 45 minutes from the city.

***Yale New Haven Children's Hospital*** – Medium sized program, hospital within a hospital. They match great for fellowships. Everyone was incredibly kind and focused on resident wellness.

***CT Children's-*** program director is nationally known for medical education and super nice! Interview was one 45-minute interview with some strange questions but nothing too difficult.

***Columbia University*** – 2018, 2 casual interview with faculty and happy hour following the interview day. This program pleasantly surprised me by their focus on the underserved population surrounding their community. The residents came from very diverse backgrounds (many had been non-traditional students with careers in the arts before). The program leadership seemed to really care about serving the diverse population in their neighborhood and have developed curricula to incorporate hot topic issues like DACA deportation, micro aggressions, Charlottesville attacks in their residency curriculum. I was very impressed! 2021, Very top notch program in great location, cool residents. More rigorous schedule. Some of the happiest, coolest residents I met on the interview trail. Washington Heights in NYC, many residents live in UWS. Q5 24 hour call on inpatient rotations, but other days are 7-5. No x+y, no week of nights, mainly 24s. Very cardiology / inpatient heavy.

**Albert Einstein at Montefiore** – event after interview day, program has housing for residents. Located in the Bronx although most residents live on upper east side and commute. Large program, community based. Social pediatrics track for people interested in public health and advocacy. The residents seem happy, dedicated, and fun! New hospital opening in a couple years. Half the residents tend to live in housing in the Bronx and half on the upper east side. There is a separate social pediatrics track of 4 people that focuses extra didactics on social determinants of health. Those residents spend more time in clinic in the afternoon and are at a separate continuity clinic in the south Bronx.

**NYU** – Happy hour the night before; great new program director and group of residents. Not a free-standing children’s hospital. NYU is located in Murray Hill. Residents are really happy. Rotate between NYU and Bellevue, so you see a mix of private and community hospitals. Residents get along well with each other. The continuity clinic is within the hospital itself and is the only site for clinic (there are no other sites around NYC). They have a x+y system that is newer, where you do 4 weeks of inpatient with no continuity clinic throughout and then 4 weeks of just outpatient for the continuity experience. 2021, Awesome leadership! seem super approachable. Rotate at Bellevue community hospital in addition to Hassenfeld so an interesting combination. X+Y and have academic half days on Friday (less ‘noon conferences’ since they realized most residents were busy putting orders in and following up on patients tasks than paying attention so they switched to a schedule with designated didactic time. 2021, Great location in NYC, nice residents, X+Y schedule but residents seemed a little more disjointed.

**Cornell** – Happy hour at a local bar. Program has apartment buildings for residents but they still pay rent that is pretty similar to NYC rents in general. These buildings are literally either adjacent to the hospital or within 1 block. NOT a freestanding children’s hospital. Located on the Upper East Side. There are multiple clinic sites that you can be placed in -- they do provide transportation to and from clinic sites and to the other hospital (via uber and shuttles).

**Mount Sinai** -located on upper east side, housing available. 2021, Great location, middle size program where census does not get crazy, two golden weekends a month, lots of elective time even as an intern. PD very cool - committed to diversity, wellness. Two golden weekends a month, generous elective time. UES in NYC. Do provide subsidized housing but still expensive, starts after orientation. Most people seem to get by fine though. No X+Y, mainly nights with some 24s. PD is super energetic and excited about her work and the program. They seemed to all be friends and hung out outside of work! two free weekends every inpatient month.

**CHOP** – 2018, Favorite interview day by far! I honestly felt it to be most similar to CNMC with a few added perks. I found everyone I interacted with humble, driven, and patient-centered. Residents offer to host interviewees at their homes. I ended up staying with a resident who was over the top accommodating and kind. She described everyone as down to earth and that could not be more accurate of everyone I met on my interview day. The focus of the PD's discussion was their advocacy curriculum (3 months of dedicated advocacy time with every resident regardless of subspecialty/gen peds interest required to develop an advocacy project to graduate). I found all of the residents very refreshingly honest (they were blunt about what they did not like about their program) and exceptionally down to earth. The interview day starts with breakfast and morning report followed by rounds observation and a presentation about life in Philadelphia by the chiefs. Then half go on tour and half have two faculty interviews (very laid back). Then lunch is provided and there is a quick wrap-up. There is also an optional happy hour with appetizers on Mondays and Thursdays with lots of residents in attendance. Interviews were super laid back and felt very conversational.. 2021, X+Y so you have 6 weeks of more intense inpatient rotations followed by two weeks of easier rotations with your weekends completely off and oftentimes a personal half day built in. This allows you to plan for more relaxed weeks and gives you that break to look forward to (also means you aren’t running from inpatient rotations to outpatient clinic one day a week).

**St. Christopher’s Hospital for Children** – located in an area that is hard to get to (North Philadelphia) and underserved, **great for people interested in community health**, but also have all subspecialty training too. Many residents live downtown and commute to work. Parking at the hospital is free for residents. Residents are really happy and get great training. One of the most fun group of residents on my trail. Program director is renowned for

medical education. Dinner with drinks the night prior to the interview. Interview day seemed long as it included a 3 hour presentation by the PDs. There are two interviews--1 with a resident and 1 with a faculty member. There is also lunch with the residents. Lots of former GW grads there. Loved the APD. Advocacy and community involvement was a HUGE part of their emphasis - it seemed super genuine as well. 2022 - Their parent company (Tower Health) had their accreditation put on probation for various (not super clear) reasons, but their pediatrics program but out a statement they were not impacted

**University of Pittsburgh** - larger program with night float as well as short call/long call system. Attendings are not in house at night. Has decent catchment area so sees diverse patient population (including a large Amish population). Lots of formal resident-organized events with breakfast and lunch provided at teaching. Most residents live within walking distance.

**DuPont (Thomas Jefferson)** – casual dinner evening before the interview, this was probably my favorite interview dinner -- the residents were all so great and super easy to talk to! Located in Wilmington, Delaware; 30-40 min from Philly, do some rotations in Philly, most residents either live in Philly or Wilmington itself. Diverse population from urban health to Amish patients. Brand new swanky beautiful hospital opened in 2014. They give free lunch for the residents every single weekday. Half the residents live in Wilmington, DE, and half live in Philly. If you want to live in Philadelphia you will have to drive about 30 ish minutes there and then 45-1hr back due to traffic.

**CNMC** – CNMC- Interview is more of a formality for GW students. Interview day starts at CNMC with overview by PD, morning report, tour/interview #1 followed by interview #2 (this may be your CHT track interview) . The Community Health applicants then travel to the ARC in SE for a tour; some have interviews there. The Primary Care track interview is the following or previous day at the (very nice) Foggy Bottom Practice (they provide transportation to and from the offsite interviews). If you only interview for the categorical track, you will most likely finish after noon conference or prof rounds (depending on what day your interview is on). There is a happy hour with residents the evening before or of your interview at CNMC. LAUNCH track (advocacy) interview was later the same afternoon, with overview of the differences in the track followed by an interview with LAUNCH track faculty. Interview was fairly low-key, mostly about my interests with a bit more focused on questions that I had.

**Georgetown**- much smaller than CNMC, spend time rotating at other hospitals throughout residency

**INOVA Fairfax** -Seems to have a great network of community physicians. New hospital opened January 2016 and is stunning, lots of windows and natural light. Residents are very happy, well trained, match to fellowship well. Don't skip it if trying to stay local and don't let the small size fool you, they see great pathology. The dinner the night before was at an attendings home, I felt like I was really able to ask the residents whatever questions I wanted.

**Hopkins** - 2018: Beautiful new hospital built in 2012, seems comparable to CNMC in terms of intensity. Medium sized program with around 24 residents a year. Two golden weekends per month during intern year- unheard of anywhere else. This had a more formal feel to it but everyone was very nice and welcoming. Lots of windows in the hospital (including resident work rooms with windows). Dinner is the night before and is a home cooked meal at a resident's house. You get to go on rounds during the interview, which is great. Interview day felt formal with 2 faculty interviews filled with research and behavioral questions. The facility is very nice and part of the tour includes rounds being led by a 3rd year resident (no attending present) and the Harriet Lane clinic. Unique in that the third years run rounds without an attending - really prepares you to transition out of residency and to an attending position. HUGE global health connections. Also an opportunity to spend a month in Tubo, AZ working with Indian Health Services. Continuity Clinics are right on campus with the main hospital, so no major traveling across the city to get to clinic.

**University of Maryland**-, medium sized program, located in Baltimore. Environment seemed somewhat more relaxed than most, not as busy of a service compared to CNMC or Hopkins but happy residents! Large underserved populations, few fellows, lots of attending attention and great work-life balance. Dinner at local restaurant the

night before. 2 casual interviews with faculty and lunch with current residents. I remember walking A LOT during this interview since this is a children's hospital within the larger hospital.

**University of Rochester** -- Dinner at one of the residents' homes the night before, was able to get a feel for how the residents like the program. There was a shuttle that came to the hotel they recommended to stay at. Began with meeting the PD and APD, sat through morning report and then was given a formal introduction of the program by the APD. Interviews/tour proceeded. Lunch involved talking to current residents, they were all so great! I believe the residents do get lunch every week day. The rotation blocks are on a 2 week cycle instead of 4 weeks. Had a tour of Rochester at the end of the day where the tour guide pointed out historical parts of the city but also where residents typically live. VERY affordable place to live, many residents buy homes. Almost all of the residents had a car.

**Penn State (Hershey):** One of the best dinners the night before, all of the residents are very down to earth. Shuttle came to pick us up from the hotel they recommended. Started with meeting the new PD and had an overview of the program. Tours/interviews followed. Got to sit through noon conference during lunch to see what it was like and had the chance to talk to residents after lunch and before we left. VERY affordable place to live, almost all of the residents had a car.

**Sinai Hospital (Lifebridge)** - 2016: Located in the suburbs of Baltimore; small sit down dinner night before; a small program 8 or so residents per year that seem happy; low patient volume; many DOs and FMGs, but still get some good fellowship matches; brand new ward (but only 1 or 2 floors in the hospital); asked many "structural behavioral" interview questions

#### **SOUTHEAST**

**Texas Children's Hospital/Baylor** - Really enjoyed my interview here. The program is the biggest in the US but did not feel like the residents were strangers. In fact they all felt very close and seemed relaxed compared to other large programs I interviewed at (Boston Children's, CHOP etc.). The global health program here is outstanding and the passion the PD and department head have for teaching and exploring new areas and opportunities is really great. I didn't love Houston as a city as much, but the program was one of my favorites.

**Dell Children's (Austin):** Newer program so definitely seem to be open to feedback and change. Really friendly, lots of great BBQ! Subsidized hotel, residents picked you up for dinner. Program is in northern part of city so you can decide to live farther out or right in downtown

**MUSC (Charleston)** - happy hour night before, very sweet and humble PD who is clearly invested in his residents. Building brand new children's hospital in a couple of years. Charleston is a beautiful city with easy access to the beach, great for your post-call days!

**Emory** - dinner night before interview. residents rotate between 2 or 3 different hospitals- seem to be close and get along, work hard but are happy. Great diversity in patient population and pathology. First year is very challenging - only one intern per team carrying all the patients.

**Vanderbilt:** Really friendly program, they have residents who chat with you during breakfast do your introductions which I thought gave it a nice touch. Nashville is definitely an up and coming city so traffic is a bit crazy. 2021, Difficult to say how much they value diversity- they had a separate session for URMs but their residency classes are not very diverse. It seems like they are making efforts to increase diversity and offer many opportunities for mentorship to URMs. They had short and long call - where residents on the same team alternated leaving early throughout the week.

**UT-Houston** - Know your resume inside/out, will ask about everything in your interview.



**UT-Southwestern:** X+Y schedule. My interview with the PD was relatively intense, but my other interview was very laid back and relaxed. The program prides itself on serving a diverse patient population and see very uncommon things commonly. It appears that it might be a bit more expensive to live in Dallas than in Houston, but Dallas seems like an interesting city. All of the residents are very nice. They really want you to be able to individualize your curriculum for your personal interests.

**Miami Children's** - Fun atmosphere with really nice residents!

**UNC** - Rotate between three hospitals to get a combination of community and private hospital. The other hospitals are 45 minutes away. Primary care track based in nearby Greensboro. A couple months spent in Raleigh/Greensboro for the program so expect some driving. Camaraderie amongst residents is very clear. Staff is very supportive. Happiest staff and residents by far! Great academic program with lots of teaching, amazing residents who find time to hang out, lots of teaching, great PD (her energy permeates through the program!) and chief residents seem very invested and personable. Interview day included 2 one-on-one interviews (chief resident and faculty member) and one group interview with PD (very relaxed).

**Duke** - 2 one-on-one interviews with faculty members and 10 minutes with the PD. I was asked, "what was the most difficult experience for you in medical school."

**Eastern Carolina**- great facilities and happy people, rural area.

**Carolinas Medical Center**- unique, excellent program in Charlotte with so much potential. "Free-leaning" - all separate facilities from adult hospital except for phlebotomy and cafeteria. Smaller program with strong training in a fantastic location, definitely improving rapidly and getting better fellowship matches each year. No fellows (except for EM), so LOTS of autonomy (e.g. heme/onc intern year without a senior). The residents could not stop raving about how much they love the PD. PD is a PICU attending, and she and her wife invite residents over for dinner regularly. Really great vibe from the residents, who seem like they hang out together a lot (even in a small program, where it's likely half your class is working wards at any given time). Not a super academic center, but they are trying to do more. Charlotte is an amazing city - voted one of the best cities in the country to live. The hospital is in a gorgeous green location. 1 week of nights, no 24s intern year, guaranteed 2 golden weekends every month (huge deal), but only 2 weeks of vacation (plus holiday). No NICU nights - they really prioritize resident learning over service. Pouring resources into their refugee health program (especially with Spanish-speaking refugees) since COVID.

**UVA**- smaller program, located in Charlottesville. Incredibly close knit community of residents and faculty with regular softball games. Great patient diversity and pathology. Charlottesville is hands down one of the best places you could ever live -- ample hiking and outdoor opportunities, collegial environment and beautiful campus.

## **MIDWEST**

Midwest programs and programs that were geographically isolated were very strong and underestimated. People and residents were much friendlier and very happy. More benefits and your salary goes a long way.

**Children's Mercy Hospital (Kansas City)** - Extremely strong training at a stand-alone children's hospital with exposure to all subspecialties. They have a huge catchment area (they even have their own plane which you can work on during their transport elective). Program leadership emphasized positive and friendly work environment and they want their residents to feel like they have good autonomy. New research center recently built just for the children's hospital. I've never been to KC, but I hear it's a lot of fun. It's a modern, bustling city, with lots of fun things for sports fans and foodies. Very affordable too! They have an established network of strong global health ties, especially in South America. They have a very cool program (CHiCoS clinic) for residents who want to train in both English and Spanish (you get a bilingual certification at the end).

**St. Louis Children's Hospital/Washington University in St. Louis** - Excellent program that has a great reputation and all the teaching, fellowship opportunities, research and clinical experience you could ask for. Similar caliber and volume to Children's National but with more laid back style and Midwestern attitude. This environment stems from the program director who is incredibly enthusiastic and warm. St. Louis itself also seems like a lot of fun. The hospital is across the street from Forest Park which has an ice rink, zoo, science center, outdoor theater, tons of live music, free museums and tons of fun bars and microbreweries in the area. Lots of buildings going on downtown with an aquarium and new trendy places for young people to live. Continuity clinic (COPE) is match-like process that puts you in community based clinics with a 1:1 mentor rather than a resident clinic. Maybe making moves to X+Y.

**University of Chicago** - bar/dinner event after interview, standardized interview with 4 different categories where all students are asked questions from a list including ethical questions. Really great faculty who seem to have close relationships with residents. Some may say overshadowed by Northwestern due to size but is in a totally different location. Dinner at the resident's house the night before the interview. Longer distances between associated hospitals (Evanston/St. Anthony's) but have the opportunity has a senior resident at community hospital to be the only pediatrician in the hospital at night. X+Y with minimal night float (q4 24s as an intern ~5 months of the year). No inpatient psych services (or inhouse psych - call consults to adult hospital who comes over to see patients).

**Northwestern** - Bar event after interview; beautiful brand new hospital. Extremely happy and close-knit group of residents. Fantastic administrative staff who seem really responsive to resident needs and recommendations. Happy hour either night before or night after interview which was extremely beneficial to meet residents. Located in an amazing area of Chicago (Magnificent Mile), very safe and tons of great shopping. Only 2 months of gen peds time as an intern (very subspecialty focused). Diverse patient population with lots of sim time, big focus on child abuse/advocacy in third year).

**University of Cincinnati** – program pays for one night at a hotel, dinner night before; incredible place- happy residents, amazing program director, great relationships with fellows and faculty. Residents live in many different neighborhoods around the city. VERY low cost of living so your salary goes a long way; many residents buy houses. 3 one-on-one interviews (PD, faculty member, chief resident) and 1 group interview. Vibes and environment were very similar to Children's National. Brand new (2022) critical care tower with transitional care unit for tech dependent kids. Catered breakfast/lunch with stipend for dinner. Program chair new a year ago who is big into formal mentorship for residents.

**Rainbow Babies (Case Western)** – Dinner the night before at a resident's house. Large program, residents seem very happy. Morning report is innovative. X+Y system with continuity clinic only in the Y blocks which residents said can make continuity hard. Program is broken up into 4 "flights" that do ambulatory rotations together during Y blocks as well as research projects and mentorship.

**University of Michigan**- Not to be underestimated. Sparkly new children's hospital (free-standing), benefits are wonderful including a bonus of a couple thousand dollars every December. Residents are unionized so benefits are practically unparalleled (similar to CNMC). Very happy residents, strong reputation especially for Cardiology.

**Indiana (Riley's Children's hospital)**- Large free-standing children's hospital located in Indianapolis. Residents work hard and are very happy! This children's hospital has a great reputation and actually sees some of the sickest children in the country. Indianapolis is a really fun town with lots to do, and it is really affordable.

**Nationwide Children's Hospital Ohio State** - 2016: Gorgeous brand new hospital. Columbus, OH has a really great cost of living. Most residents live in German Village and Short North. Residents seemed to get along well. Program pays for the hotel the night before the interview. Have the ability to rank inpatient teams by preference each you so you can vary your subspecialty experiences. Have noon conference daily with one Tuesday half day a month where interns have separate teaching sessions from seniors.

**University of Iowa** - Medium sized program with one rotation second year at Des Moines Children's Hospital (with housing provided). Do continuity clinic in the mornings with inpt rotations in the afternoon. Program director was super nice and is very into mentoring and career advising.

**Children's Hospital of Akron** - Medium sized program in a major tertiary care (regional trauma, burn, CF center). NICU is an hour away so month consists of 4 24s, do PICU "trial" PGY1. Cards/GI/neuro are considered "key electives" rather than regular services. Not a ton of teaching - currently only on Fridays undergoing redesign to make them more interactive. Not a lot of fellows.

**Mayo Clinic:** Overall, great impression! The program is unique in its infrastructure focused on patient-centered care and care coordination, which is convenient for both providers and patients. I appreciate that they have carried these pillars of the program from the original founders of the clinic and remained true to these values. The program is small, but all of the residents are wonderful and seem closely connected. The faculty are also fabulous (all consultants for the patient, no attendings) and the PD is also super sweet. Sounds like they have a lot of money and are very ready to spend it on residents for all things (from PPE to funding travel, etc.). Seems like this would be a place that facilitates resident wellness and an individualized curriculum.

**University of Wisconsin:** Mid-sized program without tons of extra-curricular opportunities, but with a wonderful group of residents (mainly from the Midwest). Not a particularly diverse patient or faculty population.

#### **WEST & WEST COAST**

**University of Washington (Seattle Children's)**- great global health and public health opportunities, seems like mentors are amazing - personable and willing to help out. Awesome, beautiful city with lots of diversity and good food. New hospital wing was being built when I was there, including new cancer and PICU wings. Pediatric chair also read through our applications and highlighted some of our work on interview day - that is impressive!! Admin staff and chiefs were also very organized and on top of everything - I decided to spend an extra day seeing what clinic was like and they set me up with a resident and I got to experience the county hospital, which was way fancy and didn't feel like a county hospital. I loved seeing the diverse patients. Only drawback was that the residents did not seem like a core cohesive group and/or there were a few odd apples. This is a large program of 38 residents. Be prepared for a question asking what is not in your application or summarize yourself so that they can use to tell the committee. The interview day was long with 3 one-hour long interviews (the interviews themselves were very casual; 1 with a resident and 2 with faculty). I had one of my interviews at the Harborview county hospital. The residents are very laid back and really into outdoor activities.

**OHSU-** Medium sized program of about 16 residents. The hospital is very nice, and you can actually take a tram up to the hospital! All of the residents were very nice, and it was one of the more laid back interviews, they tell you to dress business casual! I was asked how I would react to a mother who didn't want to vaccinate her child as that is a big issue there. 2021, PD is such an approachable and kind PD. She definitely contributes to the community feel of the program. Diverse group of residents and strong efforts made to recruit URMs. 3 week rotations - all the residents spoke highly of this. Strong career support - less than half usually go into fellowship but they were very successful in fellowship match.

**UCLA-** Loved the program director (she hails from the Midwest). The Children's hospital is within the larger UCLA medical center and is quite new, bright, and fancy-looking. However, there seems to be quite a bit of commuting to clinics and other community hospitals for other rotations, and gas/mileage is not reimbursed. Also, residents interested in certain electives (i.e. emergency transport) had to go to CHLA to get that experience - heard it wasn't hard or easy to set up but doable. Also visited a different community hospital after the interview day and surprisingly had a second mini interview with the associate PD there and one of the chiefs. Light dinner served the night before at a restaurant in Westwood. UCLA is a large program with multiple clinical sites (Mattel Children's, Cedars, Santa Monica, and Olive View) that each offer distinct clinical experiences that range from highly specialized quaternary care at Mattel Children's to the more bread and butter pediatrics at Santa

Monica. Multiple tracks available for residents to better tailor their education (global health, subspecialty care, primary care, scientist). Almost the entire class of third year residents do a global health experience, which UCLA helps to fund. Residents and faculty were very friendly and residents seem to have excellent work life balance. They have two week rotation blocks, which appeared to be unique to their curriculum. Residents live all over LA, primarily on the west side.

**Children's of Los Angeles** - Happy hour the night before at a bar near CHLA. Education seems to be the primary focus at CHLA. They have a very thoughtful curriculum that does NOT include night float for interns. Residents were very happy with the program and seemed very nice. CHLA offers their residents highly subsidized housing across from the hospital which almost all of the residents take advantage of. It is a brand new free-standing children's hospital that sees highly specialized care and a decent amount of bread and butter pediatrics as well.

**USC** - Light dinner served the night before. Mid-sized county program. Brand new hospital, but not very "pediatric" in feel. Working with the uninsured and underserved is the focus of this residency program. Excellent for someone interested in advocacy work. Residents seem cohesive and happy with their education. Speaking Spanish would be helpful. Most residents live downtown or in Pasadena.

**UCSD** - ~ 23 residents at a large free-standing children's hospital. They have a clinic and new elective rotation in border health. Diverse patient population. Primary care and Global health tracks. Three interviews, all very laid back.

**UCSF** - Dinner at a residents house the night before. Would try to arrange with the school to stay with a resident the night before the interview because San Francisco is very pricey, and the residents were willing to have interviewees stay with them. This program also had tracks in place for residents to tailor their education. There were also multiple clinical sites, each with a unique patient population. Residents were very driven and bright, and seemed happy with their education. Residents are given extra stipend for housing because the cost of living in San Fran is so high. ~ 29 residents class. They have a brand new hospital and residents also rotate at the SF county hospital. Lots of innovation with the program. Interviews were actually pretty laid back but they asked me to describe my global health experiences and research as well as had some more formal questions e.g. "what do you want me to tell the committee about you?" and "what was your proudest moment."

**Children's of Oakland**- Dinner the night before. Free-standing children's hospital. Is not affiliated with a medical school, so residents do not work with medical students. However, I was assured there is ample time spent on learning how to teach during residency. Seemed to have more bread and butter pediatrics when compared to other programs. However, their residents did match into excellent fellowships. Residents seem happy and nice. ~26 residents / class. Very laid back interviews. They have a new collaboration with UCSF. No night float system, now q4 call.

**Kaiser Oakland**- Try to talk to all the residents since it's a small program and you will be spending lots of time together! Smaller program (11/year) and peds floor of new beautiful kaiser hospital. Program director is an amazing mentor and resource. Will pay you to get your MPH at Berkeley.

**Loma Linda**- Provided hotel accommodations. Mid-sized pediatrics program. Seventh Day Adventist Hospital (cafeteria is vegetarian, no caffeine). The program prides itself on focusing on the "whole" patient in a very holistic approach. Had a low board pass rate, which they were working on by subscribing to a new question bank for residents to use during training. Their slogan was, "we are an hour away from everything..."

**UCLA-Harbor**- No dinner. This is a mid-sized community program similar in feel to USC. Very focused on the uninsured and underserved. Great for someone who is interested in advocacy. They have a lot of research going on. Residents seem happy, but felt the education was almost entirely bread and butter pediatrics. All faculty have UCLA appointments.

**CHOC-** Dinner the night before. Was a longer interview day as they take you to both CHOC and UC Irvine which is their other clinical site. Residents seemed happy, but maybe a little over worked. Felt the focus was bread and butter pediatrics.

**University of New Mexico-** This is a program of about 16 residents. Once again everyone was super nice and welcoming. They have Thursday resident school instead of noon conference and have a very diverse patient population that they care for.

**University of Arizona-** Very relaxed interview day

**Phoenix Children's:** Pay for your hotel the night before. Beautiful, new, free-standing hospital with AMAZING cafeteria. Parking is free at the hospital, do interview day at the Children's Hospital as well as the community hospital.

**University of Utah-** about 20 residents. Residents were all very nice and picked us up to bring to the dinner. Residents bought us gelato after!

**University of Colorado – 2021,** good diversity in training; residents seemed very happy. No formal wellness programs but residents discussed many activities they enjoy outside of the hospital. make efforts to learn about the local community. More 24 hour call than other programs. Mix of 24 hr call and night float - which is good if you don't mind 24 hr call.

**Stanford:** Great interview day overall, more serious than some others. Residents and PD were wonderful. Program is X+Y which residents say has really improved their quality of life. Many research opportunities, but definitely not pressured to do research if not desired. Very high cost of living in Palo Alto, even with additional stipends. Most residents live outside Palo Alto and commute in.

**Experience in Numbers (1 = poor, 5= amazing):**

Program	Leadership	Wellness	Diversity	Residents	Advocacy	Research	Work-life	Schedule	Career support
Atrium Health/Carolinas Medical Center	5	5		5	4	2	5	5	4
Children's Mercy Hospital (Kansas City)	5		4	4	4	4	4	4	5
CHOP	5	4	4	5	4	5	4	5	5
Columbia	5	3	5	5	5	5	4	2	5
Columbia	4	4	5	5	4	5	3	3	5
DuPont	4	5	4	3	3	4	4	4	5
Mount Sinai	5	5	5	5	5			5	
Mt. Sinai	5	5	5	4	4	5	5	4	4
NYU	5	5	4	5	5	4	5	5	3
St. Chris	4	4	5	4	5	3	4	3	3
NYU	4	4	5	3	4	4	4		4
University of Colorado	4	3	4	4	4	4	3	4	4
OHSU	5	4	5		3		4	4	4
Vanderbilt	4			5	3	5		4	4
Emory		3	5	5	4	5	3		4

## **GW Connections**

**Columbia** - Program Director trained at GW, Lauren Marsillo '07, Julia Emanuel '14, Sasha Liberman '20

**CHOP** - Mariko Mui '07, Kamillah Wood '06, Shivani Bhatt '10, Irit Rasooly '14, Erin Flynn '19, Gabe Zukerberg '20, Sivan Ben-Maimon '21, Harleen Marwah '21, Kate Schreiner '22, Olivia Andretti '22, MC Partridge '22

**Rainbow Babies** - Brian Zack '06, current residents

**Boston Children's** - Brieanne Midura '06, Jacklyn Omorodion '19, Janine Amirault '20, Abhya Vij '22 Randy Ray '22 (Genetics)

**Cincinnati Children's** - Cathy Southammakosano '07, Svetlana Shugh '12, Manroop Gill '20 (Child Neuro), Tyler Spivey '20 (Child Neuro), Sarah McCormack '20, Kristin Patrick '21, Ghazal Rashidi '21

**Children's Hospital of UPMC (Pittsburgh)** – Elaine Chiang '14, Regina Toto – Chief Resident '16-'17, Yodit Tsegaye '17, Aarane Ratnaseelan '22 (Neurodevelopmental Disabilities)

**Colorado** – Camille Chun '21, Maxwell Summerlin '21, Margot Johnson '22

**St. Christopher's** – Sophia Gauthier '19

**Hasbro** - Shayna Burke '07, Ryan Stark '06, Melanie Jacobson '14

**Northwestern** - Leslie Deitch '06, Jonathan Cogen '11, current residents

**Albert Einstein at Montefiore** - Bryan Rudolph '07, Sajani Desai '22, Leon Chen '22

**Cornell** - Cory Kercher '07, Vesta Salehi '07, Christina Tempesta '19

**CNMC** – Kristina Kissiova '19, Sarah Bernstein '20, Megan Cross '20, Ciara Brown '21, Colleen Considine '21, Nicolle Ceneri '21, Hannah Chase '21, Abby Nolan '22, Betsy Petit '22

**Einstein/Montefiore** - Courtney Sims '14, Andrea Kablanian '19

**UVA** - Ben Simpson '14

**Penn State Hershey** - Aashish Abraham '17, Thomas Swaffield '19, Scott Barber '20

**Rutgers** – Sheryl Johnson '21

**Maryland**- Marina Andrawis '17, Monica Mehta '17

**St. Louis Children's**- Olivia Beaubrun '17

**Carolinas Medical Center** – Natalie Pudalov '21

**Wake Forest**- Tim Brady '17

**UNC** – Annika Koppen '19

**INOVA Fairfax**- Norma Chamma '17, Katie Dease '17, An Harmanli '19

**Yale**- Thejju Sebastian '17, Ashley Demory '19

**Jefferson**- Alexa DeLuca '17

**Arizona**- Katherine Dunne '17

**Loma Linda**- Jeanette Fong '17

**Stonybrook**- Rob Grell '17

**Hopkins**- Maria Latham '17, Aveen Nyhan '17, Maera Stratton '20 (Child Neuro), Amali Gunawaradana '20

**Michigan**- Diane Peng '17

**Michigan State/Spectrum Health** - Connor Kuipers '22

**CHLA**- Kate Harmon '17

**UCLA Med Ctr** - Dariush Kafashzadeh '21

**OHSU**- Erin Yee '17, Zayna Bakizada '21

**Kaiser LA**- Allison Matulich '17, Bobby Vanmali '22

**Kaiser Oakland** – Paulina Hume '19

**UC Irvine** – Allen Yiu '19

**Vanderbilt**- Meg Smith '17, Kelsi Knapp '22

**Phoenix Children's** – Erin Halman '19

**Children's Hosp Oakland** – Moena Nishikawa '21, Menitha Poranki '22

**San Antonio Military Medical Center** – Stephanie Braverman '19

**Texas Southwestern** – Joshua Lipsitz '21

**U Nevada Las Vegas** – Joshua Burkholder '21

**Baylor** – Janice Luo '19, Nonso Nwasike '22

**Jackson Memorial** – Kathryn Markland '19, Rebeca Arocha '22

**Nicklaus Children's Hospital** - Pavneet Sandhu '22

**University of Washington** – Alastair Murray '19, Dale Batoon '22  
**Walter Reed** -- Elizabeth McMahon Rahman '20  
**Westchester Medical Center** – Jai Photavath '21

**Resources**

- FREIDA/Doximity/Individual program websites
- your fellow interviewees!

## PHYSICAL MEDICINE AND REHABILITATION

*No PM&R residency program at GW*

### GW

GW currently has 4 physiatrists that work in the neurology department and work with medical students. During the 2 or 4 week GW PM&R rotation (your choice on length!), students rotate at GW in the ARU (ARU = Acute Rehabilitation Unit = inpatient rehabilitation), on the PM&R consult service (with Dr. Patel, who is a TBI specialist, Dr. Khromouchkine, who does general rehab, and Subin Ohm, NP), at the Wound Care Center at GW (usually 1-2 mornings), and with outpatient pain/sports medicine/general physiatrists at GW (with Dr. Garg, Dr. Paul, Dr. Khromouchkine, and Dr. Patel).

The rotation experience is divided into ½ inpatient, ½ outpatient. On inpatient, you will work with Dr. Patel, Dr. Khromouchkine, and Subin on GW's ARU (4<sup>th</sup> floor). This is a 16 bed general rehab unit, with most patients being GW patients (discharged from the acute medical floors). Patients have broad diagnoses requiring acute rehab, many of which include post-stroke patients, post-surgical patients, trauma patients, patients recovering from debilitating neurological or autoimmune conditions, etc. GW's inpatient unit does not typically see spinal cord injury rehab, which is a huge aspect of PM&R as a field (your exposure to spinal cord injury medicine will likely come from rotating at MedStar National Rehabilitation Hospital, also called NRH).

On outpatient, you will work with Dr. Paul (currently the head of the PM&R department and the longest tenured PM&R physician at GW) and Dr. Garg (a graduate of GW Med!). Dr. Paul did a sports medicine and interventional spine fellowship (at Mt. Sinai), and Dr. Garg did a pain medicine fellowship (at NYP), but both do very similar procedures and have a similar patient population. They both see patients at the MFA and do their fluoroscopy-guided procedures in the GW Ambulatory Surgical Center (ASC). You will likely learn about chronic pain management and see common sports medicine injuries (lots of ultrasound guided joint injections at the MFA!), as well as see many types of interventions, including epidural injections, medial branch blocks, genicular nerve blocks, sacroiliac joint injections, hip injections, radiofrequency ablations, and even the insertion of peripheral nerve stimulators and spinal cord stimulators at the ASC.

Please note: there is NO residency program in PM&R at GW – the only PM&R residency program in DC is at MedStar Georgetown/National Rehabilitation Hospital (physically connected to Washington Hospital Center). There are residency programs in Virginia and Maryland that are also worth looking into if you're interested in staying local.

1) GW Pain Medicine Rotation (under anesthesia). Pain medicine is a subspecialization that can be practiced by physiatrists, anesthesiologists, and even psychiatrists. The pain medicine rotation is great for people interested in PM&R as it provides exposure to the pain/interventional spine practice within PM&R, which includes chronic pain management as well as interventions such as epidurals, medial branch blocks, and possibly other regional nerve blocks. While you can see Dr. Paul and Dr. Garg, who are physiatrists, perform these procedures during the GW PM&R rotation, you would be working with Dr. Chin, an anesthesiologist, during the pain medicine rotation at the pain clinic.

2) Neurology Dept. There is a fair amount of overlap between what neurologists do and what physiatrists do. Examples: EMGs, botox injections, re-filling and managing baclofen pumps (you can see all of this at GW on your neurology rotation). Physiatrists need to feel very comfortable with the neurological exam (and many residency programs actually require at least 1 month of adult neurology during residency) – so it is not a bad idea to do your neurology rotation early (and even before you do a PM&R rotation so that you can make sure you excel in PM&R!). It is certainly not required to do your neurology rotation before applying to PM&R, but again, it could be very helpful, and getting a letter of recommendation from a neurologist would be great for a PM&R residency application.



3) Children's National Pediatric Rehabilitation Medicine Rotation. There is a rotation at Children's in Pediatric PM&R (including opportunities to work in outpatient pediatric PM&R [which have multidisciplinary spina bifida and muscular dystrophy clinics], inpatient consults, and at the inpatient pediatric rehabilitation unit at NRH). This is a wonderful rotation and highly recommended for learning the fundamentals of PM&R. You will work with Dr. Burton/Dr. Fleming on inpatient consults and Dr. Morozova in outpatient clinics, as well as many advanced practitioners on inpatient and outpatient. NRH residents and Walter Reed residents rotate through Children's for their pediatric rehab exposure as well, and this is a great opportunity to learn informally from residents. You will also likely work with pediatric rehab fellows who are also wonderful resources in navigating PM&R as a field. Currently this is only offered as a 4 week elective rotation. Pediatric rehab is certainly a niche part of the field, and the rotation is not required to have a deep enough understanding of PM&R for residency application purposes, but this is truly a unique exposure that not every applicant will have access to since Children's National is in our backyard. It was a great talking point on the interview trail. Another great opportunity to get a PM&R specific letter given that it is a 4 week rotation and you get to know your attendings well.

### **Away Rotations**

Away rotations are essential for applying to PM&R residency. If you have very high board scores and good grades that is a strong asset, but direct experience in PM&R is the best way to 1) find out what PM&R is about and see if you like it (PM&R is a very broad specialty and is practiced very differently in multiple settings), 2) show real interest/experience on your application, and 3) get a couple letters from physicians in the field (probably the most important reason to do an away since most programs require at least one letter from a physiatrist).

If you would like to do a formal away rotation in PM&R without having to be "away" from DC, rotate at NRH, which is a Medstar Hospital affiliated with Georgetown for its residency program. Their rotation provides a solid foundation to the world of PM&R. There are 2 rotation options: 4<sup>th</sup> year elective and acting internship. If you do the 4<sup>th</sup> year elective, you will spend 3 one-week rotations on different inpatient services (MSK, spinal cord injury, traumatic brain injury, stroke), and one week in the outpatient clinic seeing a variety of patients (Dr. Eric Wisotzky, the PD at NRH, does outpatient cancer rehab and has previously worked with GW students at NRH; you can also work with outpatient neuro rehab specialists, such as Dr. Zorowitz). The acting internship will be 4 weeks spent on one inpatient service (spinal cord injury, traumatic brain injury, stroke, MSK). If you do an AI, you will be expected to do one day of short call (can get out from 6-9pm) and one weekend day (you get to choose when you do both of these). Either rotation is a phenomenal experience as the attendings and residents are all very laid back and fun to work with and learn from. If you are looking for a letter of rec, perhaps the AI will be advantageous since you spend 4 weeks with one attending. NRH does participate in VSAS – be sure to check regularly to see if the application has opened, and apply AS SOON AS IT DOES! NRH is also extremely welcoming and understanding – if you happen to do your rotation during interview season, they were truly so understanding about missing some days. I was on the TBI service and Dr. Nally was one of the nicest humans I've ever met!

In general, some programs that participate in VSAS ask for your CV, letters of rec, etc. in their applications, so it's good to start pulling it together in Jan/Feb so you can submit in Feb/Mar when applications open. If you submit your VSAS application for an away elective right when it opens, it is usually not too difficult to get the rotations you want for fourth year. Schedule your away rotations to occur early on in the 4th year (August/September is really the last month that you can do a rotation and still get a letter of recommendation and have your grade show up on your transcript for ERAS). If you are considering rotating in your 3rd year, make sure that you do not postpone one of the "essential clerkships" (i.e. OB/GYN, Surgery, Medicine) as a lot of programs will not let you rotate until you have fulfilled certain requirements.

There have been students who have done away rotations during interview season and say that doing so may have been advantageous as programs remembered them well right before the matching process. However, make sure you have a letter of recommendation from a physiatrist before applying!! And the more PM&R experience you have before applying and interviews, the better.

If you would like to do away rotations near your hometown, at reputable rehabilitation hospitals, etc. look at the VSAS applications and see what you want to do. If you have a program or two that you are interested in and don't see them on VSAS, check out their website; many rehab hospitals have not started to use VSAS yet. **PLEASE CHECK/ASK PROGRAM COORDINATORS EARLY AS SOME PROGRAMS (NOT ON VSAS) WILL OPEN AS EARLY AS JANUARY 1<sup>ST</sup> and it is in your favor to submit ASAP.** A great resource is the AAPM&R program map found here. <http://www.aapmr.org/career-center/medical-students/pm-r-programs-map>. It is not advisable to do more than two-three formal rotations in PM&R during fourth year. It is unrealistic to rotate at every program you are interested in. Instead your goals should be to see if you're interested, get experience in PM&R that you can talk about in your residency application and in interviews, and get letters of recommendation from your experiences.

There are a few things to consider for residency: do you want to be at a free-standing rehab hospital (like NRH) or at a hospital with a strong PM&R department (like University of Washington)? Do you want to get a broad general education in all areas of PM&R (which you can do at a place like Shirley Ryan Ability Lab/Northwestern or Harvard/Spaulding Rehabilitation Hospital), or do you know that you want to specialize (for example, University of Colorado has a great combined pediatric rehab residency)? Keep in mind that some programs are more outpatient vs. inpatient heavy (for example, UCLA = very outpatient heavy). You can also take a look at what programs have fellowships you may be interested in post-residency. There are a lot of fellowships available post residency including Pediatric (2 years after a general PM&R residency), Traumatic Brain Injury, Spinal cord injury, Musculoskeletal/Sports Medicine, Research year fellowships, Pain or Interventional Spine, combined Sports/Spine fellowships, Cancer Rehabilitation, Neuromuscular Disease, Palliative care, and prosthetics/orthotics.

If you want to know what the programs are really like before you apply and interview, try to read the previous year's Reddit Excel PM&R spreadsheet. This tends to have recent overall applicant impressions but still take any post with a grain of salt, as you know Internet trolls and haters are everywhere and medicine is not immune. I'd trust the impression trends in previous years' Excel spreadsheets over Student Doctor Network, which tends to have impressions that are outdated and has probably even more trolls/haters. The historical "top 6" PM&R programs are still strong but the strength of other programs has been rapidly accelerating, arguably superseding programs in the "top 6," so it's hard to say which programs are now "the best" in this field since PM&R is so broad. There are so many programs that are top notch in some aspects but have minimal exposure to other aspects. Doximity rankings have historically been used to determine ranking of programs, but these have been known to have a flawed system (ie survey collection) so the general consensus is to not be married to the numerical value of these rankings. What you should emphasize more is your personal fit to a program, what your particular PM&R career goals are, and how well you think that program will cater to your needs. These programs are all ACGME accredited so they have to provide you the baseline exposure to becoming a physiatrist. With that being said, going to historical top programs like Harvard/Spaulding Rehabilitation Hospital or Northwestern/Shirley Ryan Ability Lab will probably open a ton of avenues for you in the future just by sheer name and connections you make while you're there.

Also, do not hesitate to ask the Deans which alumni have matched from GW in PM&R in recent years because they will have the best perspective on certain programs, since many of them will currently be in their residency programs. They are a well of knowledge that can be very helpful especially since GW does not have many advisors for the specialty. There are great programs ALL over the country. Go to the websites listed below to find a list of programs.

<http://www.aapmr.org/career-center/medical-students>  
<http://www.aapmr.org/career-center/medical-students/pm-r-programs-map>  
[http://www.physiatry.org/?page=prog\\_directors\\_pmr](http://www.physiatry.org/?page=prog_directors_pmr)

### **Research/AAPM&R**

PM&R programs love to see that you have done research (there has been a trend to encourage more research in PM&R). A good way to find a research project is through AAPM&R – it is free to join as a medical student. They have a conference every year with a "medical student day" (also a great way to learn about PM&R!) – there is also

a residency fair where you can talk to residents and residency program directors from a majority of the programs around the country. There are also opportunities to do research at NRH, Walter Reed, and NIH. The GW occupational therapists are also very research heavy (if you want you can get involved with the Mallinson Lab at GW, they always seem to have ongoing rehab projects). If you can make it to the AAPM&R conference during your 4th year it is a great way to network and maybe even get some interviews. If you can't find any PM&R research, you can also look at doing research in related fields (such as neurology, rheumatology, sports medicine, orthopedics, physical/occupational/speech therapy, geriatrics, anesthesiology, etc.). You can even do something cardiac rehab-related through cardiology or primary care. In addition, doing research in the VA setting is a great benefit as most PM&R residents will spend a lot of time in the VA with many attendings that have an affinity for Veterans. Since PM&R is so broad, one of the advantages from a research perspective is you can probably find a way to put a "spin" on your existing research project to make it rehab related in some way...but with that being said, PM&R is getting more and more competitive, and having actual PM&R research is something that programs very much value.

### **Applying – Prelim/TY years and Advanced years**

PM&R is becoming more competitive because of the continued emergence of the field, as well as lifestyle, so cast a broad net. While on the whole it is considered to be not a crazily competitive field based on board scores, there are only ~90 programs total (with many programs having a small number of spots, think 3-5 per class), and many of the programs in desired cities will definitely be very competitive amongst people who want to live there (i.e. California). It is currently not hard to match in PM&R if you have shown that you have experience in PM&R through away rotations/research/letters of recommendation and decent numbers, but the top programs are very competitive. **Note that a limited number of programs (i.e. UC Irvine) will not offer interviews unless you have taken Step 2 CK.**

The training programs require three years after an internship year, although there are some categorical programs that include intern year at the respective affiliated hospital. For example, Shirley Ryan has 3 out of 12 spots as categorical, UW has 3 out of 9 spots as categorical, Rush has 3 out of 4 spots as categorical. Of note, University of Colorado at Denver, University of Cincinnati, and Thomas Jefferson/DuPont Children's all offer a five-year combined Peds-PM&R residency.

You probably want to apply to the same number or even more prelim/transitional year programs as PM&R programs, especially if you want a specific location or want to be near the location of your advanced training. Prelim/transitional year programs are competitive (think about who else is applying to them – dermatology, ophthalmology, radiology, radiation oncology, etc.) and it is not uncommon for an applicant to match to an advanced PM&R spot and not match to a preliminary medicine spot. In the same token, it is being increasingly seen that applicants may match a prelim/TY year but not an advanced PM&R training program. You do NOT want to be in the position where you have to SOAP into a prelim surgery year (unless you love surgery).

There is not a golden number of applications to put in to ensure a certain number of interviews – it truly depends on the strength of your application. I know this is not the answer you're looking for ☹️ but this is where it is advantageous to have a PM&R attending or resident advisor who has gone through the process recently; as helpful as attendings are, sometimes they are too far removed from the residency application process, and with the jump in competitiveness in PM&R, the landscape may have looked differently just 5-10 years ago. Speak with a trusted advisor, whether that be a 4<sup>th</sup> year med student who just finished applying for a resident or a fellow or an attending, for PM&R specific recommendations, but it's helpful to speak with your advisory dean and Dr. Jill Catalonotti (the internal medicine PD at GW) to gauge your competitiveness for prelim internal medicine programs. She will be honest with you and tell you which programs are probably a reach for you based on your stats. **Please remember, you will need a medicine department chair letter for a lot of prelim medicine programs, so please don't forget to make a meeting with the medicine chair early to get this done.** Prior to the meeting, you will need a draft of your personal statement, CV, and list of programs you are applying to.

## **Interview**

Very easy going, and a reminder that PM&R is one of the friendliest, nicest, and happiest fields! It is rare for a program interview to feel as if they are trying to pick apart your bad qualities; most programs just celebrate your good qualities. Be able to explain clearly and convincingly why you chose PM&R. **I repeat: be able to explain clearly and convincingly why you chose PM&R.** You will be asked this at every single interview (the right answer is not “I want a good lifestyle”). PM&R is a tight knit group of people and they only want residents who will excel at improving and broadening the scope of the field. Before you go, read about the program’s curriculum and the clinical and research interests of the faculty – you don’t want to be talking about how you want to be a SCI doctor if that program does not have a strong SCI reputation/curriculum. If you interview at an academic program make sure to say you want to do research. You want to be in a position to rank at least 10 PM&R programs (if not more) – keep in mind that there may be programs you just don’t like and don’t want to rank so make sure to go on enough interviews.

Overall, interview questions are pretty chill and just questions about yourself/your interest in the program, but it is always wise to prepare for some of the behavioral questions that inevitably show up in interviews.

## **Ranking**

PM&R is an extremely fit-based field, which adds to the enigma of its competitiveness despite its average/below average board scores. Program directors sniff out who will be a bad fit at their programs in a heartbeat. Even if you have exceptional stats and plenty of PM&R specific research experiences/volunteering, but on interview day they think you won’t be a good fit with the current residents/attendings, that is enough to override your stellar paper application.

When it comes to ranking, RANK BASED ON WHERE YOU WANT TO GO. Period. Don’t try to game the system and determine how much XYZ program liked you. The match algorithm won a Nobel Prize for a reason, you won’t be able to outsmart it. The match algorithm favors the applicant, so whatever you do, rank based on where you want to go, even if you felt like your interview with that program was terrible or if you came off the waitlist for interviews and don’t feel like a priority to the program.

When it comes to differentiating programs, it can be super difficult. Especially in PM&R, you’ll notice that everyone is nice and friendly. You can speak with a trusted mentor who is well versed in the field to help you differentiate between programs, especially if you don’t have a geographic preference. But also know, wherever you end up, it’s going to be a great program that will give you all the tools you need to be a psychiatrist at the end of the day.

**Below is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2015, 2017, 2020, 2021. PLEASE KEEP IN MIND THAT SOME OF THESE IMPRESSIONS WERE WRITTEN BY ONE STUDENT, SO IT COULD BE REPRESENTATIVE OF HIS/HER SPECIFIC EXPERIENCE BUT MAY NOT BE A CURRENT, ACCURATE REFLECTION OF THE PROGRAM.**

### **Northeast**

**University of Pittsburgh** – 2021 and prior years: one of the best research programs, residents are well-trained and very happy and tend to win a lot of research awards. Faculty are super well accomplished, cutting-edge research all around. Residents seemed to get along well, many seem very professional/career driven on interview day and maybe less jokes/laughter/jolly energy if you’re all about the vibe (but still happy!!) if you’re looking for that.

**Johns Hopkins** – 2021 and prior years: residents work hard, PM&R department is now directly involved in the undergraduate medical curriculum. Lots of research opportunities given the Hopkins name, and seems to be a growing PM&R presence at the hospital. Friendly interviews, PD was very outgoing and chatty.

**Georgetown – National Rehabilitation Hospital** – 2021 and previous years: mentioned previously, best opportunity in DC for exposure to PM&R. Utilizing a lot of new technology in PM&R. No doubt friendly and happy

residents with strong family feel; residents and faculty genuinely enjoy training there and working with one another. Charismatic PD who is well-known in PM&R world. Well-rounded with all subspecialties of PM&R, therefore great variety in terms of where people go after, with really strong fellowship matches. All categorical with intern year at Washington Hospital Center, which residents seem to really like. Matched one member of graduating class of 2021.

**Downstate Brooklyn-** 2016: trauma-heavy, changing program (new chair of department, and program director). Research is becoming more emphasized. Residents don't necessarily feel supported when applying to fellowships

**NYMC Metropolitan-** 2016: residents very happy. Low faculty to resident ratio. Mostly outpatient experience.

**New York Presbyterian-** 2021 and prior years: In the heart of Manhattan, affiliated with Columbia & Cornell. Attendings seem like great teachers and leaders in the field. Opportunities to get involved in QI. Starting a non-accredited cancer fellowship. Great ultrasound teaching, some of the best outpatient PM&R training. One of the biggest "knocks" on the program is less well-rounded inpatient exposure, but truly I did not find this to be a huge cause of concern about the quality of training during my interview. Faculty members were all nice but had a more professional vibe than outwardly super friendly (but with that being said, I still felt very welcome and appreciated). The PD is a huge name in ultrasound and totally seems like he goes to bat for all his residents.

**Mt. Sinai-** 2021: Dr. Paul and Dr. Garg both did residency here (and were chief residents!) so if you have specific questions about this program, they are GREAT resources and are still connected to the PD and Chair of the department (and will vouch for you!). The program here is strong, top notch in all aspects of PM&R, except peds exposure is lacking but from what I hear has plans for growth. PD is someone who goes to bat for his residents, and the chair definitely has grown the PM&R department at Sinai over the years. Was extremely impressed by the program, faculty were friendly, residents seemed very focused and driven. Intern year seems difficult but really rewarding.

**Thomas Jefferson-** Have a free-standing rehab hospital. Very strong inpatient program that focuses on SCI. Combined Peds/PM&R program. Well established program and well known in Philly for being strong training.

**Sinai Baltimore –** 2021: a PM&R community-based program. They were very open and upfront about not having as many research opportunities available but do have some ties to University of Maryland/Hopkins where you could probably find some research projects. New PD in 2021. Friendly residents but small program (4 residents per year). Lots of residents seem to stay on board as attendings (probably a good sign that they like working there)!

**University of Pennsylvania –** 2021: oldest program in the nation, impressive facilities. Unfortunately have to do one month each of general surgery and neurosurgery during intern year. Residents and faculty nice and down to earth, appreciate that cases at Penn are often complex and diverse. Per some PM&R message boards, students in the past have felt their interviews were cold and faculty were disinterested, however I didn't find that to be the case.

**Rochester –** 2021: really nice people, many of whom love the Rochester area. Small program but plans for program growth in the near future with an additional resident to be added soon and new outpatient office and MSK building coming. Heavy wellness emphasis per residents and faculty.

**Rutgers/Kessler –** 2021: major player in PM&R world, huge emphasis on creating teachers/educators/leaders. Kessler is the largest rehab hospital in the country (360 beds). Huge variety in terms of training experiences, fellowship matches. Massive alumni network. Very academic feel (can be good or bad depending on what you're looking for). Newark area not the nicest, so people tend to live all over. Chair seems great and is very well-known. Odd vibe from PD but connected very well with other faculty and residents.

## **Southeast**

**Baylor** – highly regarded and very large program, residents liked their program

**UT-San Antonio** – provides travel funds for interviews. Outstanding faculty, program curriculum is unique and is considered more rigorous than most- residents do many surgical rotation months, but seem happy and proud of their training. Living in San Antonio is not for everyone, especially young singles.

**EVMS- 2021:** this program sent a memo for the 2020/2021 application cycle that they were not going to have an incoming class this year, uncertain about future years. 2016: Very suburban. Beautiful new campus. Lots of experience with veterans. Residents are mostly married or have families.

**UVA- 2021 and prior years:** Very outpatient-heavy, focused on MSK and sports medicine procedures. Residents seemed super happy and there seemed to be a culture of collaboration. Tons of EMG and joint injection exposure. A GW grad is currently at the program. Super friendly PD, residents really seemed to get along with each other well, most seemed to have families or significant others.

**VCU- 2021 and prior years:** Seems to be a very academic program that has an inpatient focus with very high-quality SCI & TBI exposure. Biggest asset to this program is the new VA system in Richmond. It is the largest VA in the country with a poly-trauma unit where residents are exposed to prosthetics, orthotics, TBI and SCI. VCU also has a new freestanding rehabilitation hospital (it's gorgeous!) called Sheltering Arms, has all the fancy, shiny new equipment. Residents were very friendly and really valued camaraderie, could tell they loved to have a great time, laugh, and joke with each other. PD and faculty were very nice and friendly. Has a ton of in-house fellowship options and program was vocal about liking to keep at least one VCU resident in house for fellowships. On interview day vast majority of students and residents were a bit older, many with ties to area, and some already with families.

**Emory** – 2021: residents and faculty were great to talk to, very friendly and passionate. Well-balanced training with unique experiences at Emory, Shepherd Center (elite rehab hospital). Good emphasis on procedural training. Work with Atlanta Falcons and Hawks. Strong fellowship matches especially in pain, sports, SCI.

**Vanderbilt** – 2021: fantastic intern year experience per residents, all categorical so get to rotate at arguably top 10 internal medicine program in the country. Doubled faculty in past 6 years – new program but growing rapidly and bringing in amazing faculty from all over. Still more outpatient than inpatient focused (especially sports/spine) but becoming more balanced. PD, APD, and residents all seemed great and were genuine and easy to talk to. Nashville is an awesome city. Smaller program (4 residents per year).

### **Midwest**

**Shirley Ryan Ability Lab/Northwestern** – 2021 and prior years: Historically considered to be one of the best training programs in the country. From a care standpoint, it has been rated by US World and News for 23 years straight (since the creation of the rank list) as the #1 rehab hospital in the country. If you get interested during first year, they have a summer externship program between 1st/2nd year that is a great, great way to get exposed to PM&R, as well as show early interest on your resume, and make friends with some residents and attendings. Shirley Ryan looks exquisite, like a futuristic spaceship. The experiences and the people here are really great, residents were some of the most friendly/down to Earth that I had met, PD is extremely well connected in the field. You will no doubt get excellent training in almost every aspect of PM&R. Well known to be more of a “workhorse” program, some PGY2s said on interview day they were working 80 hours a week (which is a lot for a typical PM&R residency) or that their PGY2 year felt as bad/worse than intern year hours-wise. Also one of the biggest programs, takes 12 residents a year.

<http://www.feinberg.northwestern.edu/sites/pmr/education/extninfo.html>

<http://www.feinberg.northwestern.edu/sites/pmr/education/extnapp.html>

<https://www.youtube.com/watch?v=ZqDWdmxLcgw>

**Marianjoy Rehabilitation Hospital (Wheaton, IL)** – beautiful, stand-alone rehab hospital in Chicago suburb, residents work very hard

**Mayo Clinic** – 2021: incredible training, very well known for its MSK/ultrasound training program for residents. Has a great reputation in PM&R (and beyond). Definitely more of a professional vibe here than a casual vibe, but the residents and attendings were very friendly and down to Earth. Most residents had families and bought houses during residency. Tough winters.

**William Beaumont Hospital**- 2016: Community program run by a private practice. Has a new affiliation with Oakland University Medical School. Categorical program, residents very happy. Beautiful hospital, inpatient heavy experience.

**Case Western** – 2021: emphasized research as priority. Rotations at MetroHealth (Case Western) as well as VA and Cleveland Clinic. New rehab building going up in 2023. People seemed nice and happy. Chair and PC discussed religious faith as important to them and program, gave slightly weird vibe. Many residents stay in the Ohio area following training.

**Ohio State** – 2021: part of “Neurological Institute” with neurology, neuroscience, neurosurgery, and psychiatry. Rehab hospital within large OSU medical campus. 80% of faculty is female. Lots of research opportunities especially in brain injury and SCI. Well-rounded. Faculty passionate and great to talk to, so many stay in the area after training.

**Rush** – 2021: residents all seemed very cool and laid back, faculty relatively disinterested on interview day, so a strange mismatch there. Emphasis on community service and addressing socioeconomic disparities (Community Musculoskeletal Health Clinic and Trainers in Training). 5 elective months, lots of schedule flexibility.

**Wisconsin** – 2021: program housed within department of orthopedics and rehabilitation (not a stand-alone department) which can be difficult. Decent research emphasis. A ton of faculty show up for meet and greets, one of very few programs that do this. Excellent camaraderie between residents, faculty; extremely friendly and down-to-earth group. Smaller than average class (3 per, all advanced spots). Per residents, lots of interventional procedure practice.

### **Southwest**

**UT-Southwestern** –Department is growing fast and is one of the major money makers at the hospital, great benefits and support for residents interested in academic careers. Residents discussed greatest strength is clinical diversity – underserved population at Parkland Hospital (main teaching hospital at UTSW, probably the nicest public hospital you’ll ever see), plus complex cases at UTSW main hospital. Unique rotations/experiences like burn rehab and pelvic floor rehab. Great fellowship matches. Many residents with ties to Texas.

**UT Austin**- Fairly new program but UT Austin has a brand new medical school. If you want to teach a bunch of medical students what PM&R is then this is your place. Very small program with a lot of elective time. Program director has an MD/MBA and wants his residents to explore both clinical medicine in addition to things outside of the clinic such as business, health policy or research. If interested in doing both clinical medicine and administrative/business of medicine for a career this program is a great option. Very close knit program.

**LSU**- 2021: some of the happiest residents on the trail. So chill and down to Earth. Very vocal about how chill their program is, especially their intern year (this is a categorical program). They were always talking about what fun things they were doing over the weekend, how much they hang out with each other, etc. Seemed like most residents go into pain medicine and stay at LSU. New Orleans is a super fun city with lots of good food, friendly people, and fun activities. Mix between single residents and residents with families.

### **West**

**University of Utah-** 2021 and prior years: Great program in Salt Lake City near a bunch of ski resorts. Very diversified opportunities including alternative sports, prosthetics, orthotics, SCI and TBI. Has a brand-new free-standing rehab hospital (Nielson Rehabilitation Hospital) that is gorgeous. Spend quite a bit of time at the VA. Residents seem very happy, friendly and loved hanging out with each other. Great program director, someone who clearly cares so much about her residents and their well-being. Wonderful place if interested in doing QI. All rotation sites are within just a few miles of each other.

**UCLA-** 2021 and previous years: Was initially based out of the Los Angeles VA but this year is officially under the umbrella of UCLA (so your benefits packages mirror a UCLA resident). Very outpatient procedural heavy. Very interested in getting their residents into pain fellowships. Great program director who would do anything for her residents. Residents speak so, so highly of their PD – they all love her. Larger program than average, 9 residents a year. Seemed to have increasing exposure to a wide variety of rehab settings, have the chance to rotate at Rancho Los Amigos Rehab Hospital (known for the Rancho scale in the TBI world). Traffic is terrible but according to residents you typically are driving against traffic. Chill hours, residents are definitely not overworked and very vocal about enjoying the LA lifestyle.

**LOMA LINDA-** 2021 and prior years: Supportive attendings. Growing program. A GW grad was the chief resident for the 2020-2021 application cycle. Wonderful new VA facility with all the bells and whistles. Has a Masters degree in Prosthetics and Orthotics if you are interested in P/O then this is a great option for you to rub shoulders with the P/O masters students. Vocal about not having an abundance of research opportunities – residents said if interested, lots of projects need to be “self-started and driven.”

**UCI-**2021 and prior years: Beautiful location. Spend a lot of time doing SCI at the Long Beach VA. Residents recently unionized. Residents seem very friendly, some attendings seem to be very nice, some attendings seemed to be not as friendly, hard to get a clear vibe. GW grad finished residency here in 2020 and is working as an attending in the area. Was told by residents that the residency experience is what you make of it, if you are a gung-ho self starter and work hard, you will gain a lot of information and have research projects if you create them, but was told in the same vein that you could easily coast through this program and finish residency with the bare minimum requirements.

**UC Davis-** 2021 and prior years: Very small program (currently 3 a year but goal to expand to 4 a year) but is very well established. Very friendly residents, everyone in the department knows you since it's such a small program. Sacramento is not known for being a super fun, bustling city but have heard from residents that it has been growing over the years. Residents have a good fellowship match, PD is a very nice person. Residents did not complain about the small class size; in fact, they enjoyed it because they were super close knit and felt like they were truly one unit. Has a very unique neuromuscular medicine fellowship which I believe is the only one in the country so far. Great outpatient training as well, and get to rotate at Shriner's for pediatrics.

**Stanford-** 2021 and previous years: Amazing program, known to be the most well-rounded training in California. Previous program director was on the Board of Trustees for the AAP and the AAPM&R board of governors. Great VA system, one of the nicest VAs in the country (Palo Alto VA) that has a polytrauma rehabilitation center, one of 5 in the country, and they are building a new, gorgeous 174,000 sq ft rehabilitation center. Incredible research opportunities – residents said it's harder saying “no” to the abundance of projects than saying yes since there is so much research and innovation going on. Residents seem happy and well-rounded both clinically, academically, and professionally, and they had such a happy, warm vibe, always joking with each other. Bay Area weather. Attendings were so accomplished but so down to Earth, friendly, and loved being involved with resident education.

**OPTI Casa Colina** - newer program in Pomona, CA. charming rehab campus. Convenient that most rotations are in same location. Has interesting, diverse rotations. Utilizes various technologies and has great research opportunities.



**Sunrise/Mountain View** - very new program in Las Vegas. Only rehab training program in the state of Nevada. Program director has a passion for education. Curriculum/rotations seem to cover the breadth of PM&R well. Residents seem happy and to have a good lifestyle.

**University of Washington** – 2021: didactics a huge strength, many of the attendings who teach there create the national lectures for PM&R. Residents described their program as very sociable. Everyone seemed nice and down to earth, pretty relaxed vibe overall. Residents love doing outdoor activities, enjoy nature (if you're outdoorsy, Seattle/pacific NW sounds amazing). Of note, residents said they wish they had slightly more hands-on procedural opportunities and said they worked super hard. Well known as a top national program every year. Incredible clinical variety. Fantastic fellowship matches, many stay at UW or west coast. MSK/sports building is within football stadium which is super cool.

### **Resources**

[www.aapmr.org/medstu.htm](http://www.aapmr.org/medstu.htm)

[www.physiatry.org/Education\\_Department\\_Chairs\\_List.cfm](http://www.physiatry.org/Education_Department_Chairs_List.cfm)

<http://www.aapmr.org/career-center/medical-students>

<http://www.aapmr.org/career-center/medical-students/pm-r-programs-map>

[http://www.physiatry.org/?page=prog\\_directors\\_pmr](http://www.physiatry.org/?page=prog_directors_pmr)

## PLASTIC SURGERY

**Chair:** Michael Olding, M.D

*No Plastic Surgery residency program at GW*

**Important GW Advisors:** Primarily Dr. Chao at GW. Dr. Lenert will meet with you and is delightful, but knows very little about the process. Dr. Olding is the chair, but is notoriously disinterested in interacting with students. You'll work with him in the OR on your rotation. Be nice and respectful but don't be dissuaded if he is super salty or tells you you shouldn't apply. He hasn't written a letter for a student in a few years at least (probably isn't even aware that students have been matching in plastics) and since he's an aesthetic surgeon, his letter wouldn't be very valuable for your application anyway. You do not need a Dept. Chair letter to apply. Dr. Chao is a great resource and is the only GW faculty member doing research currently, and he's happy to have students come shadow and to help them along with the process. Just be aware that his opinion is not the same as the opinion of a PD would be -- he's not involved in residency applications year to year, so he speaks from personal experience and from his work advising GW students.

The Plastic Surgery Dept. at CNMC is excellent. Dr. Rogers is Dept. Chair and he is WONDERFUL with students. You should absolutely reach out to Dr. Rogers and his staff. He has a ton of research ideas and loves to get students involved. He will help you identify good away rotation sites and if you make a good impression on him he may call PDs on your behalf. You can reach out to him as MS1 and complete research over a dedicated summer research block between MS1 and MS2 years. Alternatively, reach out whenever to assist in ongoing projects. Dr. Oh is also excellent and incredibly supportive. Feel free to try to spend time shadowing them in OR. They are super fun to be around and are very normal.

Other advisors to consider include faculty at the VA. Drs. Patrick and Hannan at the VA are fantastic to work with and also have research projects from time to time. They have a special interest in mentoring women surgeons. They are also both on faculty at Georgetown, and Gtown residents rotate with them, so you may meet more Georgetown folk through them.

Georgetown may be tricky to get a foothold in but there are a TON of research opportunities available with some of the top plastic surgeons in the country. Dr. Song is internationally known and Dr. Baker is well-known and well-liked by PDs across the country. Best bet is to contact the PGY5 Georgetown rotator on PRS service at GW and ask for an introduction. On a similar note, they are excellent mentors and can provide potential research opportunities. Absolutely make sure you contact them. Dr. Baker is your best bet for an honest "what are my chances" discussion and knows the applicant pool better than anybody. He will give you excellent advice about where to apply, etc, just always keep in mind that he's a very well known PD so make the absolute best impression you can. If you meet with him, you should treat it more or less like an interview. If you're super motivated, you can even reach out as a MS1 or MS2.

**Research:** This is a MUST. You cannot apply to plastic surgery integrated programs without research. The more the better. If you don't have much going on already, consider taking a research year, which is becoming more and more common all the time in plastics. These do not need to be crazy complicated papers. When you apply to programs, no one reads the papers. PDs will simply count the overall quantity of papers published, submitted, or accepted and it's up to you to discuss papers in a meaningful way during interviews. No shame in having multiple 500-word letters to editors or case reports. Whatever it takes to get the quantity required to be competitive. Best bets for research includes Dr. Chao and Dr. Rogers team at CNMC.

THE EARLIER YOU GET INVOLVED IN RESEARCH THE BETTER. You should have some research specific to plastic surgery. But if you decided on plastic surgery late, it's ok to have papers in other specialties. The key is to demonstrate that you can finish projects. The absolute WORST thing that you can do is sign up for a research project and not see the project to conclusion. No one will trust you to work on future projects and your reputation will be tarnished. If you sign up for something, make sure you can contribute the time it takes to complete your end of the bargain. To that end, be cautious about overextending, especially during preclinical years and while on

challenging clinical rotations like medicine and surgery. Identify time for research and be productive. Have projects lined up in advance and ready to go. Be up front with faculty/residents about what kind of time you have available for research.

If you are lacking in research, consider taking a research year. It can only help your application and will make you more prepared for away rotations. It will also help you cement yourself within plastic surgery dept. that has a strong residency. Become known as THE research guy in that dept. and you may set yourself up for a match at that institution. Contact other students completing research years for further info on a specific institution. Be wary of basic science labs, you will not get as many publications. Focus on sites with high volume clinical research with well-known surgeons. Doximity rankings for plastic surgery may be a good place to start. Consider geography and cost of living.

**Scores:** Average plastic surgery Step 1 score is >246 (see AAMC report on residents for most updated data on successful applicant stats). Goal is to get a higher Step 2 CK score than your Step 1 score, but it seems like for the most part nobody in plastics knows or cares about Step 2 (though this is likely changing with Step 1 going P/F). When you take Step 2 is up to you, but programs like to see your Step 2 CK score since it demonstrates consistency with your clinical knowledge, especially coming from a middle-tier medical school lacking in a prestigious academic plastic surgery residency program. If you have a score less than a 240, consider taking time off for a research year. Research will not make up for a low score, but if you have a ton of research publications, it may help you cover some ground.

#### **GW elective**

Do the two-week GW elective (early as you can, but definitely after gen surg). While the four-week rotation at GW can be helpful to learn fundamentals in Plastic surgery, it is better to spend your elective time at institutions that have a Plastic Surgery program and a more comprehensive department. The two-week elective will allow you to go to aways with a good knowledge base and hands on experience in the OR. Lenert and Chao are great about letting students practice suturing in OR. For Olding, ask your resident what questions he's been asking lately...it's usually a short list, and obviously best to get the answers right.

#### **Away rotations:**

*MUST DO AWAY ROTATIONS!* Do 3, at places that you want to match. Unfortunately, there is a disadvantage to applying to plastic surgery from an institution without a program, so getting face time at institutions you would want to end up at is EXTREMELY important. Also, keep in mind that among those who match, about 70 percent of them end up at a program where they did a rotation.

Because of its relatively small size, the Plastic Surgery match process is very political and heavily relies on making good connections with individuals who can and are willing to help you. Some programs will basically require you to rotate for you to be considered for an interview/a spot (NYU, Georgetown (at least for us b/c we're local), UT Southwestern, Pitt, See below link to pdf for more details). Schedule these early (start looking in January for programs you are interested in) as they fill up fast. January & February make sure health documents from VSAS are completed. Most applications for VSAS are opened in mid-late March & early April.

Some programs will give you a spot if you call so get on it even before VSAS opens. You must BE PERSISTENT, because you won't have the same advantage as other students coming from institutions with a program. Also keep in mind that the selection process for aways is highly arbitrary. Getting an away somewhere does not at all mean that they are already interested in you or actually read your application. There are lots of cautionary tales about people who had a low-ish step score or no research and rotated at fancy programs, and then didn't get interviews because they didn't get past whatever cut-offs they were using.

CHOOSE WISELY – do rotations where you want to be but it may also be a good idea to spread out geographically so programs on the other coast will be more inclined to grant you an interview. Do not, however, apply to multiple programs only to reject their invites. The prevailing rumor is that if you are accepted for an away rotation, but turn

it down because you double-booked, you will be black-listed by program and will never be offered an interview from there (though some argue programs aren't actually that organized). If you are applying to away rotations at locations you see yourself matching for residency, then it makes no sense to apply to your top programs knowing that you will have to cancel some and get black-listed. There are only 78ish programs - why ruin your chances at a top choice before you even submit your application via ERAS? Keep in mind that you will need min 3, max 4 letters to submit with ERAS on the first day it opens, so try to schedule as early as possible. You can have one GW letter, but remember that we don't have a home program so your away letters are going to be more important.

Ideal months for away rotations are June, July, August, September. You can have rotations in November, but it's too late for a letter. December and January are interview months. ERAS LOR submissions are in September. You can apply without having submitted all 4 LOR. Make sure you have the minimum LOR sent to all programs (usually x3). The 4<sup>th</sup> LOR from a September away rotation can be sent at a later date. Usually you want the fourth letter submitted within a week of the National Plastic Surgery: The Meeting ASPS Conference, as this is when program directors will begin reviewing applications and sending interview invites. Keep in mind that if you rotate in June, it will be a little strange because the new interns start/seniors graduate in July. You can still do it, it's just not ideal. But then people also say don't do July because they're busy training up their new interns and don't have time for students. There's really no perfect time (ex: August faculty tend to be taking vacation), so just set it up however you can and do your best to make it work.

Away rotation reviews are listed here on studentdoctornetwork.

This is an excellent excel sheet posted for 2018-2019 interview cycle. Worth a read.

<https://docs.google.com/spreadsheets/u/1/d/1PfQYQU2e5TiYg02uTYmfqUdL4aFIdWWexmlV9IKUKL8/edit?usp=sharing>

And for 2019-2020:

<https://forums.studentdoctor.net/threads/2019-2020-prs-application-cycle-google-sheet.1383144/>

Don't be shy about using the applicant spreadsheet. A ton of solid info is shared online between applicants. Yes, you must take everything with a grain of salt, especially program reviews. And keep in mind that program coordinators, faculty, who knows who can and do read and write on this sheet. But overall it's pretty reliable and a positive community.

Plastic Surgery programs tend to rely heavily on both work ethic and personality of an applicant, so work extremely hard but also be a strong team player. It is far more important to be a good team player than the smartest rotator. No one will remember what question you got wrong. They will remember which rotator was a gunner and screwed over a peer. If the faculty don't notice, the residents absolutely will. They are deciding whether or not they can work with you for 6+ years, so the more they like you as a person, the better.

Prior to away rotations get a copy of Janis Essentials to Plastic Surgery or Michigan Manual of Plastic Surgery. Digital copies are available. One of these will be a good place to start reading for cases. For hand there's also orthobullets which is great, and for any flaps, start with microsurgeon.org. There's unfortunately not some agreed upon, perfect resource for everything, so don't be afraid to branch out. PRS is the journal of record and has tons of review articles, that's also a great place to go.

Schedule the away rotation at the site you most want to match last so that you perform at your top level, after having completed 2 away rotations already. But of course, keep an open mind. This whole process is a roller coaster, and what you think you want at the beginning may not be what you want at the end anyway.

### **Applying:**

*Mentorship:* Cannot stress how important it is to start early because you need time to develop a good relationship with a mentor in plastic surgery. As stated previously, this is a very small field and always assume that EVERYONE

knows each other. Having a mentor that will go to bat for you when it comes to interviewing/ranking will go a very long way! Applying (mentorship): Don't be afraid to ask your mentor for help and if you run into problems ask early. They have been through this process and they know how important connections are in this field, so don't be ashamed to pull whatever strings you have. Many of your interviews that you will receive are based on who knows your mentors and letter writers. Having an attending call a program to put in a good word for you will go a long way. Utilize the connections that the attendings at GW have with specific programs. You are more likely to get interviews from the programs which have a relationship with the attendings at GWU or CNMC.

*Letters:* Letters are VERY important. A great letter from a well-known name in plastics will carry a ton of weight. A great letter from a not-so-well known attending will also carry more weight than a bland letter from a famous surgeon. Get 1 letter from GW/CNMC and the rest from your away rotations. You can really get almost all letters from away rotations, just make sure you have at least 1 from either GW or CNMC, as this will become the person that a PD might theoretically call after an interview to ask about you. Schedule your aways that you are planning to get letters from earlier in the season so you have time to upload them to ERAS. Even if a letter is uploaded to ERAS, you do not have to send it and the writer will not know, so it's better to get as many good letters as you can and then decide how you would like to assign them. Typically 3 (maximum 4) per program.

*Step 1, AOA status:* not a requirement to be AOA and 260+, but it does not hurt to do well in school for this specialty. An impressive Step 1 score (above 240) will go a long way and will show programs on an objective basis that you are able to perform under pressure. Good grades in all of your clerkships (not just surgery) shows that you know how to work hard and get along with people in a variety of circumstances.

*Research:* You absolutely have to have something. Really helps if that something is published, but it isn't required. Applicants coming from med schools with established programs might have a lot of research, but don't let this intimidate you. Try to do something in plastics, but it's not the end of the world if it's in a different specialty (especially other sub-specialty or general surgery). Programs want to know that you are not only wanting to be a plastic surgeon, but that you are willing to put in the work and time into advancing research within the field even through residency and possibly your career. Plastic Surgery is one of the most comprehensive and quickly evolving fields of medicine, so research interest is very important when being evaluated to become a resident.

Apply to every program unless you have reliable advice that you are a truly exceptional candidate. It will be more expensive but it is absolutely worth it. Go to every interview you can get (within reason - you definitely want to have 10, 15 is a very nice place to be). Even if you have a rock solid reason to be specific to one geographic area, you should apply broadly.

### **Interviewing:**

BE YOURSELF. In such a competitive field, there are some strange personalities out there. Being yourself and genuine is refreshing to most interviewers. Programs are looking for the applicants that are the "best fit" for them – you should be looking for that also! If you have been invited for an interview, that means you have passed the test of their academic standards, and now it becomes more so about a "personality" match. Do not be intimidated by other applicants talking about how many interviews they do/do not have. The most competitive field will always attract the most competitive personalities, so take what others say with a grain of salt, especially if they are making you feel inadequate. They're probably just compensating for their own insecurities anyway.

Because there are a lot of schedule conflicts with interview dates, it is helpful to look online at the ACAPS site where they have all interview dates posted to see what programs that you are most interested in conflict with one another. Oftentimes you will have to choose which program you would prefer to go to and cancel others. For the 2020 cycle, they started releasing all the interviews on the same day, which is fantastic for scheduling conflicts because you can figure them out and deal with them with full information (rather than having to cancel something and then later getting another interview that also conflicts, etc.). There will be some second and third wave invites, but in a competitive year, most of the slots are gonna get filled from the first round. If you don't have a good day, reach out to mentors right away.

Many applicants will also ask about sending emails to programs of interest. Although it won't guarantee you an interview, or even a response, sending emails to programs you are particularly interested in can be a great way to get the selection committee to take a second look at your application. If you decide to send an email to a program, it is best to give them a BRIEF overview of why you would like to interview there specifically and what about their program interests you most.

A typical interview day will usually consist of breakfast and introduction to the program by the chairman, a tour of the facilities, interviews, and lunch. You will almost always meet all of the faculty and all of the residents, because they all want to know who they may be working with for the next 6 years and beyond. Most programs will give all of the residents the interview day off so they can mingle with applicants and see who they like. Residents get a say in the process also! If you don't meet any residents, that is a BAD sign. Get to know the residents the day before the interview at the dinner. If you don't like them/ feel like it's a bad fit, don't rank that program as highly! You will be stuck with these people for the next 6 years – they will be your family. Make sure you like them! They can also be very helpful when the ranking process comes around since they have recently gone through a similar process, and can help you reason through ranking rationale in a more objective way. Everyone knows this is a competitive field and at the end of the day, matching at your 10<sup>th</sup> choice is still a match and absolutely worth celebrating. Try to take notes after each interview about what you liked and didn't like, you might even just start building your rank list one interview at a time. You will forget, they will all start to run together, and your immediate post-interview impression is probably the most accurate info you are going to get.

DO NOT hook up with residents or other applicants (wouldn't have to say it if it had never happened). Be VERY wary of what you post on social media (doesn't mean you have to delete your account – sometimes it can be good to demonstrate you have a presence on social media). Seems obvious...but somehow it always happens at least once. Everyone finds out on interview trail. Super unprofessional.

Also don't be late, don't wear a weird outfit, don't ghost early if you decide you don't like the place early on, don't have bad breath or BO, don't talk shit about other applicants or other programs to annnnybody. Again, these are all things that wouldn't have to be said if they hadn't happened.

Weird interview stuff: some programs will ask you to draw body parts, Loma Linda is prob the last place where they still ask you to carve/sculpt body parts but there may be 1 or 2 others. One place last year was having people rap/sing songs they made up. Take a look at the SDN reviews for updated info. Maybe you'll have to play operation while answering pimp questions, or assemble parts of an anatomical model. It's all real weird and the only point of it is to see how you react to a challenging/novel task. Just laugh and play along, and don't worry if you "fail" at it because it's ridiculous. Relax, you're applying for plastic surgery. Same thing goes for abstract questions. Don't be afraid to take a second to think. They want to see that you are able to think in a deductive manner about something you may not know much about.

#### Questions to Ask at Interviews:

This can sometimes be challenging because some programs will have 8 or more interview rooms and the residents tend to answer a lot of questions even beforehand. It's okay to ask the same question to multiple interviewers, because each person's opinion or viewpoint is likely to be different.

#### Questions to ask faculty interviewers while you are determining if a program is right for you:

- Are there any plans to add or change the current fellowship opportunities at the institution?
- How close are the residents and how important is that to you?
- Call schedules of residents through the years
- Exposure to sub-specialties of plastic surgery: Aesthetics, breast, hand, head and neck, microsurgery, etc.
- Educational stipend given yearly to residents?
- Is attendance to national or regional conferences covered by the program?

- Research requirements by program?
- Surgical autonomy? Especially if program has multiple fellows, sometimes cases can be very crowded and residents may have less hands on exposure
- Can you please describe what you feel are some of the more important qualities in a high-ranking applicant at this institution? (gives some insight into what they are looking for, and if that matches up with what you are looking for)

#### Questions to ask the residents

- Work/life balance
- Relationship with attendings? (importance of hierarchy etc.)
- What they plan to do after residency
- Closeness and relationship with other residents (also important to pay attention to their interactions on your own)
- Living situation and academic costs? Ability to live within means with the hospital salary and geographic location? (50K/year is very different in rural Kentucky vs. Downtown Los Angeles)

#### Things to think about when assessing how a program is a right fit for you:

- Is location relatively important? again, it is hard to be selective on this basis given the competitiveness of the field)
- Do you want to be an academic plastic surgeon or private practice?
  - o This is not a question you must know the answer to, but it is important to consider based on the recent graduates (unless a program is new) what direction a program is more likely to push you in as far as academics vs. private practice
  - o You will also almost always be asked “Where do you see yourself in your future career?”, and even if you know you want to be a private practice plastic surgeon, its okay to say that but always mention how you want to continue your contribution to the academic community one way or another. Whatever your answer... BE GENUINE AND HONEST.
- Just remember, at the end of the day this is a job interview. You have worked so hard to get to where you are during medical school, and now is your time to show for it and also to determine what you want out of a program.

#### **GW Connections:**

Dr. Lenert – UWisconsin, Rochester

Dr. Chao – University of Cornell/Columbia

**GW Alumni** – Valuable resource. Ask Dean’s office to help make introductions. DO NOT be afraid to contact alumni from GW. We know the struggle. We want to help.

#### **Resources:**

##### Away rotation

- Essentials of Plastic Surgery by Jeffrey Janis – pocket sized and easy to carry around during the rotation, although more dense and in outline format. Good for high yield, pimp question information
- Grabb and Smith: Larger book and more expensive but a great in depth for introductory level plastic surgery with illustrations and photographs of various conditions and procedures. BEST FOR VISUAL LEARNERS.
- Neligans: more detailed, higher level plastics information- this is at the resident level. Not as useful for aways.
  - Orthobullets for hand
  - Microsurgeon.org for flaps

Application process – email those who recently matched from GW for any questions you may have. They will be most up to date on the process.

## PSYCHIATRY

**Interim Chair:** Jeffrey Akman

**Residency Director:** Benedicto Borja

**Assistant Residency Director:** Kaitlin Slaven

**Clerkship Director:** Dr. Amir Afkhami

**Residency Coordinator:** Tamara Lyons- tlyons@mfa.gwu.edu

### GW & Other Sub-Internships

- While a psychiatry AI is not mandatory, doing an AI on the consultation-liaison service or on 6S at GWUH can be very helpful for getting letters of recommendation and for gaining more experience prior to internship. NVMHI has also been a favorite AI site.
- A lot of independence and responsibility are given to you as there is typically no intern on the team, and this is as close to a real “AI” experience as you will get at GW. If you are aiming to get a LOR from the experience, try to schedule your AI prior to August/September to give your attending enough time to write before ERAS opens for submission. There are also opportunities to do advanced psychiatry electives in forensics or child/adolescent through GW.

### Away Rotations

Why do an away?

- You should highly consider if: (1) you want a specific geographical area for residency, or (2) you want to match at a specific or highly competitive program.
- Aways are becoming more common and can be very beneficial as they typically provide opportunity for getting LORs, content for personal statement, and experience to explore a potential program and geographical location.

What kind of rotation should you do?

- If possible, get a new type of experience that is different than the one you had during your 3<sup>rd</sup> year clerkship (aka if you were at GW, try to find a community or public hospital; if you did inpatient, try a CL service). This will help you see a variety of things and give you a wide range of experiences to discuss during interviews.
- If you are doing an away somewhere where you want to match, consider doing the CL service, inpatient unit, or psych ED so that you can meet several of the residents and faculty. Outpatient experiences might be more fun but you may interact with fewer members of the staff and leave without a good sense of the culture of the program and hospital.

VSAS

- Check out VSAS early (Jan/Feb of 3<sup>rd</sup> year), there are vaccination forms, letters of interest, CVs, ect. that are required by most programs. Most psych applications are due in April/May, but some are earlier and you should aim to get your application in the day VSAS is opened for your desired program.
- Many programs do not go through VSAS, if you are interested in a program, check their website or contact the psychiatry residency coordinator.
- If you are not free during the offered dates, you can contact the program to ask if you can do an alternative away month.

**\*Helpful tips:** 1) Even if an away elective is listed as “available” in VSAS, consider calling the program before submitting an application to make sure that they are still accepting applications. You may save yourself a lot of money by doing this. 2) Don’t assume that a program does not offer away electives for visiting students if you can’t find information on VSAS or on their website. Call/email – they may create an elective for you if they’re interested. If you are not able to do an away rotation during the dates available in VSAS (as medical schools do not all follow the same schedule), you may also be able to arrange alternative dates by contacting the program.

### Away rotations done by GW students:

Addiction at UCLA: “very chill, experience, learned a lot and got to experience different settings (outpatient, residential center, VA) for addiction treatment. Did not have much opportunity to interact with residents, which felt like a missed opportunity. Got an LOR and an interview, but the other person I did rotation with was not granted an interview.”



Inpatient Psychiatry at University of Rochester: “This was only a 2 week rotation, but I did see a variety of psychopathology during this short period of time. I got to know residents, an attending, and had some face time with the Program Director. It was not the most autonomous rotation, but it was helpful to see how other hospitals operate in other states (especially with regards to mental health law!)”

Substance Abuse Sub-I at Colorado: “relatively chill, a great experience for psychotherapy, psychopharm, and working with pts for a long period of time (some for the whole month). It is at the rehabilitation facility at the hospital in Denver. Also, free soft serve ice cream all day!”

Georgetown Outpatient Psychiatry Elective: “I completed this elective because I was interested in getting more outpatient psychiatry exposure/experience since it is not part of the clerkship experience. This elective is a good experience because you get exposed to a variety of outpatient psychiatry clinics (addiction, mood/anxiety, psychopharmacology, partial hospitalization). The only downside is that you act mostly as an observer.”

Inpatient Geriatric Psychiatry at Thomas Jefferson: “I had a great experience on this elective, which I chose because I had a strong preference to match in Philadelphia. The geriatric attendings are great, and the psychopathology is diverse. Patients typically have longer stays on the unit than on a typical inpatient adult unit, so you get to know them and their families well. You are expected to attend morning report daily, which is interesting, and can observe ECT up to three days per week.”

DBT PHP at Cottage Hospital/ECT Elective at Henry Ford Hospital: “I did this rotation to show interest in a community program that I thought I might otherwise seem over-qualified for (i.e. I wanted to guarantee myself an interview and try to make a good impression on the program, since it was in an area of geographic preference). This was an incredibly laid-back elective that mainly involved observing DBT therapy groups at a partial hospitalization program.”

Comprehensive Psychiatric Emergency Program (CPEP) at NYU-Bellevue Hospital: “Worked in a psych ER at NYU which was a great experience as we do not get exposure to that in DC. Influenced my choices for residency as I wanted similar exposure from my residency training. Unfortunately, despite honoring the rotation I was not offered an interview... learned a lot about risk assessment, and the thought process that goes into admission vs. discharge.”

Eating Disorder Elective at Washington University (St. Louis): “They have so many elective opportunities for psychiatry including in-patient, interventional psychiatry, child/adolescent psychiatry, eating disorders and more! I did an away rotation in Eating Disorders, which was amazing. The hours of the rotation on the eating disorders unit were typically 8am-5:30pm Monday-Friday. I would definitely recommend doing an away rotation here if you want to be in the Midwest.”

Geriatric Psychiatry Elective at Saint Louis University: “I did a Geriatric Psychiatry away rotation, which was great! The hours were typically 8:30am-4:30pm Monday-Friday. I worked with Dr. George Grossberg, who was so nice and does a lot of research in Geriatric Psychiatry. The strengths of this program include Geriatric Psychiatry and Forensic Psychiatry. They have eight residents a year, two of those are in the Geriatric Track.

## **Applying**

### *General Thoughts:*

Historically, the most competitive programs are located in the Northeast and California. The key to being a competitive applicant is being able to demonstrate a sincere interest in psychiatry and to tell a good story. Some say “good programs” will look at your grade on your Internal Medicine or Surgery clerkship before your Psychiatry clerkship. Strong board scores always help. Research experience is not a requirement but having a research background will make you a stronger candidate. Take the time to write a good personal statement, which is an important factor in getting an interview (especially in Psychiatry)! Try to have faculty members review your statement. Start your drafts by June or July to allow plenty of time for feedback. Dr. Afkhami in particular is willing

to meet with you to give feedback and make edits to your personal statement. Have everything ready for submission on the first day ERAS allows. This will give you your best chance at early interviews. You may hear back from programs you did not expect to hear back from, or from programs you didn't know you would love, so apply broad and wide. You learn so much during interviews that helps make you comfortable ranking your schools before the match, so do not short change that process.

One word of advice in regards to making travel arrangements for interviews is to try and book your travel (hotel/flights) as close to your interview date as realistically possible. You will find yourself having to move interviews around at times, and if you have already booked your flight and hotel for a specific date, you may not be able to get a refund for it if you decide you can't make it anymore. Basically, don't feel like you need to arrange your travel plans as soon as you get an interview invite. Give it some time, as you never know what will come up (other interviews, inability to take time off from a rotation, etc.!) Booking flights on airlines that have no change/cancellation fees like Southwest can be a lifesaver. It can be helpful to try and arrange travel by geographic region (although obviously not always possible). For example, if you are applying on both coasts try to have November be your West Coast month and December be your East Coast month. Realistically this can be difficult to accomplish, but it can save some money and time if you have some forethought about group scheduling based on location.

#### *Step 2 CK:*

Take Step 2 CK so that you will have your score in before you submit ERAS. There are programs that will not interview you or wait to give you an interview until they have your CK score.

#### *Advising:*

It is recommended you have at least 1 psychiatry residency advisor/mentor. You should be emailed a list of common faculty options (you do not need to know them in advance, they are well aware that students need advisors and they are very eager to help). Of course, you can also look to faculty who you worked with during your 3<sup>rd</sup> year clerkship as well.

- You should aim to meet with first faculty advisor in Jan/Feb of your third year, so you can make a to do list and begin ERAS and VSAS prep well in advance.
- You do not need a sample personal statement for your initial advising meeting, an up to date CV and list of your clerkship grades is good to have with you, but do not let lack of these up to date materials deter you from meeting early, these meetings are to help you get on track!

#### *Letters of Recommendation*

- Most programs require 3 letters, but a few require 4, so you should have a goal of getting 4 letters.
- You should aim for 2 letters from psychiatrists, most programs specifically ask for this. The other 2 letters should be from people who you worked closely with. If possible, one letter should be from an inpatient, tougher rotation (peds, medicine, OBGYN, even surgery) and another from an outpatient or longitudinal experience (primary care, CAP, research, healing clinic, etc.). It is okay if you veer from this but, if possible, this should be your goal.
- If you do not have enough letter writers by end of third year (like most people), try to take electives in psychiatry (an AI if possible), or other services where you think you can get a letter. Your psych advisor can be a great resource to help you find someone to do research with or an experience with to get a letter, so ask!
- Ask for letters as close to when you worked with your letter writer as possible (as in immediately following a 3<sup>rd</sup> year rotation, even if it is early in the year). You can also ask for more letters than you need for your application, so if you liked working with a non psychiatrist early in your 3<sup>rd</sup> year, just ask for a letter, you do not have to include it in your ERAS application and can later discard it.
- You will receive an ERAS "token" from the deans to create your ERAS account, it is through your ERAS account you can send the link where letter writers submit letters. It is OKAY if you don't have ERAS set up when you ask for your letter. You can always ask for a letter and then several months later, when you have your ERAS set up, send

out a reminder email with the link from ERAS for them to submit. This serves as a good reminder that most letter writers will need anyway.

*Special Tracks and Opportunities:*

-Pediatrics: Explore track programs, especially the “fast-track” to Child/Adolescent fellowship. Ask individual programs if this would be possible if you are interested in child/adolescent psychiatry. It basically means you do PGY 1-3 years of adult psychiatry training and then switch to a Child/Adolescent fellowship for your PGY4 and 5 years. Applications are submitted during the fall of PGY3 year for interested residents. Some residents stay on at the same program and others go to entirely different programs. The University of Vermont, Vanderbilt, University of Massachusetts, Dartmouth, Maine, University at Buffalo, and University of Rochester, are among some programs in the country that offer a combined 5-year program that you can apply for straight out of medical school. If you decide to apply to the child fast track you can apply to both the track and general psychiatry program and rank them separately. However, talk to the program about how it works (e.g. some programs will require you to reapply to the general psychiatry residency if you decide you want to do 4 years of general residency instead of the 3 years general and then 2 years of child). Keep in mind that most, if not all, psychiatry residencies allow you to fast track to child fellowship even if you do not want to stay at the same institution for fellowship; and many residents choose to fast track to their program’s affiliated fellowship even if they did not apply for the child track during residency applications. These tracks allow you to match into child fellowships without having to apply during residency and can allow you to stay at the same program for 5 years (if that is something that interests you). Additionally, some programs have the option to do an intern year in pediatrics (Johns Hopkins and Massachusetts General), although spots are generally limited.

-Research: Many programs also have research tracks which can provide you with dedicated research time throughout residency. Some programs have research tracks specifically for people interested in child and adolescent psychiatry (University of Colorado and Yale).

-PGY4 Electives: Many programs have flexible PGY4 years, with about 10-30 percent of the year being required and the rest being elective. Many places allow chiefs to tailor their activities to their interests. Examples are Chief of Outpatient Psychotherapy, Chief of Consult-Liaison, Chief of Psychiatric Emergency Services, Chief of Community Psychiatry. Doing tracks such as this can be a good preparation for fellowship, or just an opportunity to delve into one area of psychiatry.

-Dual Programs: In the last 10-15 years there has been a growth in combined programs for Internal Medicine-Psychiatry (5 years), Family Medicine-Psychiatry (5 years) and “[Triple Board](#)” which is Pediatrics-Adult Psychiatry-Child/Adolescent Psychiatry (5 years). There are about 5-10 of each combined program in the country. As you can imagine, there is a range of opinions regarding such programs, and they can be a very good fit for some and not for others. If you find you have interests that might be best served by being dual (or triple) board certified, they are definitely worth looking into.

*How many programs should I apply to?*

The answer to this question depends on your competitiveness as an applicant and other special circumstances. Psychiatry has become more competitive in recent years. If you are an outstanding candidate (above-average board scores, mostly clinical honors, AOA, research experience), you are probably safe applying to 20-30 programs or even fewer. If you are an average candidate, you may want to apply to 30-40 programs – especially if you are applying to programs in highly desired areas such as Boston, Philadelphia, or New York City. Ask Dr. Afkhami and your advising dean for their opinions on the number of programs to which you should apply, especially if your application has any red flags. If you are couples matching, you should also ask for input from advisory deans. Aim to go on 10-15 interviews, but adjust this based on the Charting Outcomes in the Match: US Allopathic Seniors, 2019 when it is released in summer 2019. Per the 2018 Charting Outcomes report, the mean number of contiguous ranks for applicants who matched was 10. The probability of matching in 2018 was >90% with 8 contiguous ranks and >95% with 11 ranks.

Cast your net as broadly as is financially possible for you, as you’ll never know who will “bite.” It will cost you \$99 to apply to 10 programs; \$239 to apply to 20; \$419 to apply to 30. From there, the cost is steep but might be worth it if you are applying to competitive programs, competitive/specific locations, or have another need for applying to

many programs (i.e. couples match, red flags). However, interview season is tiring, and you'll realistically only want or need to attend 10-15 interviews. You can cancel interviews after you've accepted them if you do so within a reasonable/respectful time frame – but do so as early as possible. It can reflect very poorly on you and on GW to cancel an interview at the last minute.

Unless you know what type of psychiatry you want to do, apply broadly: to small, highly academic institutions, to big public hospitals, and to 2-4 community programs that may act as “safety programs.” Outside of GW, the other DC programs (Howard, Saint Elizabeth's, and Georgetown) are very likely to offer you interview spots.

Rank all that you are considering.

### **Interviewing**

Interview days/pre-interview dinners in psychiatry are fairly laid back overall; however they are generally longer than in other specialties. The majority of interviews are very conversational and involve you telling your story and describing your interests within psychiatry. Interviews typically end with an opportunity to ask questions. Be ready to talk about yourself, who you are, and what brought you to the field of psychiatry. Be ready to answer questions such as what you are looking for in a program, why you applied to that particular program, and what areas within psychiatry you are specifically interested in. Be prepared to talk about one or two patients who were particularly significant to you, the kind of psychiatric practice you envision yourself having in ten years, etc. Some of the hardest questions are behavioral questions – i.e. “tell me about a time when...” Practice behavioral-style questions prior to your interviews. Interview days consisted of 3-6 interviews lasting 15 min - 1 hr (varies program to program). Make sure you can speak in detail about anything listed on your application (research projects, extracurriculars). There are links to good guides for interviewing for psychiatry residencies on-line on the APA & PsychSIGN websites. Deans are available for mock interview practice by appointment and are a great source for feedback. Try to take advantage of the mock interviewing practice – it's very helpful.

In the weeks prior to your interviews, many programs will request information about which areas of psychiatry you are most interested in. They will try and match you with faculty who share this interest during your interview. From your perspective as an applicant, you want to meet with the people at the program who you may gravitate towards as potential mentors. From the program side, they want to make sure you see what they have to offer. If you have an interest in palliative psychiatry or mood disorders, for instance, then it's great for you to meet with faculty who have special clinics or research projects in these areas. Some programs are able to arrange for this; others can't because of logistical constraints. It can really help you to see a side of a program you may have otherwise totally missed. Plus, it allows you to make very strong connections with faculty who share your interests, which probably helps their evaluation of you as a candidate. Keep in mind they are trying to sell their program as much as they are trying to evaluate you. They are already excited to be interviewing you, so try to enjoy yourself. There are some really nice psychiatrists out there.

Things programs loved to discuss: aspects of your letters of recommendation, how you would handle a particular situation (e.g. how would you deal with a disagreement with an attending), any research experience, favorite books/author, hobbies, career interests.

Be sure to write a nice note, ideally typed or by hand, thanking each of your interviewers, and mention some specific topics that were discussed with that person – this is HUGE! There will be some down time on interview days and if you write down a few notes on your schedule next to the name of the person who interviewed you, it will make the thank you letters go much quicker (and be more meaningful). Don't feel discouraged if you don't get responses to your thank you notes - every school has a different approach to “post-interview communication” that they will likely share with you on interview day.

### **Memorable Interview Questions:**

- How was your childhood?
- Give me a patient presentation with mental status.

- Tell me a time when you disagreed with your attending's management of a patient and how did you handle it?
- What would you do if you had a patient that was consistently late to all appointments?
- What would be one word to describe you?
- What did your family think about you applying to psychiatry?
- What will you do to address the stigma surrounding mental health?
- What was the biggest hurdle you had to overcome during medical school?
- How did you successfully build the relationships with your mentors?
- Give an example of a time you had to set boundaries with a patient, or describe a difficult patient encounter and how you managed it.
  - What are the differences and similarities between psychiatry, psychology, and neurology?

#### Specific Interview Information

*Below is a sampling of programs that GW students interviewed at in 2008-2020. This list is not comprehensive.*

#### Northeast

*Cambridge Health Alliance/Harvard* – residents take turns hosting applicants at their homes before the interview day, this totally fits the program's culture - small, warm, nurturing, supportive. Requires you have completed a medicine AI before interviewing.

*BIDMC/Harvard* - really nice residents, one GW student is currently there (class of 2018?). Program has really impressive psychotherapy training, considered very call heavy. Dinner before was really fun.

*Boston University* – invite all the candidates to the associate program director's house in the evening after interviews for a cocktail party/dinner, encouraged applicants to 'dress down' and come in jeans, etc., and they all did the same, so it was nice to interact without a suit on, program is small, warm, fuzzy and this definitely came across with their approach to dinner. Big emphasis on the underserved community of Boston, tons of addiction, psych ER. One GW student currently there (class of 2019)

*Tufts University* - smaller program with good emphasis on psychotherapy and psychopharm. Located in Chinatown. They have a Triple Board Program.

*Cornell (NY)* – great balance between therapy and psychopharm, and their therapy is particularly outstanding. Happy residents, supportive faculty. Has Westchester freestanding psych facility. Do medicine and consults at Sloan-Kettering. Pretty much every fellowship available. Subsidized housing.

*Columbia (NY)* – one of the best programs in the country. Excellent training. Pay increases considerably in PGY3 year as the residents start getting paid by the state.

*Beth Israel (NY)* – Pays pretty decent for NYC. Very down to earth. Student from class of 2020 matched there

*Mt Sinai (NY)* – Great hours, everyone seems happy. Very down to earth folks. 16ish residents per class, strong child adolescent opportunities, good research opportunities, good mentorship, great didactics and psychotherapy. Dinner at resident's house in Mt Sinai housing., , Meet with PD and 2-3 faculty, lunch with residents. Interesting style interview questions, don't be alarmed if they see analytical. They begin outpatient in PGY2 year. Also have a Triple Board program. GW Student from 2020 matched there

*Einstein-Montefiore* – Large emphasis on the underserved. Good balance of psychopharm and therapy. Lots of public health opportunities and research. Good housing available in the Bronx. Amazing benefits. GW class of 2019 student there

*NSLIJ in Queens* – great program with therapy focus and great research options. Best for people from NY, but one that offers a lot and is not often seen on NY radar.

*Yale* – Wonderful and large program (16) with superb focused didactics, great VA exposure and a nice balance between psychopharmacology and therapy. In New Haven, not a great place for spouse job opportunities.

*University of Pennsylvania* – especially malignant for psychiatry interview, pimping during the interview including questions about current articles, also very concerned with board scores.

*University of Maryland/Sheppard Pratt* – one of the largest in the country, with a great balance between pharm and therapy, excellent didactics, great cost of living and great mentorship. Offers diverse clinical training with sites including Sheppard Pratt (free-standing psych hospital), which has many specialty units available. Many GW grads there from class of 2019 and 2020. Known to be intense (q4 24h call during inpatient at Shepherd Pratt) and definitely felt more intense than any other program I interviewed at, but they will spin it to say that this is what gives you the best training. Residents didn't seem too happy.

*Johns Hopkins* – Intern year consists of more medicine than most other programs, including 6 weeks in the ICU. No formal research track but plenty of opportunities available. 6 months of elective time compared to 12 months with most programs. Program director and residents very nice, but schedule is busy – you'll be working a lot, and you take call in PGY4 via the ED psych shifts. The Hopkins "Perspectives" approach to interviewing is very interesting. Option to apply for pediatrics intern year.

*GW* – smallish program (6 residents) with great didactics, varied practice opportunities and superb mentorship in the department; it is acknowledged to be the best program in DC. Dr Griffeth (former chair) created a neuroscience-based didactic curriculum that is unique to GW, and also teaches unique Hope Modules on how to instill hope in patients. Associated with the Washington Psychoanalytic Institute for excellent psychotherapy training. Pre-interview dinner, more casual interview day, meet with 2 faculty, PD, group meeting with chairman, sometimes grand rounds, all day. Rotate at Inova and Children's frequently especially now that GW 6S is having staffing and funding issues.

*Georgetown* – New program director and associate program director. Training sites include the Washington Hosp Center, DC VAMC (a lot of time spent at the VA). Pre-interview dinner, meet with PD, 2-3 faculty, lunch with residents. Georgetown has a voluntary inpatient unit similar to GW. Used to be known as a "malignant" program, but now seems really great.

*Thomas Jefferson University* – Located in Center City, a very central, safe part of Philly. Highly dedicated PD (some find his interview style a little weird). 2 units that are small and similar to 6S at GW but with a dedicated geriatric unit where you can spend significant time with each patient. Medicaid outpatient. Diverse clinical sites – rotate at several hospitals. Less elective time in PGY-4 than at other programs. Student from GW class of 2019 and 2022 there. Very close-knit residents, good combo of academic and community feel.

*SUNY Downstate* – Very diverse faculty and residents. County hospital in a community setting in Brooklyn. The resident class was very down to earth, a mix of US and IMG grads. Very reasonable hours and very laid back for a NY program. Good salary.

*University of Vermont* – Offers a 5 year child/adolescent combined residency. Basically you interview for both their general psych program and fellowship on the same day. Good opportunity if you know that child/adolescent psych is for you. Burlington is a very progressive city. Supposedly difficult for residents to start their own practice in the area after residency. Burlington is over-saturated with psychiatrists.

*Dartmouth College* – Offers a 5-year child/adolescent combined residency. You will interview for both at the same time and just rank them separately. They will have you meet with the Child and Adolescent Program director (who

is great) and a few of the fellows (not in an interview setting). You will get to see Hanover a bit during the resident dinner, so see how you feel about the city (you may even run into political candidates!). They rotate at the White River Junction VA in Vermont, which is one of if not the best PTSD centers.

*UMass* – One of a few programs that offers a 5-year child/adolescent combined residency. You will interview for both at the same time and just rank them separately. They will have you interview with the Child and Adolescent Program director (who is very nice). Program director will ask you “what is your dream job” or something along those lines and he genuinely wants to know and will apparently bend over backwards to make it happen for you. Residents were very down to earth and seemed very happy.

*Brown* – Great program director and assistant program director. Great place for research, but also dedicated to psychotherapy/clinical training. Really value humanism in residents and will ask you about humanistic qualities to your application. Strong opportunities in child and adolescent psych - free-standing child psych hospital (Bradley), child consults, peds/psych unit, and other inpatient opportunities. Also has an adult free standing psych hospital (Butler). They have a triple-board program. Student from GW class of 2020 matched there.

*Temple* – Very nice residents and program director. Chair was a character (in a good way) and may interview you. They seemed to really value the resident interview. Will predominantly serve an African American low socioeconomic status patient population. Will pay for training at local psychoanalytic institute.

*St. Elizabeth's DC* – Nice program director. Residents seemed very happy. Meet with PD, 2 faculty, lunch with residents, 10ish residents per class, VA rotations, child outpatient at CNMC. Strong forensic opportunities, largely international grads and DO's, best work-life balance. GW students from 2019 and 2020 matched there.

*Howard University* – 5 residents per class, very little psychotherapy training, strong in addictions, VA rotations, residents were very nice, seems somewhat disorganized. No dinner prior, meet with PD, 1-2 faculty, fairly disorganized and a lot of sitting around, lunch with residents, sometimes grand rounds. GW student from 2020 matched there

*Allegheny General Hospital* – 4 residents per class, great mentorship, great inpatient unit & training, affordable city, strong child adolescent program and fellowship. No dinner prior, meet with PD and 3 faculty, lunch with residents, tour with chief resident around the city.

*University of Rochester* - 8 residents per class, offers a 5 year child/adolescent combined residency. During 2019 application cycle they seemed more psychopharm focused, although were actively recruiting faculty to enhance their psychotherapy training. Strong in integrated care models (you rotate on a med/psych unit for your medicine months). Large emphasis on work/life balance/ lifestyle, and family oriented.

### Southeast

*UVA* – Appears to have good clinical training. Happy residents. Opportunities for electives during PGY-1 including “medical toxicology” as elective during medicine months which residents liked. Early exposure to sub-specialties.

*VCU* – 10ish residents per class, strongest aspect is CL, also up and coming child programs, strong group of kind residents, very affordable city, PD is well-liked, excellent psychotherapy training. Have a pre-interview dinner, meet with PD and 2-3 faculty, lunch with residents. Was asked to present a patient complete with mental status exam on the spot.

*UNC* – One of the best programs in the south. Large program with 14 PGY-1 spots. Training sites include a new State psychiatric hospital, which includes 2 months on their med-psych unit during intern year. Also has 7 inpatient psych units at the university hospital (including peripartum mood disorders unit) Has a research track. Beautiful facilities. Appears to work hard but in a supportive environment. Outpatient year is during PGY-2. Good balance between therapy and psychopharm.

*Duke* – Self-described “hard-working” program, however one resident said it was not as bad as they thought it would be. New chair as of Spring 2017, who is a Child and Adolescent Psychiatrist who seemed very nice and excited about joining the program. The program director is very nurturing. They have a very strong consult liaison service (apparently their toughest rotation) and a great family studies program.

*MUSC* – A top 10 program in terms of NIH grant awards. Faculty member Dr. Mark George coined the term “Interventional Psychiatry.”

*Emory* – Well-balanced program in terms of clinical training and sites including Grady, which is a large community hospital, a Veterans hospital, and a tertiary care center in Emory hospital. Excellent addiction program and faculty.

*Vanderbilt* – Offers a 5 year child/adolescent combined residency, Training program of our very own, Dr. Samenow. If you love music and spicy chicken, you will probably love Nashville.

*Baylor* – Training site includes the Menninger Clinic, which is one of the top-ranked psychiatric hospitals in the country. The department chair has written on the benefits of combining neurology and psychiatry training programs.

*University of Miami* – Very well-connected PD. Big county hospital, VA, and private hospital settings. Very psychopharm heavy, not a place to train for psychotherapy. Research opportunities. Lots of vacation time, lots of outpatient neurology and medicine.

*University of FL Jacksonville* – new small program with NO CALL and great attending interaction in one of the best cities in FL in terms of lifestyle and places to start/raise a family

*Virginia Tech* – One of the nicest and supportive program directors you will meet on the trail. She literally hugged every applicant upon meeting them. Speaks to the culture of the program. Residents seemed very happy there. Roanoke is not that bad of a city. Cheap housing and safe area for raising a family.

#### Midwest

*Hennepin-Regions* – a great clinical program in a great city with a very diverse patient population and good instructors. Kind of a sleeper program.

*U Chicago* – A terrific, close-knit program with 6 residents per year. PD is a very caring person and interested in “lighting a fire” within her residents to become advocates within psychiatry. Good work-life balance, rotate at diverse clinical sites. Several awesome female faculty members.

*Rush*- Very down-to-earth program, feels much more involved with the community than other academic institutions in the area. Only program in Chicago with a Psych unit within their hospital, so good C/L and med-psych education. Group interview component that was actually quite fun, so don’t sweat it. Big on teamwork and collaboration.

*Northwestern*- research-focused, lots of outpatient therapy. North Shore (more affluent) and downtown (less affluent) opportunities.

*Medical College of Wisconsin* - superb work/life balance, great therapy focus, great cost of living and great VA work options; if my first choice had not come through would have loved to go there! Definitely apply! Loved the faculty on my interview day. Very kind people.



*Henry Ford Hospital/WSU* – Great work-life balance, but almost a little too light on the workload. Most of the inpatient rotations are at HF Kingswood Hospital. Population with a lot of co-morbid substance use. Residents seemed very happy. PD expects 1 publication/poster per resident yearly.

*Case Western Reserve University* – Solid program, quirky program director. Residents are a mix of MD and DO grads. Cleveland is extremely affordable.

*Ohio State* – Wonderful hospital facilities. Program director is very nice. Large resident class from what I can remember. Columbus is a nice city with fairly cheap housing. Great opportunity to get experience treating undergrads for those interested in student mental health. Awesome benefits and work-life balance while also challenging and exposing you to very sick patients. Moonlighting starts in PGY-2! Great combo of academic and community feel.

*UPMC* – Amazing program with several tracks, numerous opportunities for research, and an outstanding freestanding psychiatric hospital (WPIC) with specialized units like Sheppard Pratt. Truly an outstanding program – faculty and residents both very nice and happy. Pittsburgh COL is low. Psych ED “the DEC” a great place to learn emergency psychiatry. Offers triple board, combined family med/psychiatry, and child/adolescent psychiatry track.

*University of Michigan* – Excellent program, however, the psychopathology seemed a bit limited – you spend a lot of time at the VA hospital, and patients from surrounding counties (i.e. Wayne, Oakland) with severe mental illness cannot be involuntarily hospitalized at UM hospital. Residents sounded a bit over-worked/burnt-out.

*Pine Rest Christian Mental Health Services* – Relatively new program in Grand Rapids, MI affiliated with MSU. Mostly DO residents. Extremely good work-life balance. Have a busy ECT center. Medicine months seemed a bit too light – i.e. no inpatient medicine months, only do medicine consults within the Pine Rest psychiatric hospital.

*DMC/Wayne State* – Did not have a positive interview experience, with one resident interviewer making inappropriate comments. Overall unimpressive program with a terrible call schedule for psychiatry – overnight call q3-4 days throughout PGY2.

#### Northwest

*University of Washington* – has extensive tracks which allow residents to choose a track (or two, or three) and get additional mentorship and seminars and clinical rotations for their track. For instance, they have a Psychiatry in the Medical Setting track which allows you to explore the psych-med interface early on in residency by spending time at primary care-psychiatry collaborative care clinics. They also have a Neuroscience track and a Research track (and many others). These tracks aren't binding, nor are they required. They allow residents in a large program to focus in on their interests and receive additional mentorship.

*San Mateo* – Awesome program, but small (4 residents/yr) and high cost of living. Great area and community. Hospital is a community health center, so work with immigrants and Spanish faculty are very helpful. Extremely unique community focus.

*UCSF-Fresno* – very small program (4 residents) with great family atmosphere and instruction. Program director is a GW med school alumnus.

#### Southwest

*UArizona - Tucson*: Beautiful, affordable college town with a huge presence from University of Arizona. Good mix of therapy and psychopharm. Residents seem happy and to enjoy the nearby nature. Lots of diverse clinical sites.

*UCLA-NPI/Semel (Westwood Campus)* – Every clinical and research opportunity you could ask for. Residents engaged and down to earth. They have an extra day for those under-represented minorities or those interested in health equity/health disparities. .

*UCLA - San Fernando Valley (Olive View)* – Chill residents. Lots of parents, residents having babies. Only 2 months of inpt medicine, 2 months outpt. Outpt psych starting PGY2 but you do have to drive 15-30 mins to your outpatient clinic every day. Part of UCLA-NPI/Semel. Good benefits. Residents live all over Los Angeles.

UCLA Harbor - county hospital with huge emphasis on the underserved/uninsured. Lots of Psych ED, very high acuity. Spend a few months at Kaiser to try and see higher socioeconomic status patients. Good emphasis on psychotherapy, with outpatient beginning in 2nd year. Interview day was very casual and sort of unstructured.

*UC Riverside* – Newer program in Southern California’s Inland Empire. First graduating resident class in 2017. One of the best programs in regards to resident quality of life. No weekends. No call. Residents seemed very happy there. Current residents went to med school at WashU, UCSF, etc. Lifestyle seems to be pulling in a lot of top applicants. Facilities left a lot to be desired though. Program Director Dr. Luo is very nice. Came to the resident dinner the night before to meet applicants and talk more about the program.

*USC* – Big county hospital. Very medically complex patients. 5 weeks vacation! You can live in the Hollywood, Downtown LA, Silverlake areas. One GW class of 2018 student there

*Kaiser Fontana* – lots of benefits for working at Kaiser; lots of opportunities to work with Kaiser in the future. Some of the didactics are shared with the nearby academic institution, Loma Linda. Closest airport is Ontario Airport, quite far from LAX. Working here does not qualify you for Public Service Loan Forgiveness as Kaiser is a for-profit institution. Something to keep in mind if you have substantial student loan debt!

*University of Hawaii* – introspective, close-knit residents and a very supportive program director. DO heavy.

*University of Colorado (Denver)* – Amazing city, program director is super nice, residents seemed happy. Amazing diversity of clinical sites and rotations. Really cool psychotherapy track. Will work hard, however it did not seem like it was a “malignant” program by any means. They have an integrated child/research program and research track that you can apply to when you’re in residency; in addition to a child interest track that allows you to do 2 months of pediatrics.

*UC Davis* – Very smooth interview day with just a few conversations. Really nice residents that seemed very happy with their program. Sacramento seemed to be a growing city.

*UC Irvine* – Somewhat new program director and brand new chair as of Winter 2017. Good patient diversity with psych ED, addiction exposure, low and high socioeconomic status environments. Good therapy training. Many residents had year long passes to Disneyland if that’s your thing. Residents and faculty genuinely seemed to like each other. Very laid back.

### **GW Connections**

- Drs. Akman and Griffith are very well connected with several of the above programs.
- CHA - Ariel Otero ('05), GW has a history of sending a grad to the CHA program every few years. Dr. Akman is a good friend of Marshall Forstein, the program director of the CHA program.
- Drs. Griffith and Forstein were at MGH for residency at the same time so they go way back, too.
- Program Directors at University of Arizona-Phoenix and UCSF-Fresno are both GW med school grads.
- Harvard/Longwood - Lauren Sitzer ('05), GW also has connections with Harvard Longwood and during the interview Dr. Greenberg raved about how highly he thinks of Dr. Griffith.
- BU - less contacts than the preceding programs, though Dr. Griffith has collaborated with some folks who do trauma-related psychiatry and psychology at BU (which BU is huge for) - Dr. Torres went here
- The department seems to have fewer connections with west coast programs. Dr. Griffith does know Francis Lu at UCSF because of their mutual work in cross-cultural psychiatry. That said, people do go to West Coast programs from GW often.

- There are multiple GW alumni who are residents at Georgetown, Johns Hopkins, and University of Maryland
- Dr. Tyson (at CNMC), also a GW med alum, went to Columbia for residency and child psych fellowship
- Dr. Rebecca Begtrup at CNMC - went to Tulane Triple Board program
- OHSU - Jeanette Ardens ('05)
- 2015 matches: Georgetown, Emory, UPMC, UMD, Pine Rest.
- 2017 matches: GWU x2, Mount Sinai Beth Israel, Walter Reed
- 2018 matches: Georgetown x2, GW, UMaryland, BIDMC, USC
- 2019 matches: GWU, St. E's, Wash U, Naval Medical Center San Diego, Thomas Jefferson, Icahn SOM Beth Israel, Montefiore, Icahn SOM St. Luke's Roosevelt, Boston University, U Maryland x2, UPMC (triple-board)
- 2020: St E's, Icahn SOM Beth Israel, Icahn SOM Mount Sinai, Brown, Maryland x2, Albany, UBuffalo (child), U-Arizona- Phoenix, U New Mexico
- 2022: St. E's, Rush, Emory, Mt Sinai Morningside, GW, UNC, Thomas Jefferson, UT Austin, University of Washington, Prisma

### **Resources**

APA guide to psychiatry residency: <https://www.psychiatry.org/residents-medical-students/medical-students/apply-for-psychiatric-residency>

Psychiatry Student Interest Group Network: [www.psychsign.org](http://www.psychsign.org) has TONS of helpful links, especially under Education and Career links.

Student Doctor Network has a lot more program reviews for each year that are very helpful when deciding where to apply.

There will be SDN threads/Google docs regarding timing of interviews offered/available dates/interview reviews, etc. Don't put too much stock in this, but it can be helpful to see whether or not certain programs seem to have started offering interviews.

## **Radiation Oncology**

No residency program at GW, but growing department

### **General Application Advice:**

Radiation oncology is a competitive specialty requiring competitive step 1 score (240+), research, and strong interviews. In more recent years, there has been a trend toward less applicants applying each cycle due to concerns in the job market. Residency programs are reducing spots after significant increases in the early 2000's. However, there have been recent improvements in the job market as well as advances in Radiotherapy. Nonetheless, applicants should aim for top programs in case there are continued issues with the job market. As such, achieving good step scores, having publications, and networking is still essential to securing a spot at a top residency program.

GW has in recent years been growing and is interested in getting students involved in projects. GW operates more like a community practice than an academic institution, however, they will welcome you with open arms and put you in a position to succeed. Consider getting involved in a large national database project, literature review, or smaller original research projects as an introduction to the field. Reaching out to Dr. Goyal early is essential to making these projects get accomplished. Other students have also had success doing research at other institutions including Georgetown, Johns Hopkins, and UMD. Georgetown in particular has taken to adopting GW students, and certain attendings are motivated to get students involved in research projects (especially surrounding prostate cancer, GI cancers). Away rotations are another way of getting small projects out.

Away rotations are critical to get a better sense of what a radiation oncology residency program looks like and how academic radiation oncology departments run. It is common for students to do 2-3 away rotations. Virtual and in-person away options can be found through VSAS or through departmental websites. For example, the University of Pennsylvania has a separate mail in application. Many students will take a research month or year to bolster their applications, and these can be done at outside institutions as well. You can use these away rotations as an opportunity for letters of recommendation. You can also use resident connections to gain some more insight into the application and training process down the line. It is very common for applicants to match at programs where they have done a rotation.

Radiation oncology is a small field in general and residency programs are much smaller than what you may be used to based on third year rotations. Smaller programs (1 resident per year) have a much different feel than larger academic programs (6 residents per year). This can translate into more research opportunities and more advanced cases/specialized care at bigger institutions. Programs may also have different atmospheres based on chairmen's vision, residents, location, training goals, etc. When applying, most people apply to a variety of different sized programs. In general, given the smaller number of programs in the country, limitations to geographic distribution can make the interview process more challenging, but is possible!

### **GW sub-I**

This will not count toward graduation requirements! That being said, rotating with the department is an important opportunity to get your feet wet and learn some relevant studies that you can apply during your away rotations. They will teach you the basics that will make you successful on your away rotations. The attendings will also go out of their way to advocate for you at the institutions they trained at, which can give you an edge on the interview trail.

### **Away rotations**

**UMD:** has a well-known chair. This center has a proton center, so you can gain some experience on this technique. The residency program is clinically rigorous but all the residents have the time to remain highly active with their research. As a student, there are many research projects.

**Hopkins:** Lots of opportunities for tumor board attendance and integrated lecture series integrated into the day. Paired with one attending per week. In conversations with the residents, many complained they felt unsupported in the job search, which was a red flag.

**Moffitt:** is a well-known program. The cancer center is well known worldwide. The department has been rapidly growing and has good clinical volume. The residents are a bit more laid back, but still work hard clinically. They produce a lot of research. Accepts 3 residents per year.

**Emory:** The chair recently stepped down, and currently they are in the process of interviewing to fill this vacancy. It is expected that Jeff Bradley, who is the interim chair recently appointed from WashU, will take the permanent position. The program director is also relatively new to his role. This program is centered at 6 training sites, and they are in the process of building a new facility. This program has a mandatory clinical trial design curriculum. This program has an integrated prelim year with 4 residents accepted per year.

**UPenn:** is one of the largest departments with a robust proton therapy center. The rotation pairs you with one service for a month (for example, thoracics service only for a month), which allows you to learn the subject matter well. The residents set you up for success during this month by sending relevant articles and allowing you to take the lead writing notes, interview patients independently, and coming up with plans. There are also opportunities to do research during your month. This program accepts 4 residents per year and has an integrated intern year.

**UVA:** This is a smaller department. The faculty and residents are very family oriented and friendly. Because it is a smaller program, there are less opportunities to do research. Dr. Kara Romano is a GW graduate.

**UPMC:** Previous experience has indicated that this program is laid back and has big guns in the field. More recently, program has been rumored to have toxic culture with some complaints related to program leadership.

**VCU:** Small program that is well known for their brachytherapy program. As a rotator, you will be tasked to see patients, present, and write H&Ps. They are in the process of building a new radiation oncology facility.

**Utah:** You can do 4 weeks or 2 weeks, ending with presentation. Away will count as interview.

**UCSF:** You are paired with a different service every day, which allows you to get a good sense of how to treat a variety of disease pathologies. Residency program leadership is mostly in CNS, but the department is very well known for prostate brachytherapy among others. The residents were overall very happy and willing to get you involved in research projects.

**MSKCC:** You are paired with a different service every day, which gives you exposure to various disease sites and leaders in the field. Residents work hard but put you in a position to succeed. Great opportunity to dive into literature as their program is very academic. Strong performance on your rotation will put you in a good position for interviews.

**MDACC:** Several GW students have had great experiences rotating there. Gives you exposure to many attendings as well as Emma Holliday and their PD. Prepares you for their panel interview on interview day.

### **Advice on interviews from previous generations of GW med students**

Interviews generally come in late (November/December) with the last invite being mid-January. During the COVID cycles (2020-2022), interviews started in November and lasted into January. Try to remain calm when a majority of your friends are done interviewing and you still don't know how many interviews you've gotten! It is common for programs to wait until after ASTRO to review applications. Every year there is a google sheet online where applicants from around the country will indicate if they've received invites from a program. The magic number of interviews is 10 (>95% match rate). Sometimes there's a "second wave" of interviews due to applicants canceling their appointments so be ready to be flexible. Try to schedule my prelim/TY interviews early to leave room for rad onc interviews. Interview days are long as you generally meet the entire department + physics. Stay hydrated and keep snacks nearby!

### **Interview Advice:**

"It is very typical to interview with at least 8 people including rad bio/physicists on faculty, the chair, senior residents, and faculty. This is typically 1:1 or 2:1. Some programs like MD Anderson have panel interviews. There is usually a night before interview dinner (some of the west coast programs have them the night of the interview) which can be just with residents or with faculty. This is a good opportunity to get a gauge of department culture/fit. In a changing field where the job market is more and more of a concern, it is important to assess if the PGY5s are getting jobs in locations/places they want to be. As you will not be interviewing with all the residents, the interview dinner is a good time to ask that question. The program coordinators often will send out an interview schedule of events the night before. I highly recommend you look up the disease site and research interests of every person on the list to give you something to ask about on the interview day, give you a sense of your

audience, and give you a flavor of projects ongoing in the department. The most common question asked is “What questions do you have?” It would be helpful to have a list of 5-10 questions you can ask on interview day to fill that time (don’t waste all your questions on the resident dinner time). Some suggestions could include “How is feedback handled in the department?” or “What changes do you see happening in the department in the next 5-10 years?” Other popular questions include “Tell me about yourself,” “Why did you choose RadOnc?,” “Tell me about a research project.” I would highly advise you to have pre-prepared answers to all of these questions that you can answer in ~3-4 minutes. During the virtual interview cycle, it was easier to schedule more interviews than possible in previous years. I would suggest you pace yourself because the long interview days can be draining. Give yourself some time to recover between interviews if at all possible.”

“You end up seeing a lot of the same people on the trail and interviews are usually very laid back with lots of talk about your research. Keep in mind that this field tends to be dominated by true nerds so being charismatic will make you stand out. Chairmen interviews can sometimes be more intimidating as they ask you the more traditional interview questions. Try to enjoy the process though as you’ll see all of these people yearly for the rest of your career at ASTRO meetings. Don’t be too influenced when programs try to sell themselves by the “technology” they have. This is only important if a program is still drawing on radiographic films with crayons. Otherwise, it makes little difference to have trained on 7 different treatment machines vs 4 as long as you had good clinical training.”

“Interview days are long! Expect at least 8 (15-20min) interviews and at most I had 11. I had one that was 2 panel interviews with about 8 people in each room for about 25 mins. It sounds intimidating, but I actually liked this better because you are not constantly repeating yourself.”

“As the day wears on, everyone gets exhausted and bored with the whole thing and many interviewers will start off with the dreaded “do you have any questions?” I don’t know what the appropriate angle is here. I often told interviewers that I had all my questions answered by that point in the day and I didn’t want to repeat them for the sake of banter. Some seemed to appreciate it, and others it was hard to tell. One was so relieved that I didn’t want to talk shop that we talked about our favorite places to vacation instead. You just have to read the person quickly and make a snap judgment and live with your choice for 20 minutes! Because we meet so many people, I would ALWAYS ask for a card (many were shocked since apparently most students don’t) and as soon as I walked out of the room I’d write down a few words regarding what we talked about. By the end of the day, I didn’t remember any conversation in particular, so it was definitely helpful when writing thank you emails (definitely go for the email rather than pen and paper, it allows them to respond).”

“The types of questions also differ depending on who is interviewing: an attending, a resident, a physicist, or a dosimetrist...sometimes even an administrator. Chairmen typically ask pretty bland questions. Faculty will try to get a gauge of your personality, physicists ask about research, and residents will just banter. Some will ask very pointed questions though. I had one chairman ask about how I would design a clinical trial for some aspect of prostate cancer treatment... it was way over my head but I later found out that he tends to think out loud and my answer didn’t really matter. Essentially you just have to be prepared to talk about yourself and your achievements at length, but be able to carry a conversation and ask meaningful questions.”

“Know your research! Including non-rad onc stuff!”

#### **Memorable Interview Questions:**

- Most recent book? Favorite book? Favorite movie?
- Challenge in life?
- Why radiation oncology?
- Dinner with anyone who would it be?
- Future goals?
- Where do you see yourself in 10 years?
- Challenges in the field?

- If In a play which part would you play?
  - How would your best friend/grandma describe you?
  - How would your enemy describe you?
  - Teach me something?
  - Most recent gift you gave?
  - Tell me about your friends?
  - As an attending, how would you split your time (e.g. research, clinic duties)?
  - If you were any ion what would you be?
- Somin Powell at MSKCC will ask you what you plan on contributing to the field.

***Below is a sampling of programs that GW students interviewed at along with any information/opinions specific to the program noted adjacent to it.***

***Emory:*** New chairman transitioning from WashU (Jeff Bradley). Busy program. Residents work very hard and have to double cover attendings. You will get an academic day each week. There is a relatively new PD. There is 9 months of research given, and you are required to do clinical trials development course during PGY3 year. There are 6-7 sites that residents rotate around the city.

***Duke:*** Investing in getting new faculty with some innovative ideas. They have a unique oncoanatomy course which is hosted by Duke and UNC. The department has started SUCCEED seminars to help in the transition to become attendings, and there is a new attending coaching program. PD is a big brachy guy and trying to grow the program. Technology is limited to linacs and brachytherapy. Protons on the way. The major complaint residents had was that they continue to have to cross cover attendings despite nearly every other program in the country moving away from this.

***MD Anderson radiation oncology*** - panel interview with 12 faculty followed by 5 minutes talking about something non-medical, non-research related. There are also 2 informal interview sessions with a resident and faculty members which serve as opportunities to ask question. They have 2 spots per year for a categorical TY through the University of Texas where you spend 6 months at Anderson. They have a novel fletcher pathway program for training in clinical trials. Very big program, so the downside is it is easy to get lost in the mix.

***University of Florida:*** Residents seem among the happiest on the trail. There is an annual research seminar for alumni which is helpful for networking. You are required to do a rotation at Moffitt and a rotation at their proton center in Jacksonville. Awesome program with a great reputation, especially for head and neck. Department is super nice and they have a research department devoted to help you get published. Strong proton center.

***Mayo Clinic Rochester:*** Senior resident associate lets you run the show for 6 months as an attending. They have a research department devoted to help you get published. They have all the toys here, and are even building a carbon center. Excellent didactics, but a little on the formal side. Very generous travel stipend and locums opportunities.

***University of Maryland:*** Their chair is a big-wig in RadOnc who goes out of his way to help his residents get jobs. Residents get their pediatrics experience through collaboration with St. Jude. Residents spoke highly of PD. Proton center in financial distress.

***Jefferson:*** Great location in Philly. The residents seem very happy. Department director is huge resident advocate and help guide residents to develop their own interests throughout residency training. This place used to be one of the best rad onc programs and has a good reputation among the east coast schools. **Update:** I did not interview here because of rumors of significant toxicity ongoing in this department. I was told this by a Jefferson med student. Applicants my year indicated that they got the sense that residents were just there for coverage and to do notes.

**University of Virginia:** smaller program but nice department. This program has a lot of energy for such a small department and solid reputation. Will send their residents anywhere in the world for conferences if you have something to present. Send their residents to Switzerland for 1 month for proton training.

**VCU:** Medium size department, many well known faculty. Department is big in brachy. They are building a brand new cancer center. The PD is well known in medical education and is very supportive. There is an opportunity to get pediatrics experience at St Jude.

**University of Wisconsin:** Beautiful department, very heavily involved in basic science research. Department directors is extremely nice and well known. Zero scut work according to the residents. Madison is a great place to live if you can tolerate the cold.

**Tufts:** Not an NCI cancer center. You spend 60% of your time in providence at Brown hospital. Also adding UMass as a rotation. The Tufts department is in Boston and is less busy given proximity to MGH. You get a good variety rotating at the different hospitals it just depends on if you are willing to move around constantly.

**University of Louisville:** Not an NCI cancer center but they really have everything under one roof here (brachy, cyber knife, gamma knife, etc.) so overall would get great training. Have a really good brachy guy from Ohio State. Best food I had on my interview trail was in Louisville! Apparently there is a lot to do here, cheap cost of living and good weather!

**Cal Pacific:** If you want a job in NorCal this is one of the 3 programs that will let you land one. Their pay is quite good. Huge Brachy volume. Cozy faculty seem close with residents.

**City of Hope Duarte, CA:** New, small program. You will see zebras here.

**UTSW:** Chair is spending a lot of money to invest in new technologies and drive the field forward. PD is fabulous and will advocate for residents. So many toys. Can do proton rotation in Dallas.

**MSKCC:** This program, like the other top 3 programs, has all the toys. The faculty are leaders in the field and are highly specialized. The residents seemed genuinely happy, but acknowledged they work harder than most of their peers at other top programs. Residents acknowledged that while there is a high volume, the diversity of patients less common (seems like mostly upper Manhattan VIP crowd). There is a subsidized housing program through MSKCC. They have an integrated statistics and epidemiology course.

**UNC:** They are adding a lot of new faculty. Similar to Duke, they have an innovated oncoanatomy course that is part of didactics. The program will pay for your masters if you are interested.

**UCSF:** Leaders in CNS and prostate brachytherapy in particular. Residents seemed very happy with lifestyle. Building proton center.

**UCSD:** The residents and attendings all seemed very laid back. It has one of the largest proton centers in the country. PD is very involved in the med school, so every year there are tons of students applying into RadOnc from UCSD. Chair will pay for you to do an international rotation or complete a masters. They have certain long days where you will have to help staff the machines, but you are well compensated in educational funding. Lot of interesting collaborations happening here.

**Yale:** Residents appear to get along very well with each other and the faculty. The chair is hands off, which allows faculty to explore their own interests. There are two sites, with one being in the community 50 minutes away. They are developing a physics board review boot camp. They are building a proton center to be shared with another Connecticut RadOnc program. Emphasis on translational research.



**Harvard (HROP):** All the toys. The residents said the faculty helped them get jobs and negotiate contracts. Excellent faculty who are leaders in the field. There is a stats course integrated into the curriculum. Many RadBio faculty help write the board exams.

**University of Chicago:** Historically known as a malignant program due to “Socratic didactic sessions.” The PD acknowledged that she is attempting to change this. Chair is well known in the field for coming up with the concepts of oligonucleotides. The program encourages out of the box thinking. The program will pay for you to get a masters.

**University of Michigan:** The residents are among the hardest worked in the country with one resident telling me she worked 80 hours per week on average the first year. They are also among the best trained. Residents that come out of this program tend to have a fantastic career trajectory. Lots of ongoing research.

**University of Washington:** This program has some of the most diverse machines including neutrons at 6 sites around the city. The city itself has a huge catchment area, so you will see patient from all over the state and from over state lines. There are a lot of junior attendings. The culture was not one of ‘fit’ but rather one of “the best person possible for the job.” As a result, it seemed a little less cohesive than other programs.

**University of Pennsylvania:** A top program that has all the toys but for MR LINAC. There is an alumni network that was created to help residents get jobs. All the residents seem very happy. Strong focus on resident education. One of the only programs in the country that is categorical. Opportunity to pursue master’s program. Continues to grow brachytherapy program. Neil Taunk is one of Dr. Goyal’s proteges.

**Vanderbilt:** Installed a new machine adaptive Ethos system. Because it is the only academic RadOnc facility in the area, there is a huge catchment area with opportunity to see many complex cases. In house funding for clinical trials. Most of the info session stressed interest in basic science research. There has been a lot of turnover in the department in recent years. Lisa Katchnick left for Columbia. Some concerns of over expansion.

**Washington University:** Many of the graduates go on to start their own gyn services (including GW’s own Dr. Rao). Has a very strong HDR program. One of the only programs in the country that is training residents in radiopharmaceutical trainings. They will pay for you to get a masters. There are 4 sites across the city.

**Cleveland Clinic:** Focus of the PD was on emotional intelligence not pedigree or accomplishments. Opportunity to get pediatrics experience at St. Jude. Program seems to emphasize resident wellness and education. Socratic didactics.

**Stanford:** A top program with all of the toys. No protons. There is concern that this program has been malignant in recent years. The residents denied this on interview day, but some rotators have said it was a very stressful culture. They have some of the leaders in the field including people in lymphoma/leukemia research. Focus on translational research.

**Resources:** [www.astro.org](http://www.astro.org)

## **UROLOGY**

**Chairman:** Dr. Thomas Jarrett

**Clerkship Coordinator:** Robert Pakan [rpakan@mfa.gwu.edu](mailto:rpakan@mfa.gwu.edu)

Note: Please also consult the UIG guide to applying into urology.

Urology is a competitive subspecialty and it has been getting more competitive every year. Understanding the process is absolutely crucial as missing even one deadline might result in your application either not being submitted, not being read, or not being taken seriously. But do not fret! Early engagement with the department, with multiple resources, and with other applicants will ensure that you successfully match and spend many long years being consulted for difficult Foleys.

Urologists are the surgeons of the kidneys, ureters, bladder, urethra, and male sex organs. You know this. The process to become one is less straightforward. The American Urologic Association or AUA is a third-party that runs its own match outside of the national residency matching program or NRMP. However, your application will still be submitted through the electronic residency application service or ERAS which is how applicants to specialties that do participate in the NRMP typically apply. In short, the application part is essentially the same however the matching system is completely separate\*\*. Not only is the system different but it also occurs about two months earlier. Ophthalmology and Plastic Surgery also operate on a similar time frame however their match is known as "San Francisco Match" and is a third and separate matching system.

\*\*This means you can dual-apply into urology and another specialty by sending your ERAS documents to urology programs which then match via the AUA match as well as sending these same documents to non-SF specialties.

### **GW sub-I**

You MUST buy the Weider's Pocket Guide to Urology. Other books to have on hand include *Smith's General Urology*, *Urology Secrets*, *Blueprints Pocket Urology*, *The Uro Bible: Campbells*. All of you will have to do a sub-internship at GW in urology (you will still need to do an AI but it does not have to be in general surgery, perhaps medicine or ICU). Some people chose to do their AI in medicine because with the sub I in Uro and all the away rotations you get a ton of surgical experience. Work your ass off, show up early, leave late if there are cases still going, offer to write orders for the intern and residents, make sure op-notes are written, help out with discharge paperwork, and just get along with the residents. The absolute worst thing you can do is be annoying to the residents who are wonderful and very laid back.

You get lots of exposure in the OR and in clinic and the attendings are easy going. People tell you that you have to really know everything and work your tail off during the Sub-I, but they just want to see that you have a genuine interest in urology, know a little bit and mostly that you have a good personality and are easy to work with. Knock the presentation out of the park- it will really help you. I recommend not repeating AI presentations as sometimes Dr. Jarrett mentions them in his LOR.

*Globally- This sub-I is a personality litmus test and is designed to see if you can get along with most people. Urologists are generally laid back individuals and pride themselves in their flexibility so it's important to embody this spirit.*

*Day-to-day: Try to be the first student there and read up on all the patients on the service but take the extra few minutes to learn ALL the details about your patients. When they got their PICC line, what their allergy is to penicillin, etc. These are the details that your chief resident will ask and it's very impressive if you can answer them. Once rounds are over, you choose to attend various cases. I would recommend seeing junior level cases (cystoscopies, orchietomies, stone cases) earlier on in the rotation during the first 2 weeks and learn the basics (assembling a cystoscope, prepping/draping).*

*During the last 2 weeks, increase your face time with Dr. Jarrett (he has an impressive memory and will mention this in his letter for you) and try to see the higher-level senior cases. Read up on your anatomy for every case you attend and try to understand why the patient is undergoing the surgery.*

*Please see below for a sample rounding checklist to use. Feel free to use it as a guideline until you find your own style.*

*End of rotation presentation- This is not the time to give a holistic review on hypospadias repair. The presentation should be general enough to interest all specialists within urology and should have new, innovative context. This should also be a topic that is interesting to you. The audience can tell when you are passionate about a topic and you want to be memorable more than knowledgeable. Practice and have your chief and senior residents take a look at your presentation before giving it.*

#### **4th year:**

Do your urology sub-I at GW as early as possible, ideally May, or June. Letters are very important, it's a small field and some of the interviews I got, I only got because someone knew one of my letter writers. You will get a letter from Dr. Jarrett, the chair, no matter what. The other person whose letter has the most impact is Dr. Frazier, however he will not write you a letter unless he's worked with you extensively so if you want this letter try to scrub into as many of his surgeries as possible during your GW sub I. Get Wieder's pocket guide to urology before the rotation and read up about your patients. Try to ask all your questions and learn as much as possible, don't worry about looking dumb, better at GW than on your aways.

#### **Away Rotations**

Away rotations are necessary for urology as it is a competitive specialty and you need personal exposure to stand out among the applicant pool. It is also a good opportunity to get a letter of recommendation from another chairman. This will help immensely in the application process.

It is recommended to do 2 or 3 away rotations in urology. In my opinion, the more aways you can fit in the better. The only downside is you have to work your butt off an extra 4 weeks but it would be another program you could potentially have an edge in.

Try and schedule them in an area of the country in which you would like to work. Schedule away rotations ASAP, especially if you want to rotate at a competitive program or in a competitive location (CA, NYC). Some of the programs have their application for their aways on their website with different requirements (most programs are on VSAS), so research them and complete them early. Try to do the GW home sub-I before your aways so you have some knowledge under your belt. Also make sure you have all your immunizations in order before the programs VSAS opens, I'd make this a priority starting second semester third yr.

These are golden opportunities to have exposure to chairmen, show that you are hard-working, and a team player. Each day of the rotation is an interview, so remember to act nice, know your patients, and volunteer to help others with their work. Look at each school's web page to learn more about their calendars for applying to away rotations. Most schools have an exit interview at the end of your month rotation. Doing a research month is EXTREMELY helpful for your application. Other than that, do an away at a place that puts a lot of stock in rotators. Some places don't care if you rotated with them.

Check out the document on urologymatch.com that shows what programs tend to take applicants who did away rotations and those respective programs. Most away rotations will have you do a 10-15 minute presentation on a topic of your choice during your last week. Put the time into research, prepare, and practice your talk. A poor presentation can guarantee you being rejected from a program. Do not repeat talks as many letter writers write your topic in their LOR. Remember that Urology is a small field, and faculty/PD's all speak to each other throughout the year.

If you're interested in going to the west coast, I highly recommend doing at least one away rotation there. Historically, it has been very difficult for GW students to get into the West Coast although it has happened in previous years. Try to get a recommendation letter from the chairman of the Urology department from your away rotation. It is a small field, everyone knows each other. That being said, make a good impression! You are representing yourself and GW. Program directors and chairman talk to each other. Dr. Frazier is a great person to have as an advisor. Make sure to go through your list of programs with your advisor and Dr. Jarrett before applying. We are lucky enough that Dr. Jarrett is well-known and well-respected, and his recommendation letter means a lot.

Try to schedule these as early as possible, many are first come first serve. At least two, 3 is great if you can fit it into your schedule, though this might require moving emed/neurology etc. to the end of 4th year when everyone else is on vacation. I would also recommend doing one at a less competitive place, since many programs take one sub-I most years, do it somewhere you stand a solid chance.

Away rotation experiences from the Class of 2019:

**UC Davis:** Be prepared to work hard over here, but trust that you will be rewarded by the end. You are expected to read up on your patients the night before, read landmark and/or pertinent research articles relating to management of uro onc cases (prostate ca, bladder ca, RCC), and also carry 3+ patients while on service. Dr. Evans is highly respected in the Urology field and places high expectations on both residents and AIs--but don't let that intimidate you. He and the rest of the faculty at UCD are friendly, care about your education, and most importantly ensure that patients receive the best treatment. The residents are top notch, good people who want to teach and help out. You are expected to give a grand rounds presentation at the end of the AI, so pick an interesting case (or present your Urology related research if you have any) and be prepared to answer questions--they will grill you, but not in a belittling way. Lastly, UC Davis has a history of inviting their AIs back for interviews if they performed well.

**Medical University of South Carolina:** Overall a good, underrated urology program with plenty of perks such as living in beautiful Charleston and working with well respected faculty. However, you will be VERY limited with your hands on experience while rotating for 4 weeks. The chairman, Dr. Keane, is a comical Irish lad who enjoys fine dining but means business in the OR. He is one of the few to still perform perineal prostatectomies in the country, which is cool to observe from a historical standpoint. The rest of the faculty are hit or miss when it comes to teaching and acknowledging medical students (their peds urologist is strict in the way he teaches and isn't a fan of much short talk or humming while operating), so don't take their silence to mean that you are putting in a bad performance. On the contrary, the residents will vouch for you if you have read ahead on the cases, come up with good questions, and anticipate what the floor intern/on call resident may need done for their patients. You do get weekends off, and can go out with the residents to get a beer once afternoon report is finished. MUSC interviews their AIs at the end of the rotation, which were pretty relaxed and easy going.

**OHSU - AWESOME** experience here. Very well-established Transgender Health Program, faculty and residents are phenomenal, funny, and nice. Portland is awesome.

**Colorado** - had an okay experience here. Lots of big, complex cases and great variety but I didn't feel like I fit in very well with the people. I felt a little left out by the residents. Of 15 residents, 1 is a woman. Located in Aurora (a little east of Denver) which is not as great as Denver but close by and easy to get to Denver! Lots of outdoorsy stuff to do!

**UNC Urology:** This was a GREAT program. I applied in March and heard back mid-May. Although they offer rotations on their academic schedule, I was able to adjust the rotation by a week with their permission. You have to work three weekend days (not including the weekend of your last week). Hours were typically from 4:45/5-6ish. Residents were phenomenal, smart, and excellent faculty. They do expect a lot from the away students. You write inpatient and clinic notes. They treat you like you are one of the team! You will rotate on peds, two weeks of an

onc service, and two weeks of benign (recon, fertility, robotics). High surgical volume! Presentation at the end of the rotation that the residents and faculty take pretty seriously. Chapel Hill is awesome and very affordable.

**UWashington Urology:** Great rotation. Applied in February/early March and heard back mid-April. They are pretty inflexible with straying from their academic calendar. Note that they require a fair amount of paperwork for their away application. You can choose two of four sites to rotate at each for two weeks: UW Academic Center, Seattle Children's, VA, Harborview. I did Harborview first and UW second. Recommend both of these rotation sites. Harborview does LOTS of GU reconstruction and trauma (saw many urethroplasties). Hours there were roughly 5:15/5:30-5-7. UW is excellent because it has the most attendings and most big onc cases. Hours there were typically 4:45/5-6-8. Worked one weekend day per week. You will do a presentation at the end of the rotation to the whole department and have a take-home quiz. Seattle is beautiful during the summer!

**Naval Medical Center San Diego:** Very chill rotation overall. I was the only student on service so they were very flexible with dates. You will rotate only at Balboa hospital. Worked only M-F, hours were usually 5:30-5:30/6. Surgical volume is lower than you see in civilian programs. They give you freedom to go to whatever cases you want. Usually clinic 1-2x per week. Did not wear my uniform at all except for interviewing (khakis). Presentation at the end of the rotation on topic of your choosing.

Away rotation experiences from the Class of 2019:

**Loyola (Chicago):** Fantastic rotation! Faculty and residents are both very teaching oriented and as a result, have high expectations for you to do outside reading. Come early and be prepared to be pimped heavily (there are teaching rounds in which you are questioned board style on an OR case you participated in). Dr. Flanigan was the former chair, and he was also former AUA president- he is well known by the academic urology community and is really supportive. The current chair, Dr. Gonzalez is truly amazing and one of the most down to earth urologists you'll meet. He brought in a large reconstruction volume. Lots of oncology experience and clinic participation (outpatient exposure). This is not in downtown Chicago but rather 30 minutes outside of the city so keep that in mind for housing. Normally get weekends off and only have to work on weekend morning. You are guaranteed an interview by doing a sub-I here.

**Cornell:** This was a good rotation but it was hard work. The chair, Dr. Schlegel, is nice and is one of the best-known experts for male infertility. Expect to work hard (long hours) but you don't have EMR access so there is no expectation to write notes or pre-round. You essentially live in the OR and you do a week at a hospital in Queens, which will give you the opportunity to first assist on cases. Lots of oncology, pediatric, and infertility exposure- I saw cases like testicular sperm retrievals, which I hadn't seen at many other institutions.

Residents are for the most part very nice but can be pretty exclusive- will take some time to thaw them out. Chief residents did not get to do as much as other seniors and there are more VIP patients so attendings did most of the case.

Cornell does not interview sub-I's separately so bring interview clothing with you when you attend the sub-I.

**Georgetown/MedStar:** Good rotation, learned a lot, residents were super friendly and laid-back, and you don't need to find housing. Recommend.

**USC:** hardest thing I did in med school, maybe my life. 4am-8pm most days, you have to memorize patient presentations the night before and present with no paper, pimped every day by ruthless attendings on rounds asking questions the residents often cannot answer. That said, most impressive surgeons I saw anywhere by far. Most can do 2-3 cystectomies with neobladders in a day, extra-peritoneal post-chemo RPLNDs, atrial IVC thrombectomies on the robot. Super academic environment.

**Cedars-Sinai:** most relaxed residents and faculty of anywhere I've seen. Despite laid-back west coast vibe, teaching caliber is top-notch. This is a great site with a combination of intense academic learning environment without it being unpleasant. Recommend.

#### **Interviews:**

I think it's important to come up with and rehearse answers to most of the common interview questions you can find online. Makes the interview flow more smoothly as you are not pausing to come up with a good answer. Most of these are very pleasant, no need to be nervous. The other students, while they are technically your competition, are super friendly and you should make an effort to hang out with them as much as possible. There is a very non-competitive atmosphere at most/all interviews, as everyone is in it together. Hang out with them after the interview, at the airport, etc., you may learn things about programs you didn't know, meet future colleagues or even co-residents.

#### **Applying**

First and foremost, be confident in applying and believe in yourself. Urology is so competitive largely due to the wide breadth of training one can pursue, and the growing job market for the field. Fellowships include urologic oncology, endourology, pediatric urology, neuro-urology, female urology, minimally invasive (robotic and laparoscopic), and reconstructive.

Urology programs are typically divided into 5- or 6-year programs, with most of the spots in the country going toward a 5-year program. This will include 1 or 2 preliminary years in general surgery, respectively. The length of the program's training is not necessarily related to whether it is a better or worse program.

Dr. Jarrett is a very accomplished and well-respected member of the urology community. He came to GW from Johns Hopkins a few years ago and therefore has connections with that program. Furthermore, he went to medical school at Emory and pursued part of his training in New York. On every interview I went on his LOR helped immensely and I was told to give greetings to him. Do whatever Dr. Jarrett says to do in order to match in urology. His name and LOR goes a long way. His relationship with you may be the biggest factor in your match unless your scores and grades are phenomenal.

In regards to applying to programs that are on probation, or in danger of being on probation, first find out why a program is facing probation. Often it is due to a shortage of faculty or violations in training residents. I would not advise avoiding programs on probation, but instead to apply to the program and find out first-hand the situation on interview day when researching programs, consider the fellowships that each school might offer and also its success rate in placing its residents into outside fellowship spots.

Most of the faculty members are more than happy to write a letter of recommendation on your behalf. Urology requires a chairman's letter. Supply Dr. Jarrett with your CV, personal statement, and any other pertinent info.

You will apply through the general application system that everyone uses called ERAS. This is a pretty painless process and basically involves filling in a bunch of personal information, description of extracurricular activities you were involved with, and research experiences (including publications, abstracts, presentations you may have done). You should plan on submitting this application on the first day that you are allowed to. The actual application opens up sometime at the end of July, so you can start working on it then. In addition to the ERAS application, you will also need to register with the AUA (American Urological Association). After registering with AUA, they will email you an AUA number, which you will need to put on your ERAS application. After matching in January you will also need to apply for your general surgery intern year through the NRMP match.

You should plan on getting 4 letters of recommendations from urology faculty members. Four is the maximum that you can designate for each program, but I ended up getting five anyways. There is no harm in compiling a bunch of letters and uploading them to ERAS. The great thing is that you can select which 4 you want to go to each school.

Make sure you have these LORs uploaded BEFORE ERAS opens, I have heard some programs print out the applications as soon as they are able and if you upload a LOR late it may not be included. Find out where each letter writer did their residency or perhaps practiced at in the past and then make sure that their letter goes to that program. Urology is a small and well-connected field. Therefore, any connection you have to a program is important and can be that one thing that gets you a spot.

Historically: everyone always wants to know if their Step 1 score is good enough and if they should take Step 2 early. I think anything >230 is good enough to match into urology. But to be clear, if you are below a 240 it will be most likely an incredibly difficult process and barring you having something very significant that adds to your application, you should think of possible contingency plans. Obviously if you are trying to go to a top ranked, academic institution you will probably need >240, more probably closer to 250. Unfortunately the average scores applying to urology have been increasing at a steady rate and there will definitely be a significant number of applicants applying >250 that you will be competing against.

**Step 2 will likely be increasingly important as Step 1 becomes P/F, so taking Step 2 “early” may not be a question for future application years.**

### **Interview**

Most of the interviews are low-stress, friendly encounters. However, do not let the informality of many of the interviews distract you. Because urology is so competitive and most of the applicants are equivalent on paper, have a well-rehearsed and thorough argument for your candidacy ready. Be able to quickly and confidently express why you are interested in urology and what you have done to cultivate and demonstrate that interest. It is likely you will be asked how you differ from other applicants and to name one personal quality or characteristic that is not covered in your application. Be ready to talk about anything, including your application, research experiences, etc. Familiarize yourself with the program’s details so that you may ask thoughtful, informed questions on interview day. Always have 2-3 general questions ready for any interview. Really try to research each program and think of 1-2 thoughtful questions. The interviewers hear the same boring questions year after year. A thoughtful question shows specific interest in the program. You will likely interview with all of the faculty at a program, which can be about 10, 10 minute interviews. Make sure to keep energized and friendly, especially when answering the same questions over and over.

**Below is a sampling of programs that GW students interviewed at in 2008, 2011, 2013, 2015, 2016, 2017, 2018,2019**

**UNC:** Top 15 program, great group of residents-only one girl, excellent place to be, training in all subspecialties, great PD who is focused on residents and always improving, Chapel Hill! The chairman and PD are young and very interested in building a close knit resident group. Be sure to be yourself and work hard. Read before clinic on patients so that you can impress. The area is lovely, college town, beautiful campus and weather. Alumni match well in NC.

**Akron:** Solid up and coming program, weird group of residents, however you are in Akron

**Baylor:** Solid program (VA, Children’s hospital, community hospital, and teaching hospital) with diverse faculty. Very passionate program directory. Interview was organized, streamlined with specific questions so there aren’t any opportunities for awkward silences. Faculty were very easy to talk too.

**UPenn:** Negative vibes from faculty and residents, everyone seems to talk shit about the program- This program is hard work but you get LOTS of volume as a resident. Operate daily from 6AM- 11PM but walk out without needing a fellowship. Faculty has an ivory tower mentality but Chairman, Dr. Guzzo, is very laid back. Now with a 5 year and 6 year (research track). Pre-interview dinner was great. They appreciate thank you notes but no need for second looks anymore.

**Jefferson:** Very good program. Residents are worked hard but there are 2 NPs who help run the flood, 6 year program with two years of general surgery. Chairman is a great guy, no research requirements but do have dedicated research months.

**Rutgers:** Excellent laparoscopic and robotic training. Affiliated with the NJ cancer institute. Rotate at 4 different hospitals: two in New Brunswick, one at the jersey shore and one in Princeton.

**Dartmouth:** Beautiful area, seems like a chill, low pressure program. May be a tough area to live in if you are single.

**Lenox Hill- 2015:** only one resident per year. Excellent lap/robotic training. Another cush program. On the upper east side of NYC. 6 year program, 2 years gen surg

**GW:** Rotate at Sibley, GW and Children's. No VA experience. Lots of robotic experience with few open procedures. No infertility experience available. Dr. Frazier as the PD is awesome. Dr. Jarrett is a great chairman, excellent surgeon and very well connected.

**UMaryland:** large hospital, good VA system next door. They have a resident run clinic. The chairman is super chill but doesn't really push the program that far. A fun group of residents. Do not communicate after the interview. One of the best pre-interview dinners!

**VCU-** Richmond is a nice small city, very outdoorsy. Good open procedure training. Good all around program. You have to do research, but it's set up through the department and there are active MD/PhDs doing research so it's easy to get involved and get published. International experience available.

**Yale** - decent up and coming program- they love GW grads there.

**John's Hopkins** - Nice people, great research, even better operative experience.

**Cornell** - have to tie knots at interview, faculty a little cold

**Columbia** - 4 on 1 interviews. Terrible place

**LJ** – Many short interviews, very rushed, seems like residents work really hard

**MGH** - awkward faculty members, asked to talk about an interesting case, Top 15 - 20 Program. 3-1 interviews, some entertaining and personable faculty. Heavy oncology exposure. Little reconstructive exposure, but otherwise well balanced.

**Boston University** - awkward residents, decent faculty members

**Lahey Clinic** - you get the impression you will not be considered unless you rotated there or do a serious second look

**Pitt** – 6 year, 2 years gen surg (lots of uro in that) awesome faculty members, chairman is a real straight shooter, DO NOT COMMUNICATE AFTER THE INTERVIEW

**Medical University of South Carolina** - absolutely loved this place. Faculty couldn't be nicer- offered to take me on a gator hunt and play on the softball team if I went there. Kind of place I'd like to end up as a faculty member. Lots of residents have boats, and seem to have a ton of fun.



**Emory-** Weird vibe from faculty, many don't seem to be excited about the new chairman coming in- said about 40% of faculty will leave. Residents seemed very overworked (fell asleep at lunch)

**Cleveland Clinic-** top notch research, operative experience lacking

**University of Chicago** - 2016: Chairman and program director are very personable and seemed great to work for.

**Wash U** - loved it, faculty members are very, very personable. Location leaves something to be desired. Residents are a little awkward and don't seem to be enthralled with the program.

**U Michigan** – One of the best programs around, great, nice faculty members. huge program, awesome operative experience

**Duke:** Amazing place to do an away rotation and get hands on experience. Great program. GW students have left a great impression there

**OHSU** : Awesome faculty and resident community. Be prepared to tie knots during your interview day

**UC Irvine** : One of the nicest chairman you'll meet. Cares about the well-being of his residents. Be prepared to tie knots and play with the robot or lap tools during the interview day

**UCLA:** Great program with nice faculty. Residents spend a good amount of time commuting between the county hospitals. Rumored to have less surgical experience than the residents at USC.

**Kaiser:** Very positive faculty and residents. Known to have the "happiest residents" in the California. Smaller program, but residents are very well trained and autonomous.

**Cedar Sinai:** similar to Kaiser very positive faculty and residents. Located in one of the best parts of LA, residents were some of the most fun group of people I met on the trail. Relatively new program but they have matched their residents to strong fellowships so far. Faculty are well-known and well connected with UCLA. Operative experience not entirely clear, Cedar Sinai has a lot of high end clientele just like Manhattan and this may play a factor on autonomy but this is all conjecture (did not do an away here but heard on the trail).

**UTSW:** Top 10, likely to improve. Incredibly well rounded and renowned faculty. Resident surgical training is of highest quality. Amazing place to do an away; they put a lot of stock into the away students. Chairman is very well connected. PD is very receptive to resident feedback.

**NYMC** : Well rounded program. Residents seem to experience surgical autonomy relatively early.

**UTAH:** very outdoorsy, seems to work very hard, beautiful city, faculty nice and easy interview

**OHIO STATE:** Program coming back from chairman disaster, has strong new chair from Michigan, will be an up-and-coming program

**NYU:** Very New York, residents do not have much autonomy and get limited operative experience, patient population very mixed with many private patients, faculty can come off pretentious, VA experience. Residents seem generally unhappy.

**Mt. Sinai:** Many locations in NY with transportation for on-call nights, Interview mainly laid back, seem to like research experiences and are trying to provide more research. Better operative experience supposedly than some of the other Manhattan programs although I have no proof to back this claim up except what I've heard. Somewhat new chairman (Dr. Tewari) who really is putting an emphasis on research (he wants residents who have strong research background and strong objective scores). They do pick heavily from their away students. They

also have upwards to 8 away students a month and it can be a very disorganized away experience. The residents are a fantastic group of people, 5 yr program, well-known faculty, but keep in mind you won't receive the same operative experience as you would from a non-Manhattan program. They recently swallowed up Beth Israel so you will be covering a number of sites across the city, which can be a bit difficult but they are also a 4 residency program which means a larger call pool.

**Temple:** Very strange interview day, chairman asks you to present a case, do not be surprised if he asks you to comeback for second look, you do not need to in order to match

**Georgetown:** I have heard that they don't often give GW students interviews but claim to have nothing against GW program, interview day very well put together with nice lunch and DC tour

**Wake Forest:** Nice day with guided bus tour, faculty can be inquisitive, has research year to start and really like bench research, good training and increased operative experience

**Indiana:** Operate a LOT, interview day is business casual, long day with a ridiculous night after, try not to get black out drunk

**Mayo, Rochester:** Amazing program in the middle of nowhere, very nice interview day, lots of faculty with great CVs, everyone is very nice. Knot tying at interview.

**West Virginia:** long interview day with 30 min with every faculty member, 1 resident per year, close-knit group

**Rutgers NJMS:** Old hospital, good operative training, possibility of one of the sites where they receive a lot of robotic training may stop accepting residents soon.

**Albert Einstein:** recently converted from DO program to MD program. Large volume, good operative training, however still use paper charts.

**Stanford:** Fantastic Chairman who really cares for the well being of the residents (Dr. Skinner who was trained by THE Dr. Skinner at USC). 6 yr program with 1 yr research (and there are a lot of really cool research projects going on here). Operatively very strong, I remember during my away the chief during his first month was doing an entire robotic prostatectomy without the attending taking over. Good variety with one of the best VA hospitals, county, Kaiser, and of course their main. Palo alto is an expensive area but Stanford also gives their residents one of the highest resident salaries you'll find on the trail. Keep in mind however, you will work incredibly hard on this service as an away student. You will be expected to make lists, carry many pts, and you will be pimped quite a bit on your urology knowledge and also your surgical skills. 2017 they invited back 2 of the 9 sub-is they had so keep in mind when considering doing an away here, they want the best and they do not give strong preference to away students.

**Loma Linda:** not as well known of so-cal program that has actually a decent program. They cover the entire Inland Empire and are an hr east of LA, 40 minutes from OC. They are 6 yrs, 1 of them being a research yr, has a VA and pediatric hospital. They are Seventh Day Adventist and although the medical school may have somewhat more strict religious requirements, residents and faculty are very much the same as you'd find anywhere else. I got coffee during my interview day, had a drink at the pre-interview dinner, and the residents were no more religious (or less religious) than residents at other institutions. You will not be forced or expected to do anything, and most of the rumors of its dogmatic religious push are mostly just that, rumors.

**St. Louis:** Seems very nice, Chair is incredibly ambitious for his program and well trained. Rather new so not a full class of urologists yet, which can lead to a lot of time in OR. Program is growing, new hospital by 2020, new childrens and research hospital built in last 8 years. General Surgery year is a work in progress, as is curriculum for residents.

**UCONN:** Beautiful location. Hartford hospital is where you do most of your work and it is the older, lesser hospital. Incredible simulation facilities that they are very proud of. Residents are cohesive, laid back. PD is a bit intense, rapid fire questions during interviews. They had a nintendo Wii during the interview day for the applicants.

**University of Virginia:** Small town feel, very country. Faculty and residents were very welcoming. Offer a 5 and 6 year program but regardless of track they emphasize research. Residents get a lot of surgical experience. Oncology not as big there.

#### **Resources**

[www.urologymatch.com](http://www.urologymatch.com)

## **MILITARY STUDENTS**

### **General Info:**

- There are a number of military physicians that are attendings at GW. They have many years of service combined and are great assets if you are able to build connections with them early on (best done during third year clinical rotations). A few are listed below:
  - Dr. Zapanta, ENT (Army) (sadly leaving GW in 2021)
  - Dr. Macri, OBGYN (Navy)
  - Dr. Belyea, Ophthalmology (Army)
  - Dr. McSwain, General Surgery/Breast (Air Force)
  - Dr. Teal, General Surgery/Breast (Air Force)
  - Dr. Rosner, Neurosurgery (Army)
  - Dr. Fraizer, Urology (Navy)
  - Dr. Teufel, Internal Medicine (Air Force)
  - **\*\*There are also a number of residents that are on civilian deferments, so make sure you ask around and tell residents and attendings that you are a military student!**
- Additionally, being so close to Walter Reed gives us as students a huge advantage. Make an effort to get involved with them early on, through research or shadowing, or doing a rotation. Reach out to program coordinators or PD, information is usually on the website.
- You can try to set up a primary care rotation at Ft. Belvoir in Virginia during third or fourth year. Good way to get experience in the military medicine world.
- Please understand, the military DOES NOT dictate your specialty, however it is limited, if you are wanting to go into rad-onc or a very niche and specific specialty such as that, the military is most likely not for you. It is not to say that it is impossible, but it will definitely be harder.
  - NAVY: Take a look at the BUMED 1524 note (google it) every year. It gets released around June/July. This document will give you information on the specialties available each year, what deferments are usually available and for what specialties. This document will be very helpful in guiding you.
  - Chance of deferment: Air Force = possible, Navy = likely, Army = extremely unlikely.
  - If pursuing military ED and have time, consider these electives: Pediatric ED, ICU (counts as GW AI), MICU (at VA, does not count for AI), Cardiology, ED Wound Care, ED Ultrasound, EKG, CTACC team (as MS3 on surgery rotation). But you won't have time for all of them.

### **ADT's:**

- The military fiscal year (FY) ends September 30<sup>th</sup> of each year.
  - Navy/AF: one ADT per FY
  - Army: doesn't care. You can do both 3<sup>rd</sup>/4<sup>th</sup> ADTs before the fiscal year.
  - Your ADTs during first year are usually your officer training, regardless of service. For second year you can take school orders as your ADT whenever you wish, many did it during their Step 1 studying time so they could use that money to travel somewhere after.
  - During 3<sup>rd</sup>/4<sup>th</sup> year you may use one ADT for an away, if you can schedule 2, then great. If you still need to take your last one during fourth year you can take school orders, or schedule something cool like flight surgery, primary care at Ft. Belvoir, etc.
    - Try to schedule another one the following month after the new fiscal year but check with the military GME office because in years past, they did not count rotations until 1 week after the new fiscal year started as fourth year rotations.
- When to schedule away rotations for the military?
  - November/December timeframe of 3<sup>rd</sup> year.
  - Make sure to look up the GME websites specific to your program to get information on dates when the application is due, etc. If you are unable to find this... contact the program coordinator for the program you are interested in.
- How do I schedule away's? Where do I find the information?

- Contact the individual program coordinators and the GME main office of that hospital to get scheduled.
- Schedule your aways during the summer months. There is debate one when is best to do them, honestly there is no right or wrong way. There's no such thing as too early or too late for THE program that you want to go to. Just know July, and particularly August are the busiest months for rotators.
- When setting up clerkships try emails first, but if no response - **call call call, email email email** until you get a hold of someone or contact the military GME office to find the appropriate contact person. It can be challenging. **ALWAYS FOLLOW UP!**
- Where should I use my ADT orders for?
  - It is best to use your ADT orders to complete rotations at military hospitals that are far away like Hawaii or San Diego or Tacoma, WA (the military will compensate you for travel and housing), so keep in mind that living here in DC you can do a rotation as a civilian at Walter Reed for free. As well as at Ft. Belvoir. Doing so will allow you to use your ADT orders for expensive away rotations. It is probably best to rotate for some time at any military hospital you are interested in matching, because they have a strong preference for people who show interest. With that being said, you can still organize phone interviews for programs you are interested in, especially those farther away that make a day trip inaccessible.

#### **ARMY SPECIFIC INFO:**

- The summer of your fourth year they will send out an email letting you know for which specialties they will give deferments. These are limited, and there is no guarantee you will get them.
- Also keep in mind that your payback time will nearly double since these are paid deferments, and you are not working off your commitment during a civilian residency (see below section on deferments). For those specialties that offer VA-DoD spots, these are fully civilian sponsored spots.
- The HPSP office will send out an email each year with a PPT that discusses the spots available for different specialties as well as if there will be any deferments.

#### Some of the websites:

San Diego: <http://www.med.navy.mil/sites/nmcscd/staff/pages/gme-clerkships.aspx>

Portsmouth: <http://www.med.navy.mil/sites/NMCP2/EduTrain/GMED/Clerkships/Pages/Default.aspx>

Walter Reed: <https://www.wrnmmc.capmed.mil/ResearchEducation/GME/SitePages/Clerkships.aspx>

San Antonio: <https://www.bamc.health.mil/saushec/gme/medical-student/sammc/coordinator-info.asp#>

Madigan: <https://www.mamc.health.mil/education/graduate-medical-education/student-rotations-clerkships/default.aspx>

Hawaii (Tripler): [https://www.tamc.amedd.army.mil/trng\\_edu/gme/medical\\_student\\_info.htm](https://www.tamc.amedd.army.mil/trng_edu/gme/medical_student_info.htm)

#### **Advice for Away's:**

- Choose locations where you think you will want to train.
- For those locations you cannot visit for a rotation, try and schedule an in-person interview. If that isn't possible, plan for zoom or over the phone.
- Important for majority of programs to at least know your name and have done an interview. They all sit at one table and choose the residents who will be training in that specialty, so it is important that even if you didn't go to a certain program, they know who you are.
- Be OPEN about where you wanna go. Maybe don't say I want to go to X program if you haven't seen the others yet, unless you know for a fact. But letting the PD of the program where you want go know that it is your number one is great!
- Attend resident gatherings when invited to them.
- Work well as a team with other students and do not complain about them to the residents. The residents know everything, even if you don't think they see a student being rude, they do. So just beware.

- Show up on time, always ask how you can help.
- Make sure to refer to all attendings as sir/ma'am.
- Ask the residents for uniform help, they are always willing to help out.
- Take notes on aspects you like and don't like about the program (residents, outside rotations, culture, hospital, etc.).
- Talk to the residents about their experiences at other programs and ask them what they liked and didn't like. Also take it with a grain of salt at the same time because it can be biased, but many found this advice very helpful.
- Make friends with the UHSUS students, they are really helpful during rotations and after!
- Have fun and don't take yourself too seriously, always are a really great time!
- **This will be THE MOST important factor** in accepting you into a residency position.
- Consider how you schedule the aways, if able to, maybe schedule a week in between each away. Able to do this since military aways are usually open book for dates, except for a few sites. Will help with fatigue. It is exhausting after 3 AI's, so keep this in mind when planning the year out.
- Choose the program that you feel you fit in most, where your gut feeling tells you "I have to go here" even if it wasn't where you initially expected.

#### ***Applying:***

- Apply through MODS which opens mid-July (will receive information on this). + apply through ERAS if your specialty has civilian deferment spots, even if you don't plan to rank this highly... anything can happen, so be prepared.
  - For Army you will most likely only use MODS unless you know you are getting a deferment.
- Letters: Try and have at least one letter from a military physician that you have worked with.
- Competitiveness
  - Depends on the year.
  - Don't try and work the system, make yourself as competitive as you can from the start, even if planning to go into something easier, it will make your match easier and allow you to get the places that you want to go to!
  - The military follows the same trends as the civilian match.
  - As always board scores, good grades, and doing well on away rotations are all important for making a good applicant. Research is good to have and will add to the points that you can get for Navy applicants, specifically research publications.

#### ***Interview Process:***

- Will most likely occur during your in-person rotations.
- If able to travel to other locations just for an interview, it is good to do this if you can since all of the PDs jointly make the decision on who will make up the residency spots across the country for that specific specialty.
- Phone interviews, or zoom when you can't travel!
- Interviews are for the most part very laid back and straightforward.
- Interviews can range from 15min to 1 hour.
- Be familiar with your CV and be able to discuss anything and everything on it.
- Always have questions!!!
- Make sure your uniform is spot-on!
- Some people also follow-up all of their interviews with written cards or emails thanking the PDs and Chiefs for their time (not really necessary).

#### ***Types of deferments:***

- FTOS: Full time out service deferment. This means that the military PAYS for you to be a resident at a civilian program.
  - What this means for you is that you train at a civilian institution while fully active duty (i.e. you receive O3 pay + BAH and everything else active duty entails).

- It counts towards your retirement but DOES NOT repay your obligation and does not add more time unless you do a residency that is greater than your obligation. For that, you will incur extra time 1 for 1 for every year greater than your obligation (i.e. 4-year HPSP + 7-year neurosurgery residency = 7-year payback that starts after residency).
    - This is not a common option for NAVY but is seen with the ARMY.
  - NADDS: Navy Active Duty Delay for Specialist Program. You will not be considered a member of the military and will not receive any active duty benefits while training at a civilian program. Whatever time is spent out of service does NOT count towards pay back and does NOT count as additional time to pay back.
    - Will return to AD status once complete residency program.
    - This is only offered for a subset of specialties, check BUMED NOTE 1524 each year in June/July for more information.

**Note about military fellowships:**

- The military pays for you to attend fellowship. Therefore, you will be getting paid as an AD officer with BAH and other benefits.
- Essentially, this makes you FREE to fellowship programs, making you very enticing to be accepted to top programs, free person to be in call rotation.
- However, since the military pays for this it is a 1-2 deal. 1 year of fellowship with an additional 2 year/payback requirement.

**Site specific information:**

The graph below is based on a 1-5 objective rating.

5=being strong

1=being doesn't exist, or weaker.

Location	Residency Program	How many residents/year?	Mixed residency?	PD Friendliness	Resident Friendliness	Research Emphasis	Resident Autonomy	Resident Wellness
SAMMC	Emergency Medicine	15-20	Y; AF and Army	5	5	3	5	5
SAMMC	Anesthesia	7-9	Y;AF and Army	5	5	4	4	3
WRNMMC	Orthopaedic Surgery	6	Y; Army and Navy	5	5	5	5	4
NMC San Diego	Orthopaedic Surgery	5	No. Navy only	5	5	3	4	5
NMC Portsmouth	Orthopaedic Surgery	4	No. Navy only	5	Can't comment interview only.	Can't comment interview only.	Can't comment interview only.	Can't comment interview only.
NMC Portsmouth	Internal Medicine		No. Navy only.	4	4	3	3	3

Program/Location	Comments on PD	Comments on resident friendliness	Comments on research	Comments on outside rotations
Emergency Medicine/SAMMC	<ul style="list-style-type: none"> <li>● Dr. Eric Chin was only assigned the job in the past year or two but</li> </ul>	<ul style="list-style-type: none"> <li>● When the social chair organized last minute</li> </ul>	<ul style="list-style-type: none"> <li>● SAMMC ED has a pretty sizable research budget,</li> </ul>	<ul style="list-style-type: none"> <li>● Probably the best program in the Army given the acuity of</li> </ul>

	<p>has made a great mark on the program already.</p> <ul style="list-style-type: none"> <li>● He is very responsive to resident feedback</li> <li>● He has a clear goal of improving resident wellness, evidenced by eliminating DOMAs from the schedule, and better aligning didactics to the ED shift schedule</li> <li>● There are a couple days a year that all residents have off together, with faculty covering the ED, to allow them to go do things as an entire group.</li> </ul>	<p>hangouts with the med studs, a number of residents would always show up and be friendly with each other and the students.</p>	<p>but it seemed to me that the degree you engage in it is up to you. I think you are required to do at least one project though. One can pursue a scholarly track in research.</p>	<p>the military center plus still plenty of civilian opportunities</p> <ul style="list-style-type: none"> <li>● Every year ~6-7 months in the SAMMC ED (level 1 trauma and burn center with a ED peds unit).</li> <li>● Every year 1 month at the level 1 trauma center across town</li> <li>● Every year 1-2 months a year civilian community ED in San Antonio</li> <li>● 1 time Peds ED month at Houston pediatric hospital</li> <li>● 1 time Peds ED month at San Antonio peds hospital</li> <li>● 1 US/EMS month</li> <li>● 1 tox rotation at NYC poison control</li> <li>● 1 month each OB(SAMMC) and Anesthesia (civilian in Houston) intern year</li> </ul>
<p>Orthopaedic Surgery/NMC San Diego</p>	<ul style="list-style-type: none"> <li>● Dr. Defeanbaugh is the man! He is so approachable, really chatty and just a great guy.</li> <li>● He is trauma trained.</li> <li>● Is making an effort to make productive changes to the program. Got rid of joint UCSD didactics and now has SD specific ones, which are improving.</li> <li>● He shows up to all anatomy labs with the residents.</li> </ul>	<ul style="list-style-type: none"> <li>● They are an older bunch at San Diego (a lot of former military) but all are so nice and welcoming.</li> <li>● At first it was a bit difficult to navigate the department since all the residents are spread out, but all are willing to help.</li> </ul>	<ul style="list-style-type: none"> <li>● They do engage in research if they would like.</li> <li>● No research dedicated year, but considering some changes to the program to increase research production.</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>
<p>Orthopaedic Surgery/WRNMMC</p>	<ul style="list-style-type: none"> <li>● Dr. Eckel is beyond welcoming and is very involved in the program.</li> <li>● He gives the residents a lot of say in their training and in the rotation schedules.</li> <li>● He is extremely approachable and will make fun of you and laugh with you (in a good way).</li> </ul>	<ul style="list-style-type: none"> <li>● Everyone was extremely welcoming in the department, and they went out of their way to make me comfortable.</li> <li>● The residents also helped me a lot to make sure I was presenting myself well in front of the department.</li> </ul>	<ul style="list-style-type: none"> <li>● Research year after PGY3 year that is required by everyone.</li> <li>● I am not that into research to be quite honest, but I know that it is really important for good fellowship spots.</li> <li>● There is not research number requirement on</li> </ul>	<ul style="list-style-type: none"> <li>● I think they had the best outside rotations out of all of the programs. They go to INOVA, Shock trauma, Children's and/or CHOP in Philly, Sibley, down to Ft. Bragg for trauma, and Ft. Belvoir. Lots of diverse training.</li> </ul>



		<ul style="list-style-type: none"> <li>• Every Friday after academics they go to happy hour at a dive bar in Bethesda. It was a really great time to get to know the residents and talk to them outside of the hospital.</li> <li>• They also do a lot of things together as residents.</li> </ul>	<p>number of publications and what not... it is what you make of it!</p> <ul style="list-style-type: none"> <li>• Many of the residents used it as a year to travel and do fun things since they don't have to be at the hospital!</li> </ul>	
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**Class of 2022 Military Residents**

Alexis Sandler, Orthopaedic Surgery, William Beaumont Army Medical Center ([asandler@gwu.edu](mailto:asandler@gwu.edu))  
 Samuel Schlager, Psychiatry, Navy Medical Center  
 Dhanusha Subramani, Transitional, Navy Medical Center

**Class of 2021 Military Students**

Katina Kartalias, Navy, Orthopaedic Surgery, WRNMMC ([kkartalias@gmail.com](mailto:kkartalias@gmail.com))  
 Christiaan Van Nispen, Army, Emergency Medicine, SAMMC ([cvannispen9@gmail.com](mailto:cvannispen9@gmail.com))  
 Meliselika Finau, Navy, Internal Medicine, Portsmouth ([mfinau@bu.edu](mailto:mfinau@bu.edu))  
 Ali Seferovich, Air Force, Anesthesia, Civilian Deferment ([alseferovich@gmail.com](mailto:alseferovich@gmail.com))  
 Felix, Navy, Anesthesia, Civilian Deferment

**Class of 2020 Military Students**

Helen Miller, Navy, OBGYN, Portsmouth

**Class of 2019 Military Students**

Jess Basso, Army, Internal Medicine, SAMMC ([jbasso@gwmail.gwu.edu](mailto:jbasso@gwmail.gwu.edu))  
 Stephanie Braverman, Army, Pediatrics, SAMMC ([stephanie.j.braverman@gmail.com](mailto:stephanie.j.braverman@gmail.com))  
 Sean Chong, Army, Transition Year, Tripler Hawaii ([seanc@gwmail.gwu.edu](mailto:seanc@gwmail.gwu.edu))  
 Daniel Gelman, Army, Orthopedics, SAMMC ([dgelman56@gwu.edu](mailto:dgelman56@gwu.edu))  
 Matthew Kinnard, Army, Orthopedics, WRNMMC ([mjkinnard@gmail.com](mailto:mjkinnard@gmail.com))  
 Brinda Mysore, Army, General Surgery, WRNMMC ([brinda93@gwu.edu](mailto:brinda93@gwu.edu))  
 Mindy Park, Army, Emergency Medicine, MAMC ([mspark1@gwmail.gwu.edu](mailto:mspark1@gwmail.gwu.edu))  
 Matthew Ricci, Army, Ophthalmology, MAMC ([ricci831@gwmail.gwu.edu](mailto:ricci831@gwmail.gwu.edu))  
 Hannah Robinson, Army, OB/GYN, MAMC ([robinshn11@gwmail.gwu.edu](mailto:robinshn11@gwmail.gwu.edu))  
 Cody Schlaff, Army, Orthopaedics, WRNMMC ([cody\\_schlaff90@gwmail.gwu.edu](mailto:cody_schlaff90@gwmail.gwu.edu))  
 Anna Stachura, Army, General Surgery, WRNMMC ([annastachura@gwmail.gwu.edu](mailto:annastachura@gwmail.gwu.edu))  
 Mikel Tihista, Army, Orthopedics, WBAMC-El Paso ([tihista@gwu.edu](mailto:tihista@gwu.edu))  
 Simone Bernstein, Navy, Psychiatry, Civilian Deferred ([simoneabernstein@gmail.com](mailto:simoneabernstein@gmail.com))  
 Brooke Bierdz, Navy, Psychiatry, San Diego ([bgbierdz@gwmail.gwu.edu](mailto:bgbierdz@gwmail.gwu.edu))  
 Carolyn Judge, Navy, General Surgery, WRNMMC ([cgjudge@gwmail.gwu.edu](mailto:cgjjudge@gwmail.gwu.edu))  
 Kelly Corrigan, Navy, Transition Year, Portsmouth ([kosullivan19@gwmail.gwu.edu](mailto:kosullivan19@gwmail.gwu.edu))  
 William Shannon, Navy, Transition Year, Portsmouth. Now GMO, Dive Officer. ([shannonwr10@gmail.com](mailto:shannonwr10@gmail.com))  
 Raquelle Newman, Air Force, Family Medicine, Nellis AFB ([rsnewman@gwu.edu](mailto:rsnewman@gwu.edu))

**Class of 2017 Military Students**

Gabriella Devries, USAF, ENT, Civilian Deferred, [gdevries23@gwu.edu](mailto:gdevries23@gwu.edu)

Ashley Mills, USAF, IM, UC Davis/Travis AFB, [a.elizabethmills@gmail.com](mailto:a.elizabethmills@gmail.com)  
Daniel Berman, USN, EMED, San Diego, [dberman5@gwu.edu](mailto:dberman5@gwu.edu)  
Josh Sohn, USN, Family Medicine, Jacksonville Fla  
Fred Rohlfing USN, Radiology, San Diego, [frohlfingv@gwu.edu](mailto:frohlfingv@gwu.edu)  
Ryan Whiting, Army, Radiology, WRNMMC, [ryanwhiting@outlook.com](mailto:ryanwhiting@outlook.com)  
Rebecca Davis, Army, Family Medicine, Eisenhower Army Medical, GA, [rebeccadavis@gwu.edu](mailto:rebeccadavis@gwu.edu)  
Shane Hodson, Army, WRNMMC Psychiatry, [shane.hodson@gmail.com](mailto:shane.hodson@gmail.com)

**Class of 2016 Military Students:**

Joshua Jabaut, Navy - Anesthesia ([joshuajabaut@gmail.com](mailto:joshuajabaut@gmail.com))  
Nicholas Spinuzza, Army - Physical Medicine and Rehabilitation  
Keelan O'Connel, Navy – Psychiatry  
Andrew Christian, Air Force - civilian deferment for neurology.

**Class of 2015 Military Students:**

Patrick Leidig, Army, Urology,  
Remy Flor, Army, General Surgery  
Jessica Weiss, Army, General Surgery  
Sarah Zader, Air Force, Pediatrics  
Charles Baysinger, Air Force, Anesthesiology  
Phil Oro, Air Force, Family Medicine  
Peter Kjell Ballard, Air Force, General Surgery PGY1

## **COUPLES MATCHING**

**General Application Advice:** Congratulations on considering participation in the couples match. This is an exciting process, but it is well worth it for the opportunity to attain a residency slot with your partner. This section will be divided into a few key sections that should give you some idea of what to anticipate as you embark on this journey. A) Prior to Submitting Applications B) During interview stage/ interviewing C) Ranking Programs D) Other Words of Wisdom

### **A) Prior to submitting applications:**

**Identifying programs:** The first step to couples matching is to identify top programs of interest for each partner. Then, you need to be sure that, for each program you are interested in applying to, the other partner has one or more programs within an acceptable geographic distance. Using a map may help to identify programs in cities that are closer than you may have initially thought (ex: Camden and Philadelphia are adjacent). One site that is useful to identify residency programs by geographic location is: <https://www.medmap.io/>

**Application strategy:** For many applicants, it will be of some advantage to focus applications on cities where there are multiple options for each partner. This will help to maximize combinations available for ranking, which should help your chances. For example, if Partner A ends up with 3 interviews in NYC and Partner B has 3 interviews in NYC, this creates  $3 \times 3 = 9$  combinations that can be ranked while living together. In contrast, if partner A has one interview in Charlottesville, one interview in Akron, and one interview in New Orleans and partner B gets the same interviews, they only have 3 combinations to rank despite the same number of overall interviews. That said, if you want to avoid a city location then this may not be the strategy for you.

**Number of applications:** This will vary heavily by specialty. Be sure that for every program you apply to, your partner has at least one option in that city. Otherwise, that interview will generally not be of much value. The number of applications will likely be relatively similar for both partners (which may mean that the partner in the “less competitive” specialty applies to more programs than may have otherwise been recommended for an applicant of their caliber.

**Number of interviews:** This is another question that has no good data to provide definitive guidance. In general, you probably want to attend a few more interviews than is “standard” for your specialty. To create adequate geographic pairings for the couples matching list to work optimally, the partner applying in the field where people tend to go on fewer interviews will probably have to approximately match the number of interviews their partner attends.

### **B) During interview invite stage/ interviewing:**

**Coordinating interviews:** Generally, people applying in different specialties find it difficult or impossible to attend most interviews together. This is especially true for fields that interview at different times of year (ex: Pediatrics is early, Orthopaedics is late). If you apply in the same specialty, in contrast, you will likely be able to attend many of your interviews together. There is value in trying to focus on attending interviews only where your partner has an interview in the same city, assuming you think you will still have enough interviews to match. If one partner’s specialty tends to issue interview invites much later in the season, then the other partner is better off trying to take the later interview slots. Then, they can identify which interviews will overlap between the two of you and cancel interviews where the cities do not overlap. This issue may not be completely avoidable, but it can certainly save expense to cancel interviews if your partner has no nearby opportunities.

**Contacting programs of interest:** As interviews for your specialty begin to go out, it can be helpful to reach out to some programs you are interested in so they are aware. This is particularly valuable if you have a geographic preference or a program of interest that may not be clear on your application. For example, if you have lived in D.C. for 8 years and have a D.C. home address, but your family all lives in New York City, programs in NYC may think you are not interested in moving there unless you let them know. Once you get an interview, you can then reach out on behalf of your partner to try to get them an interview as well. Generally, this process is best done early so they still have interview slots available to fill.

Contacting partner programs: If one partner has an interview at a program and the other partner has not yet heard, it is usually worthwhile to reach out to the program coordinator that offered the interview and mention the fact that you are couples matching and your partner has not yet heard back from a different department. You can provide contact information for the PD/ coordinator of the second partner's department. This will almost never hurt, but it has great potential to increase the number of interviews you have in the same geographic area/ program, which is immensely helpful. Sometimes, they will be unable to help but rarely have you lost anything by asking. Programs in more isolated locales may be more willing to help your partner get an interview, as in cities your program may just assume your partner will have other options locally and they can still recruit you.

It can also be effective (if your partner does not have an interview at a program or geographic area where you do have an interview) for your partner to reach out to their program and request an interview invite. If a program learns that you and your partner are interested in pursuing residency in their city, and you already have an interview there, this may be an incentive for your partner's program to offer your partner an interview.

When coordinating interviews, be aware that different specialties and programs release interviews at different times in the season. So if you already have an interview in a dream location but your partner hasn't heard back yet, you may want to take that interview anyway. Your partner may get an interview later!

The interview itself: Prepare to be asked any number of questions about your relationship that should never be asked if programs played by the rules. This may include inquiries about your partner's name, specialty, competitiveness, marital status, and family situation. While these questions are illegal in many cases, they are also difficult and awkward to avoid and often it is easier to just answer as you feel comfortable. Some people have even been told bizarre things like you should not couples match if you are not married, couples matching shows that you do not value your future career enough, etc.

If the couples match does not come up in your interview (even though it is written on your application that you're couples matching), consider mentioning it. This can be an opportunity to advocate for your partner if they do not yet have an interview, or to mention that your partner already has an interview in the area which may make you a more attractive candidate. Additionally, in the event of a couples match, programs like to talk with each other sometimes to advocate on your behalf to your partner's program. This can be very helpful in ultimately moving either you or your partner up the rank list and increasing your chances of matching together. An easy way to bring up the couples match in an interview is in answer to the question, "Why our program?" You can say something to the effect of "I like your program for XYZ reasons. Also, my partner and I are couples matching, and she/he already has an interview at X program in this area."

### **C) Ranking Programs:**

For many, this will be the most challenging part of the couples matching process. Creating a rank list both people are happy with relies on open communication and compromise. This section will begin with the mechanics of submitting a couples matching list (and the associated extra fees) before diving into some key decisions that you need to work out together as a team. Here is a link to a tool that can help generate your rank list

*Rank list generator:* <https://www.mactiontools.com/couplesmatch>

First, to submit a coupled list through NRMP, you need to pay a couple's fee (\$25/partner) to the NRMP in addition to the standard registration fee. Once this has been paid, you submit a request to your partner to couple your applications, which must then be accepted. Applications must be coupled through this process in order to submit a combined rank order list. If you decide later in the process to uncouple your applications, this is certainly possible. At that point, you could simply submit individual lists through the standard process.

Key Decisions: There are several key decisions that most couples will have to make when ranking:

1. Maximum distance apart: The couples match process will allow you to submit any combinations that you would like, including pairing schools that are across the country from each other. Some couples may feel that it is more important to get their individual “top choices” than to be geographically near each other. Others will choose not to rank combinations more than a certain distance apart, preferring that one partner does not match this cycle to spending years 100’s of miles apart. This is an important discussion to have, and many couples who choose to go through the couples match will choose to preference geographic proximity over individual program prestige in many cases.
2. How to order your ranks: There is no generalizable solution to this dilemma. You will probably rank programs you both liked first, then programs that one person liked but not the other, and finally programs where neither of you would be enthusiastic to match.
3. When to apply the “No Match” code: There will be some unfortunate situations where the two of you may reach the bottom of your couples matching list, and you have been unable to secure a position together. If you do not use the “no match” program code, you would both be forced to go through the SOAP or reapply next cycle. However, the “no match” code creates an alternative in this situation. This code “999999999” is put in for one partner while the second partner lists one of the programs where they interviewed. Pairs of ranks using the No Match code should be placed at the bottom of the rank order list so that both partners have the best chance of matching to programs. Please be aware that you may choose to rank being in different cities (ex: one in Philadelphia, one in NY) before you choose that option where someone does not match.

Submission Fees: There are a few other fees to be aware of as you navigate this process and submit your lists. As in the individual match, there is a fee of \$30 for each program you rank beyond 20 programs (for each individual). Since many people couples matching will attend more interviews than individual applicants, this is something to be made aware of. Additionally, the “No Match” code does count as a separate program code and is included in this count. There is a separate fee based on the number of combinations you submit as a couple. The fees are listed at <http://www.nrmp.org/match-fees/>. Essentially, the fee ranges from \$50 (per partner) for 100-150 ranks up to \$200 (per partner) for 251-300 ranks.

#### **D) Other words of wisdom:**

1. To start to think about how to put together your couples list, consider the following website which uses each partner’s individual preferences to create a combined list: <http://www.mactiontools.com/couplesmatch> You should switch to joint submission and under sorting preferences select “sort by average rank, with maximum distance cutoff” in most cases though you can choose settings to fit your personal needs.
2. For those applying to preliminary programs and advanced positions, please note that you are only couples matching with the advanced program, not the preliminary program. You will make lists of preliminary programs (ranked in order of preference), and each advanced program can only be paired to one preference list of preliminary programs. So, for example, if you rank Columbia #1 (with partner in NYC) and rank Columbia #12 (with partner in Philadelphia), you may pair these ranks with the following preliminary rank list: 1) Columbia 2) Montefiore 3) Sinai 4) Jefferson 5) Temple. Keep in mind that this will be your preliminary list even if you fall to your #12 pick and your partner is in Philly (i.e. for the first year of residency, you may be living apart).
3. Try to find your respective specialty spreadsheet (on google docs or [www.reddit.com/r/medicalschoo/](http://www.reddit.com/r/medicalschoo/)) to find out when interviews go out as well as what people think of different programs. This will help you gauge when is the optimal time to email places you are interested in. You can use last year’s spreadsheet to find out about when interviews will be released.
4. If you are considering living in an expensive area and housing subsidies are available, be sure to ask what percent of people get subsidized housing. Also, ask to tour the housing if possible as this will affect your residency QOL. Sometimes, if both residents are at the same program you will get preference on larger units.

Past people who couples matched who are available for questions:

Alana Siev ([alanarsiev@optonline.net](mailto:alanarsiev@optonline.net)) IM (Partner also IM)  
Ian Larson ([ian.larson1992@gmail.com](mailto:ian.larson1992@gmail.com)) IM (Partner also IM)  
Jordan Cohen ([jordan.stanley.cohen@gmail.com](mailto:jordan.stanley.cohen@gmail.com)) Ortho (Partner in IM)  
Yuanlong Zhao ([yealongzhao@gmail.com](mailto:yealongzhao@gmail.com)) Radiology (Partner in Anesthesia)  
Joey Frankel ([josephfrankel1@gmail.com](mailto:josephfrankel1@gmail.com)) Emergency Medicine (Partner in OB/GYN)  
Kate Schreiner ([kschreiner1326@gmail.com](mailto:kschreiner1326@gmail.com)) Pediatrics (Partner in Radiation Oncology)  
Ian Messing ([ian.messing@gmail.com](mailto:ian.messing@gmail.com)) Radiation Oncology (Partner in Pediatrics)

**Contributors from the Class of 2022:**

Editors: Maddie Danielson, David Kauffman, Allison Barshay, Erin Felton, Alexandra Helbing-Bartlett, Christian Miller, Annika Bergstrom, Ian Messing, Brittany Bernstein, Christabel Chan, Alexa Dzienny, Alexis Sandler, Zach Whiting, Yesh Chillakuru, Christina Shincovich, Kate Schreiner, Abby Nolan, Genevieve Kupsky.

Compilation: Allison Barshay

The above list may be incomplete and we thank everyone from the class of 2022 who volunteered their time and knowledge.

**Contributors from the Class of 2021:**

Editors: Alec Straughan, Chantal Nguyen, Leora Aizman, Danish Imtiaz, Paulyne Lee, Louisa Howard, Brynne Ichiuji, Paulina Ong, Christina Darwish, Molly Zepp, Rachel Zemel, Melesilika Finau, Neil Almeida, Megan Fuerst, Preet Sohal, Katina Kartalias, Sivan Ben-Maimon, Margot Quinn, Abigail Pepin, George Khludenev

**Contributors from the Class of 2020:**

Editors: Austin Wu, Danielle Putur, Betel Yibrehu, Aarthi Reddy, Dustin Marks, Kunj Bhatt, Caitlin Mahoney, Savannah Smith, Jocelyn Cooper, Andrew Nelson, Kenan Rajjoub, Cayla Vila, Alysia Weiner, Zach Nayer, David Strum, Thomas Zaikos, Carol Elsagr, Liz Malphrus, Megan Cross, Rose Kleiman, Bhargava Chitti, Brandon Gλουςman, Justin Arnold, Julie Merriam, Kyle Costenbader, Seychelle Devries, Maggie Beatson, Max Ruben, Nicole Casasanta, Sameer Singhal, Alex Gu, Muhammed Shand, Elyssa Sham

**Contributors from the Class of 2019:**

Editors: Erin F Flynn, Janelle Thomas, Momina Mazhar, Jay Pandya, Maggie Berrigan, Refka Al-Beyati, Maryam Boumezrag, Jason Ching, Darshan Vora, Arlin Delgado, Charlie Chai, Sam Swenson, Emily Wikner, Annika Koppen, Max Mandelbau, Danielle Fahoome, Vincent Parenti, Angeline Johny, Stephanie Braverman, Jordan Cohen

Compilation: Jacob Gibby

**Contributors from the Class of 2018:**

Editors: Mariam Ashraf, James Boddu

We thank everyone from the Class of 2018 for their contributions.

**Contributors from the Class of 2017:**

Editors: Kathleen Pollard, Ethan Matz

Individual section editors: Debbie Jeon, Divya Angra, Laura Johns, Rayna Sobieski, Caleb Seavey, Jennifer Andrews, Alex Sullivan, Max Krasity, Kathleen Pollard, Ismanie Guillame, Nick Erickson, Jennifer Ludgin, David MacPherson, Nora Cao, Gabby DeVries, Vanessa Torrecillas, Victoria Costa, Elizabeth Doane, Diane Peng, Kate Harmon, Sarina Adkins, Sean Saadat, Amy Chambliss, Sara Chun, Jeremy Safran, John Fatollah, Ryan Whiting, Ashley Mills, Ethan Matz

Additional contributions from: Anyone from the Class of 2017 was able to contribute information, and we thank them for their contributions.

**Contributors from Class of 2016:**

Information was compiled by Samantha Margulies.

Editors/ contributors for individual sections include Jenna Wade, Taylor Mann, Paul Kline, Andrew Richards, Erica Orsini, Alexandra Barsell, Abigail Armstrong, Justin Cappuzzo, Margarita Ramos, Courtney White, Megan Rudolph, Homan Mohammadi, Kelly King, Ashley Kakkannatt, Joshua Jabaut, Akshita Mehta, Poone Shoureshi, Shane Durkin, Madiha Aziz, Jeffrey Twum-Ampofo, Catherine Haring, Janine Rotsides, Guneet Sodhi.

Additional contributors include Mack Goldberg, Mae Gillespie, Rachel Sivek, Aaron Murphy-Crews, Nick Oh, Lindsay Marszal, Neil Okey, Matt Stib, Merissa Garvey.

However, anyone from the Class of 2016 was able to contribute new information and edits of the previous edition. Thank you to our entire class.

**Contributors from Class of 2015:**

Information was compiled by Alex Rock, Jillian Roper, and Audrey Spelde. However, there were many more that contributed:

Mustafa Abugideiri	Saul Jacob	Justin Palanci
Rina Allawh	Sarah Jo	Bryan Park
Hari Ayyala	Blake Kandah	Ian Patten
Caroline Cassling	Siri Khalsa	Jill Remick
Bahaa Daoud	Utsha Khatri	Kia Sedghi
Devinder Dhindsa	Mark Kovler	Sarah Smilanich
Parker Faith	Steve Larson	Megan Simon Thomas
Kyle Fraser	Patrick Leidig	Katie Tulley
Amarbir Gill	Erin Mattys	Veronika Volkov
Jason Glass	Lee Milas	Andrew Winter
Nichole Hansen	Adam Morcom	Andrew Yaeger

**Contributors from the Class of 2013:**

The whole class of 2013 submitted information, which was collected and organized by Amy Follmer, Julie Fried & Christine Rehwald

**Contributors from the Class of 2011:**

Balan, Andrea	Lee, Kevin
Bollettino, Antonella	Louie, Michelle
Bordin-Wosk, Talya	Mendelson, Jonathan
Brown, Sarah	Naga, Lina
Damavandy, Ali	Nicholas, Kathryn
Daneshpayeh, Negin	Perry, Clifton
Degnan, Andrew	Petruolo, Oriana
Dubin, Sterling	Rajjoub, Lamise
Duloy, Anna	Rose, Jessica
Gashin, Laurie	Rosenthal, Diana
Han, Kevin	Speece, Heather
Jencks, David	Vasnani, Raj
Kahn, Emily	Zakaria, Hesham
LaFond, Sarah	

**Contributors from the Class of 2008:**

Stephanie Aleskow	Joshua Fernandes	Andrea Morris
Nasir Aziz	Trusha Govindji	Matthew Olson
Sigrid Bairdain	Christine Heske	Rachael Overcash
Leah Barlavi	Gloria Huang	Cimmie Shahan
Noa Biran	Carlos Jaramillo	Rachel Shnider
Ana Born	Meghan Karuturi	Madhuri Shors
Nicholle Bromley	Homa Khorrami	Eugene Simopoulos
Laurence Busse	Lara Knudsen	Swati Singh
Jason Chang	Melissa Lausin	Joann Spinale
Joseph Choi	Adrianus Lim	Benjamin Stein
David Conrad	Karen Mann	Lorraine Stern
Anthony Coppolino	Jamie Meyer	Kristin Thanavaro
Laura Dean	Benjamin McClintock	Frederick Weiss

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**Contact us: Dr Alan Wasserman and Dr Angelike Liappis**

**GWU MATCH 2022**

Last Name	First Name	Institution Name	Program Name
Chemtob	Erica	George Washington Univ-DC	Anesthesiology
Danielson	Madalyn	UC San Diego Med Ctr-CA	Anesthesiology
DeFreitas	Cory	George Washington Univ-DC	Anesthesiology
Garcia	Andrew	Harbor-UCLA Med Ctr-CA	Anesthesiology
Hu	Nina	B I Deaconess Med Ctr-MA	Anesthesiology
Ip	Alexander	Brown Univ/Rhode Island Hosp	Anesthesiology
McKiernan	Brianna	U Maryland Med Ctr	Anesthesiology
Mortimer	Nakita	Montefiore Med Ctr/Einstein-NY	Anesthesiology
Nguyen	Connie	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Sun	Emily	Thomas Jefferson Univ-PA	Anesthesiology
Weinshel	Talya	Tufts Medical Center-MA	Anesthesiology
Ome Irondi	Obinna	U Washington Affil Hosps	Anesthesiology/Clin Base Yr
Mehta	Nikita	NYU Grossman School Of Medicine-NY	Anesthesiology/NYU Man
Greaves	Tori	Northwestern McGaw/Lurie Childrens-IL	Child Neurology
Adusumilli	Nagasai	George Washington Univ-DC	Dermatology
Millan	Sarah	MedStar Washington Hosp Ctr-DC	Dermatology
Shah	Nidhi	George Washington Univ-DC	Dermatology
Barshay	Allison	Brown Univ/Rhode Island Hosp	Emergency Medicine
Chan	Bill	UC San Diego Med Ctr-CA	Emergency Medicine
Haridasa	Naeha	Univ of Chicago Med Ctr-IL	Emergency Medicine
Herrera	Rachael	Temple Univ Hosp-PA	Emergency Medicine

Hodgson	Ryan	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
Jacobs	Erica	NYU Grossman School Of Medicine-NY	Emergency Medicine
Keswani	Meghana	University of Virginia	Emergency Medicine
Kotil	Michael	St Lukes Hosp-Anderson-PA	Emergency Medicine
Larsen	Victoria	George Washington Univ-DC	Emergency Medicine
Markin	Katherine	George Washington Univ-DC	Emergency Medicine
Mullings	Jordan	Alameda Health Sys-Highland Hosp-CA	Emergency Medicine
Munday	Adam	Nassau Univ Med Ctr-NY	Emergency Medicine
Parekh	Neil	St Johns Riverside Hospital-NY	Emergency Medicine
Pradarelli	Brad	ISMMS Mount Sinai Morningside-West-NY	Emergency Medicine
Ravishankar	Veda	Cook County Health and Hosps Sys-IL	Emergency Medicine
Rego	Angelica	University of Virginia	Emergency Medicine
Felton	Erin	Sutter Med Ctr of Santa Rosa-CA	Family Medicine
Kerrigan	Michael	Inova Fairfax Hospital-VA	Family Medicine
Kovacs	Mitch	Penn Highlands Healthcare-PA	Family Medicine
Vincent	Kathryn	Inova Fairfax Hospital-VA	Family Medicine
Wang	Elaine	UC San Francisco-CA	Family Medicine
Mehta	Esha	Institute for Family Health-NY	Family Medicine/Harlem-Mt Sinai
Cavallo	Kathryn	George Washington Univ-DC	General Surgery
Cohn	Ellen	Univ of Chicago Med Ctr-IL	General Surgery
Helbing	Alexandra	Parkview Health-IN	General Surgery
Kelley	Devon	Rutgers-R W Johnson Medical School-NJ	General Surgery
McClanahan	Megan	Methodist Hospital-Houston-TX	General Surgery

Perkins	Molly	LSU SOM-New Orleans-LA	General Surgery
Kapani	Nisha	Creighton University-AZ	General Surgery/Valleywise
Ghandakly	Elizabeth	Cleveland Clinic Fdn-OH	Internal Med/Clin Ed
Asif	Usman	Stony Brook Teach Hosps-NY	Internal Med/Southampton
Adeshoga	Kathleen	Kaiser Permanente Mid-Atlantic-MD	Internal Medicine
Agronin	Jacob	Temple Univ Hosp-PA	Internal Medicine
Bergstrom	Annika	UC San Diego Med Ctr-CA	Internal Medicine
Bernstein	Andrew	Thomas Jefferson Univ-PA	Internal Medicine
Bush	Haley	Duke Univ Med Ctr-NC	Internal Medicine
Chhabra	Kabir	U Maryland Med Ctr	Internal Medicine
Distler	Allison	U South Florida Morsani COM-Tampa	Internal Medicine
Gerhard	Eleanor	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Gurijala	Nyshidha	Boston Univ Med Ctr-MA	Internal Medicine
Halaseh	Rami	Kaiser Permanente-SF-CA	Internal Medicine
Lum	Nicole	Univ of Chicago Med Ctr-IL	Internal Medicine
Miller	Christian	NYU Grossman School Of Medicine-NY	Internal Medicine
Mirda	Danielle	Hosp of the Univ of PA	Internal Medicine
Moalem	Kamilia	U Miami/Jackson Health System-FL	Internal Medicine
Okezue	Chisom	Westchester Medical Ctr-NY	Internal Medicine
Ortiz	Adriem	CMSRU/Cooper University Hospital-NJ	Internal Medicine
Osman	Kareem	UCLA Med Ctr-CA	Internal Medicine
Pelaez	Guido	Barnes-Jewish Hosp-MO	Internal Medicine
Schonman	Ian	Johns Hopkins Hosp-MD	Internal Medicine
Shincovich	Christina	Massachusetts Gen Hosp	Internal Medicine

Soriano	Rachelle	U Texas at Austin Dell Medical School	Internal Medicine
Stein	Jason	Anne Arundel Med Ctr-MD	Internal Medicine
Vemu	Prasantha	U Washington Affil Hosps	Internal Medicine
Zegarra	Diego	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Syed	Fahim	Trident Medical Center-SC	Internal Medicine
Gowda	Nikhil	George Washington Univ-DC	Interventional Radiology (Integ)
Bernstein	Brittany	Temple Univ Hosp-PA	Medicine-Preliminary
Chan	Christabel	George Washington Univ-DC	Medicine-Preliminary
Gowda	Nikhil	Montefiore-New Rochelle/Einstein-NY	Medicine-Preliminary
Mangera	Linda	Zucker SOM-Northwell Lenox Hill Hosp-NY	Medicine-Preliminary
Mehta	Nikita	George Washington Univ-DC	Medicine-Preliminary
Millan	Sarah	George Washington Univ-DC	Medicine-Preliminary
Vaynberg	Idelle	Greenwich Hospital-CT	Medicine-Preliminary
Weinshel	Talya	St Elizabeths Med Ctr-MA	Medicine-Preliminary
Gopinath	Charlotte	George Washington Univ-DC	Medicine-Primary
Rehman	Muhammad	Advocate Health Care-IL	Med-Prelim/ALGH
Chernet	Sofia	Northwestern McGaw/NMH/VA-IL	Med-Prelim/Neurology
Martin	Gwen	Virginia Commonwealth U Hlth Sys	Med-Prelim/Ophthalmology
Mark	Veronica	Indiana University SOM	Med-Prelim/SW Indiana
Ratnaseelan	Aarane	UPMC Medical Education-PA	Neurodevelopmental Disabilities
Chernet	Sofia	Northwestern McGaw/NMH/VA-IL	Neurology
MacKenzie	Isobel	Barnes-Jewish Hosp-MO	Neurology
Newman	Matthew	George Washington Univ-DC	Neurology

Polyakov	Diane	HCA Medical City Healthcare-TX	Ob-Gyn/Arlington
Akin-Olugbade	Olamide	Northwestern McGaw/NMH/VA-IL	Obstetrics-Gynecology
Bhatnagar	Gauri	Mercy St Vincent Med Ctr-OH	Obstetrics-Gynecology
Dzienny	Alexa	Yale-New Haven Hosp-CT	Obstetrics-Gynecology
Goldstein	Naomi	Ohio State University Med Ctr	Obstetrics-Gynecology
Kripalani	Shawn	ISMMS Mount Sinai Hospital-NY	Obstetrics-Gynecology
Nair	Isabel	Sinai Hospital of Baltimore-MD	Obstetrics-Gynecology
Rossi	Cecilia	Case Western/Univ Hosps Cleveland Med Ctr-OH	Obstetrics-Gynecology
Saleeb	Monica	U Connecticut School of Medicine	Obstetrics-Gynecology
Scanlon	Natalie	Penn State Hershey Med Ctr-PA	Obstetrics-Gynecology
Serpas	Andrea	Anne Arundel Med Ctr-MD	Obstetrics-Gynecology
Skjoldager	Kara	UPMC Medical Education-PA	Obstetrics-Gynecology
Gatens	Heather	Virtua-NJ	Obstetrics-Gynecology
Bernstein	Brittany	Temple Univ Hosp-PA	Ophthalmology
Chan	Christabel	George Washington Univ-DC	Ophthalmology
Sandler	Alexis	William Beaumont Army Medical Center	Orthopaedic
McDaniel	Lea	U Arizona COM-Phoenix	Orthopaedic Surgery
Whiting	Zachariah	Case Western/Univ Hosps Cleveland Med Ctr-OH	Orthopaedic Surgery
Chillakuru	Yeshwant	NYU Grossman School Of Medicine-NY	Otolaryngology
Crowder	Hannah	Duke Univ Med Ctr-NC	Otolaryngology
Terhaar	Samantha	SUNY Upstate Med University	Otolaryngology
Marchak	Alexander	U Louisville SOM-KY	Pathology
Andretti	Olivia	Childrens Hosp-Philadelphia-PA	Pediatrics

Arocha	Rebeca	U Miami/Jackson Health System-FL	Pediatrics
Batoon	Dale Andrew	U Washington Affil Hosps	Pediatrics
Chen	Leon	Montefiore Med Ctr/Einstein-NY	Pediatrics
Desai	Sajani	Montefiore Med Ctr/Einstein-NY	Pediatrics
Johnson	Margot	U Colorado SOM-Denver	Pediatrics
Knapp	Kelsi	Vanderbilt Univ Med Ctr-TN	Pediatrics
Kuipers	Connor	Spectrum Health/Michigan State Univ	Pediatrics
Nolan	Abigail	Childrens National Med Ctr-DC	Pediatrics
Nwasike	Chukwunonso	Baylor Coll Med-Houston-TX	Pediatrics
Partridge	Marie-Claire	Childrens Hosp-Philadelphia-PA	Pediatrics
Pettit	Elizabeth	Childrens National Med Ctr-DC	Pediatrics
Poranki	Menitha	Childrens Hospital-Oakland-CA	Pediatrics
Sandhu	Pavneet	Nicklaus Childrens Hospital-Miami-FL	Pediatrics
Schreiner	Katherine	Childrens Hosp-Philadelphia-PA	Pediatrics
Vanmali	Bobby	Kaiser Permanente-Los Angeles-CA	Pediatrics
Ray	Randall	Childrens Hospital-Boston-MA	Pediatrics-Medical Genetics
Vij	Abhya	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Vaynberg	Idelle	NYP Hosp-Columbia & Cornell-NY	Phys Medicine & Rehab
Aledort	Emily	ISMMS Mount Sinai Morningside-West-NY	Psychiatry
Clark	Martin	George Washington Univ-DC	Psychiatry
DeSilva	Samantha	U North Carolina Hospitals	Psychiatry
Edouna Obama	Levi Brice	Emory Univ SOM-GA	Psychiatry
Kupsky	Genevieve	Rush University Med Ctr-IL	Psychiatry

Mohyuddin	Hira	George Washington Univ-DC	Psychiatry
Qadir	Sarah	Thomas Jefferson Univ-PA	Psychiatry
Schlager	Samuel	Navy Medical Center, San Diego	Psychiatry
Smith	Kirklin	U Texas at Austin Dell Medical School	Psychiatry
Tillery	Shannon	U Washington Affil Hosps	Psychiatry
Vemulapalli	Keerthi	U Texas at Austin Dell Medical School	Psychiatry
Zurlo	Jessica	Prisma Health-U of SC SOM Columbia	Psychiatry
Messing	Ian	Hosp of the Univ of PA	Radiation Oncology
Thomas	Rehema	U Texas MD Anderson Cancer Ctr	Radiation Oncology
Arsenault	Lauren	Rush University Med Ctr-IL	Radiology-Diagnostic
Goncalves	Tiffany	U Southern California	Radiology-Diagnostic
Kauffman	David	Yale-New Haven Hosp-CT	Radiology-Diagnostic
Liu	Matthew	MedStar Georgetown Univ Hosp-DC	Radiology-Diagnostic
Mangera	Linda	ISMMS Mount Sinai Morningside-West-NY	Radiology-Diagnostic
Osorio	Andrew	Duke Univ Med Ctr-NC	Radiology-Diagnostic
Rehman	Muhammad	U Florida COM-Shands Hosp	Radiology-Diagnostic
Boulos	Sameh	Zucker SOM-Northwell NS/LIJ-NY	Surgery-Preliminary
Lee	Grace	Riverside University Health Sys-CA	Surgery-Preliminary
Lee	Ryan	Rutgers-New Jersey Medical School	Surgery-Preliminary
Liu	Matthew	B I Deaconess Med Ctr-MA	Surgery-Preliminary
Palosaari	Andrew	ISMMS Mount Sinai Hospital-NY	Surgery-Preliminary
Ip	Alexander	MedStar Georgetown Univ Hosp-DC	Surg-Prelim/Georgetown-WHC
Adusumilli	Nagasai	Ascension St Vincent Hosp-IN	Transitional
Arsenault	Lauren	Mountain AHEC-NC	Transitional

Kauffman	David	St Lukes Hosp-Bethlehem-PA	Transitional
Osorio	Andrew	Northside Hospital Gwinnett-GA	Transitional
Shah	Nidhi	Riverside Reg Med Ctr-VA	Transitional
Subramani	Dhanusha	Navy Medical Center, San Diego	Transitional
Thomas	Rehema	Memorial Sloan-Kettering-NY	Transitional
Walker	Ian	NCC-Walter Reed National Military	Transitional
Goncalves	Tiffany	UHS So California Med Ed Consortium	Transitional Year
Danielson	Madalyn	Scripps Mercy Hosp-San Diego-CA	Transitional/Anesthesia
Cruz-Bendezu	Alanna	George Washington Univ-DC	Urology
Dadashian	Eman	Cedars-Sinai Medical Center	Urology
Fu	Melinda	Rutgers-R W Johnson Medical School-NJ	Urology
Nguyen	Andrew	Cooper University Hospital	Urology
Reddy	Akshay	Massachusetts Gen Hosp	Urology
Mangipudi	Sowmya	UC San Francisco-CA	Vascular Surgery
Rodriguez	Stephanie	Medical University of SC	Vascular Surgery

GWU MATCH 2021

Last Name	First Name	Institution Name	Program Name
Gougelet	Jonathan	Univ of Vermont Medical Center	Anesthesiology
Dunn	Patrick	U Texas Med Branch-Galveston	Anesthesiology
Powell	Alva	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Yao	Caylynn	MedStar Georgetown Univ Hosp-DC	Anesthesiology
Dominah	Gifty	Johns Hopkins Hosp-MD	Anesthesiology
Hebenstreit	Trevor	George Washington Univ-DC	Anesthesiology
Richards	Stephen	George Washington Univ-DC	Anesthesiology
Vilardo	Lauren	Childrens National Med Ctr-DC	Child Neurology
Chung	Stacey	U North Carolina Hospitals	Child Neurology
Aizman	Leora	Johns Hopkins Hosp-MD	Dermatology



Baruffi	Francesca	West Virginia University SOM	Emergency Medicine
Whiteside	Tess	Wellspan Health York Hosp-PA	Emergency Medicine
Croskey	Annabelle	UPMC Medical Education-PA	Emergency Medicine
Lee	Paulyne	UC San Diego Med Ctr-CA	Emergency Medicine
Hollister	Nathaniel	U Nevada Las Vegas SOM	Emergency Medicine
Rapp	Abigail	U Illinois COM-Peoria OSF	Emergency Medicine
Sobelman	Samantha	Stanford Univ Progs-CA	Emergency Medicine
Aly	Iman	St Johns Riverside Hospital-NY	Emergency Medicine
Kuppanda	Nitin	St Johns Riverside Hospital-NY	Emergency Medicine
Van Nispen	Christiaan	San Antonio Military Medical Center	Emergency Medicine
Kaul	Pranav	Northwestern McGaw/NMH/VA-IL	Emergency Medicine
Alsamman	Marya	ISMMS Mount Sinai Hospital-NY	Emergency Medicine
Hartley	Charles	ISMMS Mount Sinai Hospital-NY	Emergency Medicine
Thomas	Daniel	ISMMS Mount Sinai Hospital-NY	Emergency Medicine
Rahman	Md Mostafizur	HCA Healthcare/USF Morsani GME-Brandon-FL	Emergency Medicine
Akhtar	Aslam	Harbor-UCLA Med Ctr-CA	Emergency Medicine
Hussain	Arman	George Washington Univ-DC	Emergency Medicine
Gordon	Brittney	Emory Univ SOM-GA	Emergency Medicine
Wahrenbrock	Taylor	Cook County Health and Hosps Sys-IL	Emergency Medicine
Tronnier	Amy	Brown Univ/Rhode Island Hosp	Emergency Medicine
McClintock	Kime	Swedish Med Ctr-WA	Family Med/Ballard
Howard	Louisa	U Michigan Hosps-Ann Arbor	Family Med/Ypsilanti
Knowles	Jessenia	UC Irvine Med Ctr-CA	Family Medicine
Hung	Chen-min	PeaceHealth Southwest Med Ctr-WA	Family Medicine
Emamian	Sara	Oregon Health & Science Univ	Family Medicine
Greenblatt	Melissa	Kaiser Permanente-San Diego-CA	Family Medicine
Mangini	Marissa	Inova Fairfax Hospital-VA	Family Medicine
Rao	Madhuri	Cambridge Health Alliance-MA	Family Medicine/Tufts
Rosseau	Natalie	MedStar Georgetown Univ Hosp-DC	Gen Surgery/Georgetown-WHC
Aivaz	Marudeen	Zucker SOM-Northwell NS/LIJ-NY	General Surgery
Barq	Rabab	Virginia Commonwealth U Hlth Sys	General Surgery
Ichiuji	Brynne	U Southern California	General Surgery
Marsden	Daniel	Nassau Univ Med Ctr-NY	General Surgery
Berger	Peter	Mt Sinai Med Ctr-Miami-FL	General Surgery
Habboosh	Noor	Montefiore Med Ctr/Einstein-NY	General Surgery
Potarazu	Deepika	Inova Fairfax Hospital-VA	General Surgery
Lin	Ryan	George Washington Univ-DC	General Surgery

Matecki	Mary	George Washington Univ-DC	General Surgery
Ong	Paulina	NYU Grossman School Of Medicine-NY	Int Med/NYU-Tisch-Kimmel
Mire	Muhammad	Univ of Chicago Med Ctr-IL	Internal Medicine
Abraham	Tsion	UC San Francisco-CA	Internal Medicine
Agdashian	David	UC San Diego Med Ctr-CA	Internal Medicine
Kubendran	Sindhu	UC San Diego Med Ctr-CA	Internal Medicine
Hayrapetian	Laurie	U Southern California	Internal Medicine
Hoffman	Eric	U Southern California	Internal Medicine
Hand	Taylor	U Minnesota Med School	Internal Medicine
Rao	Sanjana	U Miami/Jackson Health System-FL	Internal Medicine
Kaji	Raina	U Maryland Med Ctr	Internal Medicine
Roman	Aida	U Connecticut School of Medicine	Internal Medicine
Khudenev	George	U Arizona COM-Tucson	Internal Medicine
Houle	Matthew	Tulane Univ SOM-LA	Internal Medicine
Finau	Melesilika	Portsmouth Naval Medical Center	Internal Medicine
Panda	Arjun	Oregon Health & Science Univ	Internal Medicine
Mandler	Ari	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Onyilofo	Chinelo	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
Atienza	Matthew	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Varghese	Reshma	MedStar Georgetown Univ Hosp-DC	Internal Medicine
Moazzami	Mitra	Mayo Clinic School of Grad Med Educ-MN	Internal Medicine
Mai	William	Mayo Clinic School of Grad Med Educ-FL	Internal Medicine
Clark	Christina	Maine Med Ctr	Internal Medicine
Zafar	Nadia	Maine Med Ctr	Internal Medicine
Haley	Mairin	Lankenau Med Ctr-PA	Internal Medicine
Aquino	Gabrielle	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Darwish	Christina	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Dharia	Ishaan	ISMMS Mount Sinai Hospital-NY	Internal Medicine
Al Shabeeb	Reem	Inova Fairfax Hospital-VA	Internal Medicine
Roche	Kyle	George Washington Univ-DC	Internal Medicine
Chan	Emily	Family Health Ctrs at NYU Langone-NY	Internal Medicine
Chan	Melissa	Family Health Ctrs at NYU Langone-NY	Internal Medicine
Hennessey	Megan	Dartmouth-Hitchcock Med Ctr-NH	Internal Medicine
Makonnen	Tirsit	CMSRU/Cooper University Hospital-NJ	Internal Medicine
Gupta	Simran	Brown Univ/Rhode Island Hosp	Internal Medicine
Cerezo	Maria Abigail	Boston Univ Med Ctr-MA	Internal Medicine
Zepp	Molly	B I Deaconess Med Ctr-MA	Internal Medicine

Imtiaz	Danish	UPMC Medical Education-PA	Interventional Radiology (Integ)
Zemel	Rachel	MedStar Georgetown Univ Hosp-DC	Medicine-Pediatrics
Osei	Kendrah	St Agnes Hospital-MD	Medicine-Preliminary
Nguyen	Chantal	Santa Clara Valley Med Ctr-CA	Medicine-Preliminary
Aizman	Leora	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
McCullum	Catherine	George Washington Univ-DC	Medicine-Preliminary
Richards	Stephen	George Washington Univ-DC	Medicine-Preliminary
Sohal	Preet	George Washington Univ-DC	Medicine-Preliminary
Duggal	Neel	HCA Healthcare/USF Morsani GME-Trinity	Medicine-Preliminary
Pugliese	Christina	NYP Hosp-Weill Cornell Med Ctr-NY	Medicine-Primary
Pashai	Erika	George Washington Univ-DC	Medicine-Primary
Ormond	Jelyca	Kaiser Permanente-Santa Clara-CA	Medicine-Primary/CHOICE
Dominah	Gifty	MedStar Union Memorial Hosp-MD	Med-Prelim/Anesthesiology-JHU
Rokni	Alex	U Illinois COM-Chicago	Med-Prelim/UIH
Almeida	Neil	University at Buffalo SOM-NY	Neurological Surgery
Archuleta	Christine	Virginia Commonwealth U Hlth Sys	Obstetrics-Gynecology
Georgakopoulos	Bianca	U Kentucky Med Ctr	Obstetrics-Gynecology
Konigkramer	Megan	U Illinois COM-Chicago	Obstetrics-Gynecology
Thirunagaru	Koumudi	St Lukes Hosp-Bethlehem-PA	Obstetrics-Gynecology
Hynds	Elaine	Pennsylvania Hospital	Obstetrics-Gynecology
Fuerst	Megan	Oregon Health & Science Univ	Obstetrics-Gynecology
Milando	Rose	ISMMS Mount Sinai Morningside-West-NY	Obstetrics-Gynecology
Sadeghi	Noushine	Christiana Care-DE	Obstetrics-Gynecology
Tsaturian	Mary	Arrowhead Reg Med Ctr-CA	Obstetrics-Gynecology
Walker	Taniya	Brigham & Womens Hosp-MA	Obstetrics-Gynecology/BWH-MGH
Aneja	Prabhleen	Beaumont Health-MI	Obstetrics-Gynecology/Royal Oak
Baker	Dara	Illinois Eye and Ear Infirmary	Ophthalmology
Sohal	Preet	George Washington Univ-DC	Ophthalmology
Kartalias	Katina	Walter Reed National Medical Center	Orthopaedic Surgery
Rodenhouse	Thomas	U Rochester/Strong Memorial-NY	Orthopaedic Surgery
Ward	Caitlin	Rush University Med Ctr-IL	Orthopaedic Surgery
Ramamurti	Pradip	University of Virginia	Orthopaedic Surgery/5 Yr
Bestourous	Daniel	University of Utah Health	Otolaryngology
Straughan	Alexander	U Minnesota Med School	Otolaryngology
Shim	Timothy	Stony Brook Teach Hosps-NY	Otolaryngology

Mamidi	Ishwarya	LSU SOM-New Orleans-LA	Otolaryngology
Nogues	Juan	ISMMS Mount Sinai Hospital-NY	Otolaryngology
Michel	Margaret	Cleveland Clinic Fdn-OH	Otolaryngology
Photavath	Jai	Westchester Medical Ctr-NY	Pediatrics
Kafashzadeh	Darius	UCLA Med Ctr-CA	Pediatrics
Lipsitz	Joshua	U Texas Southwestern Med Sch-Dallas	Pediatrics
Chun	Camille	U Colorado SOM-Denver	Pediatrics
Bakizada	Zayna	Oregon Health & Science Univ	Pediatrics
Pudalov	Natalie	Medical University of SC	Pediatrics
Patrick	Kristin	Cincinnati Childrens Hosp Med Ctr-OH	Pediatrics
Rashidi	Ghazal	Cincinnati Childrens Hosp Med Ctr-OH	Pediatrics
Brown	Ciara	Childrens National Med Ctr-DC	Pediatrics
Chase	Hannah	Childrens National Med Ctr-DC	Pediatrics
Considine	Colleen	Childrens National Med Ctr-DC	Pediatrics
Ben-Maimon	Sivan	Childrens Hosp-Philadelphia-PA	Pediatrics
Marwah	Harleen	Childrens Hosp-Philadelphia-PA	Pediatrics
Nishikawa	Moena	Childrens Hospital-Oakland-CA	Pediatrics
Burkholder	Joshua	U Nevada Las Vegas SOM	Pediatrics
Johnson	Sheryl	Rutgers-Newark Beth Israel Med Ctr-NJ	Pediatrics
Ceneri	Nicolle	Childrens National Med Ctr-DC	Pediatrics-Research
Summerlin	Maxwell	U Colorado SOM-Denver	Peds/Med Genetics & Genomics
Nguyen	Chantal	Stanford Univ Progs-CA	Phys Medicine & Rehab
Satin	Zachary	MedStar National Rehab Hosp-DC	Phys Medicine & Rehab
Gable	Brenda	Ohio State University Med Ctr	Psychiatry
Keshavarz	Samaneh	MedStar Georgetown Univ Hosp-DC	Psychiatry
Taylor	Benjamin	MedStar Georgetown Univ Hosp-DC	Psychiatry
Peace	Melissa	Medical University of SC	Psychiatry
Siddiqi	Tulha	Johns Hopkins Hosp-MD	Psychiatry
Quinn	Margot	ISMMS Mount Sinai Hospital-NY	Psychiatry
Islam	Celia	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Momeni	Kimia	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Pepin	Abigail	Hosp of the Univ of PA	Radiation Oncology
Osei	Kendrah	Johns Hopkins Hosp-MD	Radiology-Diagnostic
Imtiaz	Danish	Swedish Med Ctr-WA	Surgery-Preliminary
Maghsoudi	Taneen	Carilion Clinic-Virginia Tech Carilion SOM	Surgery-Preliminary
Brodsky	Spencer	Weiss Memorial Hospital-IL	Transitional
Osman	Omer	Salem Clinic in Virginia	Transitional

Elovic	Andres	Mount Sinai Medical Center	Urology
Shoen	Ezra	Mount Sinai Medical Center	Urology

GWU MATCH 2020

Last Name	First Name	Institution Name	Program Name
Apte	Sanjana	Emory Univ SOM-GA	Anesthesiology
Banks	Katherine	Hosp of the Univ of PA	Anesthesiology
Dangerfield	Stratton	Brigham & Womens Hosp-MA	Anesthesiology
Lee	Kyung Min	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Lorico	Andrea	U Maryland Med Ctr	Anesthesiology
McKenzie	Steven	Vanderbilt Univ Med Ctr-TN	Anesthesiology
Mekail	John	Temple Univ Hosp-PA	Anesthesiology
Papanikos	John	U Maryland Med Ctr	Anesthesiology
Parnass	Ethan	Rush University Med Ctr-IL	Anesthesiology
Patel	Kunal	U Maryland Med Ctr	Anesthesiology
Reddy	Aarthi	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Russell	Alex	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Sidoran	Kevin	George Washington Univ-DC	Anesthesiology
Wu	Austin	UCLA Med Ctr-CA	Anesthesiology
Gill	Manroop	Cincinnati Childrens Hosp Med Ctr-OH	Child Neurology
Spivey	Tyler	Cincinnati Childrens Hosp Med Ctr-OH	Child Neurology
Stratton	Maera	Johns Hopkins Hosp-MD	Child Neurology
Burke	David	University at Buffalo SOM-NY	Combined Adult/Child Psych
Arnold	Justin	UC Irvine Med Ctr-CA	Dermatology
Beatson	Meghan	Vanderbilt Univ Med Ctr-TN	Dermatology
Marks	Dustin	Stanford Univ Progs-CA	Dermatology
Mazhar	Momina	U Texas Southwestern Med Sch-Dallas	Dermatology
Andrawis	Lydia	Johns Hopkins Hosp-MD	Emergency Medicine
Bhatt	Kunj	Icahn SOM at Mount Sinai-NY	Emergency Medicine

Cohen	Ariella	Maimonides Med Ctr-NY	Emergency Medicine
Desai	Sonia	U Southern California	Emergency Medicine
Marin	Johnnatan	U Miami/Jackson Health System-FL	Emergency Medicine
Martin	Jacob	CMSRU/Cooper University Hospital-NJ	Emergency Medicine
Mcintosh-Clarke	Damani	Icahn SOM at Mount Sinai-NY	Emergency Medicine
Wong	Christopher	Mt Sinai Med Ctr-Miami-FL	Emergency Medicine
Rashed	Amir	Montefiore Med Ctr/Einstein-NY	Emergency Medicine/Jacobi
Yang	Linda	Swedish Med Ctr-WA	Family Med/Cherry Hill
Ng	Wesley	U Colorado SOM-Denver	Family Med/Denver Hlth
Poceta	Joanna	Swedish Med Ctr-WA	Family Med/First Hill
Kyinn	Mabel	Kaiser Permanente-Los Angeles-CA	Family Med/LA Med Ctr
Morais	Ana	U North Carolina Hospitals	Family Med/Underserved
Alberto	Alexandria	U Maryland Med Ctr	Family Medicine
DeVries	Seychelle	MedStar Franklin Square Med Ctr-MD	Family Medicine
Galliosborn	Christopher	Dignity Health Northridge Hosp Med Ctr-CA	Family Medicine
Mahoney	Caitlin	Cone Health-NC	Family Medicine
Martyn	Fredrick	Western University/Canada	Family Medicine
Maybee	Camilla	VCU-Fairfax Family Med Res-VA	Family Medicine
Ruben	Max	West Suburban Med Ctr-IL	Family Medicine
Sheih	Tianna	Sutter Med Ctr of Santa Rosa-CA	Family Medicine
Veltri	Kami	U Washington Affil Hosps	Family Medicine/Chelan Rural
Allen	Rebecca	Anne Arundel Med Ctr-MD	General Surgery
Corpodean	Florina	LSU SOM-New Orleans-LA	General Surgery
Niba	Vanessa	U Michigan Hosps-Ann Arbor	General Surgery
Smith	Savannah	Emory Univ SOM-GA	General Surgery
Abon	Nina Victoria	Boston Univ Med Ctr-MA	Internal Medicine
Baumgartner	Scott	UPMC Medical Education-PA	Internal Medicine
Campbell	Brendan	Univ of Vermont Medical Center	Internal Medicine

Casasanta	Nicole	Icahn SOM at Mount Sinai-NY	Internal Medicine
Choi	WonSeok	George Washington Univ-DC	Internal Medicine
Chua	Raissa	Huntington Memorial Hosp-CA	Internal Medicine
Gibilisco	Jessica	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Goulart	Hannah	Icahn SOM at Mount Sinai-NY	Internal Medicine
Hendrix	Christian	St Louis Univ SOM-MO	Internal Medicine
Homma	Kirsten	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
Isaac-Elder	Kurt	Nazareth Hospital-PA	Internal Medicine
Jacob	Jeffrey	WellStar Kennestone Reg Med Ctr-GA	Internal Medicine
Kirelik	Danielle	U Colorado SOM-Denver	Internal Medicine
Kurian	Dennis	Icahn SOM Beth Israel-NY	Internal Medicine
Langerman	Steven	Johns Hopkins Hosp-MD	Internal Medicine
Leung	Ariel	St Agnes Med Ctr-CA	Internal Medicine
Levin	Samara	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Malik	Sushmita	Kaiser Permanente Mid-Atlantic-MD	Internal Medicine
Nawal	Saadia	George Washington Univ-DC	Internal Medicine
Negreira	Katherine	U Miami/Jackson Health System-FL	Internal Medicine
Pascual	Lauren	U Miami/Jackson Health System-FL	Internal Medicine
Rao	Vinay	Thomas Jefferson Univ-PA	Internal Medicine
Seeni	Ramamahesh	U Nevada Reno SOM	Internal Medicine
Silverman	Adam	Zucker SOM-Northwell NS/LIJ-NY	Internal Medicine
Starr	Samantha	U Kansas SOM-Kansas City	Internal Medicine
Vukomanovic	Damir	U Arizona COM-Phoenix	Internal Medicine
Xue	Crystal	Kaiser Permanente Mid-Atlantic-MD	Internal Medicine
Lombardi	Kevin	Sovah Health-Danville-VA	Internal Medicine
Law	Nicole	University of Utah Health	Interventional Radiology (Integ)
Maclaughlan	Joshua	Loma Linda University-CA	Interventional Radiology (Integ)
Nelson	Andrew	UC Davis Med Ctr-CA	Interventional Radiology (Integ)

Osman	Murat	Rush University Med Ctr-IL	Interventional Radiology (Integ)
Singhal	Sameer	Brigham & Womens Hosp-MA	Interventional Radiology (Integ)
Merriam	Julia	Christiana Care-DE	Medicine-Pediatrics
Athanasios	Amira	HCA Healthcare/USF Morsani College of Medicine: Medical Center Trinity	Medicine-Preliminary
Costenbader	Kyle	Greater Baltimore Med Ctr-MD	Medicine-Preliminary
Marks	Dustin	UPMC Medical Education-PA	Medicine-Preliminary
Mazhar	Momina	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Murdock	Braedon	George Washington Univ-DC	Medicine-Preliminary
Patel	Kunal	U Maryland Med Ctr	Medicine-Preliminary
Shahid	Peter	Albert Einstein Med Ctr-PA	Medicine-Preliminary
Snyder	Kiersten	Alameda Health Sys-Highland Hosp-CA	Medicine-Preliminary
Cooper	Jocelyn	U Washington Affil Hosps	Medicine-Primary
Handler	Stacy	Rhode Island Hosp/Brown Univ	Medicine-Primary
Murthy	Srividya	CMSRU/Cooper University Hospital-NJ	Medicine-Primary
Vila	Cayla	Boston Univ Med Ctr-MA	Med-Prelim/Neurology
Hirabayashi	Kyle	Icahn SOM Beth Israel-NY	Med-Prelim/Ophthalmology
Rajjoub	Kenan	University at Buffalo SOM-NY	Neurological Surgery
Chung	Sohyun	George Washington Univ-DC	Neurology
Daniel	David	Icahn SOM at Mount Sinai-NY	Neurology
Vila	Cayla	Boston Univ Med Ctr-MA	Neurology
Biver	Laura	George Washington Univ-DC	Obstetrics-Gynecology
Bojko	Areta	Tufts Medical Center-MA	Obstetrics-Gynecology
Buldo-Licciardi	Julia	Hackensack U Med Ctr-NJ	Obstetrics-Gynecology
Curley	Kathleen	U Arizona COM-Phoenix	Obstetrics-Gynecology
Miller	Helen	Naval Medical Center Portsmouth	Obstetrics-Gynecology
Ohnona	Ashley	St Lukes Hosp-Bethlehem-PA	Obstetrics-Gynecology
Shields	Jennifer	Baystate Med Ctr-MA	Obstetrics-Gynecology
Sullivan	Marie	Stamford Hospital/Columbia-CT	Obstetrics-Gynecology



Thomas	Caroline	Anne Arundel Med Ctr-MD	Obstetrics-Gynecology
Wiener	Alysia	UPMC Medical Education-PA	Obstetrics-Gynecology
Hirabayashi	Kyle	New York Eye & Ear Infirmary	Ophthalmology
Murdock	Braedon	George Washington Univ-DC	Ophthalmology
Nayer	Zacharia	Columbia University/Harkness	Ophthalmology
Snyder	Kiersten	New York Medical College	Ophthalmology
Farrar	Jacob	Virginia Commonwealth U Hlth Sys	Orthopaedic Surgery
Gu	Alex	George Washington Univ-DC	Orthopaedic Surgery
Hallwachs	Alexander	Case Western/Univ Hosps Cleveland Med Ctr-OH	Orthopaedic Surgery
Lee	Danny	U Miami/Jackson Health System-FL	Orthopaedic Surgery
McIntyre	James	Tufts Medical Center-MA	Orthopaedic Surgery
Minto	Jonathan	U Rochester/Strong Memorial-NY	Orthopaedic Surgery
Putur	Danielle	Montefiore Med Ctr/Einstein-NY	Orthopaedic Surgery
Yensen	Katie	U Southern California	Orthopaedic Surgery
Zeller	Zachary	Boston Univ Med Ctr-MA	Orthopaedic Surgery
Al-Amoodi	Mohamed	University of British Columbia-Vancouver	Orthopaedic Surgery
Hariri	Benjamin	NYU Grossman School Of Medicine-NY	Otolaryngology
Harrington	Chloe	George Washington Univ-DC	Otolaryngology
Shand	Muhammed	U Nevada Las Vegas SOM	Otolaryngology
Strum	David	NYU Grossman School Of Medicine-NY	Otolaryngology
Zaikos	Thomas	Johns Hopkins Hosp-MD	Pathology AP/NP
Barber	Scott	Penn State Hershey Med Ctr-PA	Pediatrics
Cross	Megan	Childrens National Med Ctr-DC	Pediatrics
Hennelly	Marissa	Duke Univ Med Ctr-NC	Pediatrics
Iyer	Jaisree	Case Western/Univ Hosps Cleveland Med Ctr-OH	Pediatrics
Lieberman	Alexandra	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
McCormack	Sarah	Cincinnati Childrens Hosp Med Ctr-OH	Pediatrics
McMahon	Elizabeth	Walter Reed National Military Medical Center	Pediatrics

Ng	Qimin	MedStar Georgetown Univ Hosp-DC	Pediatrics
Singer	Jessica	Icahn SOM at Mount Sinai-NY	Pediatrics
Zuckerberg	Gabriel	Childrens Hosp-Philadelphia-PA	Pediatrics
Donahey	Genevieve	Ascension St John Hosp-MI	Pediatrics
Ogunsanya	Elizabeth	U Maryland Med Ctr	Pediatrics-Emergency Med
Shein	Jonathan	U North Carolina Hospitals	Pediatrics-Preliminary
Bernstein	Sarah	Childrens National Med Ctr-DC	Pediatrics-Primary
Amirault	Janine	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
Gunawardana	Amali	Johns Hopkins Hosp-MD	Peds/Health Equity-Urban Health
Elsakr	Carol	Sunrise Health GME Consortium-NV	Phys Medicine & Rehab
Malphrus	Elizabeth	Hosp of the Univ of PA	Plastic Surgery (Integrated)
Davidson	Jay	U New Mexico SOM	Psychiatry
Gregorio	Nicholas	Albany Med Ctr-NY	Psychiatry
Kleiman-Weiner	Rose	Icahn SOM at Mount Sinai-NY	Psychiatry
Muse	Timothy	Icahn SOM Beth Israel-NY	Psychiatry
Sham	Elyssa	Butler Hospital/Brown Univ-RI	Psychiatry
Wilner	Natalie	St Elizabeths Hospital/DBH-DC	Psychiatry
Xa	Collin	U Arizona COM-Phoenix	Psychiatry
Davis	Caitlin	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Mahmood	Sara	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Bhatnagar	Akrita	Emory Univ SOM-GA	Rad-Diag/Molecular Imaging
Chitti	Bhargava	Zucker SOM-Northwell NS/LIJ-NY	Radiation Oncology
Costenbader	Kyle	U Maryland Med Ctr	Radiology-Diagnostic
Fleming	Cullen	U Wisconsin Hospital and Clinics	Radiology-Diagnostic
Lipman	Monali	Indiana University SOM	Radiology-Diagnostic
Shahid	Peter	Virginia Commonwealth U Hlth Sys	Radiology-Diagnostic
Shein	Jonathan	Zucker SOM-Northwell Lenox Hill Hosp-NY	Radiology-Diagnostic
Law	Nicole	Kaiser Permanente-Los Angeles-CA	Surgery-Preliminary

Marriott	Charles	U Texas HSC-San Antonio	Surgery-Preliminary
Nelson	Andrew	Kaiser Permanente-Los Angeles-CA	Surgery-Preliminary
Bhatnagar	Akrita	MedStar Union Memorial Hosp-MD	Surgery-Preliminary
Ellis-Kahana	Julia	U Massachusetts Med School	Surgery-Preliminary
Froehlich	Michael	St Elizabeths Med Ctr-MA	Surgery-Preliminary
Lorico	Andrea	UIC/Mt Sinai Hosp Med Ctr-IL	Surgery-Preliminary
Sidoran	Kevin	Duke Univ Med Ctr-NC	Surgery-Preliminary
Arnold	Justin	Riverside Community Hospital-CA	Transitional
Beatson	Meghan	Memorial Sloan-Kettering-NY	Transitional
Chitti	Bhargava	BronxCare Health System-NY	Transitional
Elsakr	Carol	U Tennessee Grad SOM-Knoxville	Transitional
Lipman	Monali	Indiana University SOM	Transitional
Nayer	Zacharia	Riverside Reg Med Ctr-VA	Transitional
Harris	Evan	Tripler Army Medical Center	Transitional Year
Apte	Sanjana	Emory Univ SOM-GA	Transitional/Anesthesiology
Fleming	Cullen	UCF COM/GME Consortium-FL	Transitional/Ocala
Chaudhry	Sharjeel	B I Deaconess Med Ctr-MA	Vascular Surgery
Glousman	Brandon	MedStar Washington Hosp Ctr-DC	Vascular Surgery

**GWU MATCH 2019**

<b>Last Name</b>	<b>First Name</b>	<b>Institution Name</b>	<b>Program Name</b>
Ari	Pranathi	U Texas Med Sch-Houston	Anesthesiology
Breen	Leah	Cedars-Sinai Med Ctr-CA	Anesthesiology
Glass	Rachel	Icahn SOM at Mount Sinai-NY	Anesthesiology
Hill	Brianna	Icahn SOM St Lukes-Roosevelt-NY	Anesthesiology
Jensen	Caroline	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Kim	Jung Yeon	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
Nyhan	Aoibhinn	Johns Hopkins Hosp-MD	Anesthesiology
Schmitt	Michael	Med Coll Wisconsin Affil Hosps	Anesthesiology
Syed	Wahab	George Washington Univ-DC	Anesthesiology
Thomas	Janelle	Johns Hopkins Hosp-MD	Anesthesiology
Wolfanger	Daniel	NYP Hosp-Weill Cornell Med Ctr-NY	Anesthesiology
Yang	Myung	U Southern California	Anesthesiology
Mele	Kyle	Northwestern McGaw/NMH/VA-IL	Anesthesiology/4 Yr
Ozbeki	Ariel	NYU School Of Medicine	Anesthesiology/NYU Man
Boyer	Rebecca	Emory Univ SOM-GA	Emergency Medicine
Buchanan	Cara	U Southern California	Emergency Medicine
Dimbil	Ubah	Johns Hopkins Hosp-MD	Emergency Medicine
Frankel	Joseph	Zucker SOM-Northwell NS/LIJ-NY	Emergency Medicine
Ijaz	Hamza	U Cincinnati Med Ctr-OH	Emergency Medicine
Liao	Jennifer	Thomas Jefferson Univ-PA	Emergency Medicine
Morgenstern	Jessica	Allegheny Gen Hosp-PA	Emergency Medicine
Munden	Cory	Hosp of the Univ of PA	Emergency Medicine
Nadendla	Rahul	Carilion Clinic-Virginia Tech Carilion SOM	Emergency Medicine
Pandya	Jay	SUNY HSC Brooklyn-NY	Emergency Medicine
Park	Mindy	Madigan	Emergency Medicine
Perez	Sarah	U Michigan Hosps-Ann Arbor	Emergency Medicine
Russell	Robert	University of Virginia	Emergency Medicine
Sobrio	Shane	Kaiser Permanente-San Diego-CA	Emergency Medicine
Sumner	Brian	Icahn SOM St Lukes-Roosevelt-NY	Emergency Medicine
Sumon	Kazi	Maimonides Med Ctr-NY	Emergency Medicine
Sveum	Elinor	U Washington Affil Hosps	Emergency Medicine
Gittens	Dalila	Swedish Med Ctr-WA	Family Med/Cherry Hill
Masem	Burton	U Minnesota Med School	Family Med/Duluth
Carter	Jene	Allina Health-MN	Family Medicine
Ibrahim	Zulianna	U Arizona COM-Phoenix	Family Medicine
Newman	Raquelle	Nellis Medical Center (Las Vegas, Nevada)	Family Medicine
Paw	Ivy	Deaconess Hospital-IN	Family Medicine
Taskier	Madeline	Thomas Jefferson Univ-PA	Family Medicine
Williams Odutayo	Rashida	University of Toronto- Canada	Family Medicine

Benavides	Abraham	St Mary-Corwin Med Ctr-CO	Family Medicine/Alamosa
Johnson	Alyssa	Family Medicine Res of Idaho	Family Medicine/Nampa
Arbetman	Lauren	Riverside University Health Sys-CA	General Surgery
Berrigan	Margaret	B I Deaconess Med Ctr-MA	General Surgery
DePolo	Nicole	Loma Linda University-CA	General Surgery
Folkert	Kyra	Western Michigan Univ Stryker SOM	General Surgery
Judge	Caroline	Walter Reed	General Surgery
Kurland	Kyle	Rhode Island Hosp/Brown Univ	General Surgery
Lenihan	Megan	Swedish Med Ctr-WA	General Surgery
Mysore	Brinda	Walter Reed	General Surgery
Roberson	Jeffrey	Hosp of the Univ of PA	General Surgery
Stachura	Anna	Walter Reed	General Surgery
Thompson	Jamie	George Washington Univ-DC	General Surgery
Aggarwal	Vanya	Wake Forest Baptist Med Ctr-NC	Internal Medicine
Amankwah	Nigel	Hosp of the Univ of PA	Internal Medicine
Atencio	Leonel	George Washington Univ-DC	Internal Medicine
Barai	Rakhee	Rutgers-New Jersey Medical School	Internal Medicine
Basso	Jessica	San Antonio Military Medical Center, San Antonio, TX	Internal Medicine
Boortalary	Tina	Thomas Jefferson Univ-PA	Internal Medicine
Boustani	Camille	MedStar Georgetown Univ Hosp-DC	Internal Medicine
Clarke	Lindsay	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Dawit	Lillian	U Southern California	Internal Medicine
Farah	Dannah	HonorHealth-AZ	Internal Medicine
Galvis	Jensen	Temple Univ Hosp-PA	Internal Medicine
Greenfest	Adam	NYP Hosp-Weill Cornell Med Ctr-NY	Internal Medicine
Larson	Ian	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Lee	Vivian	U Southern California	Internal Medicine
Majumder	Arman	INOVA Fairfax Hospital-VA	Internal Medicine
Massey	Ellen	Med Coll Wisconsin Affil Hosps	Internal Medicine
Masur	Jack	U Maryland Med Ctr	Internal Medicine
Moktan	Varun	Mayo Clinic School of Grad Med Educ-FL	Internal Medicine
Muthiah	Arun	Rhode Island Hosp/Brown Univ	Internal Medicine
Norman	Marti	Sunrise Health GME Consortium-NV	Internal Medicine
Patel	Darshan	U Texas Med Sch-Houston	Internal Medicine
Rosenthal	Matthew	George Washington Univ-DC	Internal Medicine
Schanz	Olivia	Temple Univ Hosp-PA	Internal Medicine
Siev	Alana	Montefiore Med Ctr/Einstein-NY	Internal Medicine
Szvarca	Daniel	Johns Hopkins Hosp-MD	Internal Medicine
Tabbara	Nadeem	UCLA Med Ctr-CA	Internal Medicine
Zhang	Ming	Montefiore Med Ctr/Einstein-NY	Internal Medicine

Boumezag	Maryam	MedStar Georgetown Univ Hosp-DC	Interventional Radiology (Integ)
Good	Erin	U Rochester/Strong Memorial-NY	Medicine-Pediatrics
Lee	Hayoung	LSU SOM-New Orleans-LA	Medicine-Pediatrics
Cole	Brigette	St Johns Riverside Hospital-NY	Medicine-Preliminary
Flynn	Erin E.	Icahn SOM St Lukes-Roosevelt-NY	Medicine-Preliminary
Idrees	Rabia	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Lawrence	Christopher	George Washington Univ-DC	Medicine-Preliminary
Ozbeki	Ariel	George Washington Univ-DC	Medicine-Preliminary
Palushaj	Bianca	UC San Diego Med Ctr-CA	Medicine-Preliminary
Parenti	Vincent	U Texas Southwestern Med Sch-Dallas	Medicine-Preliminary
Thomas	Janelle	MedStar Washington Hosp Ctr-DC	Medicine-Preliminary
Andemel	Naissem	Kaiser Permanente-SF-CA	Medicine-Preventive Med
Townsend	Kerry	NYP Hosp-Weill Cornell Med Ctr-NY	Medicine-Primary
Stricker	Katherine	UCLA Med Ctr-CA	Medicine-Primary/UCLA-VA
Ching	Jason	Cedars-Sinai Med Ctr-CA	Med-Prelim/Neurology
Shu	Liqi	Rhode Island Hosp/Brown Univ	Med-Prelim/Neurology
Salnikova	Yekaterina	U Illinois COM-Chicago	Med-Prelim/UIH
McCormack	Erin	Tulane Univ SOM-LA	Neurological Surgery
Ching	Jason	Cedars-Sinai Med Ctr-CA	Neurology
Palushaj	Bianca	Stanford Univ Progs-CA	Neurology
Salnikova	Yekaterina	Johns Hopkins Hosp-MD	Neurology
Shu	Liqi	Rhode Island Hosp/Brown Univ	Neurology
Abbasi	Aleeza	U Cincinnati Med Ctr-OH	Obstetrics-Gynecology
Calhoun	Kathryn	U Cincinnati Med Ctr-OH	Obstetrics-Gynecology
Delgado	Arlin	U South Florida Morsani COM-Tampa	Obstetrics-Gynecology
Frankel	Robyn	Zucker SOM-Northwell NS/LIJ-NY	Obstetrics-Gynecology
Garrett	Gia	Emory Univ SOM-GA	Obstetrics-Gynecology
Hayes	Kathleen	U Tennessee COM-Memphis	Obstetrics-Gynecology
Jagannatham	Shobha	Icahn SOM St Lukes-Roosevelt-NY	Obstetrics-Gynecology
Lane	Sarah	Mountain AHEC-NC	Obstetrics-Gynecology
Messersmith	Cole	Virginia Commonwealth U Hlth Sys	Obstetrics-Gynecology
Roberson	Hannah	Madigan	Obstetrics-Gynecology
Sardana	Aayushi	Jamaica Hosp Med Ctr-NY	Obstetrics-Gynecology
Sobh	Omar	Bridgeport Hospital-CT	Obstetrics-Gynecology
Soloff	Michelle	Zucker SOM-Northwell NS/LIJ-NY	Obstetrics-Gynecology
Stratton	Danielle	St Barnabas Med Ctr-NJ	Obstetrics-Gynecology
Cole	Brigette	NYP Hosp-Weill Cornell Med Ctr-NY	Ophthalmology
Flynn	Erin E.	George Washington Univ-DC	Ophthalmology
Ricci	Matthew	Walter Reed	Ophthalmology
Cohen	Jordan	Hosp of the Univ of PA	Ortho Surgery/Research-6 yr

Swenson	Samuel	U Iowa Hosps and Clinics	Orthopaedic Surgery
Gelman	Daniel	San Antonio Military Medical Center, San Antonio, TX	Orthopedic Surgery
Kinnard	Matthew	Walter Reed	Orthopedic Surgery
Tihesta	Mikel	William Beaumont	Orthopedic Surgery
Wikner	Emily	Eastern VA Med School-VA	Otolaryngology
Guthery	Keely	U Texas HSC-San Antonio	Pathology
Stein	Julie	Johns Hopkins Hosp-MD	Pathology AP/CP or AP Only
Braverman	Stephanie	San Antonio Military Medical Center, San Antonio, TX	Pediatrics
Demory	Ashley	Yale-New Haven Hosp-CT	Pediatrics
Flynn	Erin F.	Childrens Hosp-Philadelphia-PA	Pediatrics
Gauthier	Sophia	St Christophers Hosp-PA	Pediatrics
Halman	Erin	Phoenix Childrens Hospital-AZ	Pediatrics
Harmanli	An	INOVA Fairfax Hospital-VA	Pediatrics
Hume	Paulina	Kaiser Permanente-Oakland-CA	Pediatrics
Kablanian	Andrea	Montefiore Med Ctr/Einstein-NY	Pediatrics
Koppen	Annika	U North Carolina Hospitals	Pediatrics
Markland	Kathryn	Jackson Memorial Hosp-FL	Pediatrics
Murray	Alastair	U Washington Affil Hosps	Pediatrics
Swaffield	Thomas	Penn State Hershey Med Ctr-PA	Pediatrics
Tempesta	Christina	NYP Hosp-Weill Cornell Med Ctr-NY	Pediatrics
Singer	Samuel	Advocate Health Care-IL	Pediatrics/ALGH
Luo	Janice	Baylor Coll Med-Houston-TX	Pediatrics/San Antonio
Yiu	Allen	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
Omorodion	Jacklyn	Childrens Hospital-Boston-MA	Pediatrics-Medical Genetics
Kissiova	Kristina	Childrens National Med Ctr-DC	Pediatrics-Primary
Lieberman	Julia	UPMC Medical Education-PA	Peds/Psych/Child Psych
Buro	Justin	Nassau Univ Med Ctr-NY	Plastic Surgery (Integrated)
Mandelbaum	Max	Icahn SOM at Mount Sinai-NY	Plastic Surgery (Integrated)
Bernstein	Simone	Barnes-Jewish Hosp-MO	Psychiatry
Bierdz	Brooke	Naval Medical Cente San Diego	Psychiatry
Fahoome	Danielle	Thomas Jefferson Univ-PA	Psychiatry
Holbreich	Rachael	Icahn SOM Beth Israel-NY	Psychiatry
Johnson	Ian	Montefiore Med Ctr/Einstein-NY	Psychiatry
Kroppmann	Christopher	Icahn SOM St Lukes-Roosevelt-NY	Psychiatry
Yue	Han	Boston Univ Med Ctr-MA	Psychiatry
Nagel	Eryn	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Sheth	Puja	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
Agbo	Terry	UPMC Medical Education-PA	Radiology-Diagnostic
Bahri	Faraien	Loma Linda University-CA	Radiology-Diagnostic

Gibby	Jacob	Duke Univ Med Ctr-NC	Radiology-Diagnostic
Idrees	Rabia	University of Virginia	Radiology-Diagnostic
Lawrence	Christopher	Johns Hopkins Hosp-MD	Radiology-Diagnostic
Michalak	Adam	Zucker SOM-Northwell NS/LIJ-NY	Radiology-Diagnostic
Parenti	Vincent	U Texas Southwestern Med Sch-Dallas	Radiology-Diagnostic
Zhao	Yuanlong	U Maryland Med Ctr	Radiology-Diagnostic
Bahri	Faraien	Kaiser Permanente-Los Angeles-CA	Surgery-Preliminary
Oluwo	Omowunmi	MedStar Union Memorial Hosp-MD	Surgery-Preliminary
Gallino	Paige	MedStar Georgetown Univ Hosp-DC	Surg-Prelim/Georgetown-WHC
Yousaf	Omer	NYP Hosp-Columbia Univ Med Ctr-NY	Surg-Prelim/Non-designated
Chaili	Siyang	Vanderbilt Univ Med Ctr-TN	Surg-Prelim/Ophthalmology
Gibby	Jacob	Kaweah Delta Health Care District-CA	Transitional
Michalak	Adam	UPMC Altoona Hospital-PA	Transitional
Agbo	Terry	Steward Carney Hospital-MA	Transitional Year
Chong	Sean	Tripler	Transitional Year
Corrigan	Kelly	Portsmouth Naval Medical Center	Transitional Year
Schlaff	Cody	Walter Reed	Transitional Year
Shannon	William	Portsmouth Naval Medical Center	Transitional Year
Zhao	Yuanlong	Sunrise Health GME Consortium-NV	Transitional/Mountain View
Johny	Angeline	Baylor College of Medicine	Urology
Rubin	Jacob	SUNY Buffalo-NY	Urology

**GWU MATCH 2018**

Last Name	First Name	Institution Name	Program Name
<b>Ashraf</b>	Mariam	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>Chen</b>	Michelle	George Washington Univ-DC	Anesthesiology
<b>Choudhry</b>	Dhruv	Ochsner Clinic Foundation-LA	Anesthesiology
<b>Guice</b>	Carter	Ochsner Clinic Foundation-LA	Anesthesiology
<b>Koneru</b>	Harsha	UC Davis Med Ctr-CA	Anesthesiology
<b>Merriman</b>	John	U Illinois COM-Chicago	Anesthesiology
<b>Sekaran</b>	Anjana	Icahn SOM St Lukes-Roosevelt-NY	Anesthesiology
<b>Slocum</b>	Joshua	George Washington Univ-DC	Anesthesiology
<b>Tafesse</b>	Hanan	George Washington Univ-DC	Anesthesiology
<b>Tafuro</b>	Erica	Montefiore Med Ctr/Einstein-NY	Anesthesiology
<b>Tan</b>	Merrick	UC San Diego Med Ctr-CA	Anesthesiology
<b>Henry</b>	Maria	U Washington Affil Hosps	Anesthesiology/Clin Base Yr
<b>Marchitto</b>	Mark	Johns Hopkins Hosp-MD	Dermatology
<b>Ranasinghe</b>	Geraldine	Cleveland Clinic Fdn-OH	Dermatology
<b>Mullins</b>	Peter	Massachusetts Gen Hosp	Emergency Med/BWH-Harvard



<b>Bateman</b>	Ryan	Thomas Jefferson Univ-PA	Emergency Medicine
<b>Blumenthal</b>	Jayne	CMSRU/Cooper University Hospital-NJ	Emergency Medicine
<b>Canter</b>	Danielle	LSU SOM-New Orleans-LA	Emergency Medicine
<b>Corriea</b>	Alexandra	SUNY HSC Brooklyn-NY	Emergency Medicine
<b>Dorwart</b>	Kelsey	Temple Univ Hosp-PA	Emergency Medicine
<b>Hatoum</b>	Zachariah	FAU-Schmidt COM-FL	Emergency Medicine
<b>Jasani</b>	Gregory	U Maryland Med Ctr	Emergency Medicine
<b>Leedekerken</b>	Jacob	Carolinas Med Ctr-NC	Emergency Medicine
<b>Lopez-Twumasi</b>	Moses	Carilion Clinic-Virginia Tech Carilion SOM	Emergency Medicine
<b>Maloney</b>	Kaylah	Thomas Jefferson Univ-PA	Emergency Medicine
<b>Manoochehri</b>	Omid	Icahn SOM at Mount Sinai-NY	Emergency Medicine
<b>Maracheril</b>	Rijo	Icahn SOM at Mount Sinai-NY	Emergency Medicine
<b>McMullen</b>	Michael	George Washington Univ-DC	Emergency Medicine
<b>Misa</b>	Nana Yaa	Alameda Health Sys-Highland Hosp-CA	Emergency Medicine
<b>Payette</b>	Christopher	George Washington Univ-DC	Emergency Medicine
<b>Robinson</b>	Chelsea	UCLA Medical Center-CA	Emergency Medicine
<b>Shay</b>	Courtney	Maricopa Med Ctr-AZ	Emergency Medicine
<b>Teng</b>	Jason	Stanford Univ Progs-CA	Emergency Medicine
<b>Walker</b>	Lindsay	NYP Brooklyn Methodist Hosp-NY	Emergency Medicine
<b>Yi</b>	Sojung	UC San Francisco-CA	Emergency Medicine
<b>Ataifo</b>	Linda	MedStar Franklin Square Med Ctr-MD	Family Medicine
<b>Davis</b>	Matthew	Family Medicine Res of Idaho	Family Medicine
<b>Flory</b>	Elizabeth	VCU-Fairfax Family Med Res-VA	Family Medicine
<b>Hope</b>	Trent	Providence Hospital-DC	Family Medicine
<b>Hopson</b>	Marquise	Allina Health-MN	Family Medicine
<b>Mackenzie</b>	Catherine	Dalhousie University - Fredericton	Family Medicine
<b>Majdi</b>	Jamie	U New Mexico SOM	Family Medicine
<b>Rozier</b>	Julia	Carle Foundation Hosp-IL	Family Medicine
<b>Spring</b>	Adam	Contra Costa Reg Med Ctr-CA	Family Medicine
<b>Stratton</b>	Graham	Thomas Jefferson Univ-PA	Family Medicine
<b>Ha</b>	Emmeline	Stanford Univ Progs-CA	Family Medicine/OConnor
<b>Arnott</b>	Suzanne	George Washington Univ-DC	General Surgery
<b>del Calvo</b>	Haydee	Methodist Hospital-Houston-TX	General Surgery
<b>Hernandez</b>	Madelyn	Christiana Care-DE	General Surgery
<b>Jeney</b>	Ashtin	Arrowhead Reg Med Ctr-CA	General Surgery
<b>Lambdin</b>	Jacob	George Washington Univ-DC	General Surgery
<b>Lenihan</b>	Megan	Naval Medical Center San Diego	General Surgery
<b>Michel</b>	Chloe	Naval Medical Center San Diego	General Surgery

<b>Olafson</b>	Samantha	Albert Einstein Med Ctr-PA	General Surgery
<b>Rettig</b>	Robert	Kaiser Permanente-Los Angeles-CA	General Surgery
<b>Spivak</b>	Holden	Rhode Island Hosp/Brown Univ	General Surgery
<b>Urps</b>	Nicole	Walter Reed National Military Medical Center	General Surgery
<b>Whitlock</b>	Ashlyn	B I Deaconess Med Ctr-MA	General Surgery
<b>Hansen</b>	Laurel	Icahn SOM at Mount Sinai-NY	Int Med/Comm Prim Care
<b>Adhatamsootra</b>	Praphopphat	George Washington Univ-DC	Internal Medicine
<b>Ahmed</b>	Sagah	MedStar Georgetown Univ Hosp-DC	Internal Medicine
<b>Aje</b>	Kent	Loyola Univ Med Ctr-IL	Internal Medicine
<b>Al Zaki</b>	Ajlan	Stanford Univ Progs-CA	Internal Medicine
<b>Anderson</b>	Emily	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Asmuth</b>	Malette	U Washington Affil Hosps	Internal Medicine
<b>Babu</b>	Meera	Allegheny Gen Hosp-PA	Internal Medicine
<b>Brunetti</b>	Ryan	Wake Forest Baptist Med Ctr-NC	Internal Medicine
<b>Chabra</b>	Puja	Rutgers-R W Johnson Medical School-NJ	Internal Medicine
<b>Dave</b>	Jenny	George Washington Univ-DC	Internal Medicine
<b>Domaleski</b>	Luke	U Cincinnati Med Ctr-OH	Internal Medicine
<b>Doria</b>	Nicole	UPMC Medical Education-PA	Internal Medicine
<b>Fairfield</b>	Bradley	UC San Diego Med Ctr-CA	Internal Medicine
<b>Frost</b>	Spencer	Stanford Univ Progs-CA	Internal Medicine
<b>Guzman</b>	Gabriel	U Minnesota Med School	Internal Medicine
<b>Hanna</b>	Lauren	Olive View-UCLA Med Ctr-CA	Internal Medicine
<b>Jain</b>	Anjuli	UPMC Medical Education-PA	Internal Medicine
<b>Kahn</b>	Michael	Olive View-UCLA Med Ctr-CA	Internal Medicine
<b>Kamalapathy</b>	Priyanka	CMSRU/Cooper University Hospital-NJ	Internal Medicine
<b>Kariyil</b>	Reshma	U Maryland Med Ctr	Internal Medicine
<b>Kehaya</b>	Alice	Oregon Health & Science Univ	Internal Medicine
<b>Lee</b>	Diana	NYU School Of Medicine	Internal Medicine
<b>Leyton</b>	Christopher	Montefiore Med Ctr/Einstein-NY	Internal Medicine
<b>Linville</b>	Laura	George Washington Univ-DC	Internal Medicine
<b>Matsko</b>	Anne	Temple Univ Hosp-PA	Internal Medicine
<b>Misra</b>	Shantum	Dartmouth-Hitchcock Med Ctr-NH	Internal Medicine
<b>Paik</b>	Michael	Wake Forest Baptist Med Ctr-NC	Internal Medicine
<b>Patel</b>	Aakash	Rutgers-R W Johnson Medical School-NJ	Internal Medicine
<b>Patel</b>	Jay	Cleveland Clinic Fdn-OH	Internal Medicine
<b>Patel</b>	Sandhya	Naval Medical Center San Diego	Internal Medicine
<b>Piechowiak</b>	Mary	INOVA Fairfax Hospital-VA	Internal Medicine
<b>Rowe</b>	Anthony	MedStar Georgetown Univ Hosp-DC	Internal Medicine

<b>Sajja</b>	Aparna	Johns Hopkins Hosp-MD	Internal Medicine
<b>Sanyal</b>	Amit	U Nevada Las Vegas SOM	Internal Medicine
<b>Sekhon</b>	Sahira	U Arizona COM at Tucson	Internal Medicine
<b>Silverman</b>	Anna	UC San Diego Med Ctr-CA	Internal Medicine
<b>Toltzis</b>	Sarit	Hosp of the Univ of PA	Internal Medicine
<b>Walker</b>	Bryan	U Tennessee Grad SOM-Knoxville	Internal Medicine
<b>Bhanot</b>	Shelly	Rush University Med Ctr-IL	Interventional Radiology (Integ)
<b>Iriarte</b>	Christopher	Massachusetts Gen Hosp	Medicine-Dermatology/BWH
<b>Chua</b>	Alex	Christiana Care-DE	Medicine-Pediatrics
<b>Chien</b>	Jason	MedStar Harbor Hospital-MD	Medicine-Preliminary
<b>Gutema</b>	Malem	Howard Univ Hosp-DC	Medicine-Preliminary
<b>Marchitto</b>	Mark	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
<b>Norris</b>	Evan	CA Pacific Med Center	Medicine-Preliminary
<b>Rao</b>	Aditya	NYU Winthrop Hospital-NY	Medicine-Preliminary
<b>Tafuro</b>	Erica	Icahn SOM Elmhurst Hosp Ctr-NY	Medicine-Preliminary
<b>Tan</b>	Merrick	Alameda Health Sys-Highland Hosp-CA	Medicine-Preliminary
<b>Clark</b>	Sophie	U Colorado SOM-Denver	Medicine-Primary
<b>Raveendran</b>	Abhirami Janani	Yale-New Haven Hosp-CT	Medicine-Primary
<b>Dyo</b>	Jeffrey	Kaiser Permanente-Santa Clara-CA	Medicine-Primary/CHOICE
<b>Scher</b>	Jordan	NYU School Of Medicine	Medicine-Primary/NYU MAN
<b>Kaba</b>	Christina	UCLA Medical Center-CA	Medicine-Primary/UCLA-VA
<b>Ravenborg</b>	Noah	UCLA Medical Center-CA	Medicine-Primary/UCLA-VA
<b>Choi</b>	Jessica	Cedars-Sinai Medical Center-CA	Med-Prelim/Neurology
<b>Singh</b>	Neha	University at Buffalo SOM-NY	Med-Prelim/Sisters
<b>Nourbakhsh</b>	Pourandokht	UCLA Medical Center-CA	Med-Primary/UCLA-Olive View
<b>Boddu</b>	James	Jackson Memorial Hosp-FL	Neurological Surgery
<b>Choi</b>	Jessica	Cedars-Sinai Medical Center-CA	Neurology
<b>Heinzelmann</b>	Morgan	U Texas Southwestern Med Sch-Dallas	Neurology
<b>Jensen</b>	Matthew	U Utah Affil Hospitals	Neurology
<b>Alamri</b>	Lamia	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
<b>Barr</b>	Alice	Carolinas Med Ctr-NC	Obstetrics-Gynecology
<b>Buerger</b>	Jonathan	Reading Hospital Med Ctr-PA	Obstetrics-Gynecology
<b>Denny</b>	Kathryn	George Washington Univ-DC	Obstetrics-Gynecology
<b>Draganchuk</b>	Jennifer	Orlando Health-FL	Obstetrics-Gynecology
<b>Frangieh</b>	Michael	U Massachusetts Med School	Obstetrics-Gynecology
<b>Ghebrendrias</b>	Selemawit	UC San Diego Med Ctr-CA	Obstetrics-Gynecology

<b>Haworth</b>	Laura	Eastern VA Med School-VA	Obstetrics-Gynecology
<b>Huysman</b>	Bridget	Barnes-Jewish Hosp-MO	Obstetrics-Gynecology
<b>Kotzen</b>	Mollie	Pennsylvania Hospital	Obstetrics-Gynecology
<b>Mandel</b>	Natalie	Drexel Univ COM/Hahnemann Univ Hosp-PA	Obstetrics-Gynecology
<b>Surrey</b>	Rebecca	UC Davis Med Ctr-CA	Obstetrics-Gynecology
<b>Toaff</b>	Miriam	NYMC-Westchester/Metropolitan-NY	Obstetrics-Gynecology
<b>Vintzileos</b>	William	NYU Winthrop Hospital-NY	Obstetrics-Gynecology
<b>Chien</b>	Jason	NY Presb. Hosp-Weil MC/Cornell U	Ophthalmology
<b>Falk</b>	David	Hosp of the Univ of PA	Ortho Surgery/Clin-5 yr
<b>Lynch</b>	Thomas	San Antonio Military Medical Center	Orthopedic Surgery
<b>Chao</b>	Janet	Yale-New Haven Hosp-CT	Otolaryngology
<b>Jasper</b>	Kayla	LSUHSC-Shreveport-LA	Otolaryngology
<b>Baker</b>	Matthew	Childrens Hospital-LA-CA	Pediatrics
<b>Bick</b>	Sarah	Jefferson Med Coll/duPont Childrens-PA	Pediatrics
<b>Cera</b>	Anjali	Childrens Hospital-Oakland-CA	Pediatrics
<b>Choxi</b>	Shivali	NYU School Of Medicine	Pediatrics
<b>Fredman</b>	Eli	St Louis Childrens Hosp-MO	Pediatrics
<b>Gavcovich</b>	Tara	Jackson Memorial Hosp-FL	Pediatrics
<b>Joshi</b>	Priyanka	Childrens Hosp-Philadelphia-PA	Pediatrics
<b>Mo</b>	Cecilia	NYP Hosp-Columbia Univ Med Ctr-NY	Pediatrics
<b>Olivares</b>	Melani	NYMC-Westchester Med Ctr-NY	Pediatrics
<b>Posada</b>	Catherine	Childrens National Med Ctr-DC	Pediatrics
<b>Szeto</b>	Stephanie	UCLA Medical Center-CA	Pediatrics
<b>Weate</b>	Samantha	Walter Reed National Military Medical Center	Pediatrics
<b>Charles</b>	Alexia	Kaiser Permanente-Oakland-CA	Pediatrics/MPH
<b>Snyder</b>	Matthew	Baylor Coll Med-Houston-TX	Pediatrics-Medical Genetics
<b>Vogt</b>	Kelly	Childrens National Med Ctr-DC	Pediatrics-Primary
<b>Baumann</b>	Katherine	Montefiore Med Ctr/Einstein-NY	Peds-Primary/Social
<b>Vazquez</b>	Laura	Montefiore Med Ctr/Einstein-NY	Peds-Primary/Social
<b>Champ</b>	Michael	MedStar Georgetown Univ Hosp-DC	Psychiatry
<b>Gelda</b>	Jennifer	B I Deaconess Med Ctr-MA	Psychiatry
<b>Hale</b>	Samantha	MedStar Georgetown Univ Hosp-DC	Psychiatry
<b>Mao</b>	Weisheng	George Washington Univ-DC	Psychiatry
<b>Pham</b>	Angeline	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
<b>Van Remmen</b>	Sarah	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
<b>Barkovich</b>	Emil	George Washington Univ-DC	Radiology-Diagnostic
<b>Gutema</b>	Malem	Rochester Gen Hosp-NY	Radiology-Diagnostic
<b>Hoy</b>	Michael	Thomas Jefferson Univ-PA	Radiology-Diagnostic

<b>Norris</b>	Evan	U Colorado SOM-Denver	Radiology-Diagnostic
<b>Pierce</b>	Jonathan	Case Western/Univ Hosps Cleveland Med Ctr-OH	Radiology-Diagnostic
<b>Rao</b>	Aditya	Yale-New Haven Hosp-CT	Radiology-Diagnostic
<b>Singh</b>	Neha	UPMC Medical Education-PA	Radiology-Diagnostic
<b>Arbetman</b>	Lauren	Riverside University Health Sys-CA	Surgery-Preliminary
<b>Hoy</b>	Michael	MedStar Washington Hosp Ctr-DC	Surgery-Preliminary
<b>McCormack</b>	Erin	Ochsner Clinic Foundation-LA	Surgery-Preliminary
<b>Tiusaba Guzman</b>	Laura	Rhode Island Hosp/Brown Univ	Surgery-Preliminary
<b>Chen</b>	Michelle	U Washington Affil Hosps	Surg-Prelim/1yr
<b>Escobar</b>	Domenique	UC San Francisco-CA	Surg-Prelim/General/Urology
<b>Barkovich</b>	Emil	West Virginia University SOM	Transitional
<b>Pierce</b>	Jonathan	Kettering Med Ctr-OH	Transitional

**GWU MATCH 2017**

Applicant Name	Institution Name	Program Name
<b>Canonico, Andrew</b>	George Washington Univ-DC	Anesthesiology
<b>Chanza, Tamanda</b>	U Maryland Med Ctr	Anesthesiology
<b>Gamsky, Nathaniel</b>	UC San Francisco-CA	Anesthesiology
<b>Hong, Bryant</b>	UCLA Medical Center-CA	Anesthesiology
<b>Jeon, Deborah</b>	Stanford Univ Progs-CA	Anesthesiology
<b>Kherbache, Karim</b>	Jackson Memorial Hosp-FL	Anesthesiology
<b>LaCombe, Norman</b>	Rush University Med Ctr-IL	Anesthesiology
<b>Lazer, Adrienne</b>	Virginia Commonwealth U Hlth Sys	Anesthesiology
<b>Lee, Jay</b>	Loma Linda University-CA	Anesthesiology
<b>Lee, Woo Jin</b>	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>Margolis, Steven</b>	NYU School Of Medicine	Anesthesiology
<b>Mitchell, Marcus</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Patel, Falin</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Sachs, Aaron</b>	U Maryland Med Ctr	Anesthesiology
<b>Sarwary, Mariam</b>	UCLA Medical Center-CA	Anesthesiology
<b>Wackerle, Harold</b>	Duke Univ Med Ctr-NC	Anesthesiology
<b>Yang, David</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Akhiyat, Sophia</b>	Med Coll Wisconsin Affil Hosps	Dermatology
<b>Angra, Divya</b>	Howard Univ Hosp-DC	Dermatology
<b>Oliver, Brittany</b>	Hosp of the Univ of PA	Dermatology/3 yr
<b>Berman, Daniel</b>	Navy Medical Center San Diego-CA	Emergency Medicine
<b>Breed, Meghan</b>	Vanderbilt Univ Med Ctr-TN	Emergency Medicine
<b>Davis, Michelle</b>	Rutgers-New Jersey Medical School	Emergency Medicine
<b>Dubey, Neil</b>	Icahn SOM at Mount Sinai-NY	Emergency Medicine
<b>El Magbri, Eussra</b>	UPMC Medical Education-PA	Emergency Medicine
<b>Harounzadeh, Sormeh</b>	Hofstra Northwell SOM-NY	Emergency Medicine
<b>Johns, Laura</b>	Maricopa Med Ctr-AZ	Emergency Medicine
<b>Kendrick, Zachary</b>	U Texas HSC-San Antonio	Emergency Medicine

<b>Lucas, Nicole</b>	Drexel Univ COM/Hahnemann Univ Hosp-PA	Emergency Medicine
<b>McFarland, Adam</b>	Boston Univ Med Ctr-MA	Emergency Medicine
<b>Ordower, Lindsay</b>	Emory Univ SOM-GA	Emergency Medicine
<b>Royall, Cameron</b>	Baylor-Scott & White-TX	Emergency Medicine
<b>Shapiro, Evan</b>	NY Methodist Hospital-NY	Emergency Medicine
<b>Soltanianzadeh, Yasamin</b>	Icahn SOM St Lukes-Roosevelt-NY	Emergency Medicine
<b>Surrey, Aaron</b>	Virginia Commonwealth U Hlth Sys	Emergency Medicine
<b>Noor, Rahiba</b>	Penn State Hershey Med Ctr-PA	Family Med/State College
<b>Malki, Alisa</b>	U Colorado SOM-Denver	Family Med/Univ Hosp
<b>Carr Reese, Patricia</b>	Lancaster Gen Hosp-PA	Family Medicine
<b>Choi, Kun-Young</b>	VCU-Fairfax Family Med Res-VA	Family Medicine
<b>Davis, Rebecca</b>	Martin Army Community Hospital-GA	Family Medicine
<b>Hamilton, David</b>	Presby Intercommunity Hosp-CA	Family Medicine
<b>Jian, Bao Lin</b>	MedStar Franklin Square Med Ctr-MD	Family Medicine
<b>Raval, Neel</b>	Glendale Adventist Med Ctr-CA	Family Medicine
<b>Sobieski, Rayna</b>	Montefiore Med Ctr/Einstein-NY	Family Medicine
<b>Sohn, Joshua</b>	Naval Hospital Jacksonville	Family Medicine
<b>Andrews, Jennifer</b>	Wake Forest Baptist Med Ctr-NC	General Surgery
<b>Butano, Vincent</b>	George Washington Univ-DC	General Surgery
<b>Hedges, Elizabeth</b>	U Rochester/Strong Memorial-NY	General Surgery
<b>Li, Jonathan</b>	UC San Diego Med Ctr-CA	General Surgery
<b>Seavey, Caleb</b>	Cleveland Clinic Fdn-OH	General Surgery
<b>Agrawal, Garima</b>	UC Davis Med Ctr-CA	Internal Medicine
<b>Alsaadi, Dana</b>	Georgetown Univ Hosp-DC	Internal Medicine
<b>Anoruo, Nancy</b>	CMSRU/Cooper University Hospital-NJ	Internal Medicine
<b>Awad, John</b>	Kaiser Permanente-Los Angeles-CA	Internal Medicine
<b>Bilko, Amanda</b>	Wright State Univ Boonshoft SOM-OH	Internal Medicine
<b>Boparai, Eshandeep</b>	Kaiser Permanente-SF-CA	Internal Medicine
<b>Delucchi, Danielle</b>	U Utah Affil Hospitals	Internal Medicine
<b>Dominic, Elizabeth</b>	Georgetown Univ Hosp-DC	Internal Medicine
<b>Dong, Tiffany</b>	Emory Univ SOM-GA	Internal Medicine
<b>Dudum, Ramzi</b>	Johns Hopkins Hosp-MD	Internal Medicine
<b>Edouard, Mark</b>	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Franz, Joseph</b>	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Galoosian, Artin</b>	CA Pacific Med Center	Internal Medicine
<b>Jaluba, Karolina</b>	Stanford Univ Progs-CA	Internal Medicine
<b>Kango, Ghazal</b>	George Washington Univ-DC	Internal Medicine
<b>Khan, Ali</b>	George Washington Univ-DC	Internal Medicine
<b>Krasity, Maxwell</b>	U Michigan Hosps-Ann Arbor	Internal Medicine
<b>Mara, Rezana</b>	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Marlow, Christina</b>	George Washington Univ-DC	Internal Medicine
<b>Mills, Alexandra</b>	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Mills, Ashley</b>	David Grant Medical Center, Travis AFB, CA/Univ of CA, Davis	Internal Medicine
<b>Mulani, Shaunak</b>	U Florida COM-Shands Hosp	Internal Medicine
<b>Patel, Ronak</b>	Christiana Care-DE	Internal Medicine
<b>Penchev, Radostin</b>	Johns Hopkins Hosp-MD	Internal Medicine
<b>Pollard, Kathleen</b>	Univ of Chicago Med Ctr-IL	Internal Medicine
<b>Reed, Thomas</b>	Vanderbilt Univ Med Ctr-TN	Internal Medicine

<b>Sanyal, Neha</b>	Kaiser Permanente-SF-CA	Internal Medicine
<b>Shah, Shivani</b>	Yale-New Haven Hosp-CT	Internal Medicine
<b>Sidhu, Tahnee</b>	St Elizabeths Med Ctr-MA	Internal Medicine
<b>Sullivan, Alexander</b>	Duke Univ Med Ctr-NC	Internal Medicine
<b>Sun, Ke</b>	Kaiser Permanente-SF-CA	Internal Medicine
<b>Hodson, Shane</b>	NCC- Walter Reed National Military Center-MD	Internal Medicine/Psychiatry
<b>Cho, Alexander</b>	Loma Linda University-CA	Interventional Radiology (Integ)
<b>Patel, Smita</b>	UC San Diego Med Ctr-CA	Interventional Radiology (Integ)
<b>Guillaume, Ismanie</b>	Christiana Care-DE	Medicine-Pediatrics
<b>Himmelfarb, Sarah</b>	Tulane Univ SOM-LA	Medicine-Pediatrics
<b>Angra, Divya</b>	University of Virginia	Medicine-Preliminary
<b>Chanza, Tamanda</b>	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
<b>Chaudhry, Ramona</b>	Union Memorial Hosp-MD	Medicine-Preliminary
<b>Gamsky, Nathaniel</b>	U Maryland Med Ctr	Medicine-Preliminary
<b>Jeon, Deborah</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Khan, Mohib</b>	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Kim, Meredith</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Koudoro, Fafa</b>	St Vincent Hosp-Worcester-MA	Medicine-Preliminary
<b>Mingomataj, Erli</b>	Union Memorial Hosp-MD	Medicine-Preliminary
<b>Mitchell, Marcus</b>	U Maryland-Mercy Med Ctr	Medicine-Preliminary
<b>Oliver, Brittany</b>	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Parkinson, William</b>	Greater Baltimore Med Ctr-MD	Medicine-Preliminary
<b>Patel, Falin</b>	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
<b>Patel, Smita</b>	Greenville Health Sys/Univ of So Carolina	Medicine-Preliminary
<b>Raymond, Aislynn</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Sheppard, Michael</b>	Union Memorial Hosp-MD	Medicine-Preliminary
<b>Yang, David</b>	St Barnabas Med Ctr-NJ	Medicine-Preliminary
<b>Beru, Yodit</b>	U Washington Affil Hosps	Medicine-Primary
<b>Bockus, Caroline</b>	George Washington Univ-DC	Medicine-Primary
<b>Jafari, Puya</b>	George Washington Univ-DC	Medicine-Primary
<b>Roberts, Ria</b>	Yale-New Haven Hosp-CT	Medicine-Primary
<b>Silinsky Krupnikova, Sonia</b>	George Washington Univ-DC	Medicine-Primary
<b>Margolis, Steven</b>	NYU School Of Medicine	Med-Prelim/Anesthesiology
<b>Friedman, Jonathan</b>	Univ of Chicago Med Ctr-IL	Med-Prelim/NorthShore
<b>Erickson, Nicholas</b>	U Alabama Med Ctr-Birmingham	Neurological Surgery
<b>Jamshidi, Aria</b>	Jackson Memorial Hosp-FL	Neurological Surgery
<b>Abdul-Karim, Ruqayyah</b>	Maimonides Med Ctr-NY	Obstetrics-Gynecology
<b>Alley, Addison</b>	U Arizona COM-Phoenix	Obstetrics-Gynecology
<b>Belkin, Zoe</b>	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
<b>Daoud, Fatima</b>	Albany Medical Center-NY	Obstetrics-Gynecology
<b>Findlay, Nicole</b>	Case Western/MetroHealth Med Ctr-OH	Obstetrics-Gynecology
<b>Frost, Anja</b>	Johns Hopkins Hosp-MD	Obstetrics-Gynecology
<b>Katcher, Arielle</b>	Montefiore Med Ctr/Einstein-NY	Obstetrics-Gynecology
<b>Kuhn, Jordan</b>	Carilion Clinic-Virginia Tech Carilion SOM	Obstetrics-Gynecology
<b>Ludgin, Jennifer</b>	Tufts Medical Center-MA	Obstetrics-Gynecology
<b>Schoenbrun, Rachel</b>	Icahn SOM at Mount Sinai-NY	Obstetrics-Gynecology

<b>Shustarovich, Diana</b>	LSU SOM-New Orleans-LA	Obstetrics-Gynecology
<b>Waldrop, Anne</b>	Stanford Univ Progs-CA	Obstetrics-Gynecology
<b>Wong, Melissa</b>	Texas Tech U Affil-El Paso	Obstetrics-Gynecology
<b>Young, Hannah</b>	George Washington Univ-DC	Obstetrics-Gynecology
<b>Zottola, Cristina</b>	Hofstra Northwell SOM-Lenox Hill Hosp-NY	Obstetrics-Gynecology
<b>Chen, Tony</b>	Rutgers-New Jersey Medical School	Ophthalmology
<b>Khan, Mohib</b>	George Washington Univ-DC	Ophthalmology
<b>Kim, Meredith</b>	Brown University	Ophthalmology
<b>MacPherson, David</b>	New York Eye & Ear Infirmary	Ophthalmology
<b>Mumtaz, Aisha</b>	U Maryland	Ophthalmology
<b>Rajjoub, Raneem</b>	U Maryland	Ophthalmology
<b>Hijji, Fady</b>	Wright State Univ Boonshoft SOM-OH	Ortho Surgery/Research
<b>Cao, Na</b>	Tufts Medical Center-MA	Orthopaedic Surgery
<b>Kapilow, Jaclyn</b>	U Texas Southwestern Med Sch-Dallas	Orthopaedic Surgery
<b>DeVries, Gabriela</b>	Wake Forest Baptist Med Ctr-NC	Otolaryngology
<b>Mendis, Bernard</b>	Duke Univ Med Ctr-NC	Otolaryngology
<b>Thal, Arielle</b>	Montefiore Med Ctr/Einstein-NY	Otolaryngology
<b>Torrecillas, Vanessa</b>	U Utah Affil Hospitals	Otolaryngology
<b>Costa, Victoria</b>	NYP Hosp-Weill Cornell Med Ctr-NY	Pathology
<b>Doane, Elizabeth</b>	St Louis Univ SOM-MO	Pathology
<b>Evans, Mariama</b>	U North Carolina Hospitals	Pathology
<b>Nassar, Amrro</b>	Hofstra Northwell SOM-Lenox Hill Hosp-NY	Pathology
<b>Abraham, Aashish</b>	Penn State Hershey Med Ctr-PA	Pediatrics
<b>Andrawis, Marina</b>	U Maryland Med Ctr	Pediatrics
<b>Beaubrun, Olivia</b>	St Louis Childrens Hosp-MO	Pediatrics
<b>Brady, Timothy</b>	Wake Forest Baptist Med Ctr-NC	Pediatrics
<b>Chamma, Norma</b>	INOVA Fairfax Hospital-VA	Pediatrics
<b>Dease, Katherine</b>	INOVA Fairfax Hospital-VA	Pediatrics
<b>DeLuca, Alexa</b>	Jefferson Med Coll/duPont Childrens-PA	Pediatrics
<b>Dunne, Katherine</b>	U Arizona COM at Tucson	Pediatrics
<b>Fong, Jeanette</b>	Loma Linda University-CA	Pediatrics
<b>Grell, Robert</b>	Stony Brook Teach Hosps-NY	Pediatrics
<b>Harmon, Katherine</b>	Childrens Hospital-LA-CA	Pediatrics
<b>Latham, Maria</b>	Johns Hopkins Hosp-MD	Pediatrics
<b>Matulich, Allison</b>	Kaiser Permanente-Los Angeles-CA	Pediatrics
<b>Mehta, Monica</b>	U Maryland Med Ctr	Pediatrics
<b>Nyhan, Aoibhinn</b>	Johns Hopkins Hosp-MD	Pediatrics
<b>Peng, Diane</b>	U Michigan Hosps-Ann Arbor	Pediatrics
<b>Rajput, Roma</b>	St Christophers Hosp-PA	Pediatrics
<b>Sebastian, Theiju</b>	Yale-New Haven Hosp-CT	Pediatrics
<b>Smith, Meaghan</b>	Vanderbilt Univ Med Ctr-TN	Pediatrics
<b>Tsegaye, Yodit</b>	UPMC Medical Education-PA	Pediatrics
<b>Yee, Erin</b>	Oregon Health & Science Univ	Pediatrics
<b>Chambliss, Amy</b>	U Colorado SOM-Denver	Pediatrics-PM&R
<b>Stigliano, Kathryn</b>	Childrens National Med Ctr-DC	Pediatrics-Primary
<b>Adkins, Sarina</b>	Childrens National Med Ctr-DC	Peds-Primary/Community Health
<b>Carter, Zachary</b>	Loma Linda University-CA	Phys Medicine & Rehab
<b>Kaushik, Jason</b>	U Arkansas-Little Rock	Phys Medicine & Rehab



<b>Sheppard, Michael</b>	University of Virginia	Phys Medicine & Rehab
<b>Saadat, Sean</b>	UCLA Medical Center-CA	Plastic Surgery (Integrated)
<b>Chun, Sara</b>	Icahn SOM Beth Israel-NY	Psychiatry
<b>Fatollahi, Javad</b>	George Washington Univ-DC	Psychiatry
<b>Safran, Jeremy</b>	George Washington Univ-DC	Psychiatry
<b>Abbasi, Aleeza</b>	U Maryland Med Ctr	Radiology-Diagnostic
<b>Buchanan, Mary Elizabeth</b>	Johns Hopkins Hosp-MD	Radiology-Diagnostic
<b>Chaudhry, Ramona</b>	University of Virginia	Radiology-Diagnostic
<b>Friedman, Jonathan</b>	Boston Univ Med Ctr-MA	Radiology-Diagnostic
<b>Kim, Il Kyoan</b>	U Maryland Med Ctr	Radiology-Diagnostic
<b>Kim, Phillip</b>	Albert Einstein Med Ctr-PA	Radiology-Diagnostic
<b>Koudoro, Fafa</b>	U North Carolina Hospitals	Radiology-Diagnostic
<b>Liu, Michael</b>	UC San Diego Med Ctr-CA	Radiology-Diagnostic
<b>Mingomataj, Erli</b>	SUNY HSC Brooklyn-NY	Radiology-Diagnostic
<b>Parkinson, William</b>	Univ of Vermont Medical Center	Radiology-Diagnostic
<b>Rahimi, Hamza</b>	Boston Univ Med Ctr-MA	Radiology-Diagnostic
<b>Raymond, Aislynn</b>	U Maryland Med Ctr	Radiology-Diagnostic
<b>Whiting, Ryan</b>	NCC- Walter Reed National Military Center-MD	Radiology-Diagnostic
<b>Zeman, Merissa</b>	George Washington Univ-DC	Radiology-Diagnostic
<b>Davaro-Comas, Facundo</b>	St Louis Univ SOM-MO	Surgery-Preliminary
<b>Kim, Phillip</b>	Washington Hospital Ctr-DC	Surgery-Preliminary
<b>Liu, Michael</b>	Kaiser Permanente-Los Angeles-CA	Surgery-Preliminary
<b>Patel, Neerav</b>	Rush University Med Ctr-IL	Surgery-Preliminary
<b>Resnick, Corey</b>	Dartmouth-Hitchcock Med Ctr-NH	Surgery-Preliminary
<b>Zeman, Merissa</b>	Union Memorial Hosp-MD	Surgery-Preliminary
<b>Kim, Youngjun</b>	Loma Linda University-CA	Surg-Prelim/Urology
<b>Patil, Rohit</b>	U Maryland Hospital-MD	Surg-Prelim/Urology
<b>Abbasi, Aleeza</b>	U Maryland Med Ctr Midtown Campus	Transitional
<b>Akhiyat, Sophia</b>	Orange Park Med Ctr-FL	Transitional
<b>Buchanan, Mary Elizabeth</b>	Intermountain Med Ctr-UT	Transitional
<b>Chen, Tony</b>	U Maryland Med Ctr Midtown Campus	Transitional
<b>Kim, Il Kyoan</b>	U Maryland Med Ctr Midtown Campus	Transitional
<b>MacPherson, David</b>	MacNeal Hospital-IL	Transitional
<b>Mumtaz, Aisha</b>	Harbor Hospital Ctr-MD	Transitional
<b>Rahimi, Hamza</b>	Orange Park Med Ctr-FL	Transitional
<b>Rajjoub, Raneem</b>	U Maryland Med Ctr Midtown Campus	Transitional
<b>Rohlfing, Frederick</b>	Naval Medical Center San Diegp-CA	Transitional
<b>Matz, Ethan</b>	Wake Forest University Sch of Med, Winston Salem-NC	Urology

**GWU MATCH 2016**

<b>Last Name</b>	<b>First Name</b>	<b>Institution Name</b>	<b>Specialty</b>
<b>Aggarwal</b>	Abhi	Eastern VA Med School-VA	Radiology-Diagnostic
<b>Aggarwal</b>	Abhi	Hosp of the Univ of PA	Surgery-Preliminary

<b>Aggarwal</b>	Sameer	U Maryland Med Ctr	Medicine-Preliminary
<b>Agnihotri</b>	Ritesh	Virginia Mason Med Ctr-WA	Medicine-Preliminary
<b>Agnihotri</b>	Ritesh	U Rochester/Strong Memorial-NY	Dermatology
<b>Akano</b>	Adekemi	Hosp of the Univ of PA	Anesthesiology
<b>Albert</b>	Jonathan	St Christophers Hosp-PA	Pediatrics
<b>Ali</b>	Khameinei	U Maryland Med Ctr	Medicine-Preliminary
<b>Allen</b>	Annie	Vidant Med Ctr/East Carolina Univ-NC	Obstetrics-Gynecology
<b>Aqel</b>	Zakaria	Beaumont Health System-MI	Radiology-Diagnostic
<b>Armstrong</b>	Abigail	UCLA Medical Center-CA	Obstetrics-Gynecology
<b>Arnautovic</b>	Aska	Washington Hospital Ctr-DC	General Surgery
<b>Arora</b>	Rajan Preet	UC San Diego Med Ctr-CA	Neurology
<b>Arora</b>	Rajan Preet	Riverside Community Hospital-CA	Medicine-Preliminary
<b>Aziz</b>	Madiha	Eastern VA Med School-VA	General Surgery
<b>Azueta</b>	Daidre	St Vincents Med Ctr-FL	Family Medicine
<b>Baig</b>	Kamal	Georgetown Univ Hosp-DC	Internal Medicine
<b>Bangalore</b>	Raksha	Allegheny Gen Hosp-PA	Surgery-Preliminary
<b>Bangalore</b>	Raksha	Rutgers-New Jersey Medical School	Anesthesiology
<b>Bansal</b>	Mohit	Rhode Island Hosp/Brown Univ	Radiology-Diagnostic
<b>Bansal</b>	Mohit	Rhode Island Hosp/Brown Univ	Medicine-Preliminary
<b>Bansil</b>	Shweta	NYP Hosp-Weill Cornell Med Ctr-NY	Pediatrics
<b>Barrows</b>	Ian	Georgetown Univ Hosp-DC	Internal Medicine
<b>Barsell</b>	Alexandra	Olive View-UCLA Med Ctr-CA	Medicine-Preliminary
<b>Barsell</b>	Alexandra	U Louisville SOM-KY	Dermatology
<b>Batta</b>	Neil	Hosp of the Univ of PA	Phys Medicine & Rehab
<b>Batta</b>	Neil	University at Buffalo SOM-NY	Med-Prelim/Sisters
<b>Bekker</b>	Tatiana	Thomas Jefferson Univ-PA	Internal Medicine
<b>Bhagat</b>	Aditi	Stony Brook Teach Hosps-NY	Internal Medicine
<b>Bhagavatula</b>	Geetha	Childrens Hospital-Boston-MA	Peds/Childrens Hosp
<b>Blatz</b>	Allison	Case Western/Univ Hosps Case Med Ctr-OH	Pediatrics
<b>Bove</b>	Caitlin	Boston Univ Med Ctr-MA	Internal Medicine
<b>Cagil</b>	Yasemin	Nicklaus Childrens Hospital-Miami-FL	Pediatrics
<b>Caldis</b>	Matthew	U Wisconsin Hospital and Clinics	Internal Medicine
<b>Cappuzzo</b>	Justin	Massachusetts Gen Hosp	Surgery-Preliminary
<b>Chablaney</b>	Shreya	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Chalikonda</b>	Divya	Thomas Jefferson Univ-PA	Internal Medicine
<b>Chawla</b>	Shawn	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>Christiana</b>	Andrew	U Illinois COM-Chicago	Neurology
<b>Coffey</b>	Caitrin	Mayo School of Grad Med Educ-MN	Internal Medicine
<b>Crawford</b>	Richard	Georgetown Univ Hosp-DC	Psychiatry
<b>D'Agostini</b>	Alexandra	U Illinois COM-Chicago	Orthopaedic Surgery
<b>Dengler</b>	Samuel	Temple Univ Hosp-PA	Internal Medicine

<b>Dinh</b>	Elysha	Virginia Commonwealth U Hlth Sys	Anesthesiology
<b>Dodds</b>	Kerian	George Washington Univ-DC	Internal Medicine
<b>Dolitsky</b>	Robert	Monmouth Medical Ctr-NJ	Orthopaedic Surgery
<b>Dughly</b>	Omar	Childrens National Med Ctr-DC	Pediatrics
<b>Duong</b>	Nikki	Georgetown Univ Hosp-DC	Internal Medicine
<b>Durkin</b>	Shane	U Texas Southwestern Med Sch-Dallas	Surgery-Preliminary
<b>Dwarki</b>	Karthik	Wake Forest Baptist Med Ctr-NC	Medicine-Preliminary
<b>Dwarki</b>	Karthik	Western Pennsylvania Hosp	Anesthesiology
<b>Fisher</b>	Steven	Hofstra NSLIJ SOM-Lenox Hill Hosp-NY	Obstetrics-Gynecology
<b>Fox</b>	Bradley	Jackson Memorial Hosp-FL	Radiology-Diagnostic
<b>Fox</b>	Bradley	Jackson Memorial Hosp-FL	Medicine-Preliminary
<b>Gaballa</b>	Daniel	Hershey Med Ctr/Penn State-PA	Internal Medicine
<b>Garvey</b>	Merissa	U Texas Southwestern Med Sch-Dallas	Radiology-Diagnostic
<b>Garvey</b>	Merissa	Harbor Hospital Ctr-MD	Medicine-Preliminary
<b>Gearhart</b>	Addison	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
<b>Ghafouri</b>	Sanaz	UCLA Medical Center-CA	Internal Medicine
<b>Gillespie</b>	Mae	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Gillespie</b>	Mae	Stanford Univ Progs-CA	Anesthesiology
<b>Goldberg</b>	Jason	Georgetown U/Wash Hosp	Ophthalmology
<b>Goldberg</b>	Mack	Vanderbilt Univ Med Ctr-TN	Obstetrics-Gynecology
<b>Goldberg</b>	Jason	Sinai Hospital of Baltimore-MD	Medicine-Preliminary
<b>Goldshore</b>	Matthew	Hosp of the Univ of PA	General Surgery
<b>Haimowitz</b>	Rachel	Childrens National Med Ctr-DC	Pediatrics-Primary
<b>Hanna</b>	Mark	U Arkansas-Little Rock	Radiology-Diagnostic
<b>Haring</b>	Catherine	U Michigan Hosps-Ann Arbor	Otolaryngology
<b>Haroian</b>	Noah	B I Deaconess Med Ctr-MA	Internal Medicine
<b>Hase</b>	Travis	Rhode Island Hosp/Brown Univ	Emergency Medicine
<b>Hawley</b>	Kristy	Union Memorial Hosp-MD	General Surgery
<b>Hayes</b>	Kathleen	U Tennessee COM-Memphis	General Surgery
<b>Hu</b>	Pamela	Yale-New Haven Hosp-CT	Pediatrics
<b>Jabaut</b>	Joshua	Walter Reed- DC	Otolaryngology
<b>Kakkanatt</b>	Ashley	Montefiore Med Ctr/Einstein-NY	Phys Medicine & Rehab
<b>Kakkanatt</b>	Ashley	NYMC-Westchester Med Ctr-NY	Medicine-Preliminary
<b>Kakkanatt</b>	Ashley	NYMC-Westchester Med Ctr-NY	Medicine-Preliminary
<b>Kapoor</b>	Rajdeep	Massachusetts Gen Hosp	Radiology-Diagnostic
<b>Kapoor</b>	Rajdeep	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Karpin</b>	Karin	Montefiore Med Ctr/Einstein-NY	Internal Medicine
<b>Kenary</b>	Cathleen	Brigham & Womens Hosp-MA	Anesthesiology
<b>Kennelly</b>	Ann	U Texas Southwestern Med Sch-Dallas	Pediatrics
<b>Khan</b>	Mahmuda	Hofstra NSLIJ SOM-North Shore LIJ-NY	Internal Medicine
<b>Kim</b>	Kiin	UC Irvine Med Ctr-CA	Phys Medicine & Rehab

<b>Kim</b>	Kiin	Griffin Hospital-CT	Medicine-Preliminary
<b>Kim</b>	Min	INOVA Fairfax Hospital-VA	Internal Medicine
<b>Kim</b>	Alvin	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>King</b>	Kelly	George Washington Univ-DC	Psychiatry
<b>Klein</b>	Joshua	Nassau Univ Med Ctr-NY	Phys Medicine & Rehab
<b>Klein</b>	Joshua	Union Memorial Hosp-MD	Medicine-Preliminary
<b>Kline</b>	Paul	Excelsa Health Latrobe Hosp-PA	Family Medicine
<b>Knapp</b>	Sarah	B I Deaconess Med Ctr-MA	Medicine-Primary
<b>Koroulakis</b>	Antony	U Maryland Med Ctr	Radiation-Oncology
<b>Koroulakis</b>	Antony	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Kurian</b>	Divya	Hosp of the Univ of PA	Emergency Medicine
<b>Kwak</b>	Hannah	Detroit Med Ctr/WSU-MI	Medicine-Pediatrics
<b>Larsen</b>	Cody	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
<b>Lee</b>	Nancy	Montefiore Med Ctr/Einstein-NY	Anesthesiology
<b>Lee</b>	Nancy	Montefiore Med Ctr/Einstein-NY	Anesthesiology
<b>Li</b>	Menglu	Kaiser Permanente-Oakland-CA	Pediatrics
<b>Lipson</b>	Jenna	Pennsylvania Hospital	Obstetrics-Gynecology
<b>Lobdell</b>	Harrison	Cook County-Stroger Hospital-IL	Emergency Medicine
<b>MacDowell</b>	Sarah	Ohio State University Med Ctr	Medicine-Pediatrics
<b>MacLean</b>	Meaghan	University of British Columbia- Vancouver	Pediatrics
<b>Mann</b>	Taylor	George Washington Univ-DC	Medicine-Preliminary
<b>Mann</b>	Taylor	Johns Hopkins Hosp-MD	Anesthesiology
<b>Margulies</b>	Samantha	Yale-New Haven Hosp-CT	Obstetrics-Gynecology
<b>Marszal</b>	Lindsay	Northwestern McGaw/Lurie Peds-IL	Pediatrics
<b>Matar</b>	Nicole	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>Mayer Blackwell</b>	Brandan	Kaiser Permanente-San Diego-CA	Family Medicine
<b>Mays</b>	Daniel	Icahn SOM at Mount Sinai-NY	Int Med/Comm Prim Care
<b>McAdams</b>	Meredith	Hosp of the Univ of PA	Internal Medicine
<b>McInerney</b>	Alissa	NYMC-Westchester Med Ctr-NY	Pediatrics
<b>Mehta</b>	Akshita	U Texas Southwestern Med Sch-Dallas	Radiology-Diagnostic
<b>Mehta</b>	Priya	St Christophers Hosp-PA	Pediatrics
<b>Mehta</b>	Akshita	Harbor Hospital Ctr-MD	Medicine-Preliminary
<b>Meyer</b>	Katharine	Washington Hospital Ctr-DC	Emergency Med/Georgetown-WHC
<b>Michael</b>	Meina	Loma Linda University-CA	Emergency Medicine
<b>Miyares</b>	Lauren	Childrens National Med Ctr-DC	Pediatrics-Primary
<b>Mohammadi</b>	Homan	U South Florida Morsani COM-Tampa	Radiation Oncology
<b>Mohammadi</b>	Homan	Indiana Univ Sch Of Med	Transitional
<b>Morkos</b>	Maria	Olive View-UCLA Med Ctr-CA	Internal Medicine
<b>Murphy-Crews</b>	Aaron	U Cincinnati Med Ctr-OH	Emergency Medicine
<b>Nathan</b>	Neera	Case Western/MetroHealth Med Ctr-OH	Medicine-Preliminary

<b>Nathan</b>	Neera	Massachusetts Gen Hosp	Derm/Harvard Combined
<b>Neshkes</b>	Elana	UPMC Medical Education-PA	Peds/Psych/Child Psych
<b>Nguyen</b>	Nathaniel	George Washington Univ-DC	Internal Medicine
<b>Nguyen</b>	Andrew	UC Riverside SOM-CA	Internal Medicine
<b>Nizam</b>	Amanda	George Washington Univ-DC	Internal Medicine
<b>Obid</b>	Samer	Jackson Memorial Hosp-FL	Internal Medicine
<b>O'Connell</b>	Keelan	Walter Reed- DC	Psychiatry
<b>Oh</b>	Nicholas	UCLA Medical Center-CA	General Surgery
<b>Okey</b>	Neil	U Colorado SOM-Denver	Radiology-Diagnostic
<b>Okey</b>	Neil	George Washington Univ-DC	Medicine-Preliminary
<b>Orsini</b>	Erica	Johns Hopkins Hosp-MD	Internal Medicine
<b>Ortmayer</b>	Owen	Albert Einstein Med Ctr-PA	Emergency Medicine
<b>Pannu</b>	Sidak	Dartmouth-Hitchcock Med Ctr-NH	Radiology-Diagnostic
<b>Pannu</b>	Sidak	U Washington Affil Hosps	Surgery-Preliminary
<b>Patel</b>	Nidhi	Childrens Hospital-LA-CA	Pediatrics
<b>Patel</b>	Rahul	West Virginia University SOM	Internal Medicine
<b>Patel</b>	Suraj	George Washington Univ-DC	Anesthesiology
<b>Phillips</b>	Jacqueline	Jefferson Med Coll/duPont Childrens-PA	Pediatrics
<b>Prudent</b>	Dolores	Jackson Memorial Hosp-FL	Internal Medicine
<b>Punatar</b>	Nisha	Harbor-UCLA Med Ctr-CA	Internal Medicine
<b>Ramos</b>	Margarita	Childrens National Med Ctr-DC	Pediatrics-Primary
<b>Ramos</b>	Orlando	University of Virginia	Psychiatry
<b>Rastgar</b>	Yasha	West Virginia University SOM	Psychiatry
<b>Richards</b>	Andrew	Oregon Health & Science Univ	Emergency Medicine
<b>Romrell</b>	Evan	Albany Medical Center-NY	Medicine-Pediatrics
<b>Rotsides</b>	Janine	NYU School Of Medicine	Otolaryngology
<b>Rowell</b>	Madden	Yale-New Haven Hosp-CT	Medicine-Primary
<b>Rudolph</b>	Megan	Wake Forest Baptist Med Ctr-NC	Plastic Surgery (Integrated)
<b>Sahni</b>	Neil	U Miami MSOM/Holy Cross-FL	Internal Medicine
<b>Salama</b>	Monica	Hofstra NSLIJ SOM-Cohen Childrens-NY	Pediatrics
<b>Samuel</b>	David	Montefiore Med Ctr/Einstein-NY	Obstetrics-Gynecology
<b>Scarpino</b>	Julie	U Rochester/Strong Memorial-NY	Emergency Medicine
<b>Schwartz</b>	Lauren	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Shackelford</b>	Sasha	Yale-New Haven Hosp-CT	Pediatrics
<b>Shafa</b>	Justin	Jacobi Med Ctr/Einstein-NY	Radiology-Diagnostic
<b>Shafa</b>	Justin	UCLA Medical Center-CA	Surgery-Preliminary
<b>Shapiro</b>	Joseph	Childrens National Med Ctr-DC	Pediatrics
<b>Shoureshi</b>	Poone	Oregon Health & Science Univ	Urology
<b>Simon</b>	Michael	George Washington Univ-DC	Internal Medicine
<b>Singal</b>	Amit	U Rochester/Strong Memorial-NY	Anesthesiology
<b>Singhal</b>	Rishi	Gwinnett Medical Center	Transitional Year

<b>Singhal</b>	Rishi	Penn State U - Hershey	Ophthalmology
<b>Sivek</b>	Rachel	Icahn SOM St Lukes-Roosevelt-NY	Psychiatry
<b>Slezak</b>	Trevor	Barnes-Jewish Hosp-MO	Emergency Medicine
<b>Sodhi</b>	Guneet	Eastern Virginia MS	Ophthalmology
<b>Sodhi</b>	Guneet	Loma Linda University-CA	Medicine-Preliminary
<b>Spinuzza</b>	Nick	Walter Reed- DC	Physical Medicine and Rehabilitation
<b>Spivack</b>	Stephanie	Temple Univ Hosp-PA	Internal Medicine
<b>Spoehr-Labutta</b>	Zachary	All Childrens Hospital-FL	Pediatrics
<b>Stein</b>	Julie	Johns Hopkins Hosp-MD	Medicine-Preliminary
<b>Stib</b>	Matthew	Rhode Island Hosp/Brown Univ	Radiology-Diagnostic
<b>Stib</b>	Matthew	Newton-Wellesley Hosp-MA	Transitional
<b>Stiller</b>	Robin	U Washington Affil Hosps	Internal Medicine
<b>Stone</b>	Kendall	University of Virginia	Internal Medicine
<b>Strong</b>	Eric	Childrens National Med Ctr-DC	Child Neurology
<b>Tang</b>	Ai-shan	UCLA Medical Center-CA	Anesthesiology
<b>Tendler</b>	Jennifer	Childrens National Med Ctr-DC	Peds-Primary/Community Health
<b>Tucker</b>	Suhavi	Icahn SOM at Mount Sinai-NY	Int Med/Comm Prim Care
<b>Twum-Ampofo</b>	Jeffrey	Massachusetts Gen Hosp	Urology
<b>Venkat</b>	Divya	Allegheny Gen Hosp-PA	Internal Medicine
<b>Visclosky</b>	Timothy	U Michigan Hosps-Ann Arbor	Pediatrics
<b>Vryhof</b>	Daniel	Grand Rapids Med Ed Partners-MI	Emergency Medicine
<b>Wade</b>	Jenna	Emory Univ SOM-GA	Pathology
<b>Waseem</b>	Najeff	Stanford Univ Progs-CA	Internal Medicine
<b>Weeks</b>	Corinne	U Massachusetts Med School	Obstetrics-Gynecology
<b>White</b>	Courtney	Thomas Jefferson Univ-PA	Med-Prelim/Neurology
<b>Willabee</b>	Brent	Jackson Memorial Hosp-FL	General Surgery
<b>Ye</b>	Grace	Montefiore Med Ctr/Einstein-NY	Pediatrics
<b>Yoo</b>	David	U Maryland Med Ctr	Internal Medicine

#### MATCH RESULTS GWU 2015

<b>Baysinger, Charles</b>	U Kentucky Med Ctr	Anesthesiology
<b>Choi, Hanwool</b>	Barnes-Jewish Hosp-MO	Anesthesiology
<b>Clerizier, Soshana</b>	U North Carolina Hospitals	Anesthesiology
<b>Clifford, Hugo</b>	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>Daoud, Bahaa</b>	NYP Hosp-Columbia Univ Med Ctr-NY	Anesthesiology
<b>De los Santos, Sarah</b>	St Barnabas Med Ctr-NJ	Anesthesiology
<b>Dudzik, Gregory</b>	Northwestern McGaw/NMH/VA-IL	Anesthesiology
<b>Elhady, Dalya</b>	U Florida COM-Shands Hosp	Anesthesiology
<b>Engle, Alyson</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Harmon, Emily</b>	Yale-New Haven Hosp-CT	Anesthesiology
<b>Jones, Jacob</b>	George Washington Univ-DC	Anesthesiology
<b>Leo, Nathanael</b>	NYU School Of Medicine	Anesthesiology
<b>Mobarakeh, Darius</b>	U Maryland Med Ctr	Anesthesiology

<b>Rodriguez, Jessica</b>	Loma Linda University-CA	Anesthesiology
<b>Salisu, Mariam</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Sedghi, Kia</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Sherman, Caitlin</b>	UCLA Medical Center-CA	Anesthesiology
<b>Spelde, Audrey</b>	Hosp of the Univ of PA	Anesthesiology
<b>Tully, Katherine</b>	Georgetown Univ Hosp-DC	Anesthesiology
<b>Allawh, Rina</b>	Drexel Univ COM/Hahnemann Univ Hosp-PA	Dermatology
<b>Beggs, Sarah</b>	Thomas Jefferson Univ-PA	Dermatology
<b>Adler, Jamie</b>	B I Deaconess Med Ctr-MA	Emergency Medicine
<b>Alker, Ashely</b>	UC San Diego Med Ctr-CA	Emergency Medicine
<b>Behseta, Babak</b>	Staten Island Univ Hosp-NY	Emergency Medicine
<b>Blutinger, Erik</b>	Hosp of the Univ of PA	Emergency Medicine
<b>Chan, Tiffany</b>	Rutgers-New Jersey Medical School	Emergency Medicine
<b>Codini, Michael</b>	Dartmouth-Hitchcock Med Ctr-NH	Emergency Medicine
<b>Dua, Shiv</b>	Allegheny Gen Hosp-PA	Emergency Medicine
<b>Fortenko, Alexander</b>	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
<b>Gonzalez Marques, Catalina</b>	U Florida COM-Shands Hosp	Emergency Medicine
<b>Gustafson, Leah</b>	George Washington Univ-DC	Emergency Medicine
<b>Hagenberg, Robert</b>	U Arizona Affil Hospitals	Emergency Medicine
<b>Khatri, Utsha</b>	Hosp of the Univ of PA	Emergency Medicine
<b>Morcom, Samuel</b>	Carilion Clinic-Virginia Tech Carilion SOM	Emergency Medicine
<b>Simon Thomas, Megan</b>	Icahn SOM St Lukes-Roosevelt-NY	Emergency Medicine
<b>Cobb, Matthew</b>	U Texas Southwestern Med Sch-Dallas	Emergency Medicine/Dallas
<b>Hansen, Nichole</b>	Kaiser Permanente-San Diego-CA	Family Medicine
<b>Ngo, Minh-Hai</b>	VCU-Fairfax Family Med Res-VA	Family Medicine
<b>O'Brecht, Lyndsay</b>	University of Toronto- Toronto	Family Medicine
<b>Oro, Philip J</b>	David Grant Medical Center	Family Medicine
<b>Robinson, Nell</b>	Swedish Medical Center-WA	Family Medicine/SIHB
<b>Ballard, Peter K.</b>	David Grant Medical Center	General Surgery
<b>Flor, Remigo J</b>	William Beaumont Army Medical Center	General Surgery
<b>Grabski, David</b>	University of Virginia	General Surgery
<b>Kovler, Mark</b>	Johns Hopkins Hosp-MD	General Surgery
<b>Spencer, Audrey</b>	Christiana Care-DE	General Surgery
<b>Weiss, Jessica</b>	Madigan Army Medical Center	General Surgery
<b>Wickham, Carey</b>	U Southern California	General Surgery
<b>Alencherry, Ben</b>	Case Western/Univ Hosps Case Med Ctr-OH	Int Med/International Health
<b>Roper, Jillian</b>	UPMC Medical Education-PA	Int Med/Womens Health
<b>Alexander, Jacob</b>	U Southern California	Internal Medicine
<b>Aronsky, Danielle</b>	North Shore-LIJ Health Sys-NY	Internal Medicine
<b>Barakat, John</b>	U Southern California	Internal Medicine
<b>Davar, Kusha</b>	George Washington Univ-DC	Internal Medicine
<b>Desai, Anil</b>	FAU-Schmidt COM-FL	Internal Medicine
<b>Dhindsa, Devinder</b>	Emory Univ SOM-GA	Internal Medicine
<b>Elkis, Viktoria</b>	George Washington Univ-DC	Internal Medicine
<b>Glass, Jason</b>	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Hejazifar, Navid</b>	Virginia Commonwealth U Hlth Sys	Internal Medicine
<b>Hsiao, Mindy</b>	U Southern California	Internal Medicine
<b>Jamias, Charmaine</b>	Loma Linda University-CA	Internal Medicine
<b>Jerusalem, Zachary</b>	Cleveland Clinic Fdn-OH	Internal Medicine
<b>Johnson, Eric</b>	U Utah Affil Hospitals	Internal Medicine

<b>Kerkhoff, Andrew</b>	UC San Francisco-CA	Internal Medicine
<b>Lim, Jane</b>	Cedars-Sinai Medical Center-CA	Internal Medicine
<b>Mann, Sarah</b>	Harbor-UCLA Med Ctr-CA	Internal Medicine
<b>Mehta, Meera</b>	Emory Univ SOM-GA	Internal Medicine
<b>Meiri, Amir</b>	Boston Univ Med Ctr-MA	Internal Medicine
<b>Okapal, Kevin</b>	Case Western/Univ Hosps Case Med Ctr-OH	Internal Medicine
<b>Ortizo, Ronald</b>	UC Irvine Med Ctr-CA	Internal Medicine
<b>Ozaki, Brent</b>	Rush University Med Ctr-IL	Internal Medicine
<b>Passi, Monica</b>	North Shore-LIJ Health Sys-NY	Internal Medicine
<b>Ram, Jodi</b>	U Rochester/Strong Mem-NY	Internal Medicine
<b>Reinders, Megan</b>	UC San Diego Med Ctr-CA	Internal Medicine
<b>Rohatgi, Abhinav</b>	Stony Brook Teach Hosps-NY	Internal Medicine
<b>Samtani, Rajeev</b>	Icahn SOM at Mount Sinai-NY	Internal Medicine
<b>Saunders, Richard</b>	Dartmouth-Hitchcock Med Ctr-NH	Internal Medicine
<b>Suri, Jaspreet</b>	Temple Univ Hosp-PA	Internal Medicine
<b>Westley, Christopher</b>	Tulane Univ SOM-LA	Internal Medicine
<b>Park, Bryan</b>	U Texas Southwestern Med Sch-Dallas	Internal Medicine/Dallas
<b>Abdelmalak, Farid</b>	U Miami MSOM/Palm Beach Reg Campus-FL	Internal Medicine/JFK
<b>Aliyeva, Tatyana</b>	U Miami MSOM/Palm Beach Reg Campus-FL	Internal Medicine/JFK
<b>Chia Li, Ricardo</b>	U Illinois COM-Chicago	Internal Medicine/UIH
<b>Allawh, Rina</b>	Drexel Univ COM/Hahnemann Univ Hosp-PA	Medicine-Preliminary
<b>Beggs, Sarah</b>	Cooper University Hospital-NJ	Medicine-Preliminary
<b>Engle, Alyson</b>	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Idrees, Sana</b>	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Lee, Jae Youn</b>	Georgetown Univ Hosp-DC	Medicine-Preliminary
<b>Leo, Nathanael</b>	NY Methodist Hospital-NY	Medicine-Preliminary
<b>Matthys, Erin</b>	Case Western/Univ Hosps Case Med Ctr-OH	Medicine-Preliminary
<b>Remick, Jill</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Salisu, Mariam</b>	Harbor Hospital Ctr-MD	Medicine-Preliminary
<b>Sedghi, Kia</b>	U Maryland Med Ctr	Medicine-Preliminary
<b>Smilanich, Sarah</b>	Greater Baltimore Med Ctr-MD	Medicine-Preliminary
<b>Srivastava, Gaurav</b>	U Maryland-Mercy Med Ctr	Medicine-Preliminary
<b>Winter, Andrea</b>	Jewish Hospital-OH	Medicine-Preliminary
<b>Yaeger, Andrew</b>	UC Irvine Med Ctr-CA	Medicine-Preliminary
<b>Abdelnabi, Mai</b>	University of Virginia	Medicine-Primary
<b>Lee, Jiyong</b>	Dartmouth-Hitchcock Med Ctr-NH	Medicine-Primary
<b>Tully, Katherine</b>	Washington Hospital Ctr-DC	Med-Prelim/Anesthesiology
<b>Dudzik, Gregory</b>	U Illinois COM-Chicago	Med-Prelim/UIC Christ
<b>Kandah, Blake</b>	U Illinois COM-Chicago	Med-Prelim/UIH
<b>Khalsa, Siri Sahib</b>	U Michigan Hosps-Ann Arbor	Neurological Surgery
<b>Morrison, Christopher</b>	Good Samaritan Hosp-Cinn-OH	Ob-Gyn/GSH Bethesda
<b>Bren, Kathleen</b>	Washington Hospital Ctr-DC	Obstetrics-Gynecology
<b>Brunn, Elizabeth</b>	Washington Hospital Ctr-DC	Obstetrics-Gynecology
<b>Cassling, Caroline</b>	U North Carolina Hospitals	Obstetrics-Gynecology
<b>Lewis, Lindsay</b>	U Minnesota Med School	Obstetrics-Gynecology
<b>Mastroyannis, Spyridon</b>	Hosp of the Univ of PA	Obstetrics-Gynecology
<b>Nguyen, Lynsa</b>	UC San Francisco-Fresno-CA	Obstetrics-Gynecology
<b>Nichols, Anne</b>	Hosp of the Univ of PA	Obstetrics-Gynecology
<b>Olatunde, Aishat</b>	Albert Einstein Med Ctr-PA	Obstetrics-Gynecology
<b>Volkov, Veronika</b>	Reading Hospital Med Ctr-PA	Obstetrics-Gynecology



<b>Faith, Parker</b>	U Washington	Ophthalmology
<b>Idrees, Sana</b>	University of Rochester Flaum Eye Institute	Ophthalmology
<b>Lee, Jae Youn</b>	U South Carolina	Ophthalmology
<b>McLaughlin, John</b>	Sinai Hospital-Baltimore	Ophthalmology
<b>Srivastava, Gaurav</b>	Rutgers New Jersey Medical School	Ophthalmology
<b>Kyhos, Justin</b>	Northwestern McGaw/NMH/VA-IL	Orthopaedic Surgery
<b>Lipof, Jason</b>	U Rochester/Strong Mem-NY	Orthopaedic Surgery
<b>Moga, Iustin Stefan</b>	Dalhousie University-Halifax	Orthopaedic Surgery
<b>Patten, Ian</b>	Johns Hopkins Hosp-MD	Orthopaedic Surgery
<b>Samtani, Rahul</b>	U Wisconsin Hospital and Clinics	Orthopaedic Surgery
<b>Gill, Amarbir</b>	UC Davis Med Ctr-CA	Otolaryngology
<b>Larson, Stephen</b>	U Tennessee COM-Memphis	Otolaryngology
<b>Rock, Alexander</b>	Ohio State University Med Ctr	Otolaryngology
<b>Shokri, Tom</b>	Hershey Med Ctr/Penn State-PA	Otolaryngology
<b>Fraser, Kyle</b>	UC San Diego Med Ctr-CA	Pathology
<b>Ardina, Anne-Francelle</b>	Kaiser Permanente-Oakland-CA	Pediatrics
<b>Bradley-Hewitt, Tyler</b>	Childrens National Med Ctr-DC	Pediatrics
<b>George, Christine</b>	Carilion Clinic-Virginia Tech Carilion SOM	Pediatrics
<b>Ginsburg, Daniella</b>	Loma Linda University-CA	Pediatrics
<b>Gouda, Suzanne</b>	Univ of Chicago Med Ctr-IL	Pediatrics
<b>Gu, Sherry</b>	Tulane Univ SOM-LA	Pediatrics
<b>Hong, Connie</b>	Loma Linda University-CA	Pediatrics
<b>Jacob, Saul</b>	U Utah Affil Hospitals	Pediatrics
<b>Kaviany, Parisa</b>	Childrens National Med Ctr-DC	Pediatrics
<b>Kwee, Edgar</b>	Hershey Med Ctr/Penn State-PA	Pediatrics
<b>Mancuso, Tierney</b>	Cincinnati Childrens Hosp MC-OH	Pediatrics
<b>Ohienmhen, Beatrix</b>	Eastern VA Med School-VA	Pediatrics
<b>Patel, Ruby</b>	Kaiser Permanente-Oakland-CA	Pediatrics
<b>Peitzman, Emily</b>	UC San Francisco-CA	Pediatrics
<b>Sexton, Scott</b>	Duke Univ Med Ctr-NC	Pediatrics
<b>Shaban, Alaa</b>	Harbor-UCLA Med Ctr-CA	Pediatrics
<b>Singhal, Priya</b>	U Maryland Med Ctr	Pediatrics
<b>Sood, Shawn</b>	U Oklahoma COM-Tulsa	Pediatrics
<b>White, Alicia</b>	U Colorado SOM-Denver	Pediatrics
<b>Zader, Sarah J.</b>	NMC Portsmouth	Pediatrics
<b>Mador, Jillian</b>	UPMC Medical Education-PA	Pediatrics-Primary
<b>Wong, Joseph</b>	Rutgers-R W Johnson Medical School-NJ	Phys Med & Rehab/JFK Edison
<b>Kandah, Blake</b>	U Colorado SOM-Denver	Phys Medicine & Rehab
<b>Ayyala, Haripriya</b>	Rutgers-New Jersey Medical School	Plastic Surgery (Integrated)
<b>Bailey, Shayna</b>	Pine Rest Christian Mental Hlth Svcs-MI	Psychiatry
<b>Palanci, Justin</b>	Emory Univ SOM-GA	Psychiatry
<b>Thomas, Whitney</b>	UPMC Medical Education-PA	Psychiatry
<b>Vesny, Ryan</b>	Georgetown Univ Hosp-DC	Psychiatry
<b>Hoff, Allison</b>	U Maryland Med Ctr	Psychiatry/Sheppard Pratt
<b>Abugideiri, Mustafa</b>	Emory Univ SOM-GA	Radiation Oncology
<b>Remick, Jill</b>	U Maryland Med Ctr	Radiation-Oncology
<b>Matthys, Erin</b>	Case Western/Univ Hosps Case Med Ctr-OH	Radiology-Diagnostic
<b>Smilanich, Sarah</b>	George Washington Univ-DC	Radiology-Diagnostic
<b>Winter, Andrea</b>	St Louis Univ SOM-MO	Radiology-Diagnostic
<b>Yaeger, Andrew</b>	U Southern California	Radiology-Diagnostic

<b>Leidig, Patrick D</b>	Walter Reed National Military Medical Center	Surgery-Preliminary
<b>Milas, Lee</b>	Rutgers-R W Johnson Medical School-NJ	Surgery-Preliminary
<b>Norrell, Kirsten</b>	Hershey Med Ctr/Penn State-PA	Surgery-Preliminary
<b>Singh, Abhinav</b>	U Colorado SOM-Denver	Surgery-Preliminary
<b>Faith, Parker</b>	Virginia Mason Med Ctr-WA	Transitional
<b>McLaughlin, John</b>	Mercy Catholic Med Ctr-PA	Transitional
<b>Wong, Joseph</b>	Lehigh Valley Hosp-PA	Transitional
<b>Milas, Lee</b>	Rutgers-R W Johnson Medical School-NJ	Urology
<b>Leidig, Patrick D</b>	Duke Univ Med Ctr-NC	Urology

#### MATCH RESULTS GWU 2014

State	Applicant Name	Institution Name	Specialty
<b>Arizona</b>	Placette, Jacqueline	Maricopa Med Ctr-AZ	Ob-Gyn/Phoenix Integ
<b>California</b>	Herbert, Aliea	Harbor-UCLA Med Ctr-CA	Surgery-Preliminary
	Partamian, Sandra	Harbor-UCLA Med Ctr-CA	Psychiatry
	Elliott, Peter	Kaiser Permanente-Los Angeles-CA	Surg-Prelim/Urology
	Rivero, Alexander	Kaiser Permanente-Oakland-CA	Otolaryngology
	Freeman, Alexandra	Kaiser Permanente-SF-CA	Obstetrics-Gynecology
	Kirby, Hannah E	NAVY MEDICAL CENTER SAN DIEGO	Orthopaedic Surgery
	Pertot, Elyse M	NAVY MEDICAL CENTER SAN DIEGO	Obstetrics and Gynecology
	Ruth, Kenneth C	NAVY MEDICAL CENTER SAN DIEGO	Surgery-General
	*Ruby, Jordan	Stanford Univ Progs-CA	Anesthesiology
	Wheeler, Lindsay	Stanford Univ Progs-CA	Obstetrics-Gynecology
	Buckbinder, Jennifer	U Southern California	Obstetrics-Gynecology
	Harter, Katherine	U Southern California	Emergency Medicine
	Van Doren, Layla	U Southern California	Internal Medicine
	Netherland, Lisa	UC Davis Med Ctr-CA	Family Medicine
	Johnson, Courtney	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
	Ross, Michael	UC Irvine Med Ctr-CA	Anesthesiology
	Singson, Stephanie	UC Irvine Med Ctr-CA	Internal Medicine
	*Kim, Brian	UC San Diego Med Ctr-CA	Anesthesiology
	Koppula, Rohit	UC San Diego Med Ctr-CA	Medicine-Preliminary
	Devabhaktuni, Anuradha	UC San Francisco-CA	Radiology-Diagnostic
	Test, Elissa	UC San Francisco-CA	Obstetrics-Gynecology
	Williams, Stephanie	UCLA Medical Center-CA	Pediatrics

	Hyoun, Sara	UCLA Semel Inst for Neuroscience-CA	Psychiatry
<b>Colorado</b>	Heelan, Alicia	U Colorado SOM-Denver	General Surgery
	*Herbert, Aliea	U Colorado SOM-Denver	Phys Medicine & Rehab
<b>Connecticut</b>	Antony, Sible	Yale-New Haven Hosp-CT	Anesthesiology
	Chan, Kathleen	Yale-New Haven Hosp-CT	Anesthesiology
	McGann, Carolyn	Yale-New Haven Hosp-CT	Pediatrics
	Morford, Kenneth	Yale-New Haven Hosp-CT	Medicine-Primary
<b>Delaware</b>	Reposar, Aaron	Christiana Care-DE	Rad-Diag/Direct Path
<b>District of Columbia</b>	Harris, Brian	Childrens National Med Ctr-DC	Pediatrics-Primary
	Sims, Alexandra	Childrens National Med Ctr-DC	Peds-Primary/Community Health
	Tellado, Michelle	Childrens National Med Ctr-DC	Pediatrics-Primary
	Weisman, Julie	Childrens National Med Ctr-DC	Pediatrics
	Chinn, Moshe	George Washington Univ-DC	Neurological Surgery
	Dobbs, Meredith	George Washington Univ-DC	Obstetrics-Gynecology
	Holzmacher, Jeremy	George Washington Univ-DC	General Surgery
	Hood, Colton	George Washington Univ-DC	Emergency Medicine
	Kim, Brian	George Washington Univ-DC	Medicine-Preliminary
	Kraekel, Sean	George Washington Univ-DC	Orthopaedic Surgery
	*Mohiuddin, Atif	George Washington Univ-DC	Ophthalmology
	Ojo, Linda	George Washington Univ-DC	Psychiatry
	Ruby, Jordan	George Washington Univ-DC	Medicine-Preliminary
	Sanghvi, Menka	George Washington Univ-DC	Ophthalmology
	Shaffer, Mary	George Washington Univ-DC	Medicine-Preliminary
	Shaver, Thomas	George Washington Univ-DC	Psychiatry
	Silverbrook, Cheryl	George Washington Univ-DC	Obstetrics-Gynecology
	Harold, Rachel	Georgetown Univ Hosp-DC	Internal Medicine
	*Kaushal, Pankaj	Georgetown Univ Hosp-DC	Radiology-Diagnostic
	Newborn, Leah	Georgetown Univ Hosp-DC	Psychiatry
	*Rawtani, Nina	Georgetown Univ Hosp-DC	Anesthesiology
	*Rehwald, Christine	Georgetown Univ Hosp-DC	Transitional
	Sheingold, Jessica	Georgetown Univ Hosp-DC	Internal Medicine
	Silverman, Natalie	Georgetown Univ Hosp-DC	Pediatrics
	Razvi, Mohammed	Howard Univ Hosp-DC	Medicine-Preliminary
	Craig, Lauren	Washington Hospital Ctr-DC	Medicine-Preliminary
	Gibbons, Julie	Washington Hospital Ctr-DC	Medicine-Preliminary
	Pierce, Todd	Washington Hospital Ctr-DC	Surgery-Preliminary
	Rawtani, Nina	Washington Hospital Ctr-DC	Surgery-Preliminary
	Saini, Shawnjeet	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Florida</b>	Anthony, Shari	Bayfront Med Ctr-FL	Family Medicine
	Karsner, Ryan	Jackson Memorial Hosp-FL	Internal Medicine
	James, Simone	U Florida COM-Jacksonville	Obstetrics-Gynecology
	Kickish, Robert	U South Florida COM-Tampa	Pediatrics
	Mekhail, Yasmin	U South Florida COM-Tampa	Radiology-Diagnostic

<b>Georgia</b>	Ferdjallah, Asmaa	Emory Univ SOM-GA	Pediatrics
	Reynolds, Danielle	Medical College of Georgia	Pediatrics
	Tracy, Brett	Memorial Health-Univ Med Ctr-GA	General Surgery
<b>Illinois</b>	Mahadevan, Rupa	Advocate Lutheran Gen Hosp-IL	Pediatrics
	Hussain, Adnan	Northwestern McGaw/NMH/VA-IL	Emergency Medicine
	Pinchbeck, Carrie	Northwestern McGaw/NMH/VA-IL	Emergency Medicine
	*Saini, Shawnjeet	Rush University Med Ctr-IL	Anesthesiology
	Edrees, Hanein	U Illinois COM-Chicago	Pediatrics
<b>Louisiana</b>	Hastings, Laurel	LSU SOM-New Orleans-LA	General Surgery
<b>Maryland</b>	Mohiuddin, Atif	Harbor Hospital Ctr-MD	Medicine-Preliminary
	Ludwig, Wesley	Johns Hopkins Hosp-MD	Surgery-Preliminary
	Adekunle, Ruth	U Maryland Med Ctr	Internal Medicine
	Gborkorquellie, Theiline	U Maryland Med Ctr	Pediatrics
	Kaushal, Pankaj	U Maryland Med Ctr	Medicine-Preliminary
	Meredith, Sean	U Maryland Med Ctr	Orthopaedic Surgery
	Bush, Allison M	WALTER REED MEDICAL CENTER	Internal Medicine
<b>Massachusetts</b>	Burnett, Sarah	B I Deaconess Med Ctr-MA	Anesthesiology
	*Gibbons, Julie	Boston Univ Med Ctr-MA	Radiology-Diagnostic
	*Khalil, Ramy	Boston Univ Med Ctr-MA	Radiology-Diagnostic
	Reich, Jason	Boston Univ Med Ctr-MA	Internal Medicine
	Follmer, Amy	Brigham & Womens Hosp-MA	Emergency Medicine/BWH-MGH
	Hart, Alison	St Vincent Hosp-Worcester-MA	Medicine-Preliminary
	Chhajwani, Dipti	Tufts Medical Center-MA	Obstetrics-Gynecology
	Beitscher, Adam	U Massachusetts Med School	Medicine-Pediatrics
<b>Michigan</b>	Zakaria, Hesham	U Michigan Hosps-Ann Arbor	Surgery-Preliminary
<b>Minnesota</b>	Katkish, Lauren	U Minnesota Med School	Internal Medicine
<b>Mississippi</b>	Felton, D'Onior	University Hosps-Jackson-MS	Anesthesiology
<b>Missouri</b>	Tuttle, Mitch	Barnes-Jewish Hosp-MO	Radiology-Diagnostic
	*Sarhaddi, Deniz	St Louis Univ SOM-MO	Plastic Surgery
	Sarhaddi, Deniz	St Louis Univ SOM-MO	Surg-Prelim/Plastic Surgery
	Berez, Chantal	St Marys Health Ctr-MO	Internal Medicine
<b>New Jersey</b>	*Griffith, Xuan-Lan	Cooper University Hospital-NJ	Neurology
	Kenney, Adam	UMDNJ-New Jersey Med-Newark	Emergency Medicine
<b>New Mexico</b>	Telis, Alexander	U New Mexico SOM	Orthopaedic Surgery
<b>New York</b>	Matthews, Andrew	St Lukes-Roosevelt-NY	Internal Medicine
	*Eisenberg, Amanda	Einstein/Beth Israel Med Ctr-NY	Radiology-Diagnostic
	Marcovici, Raymond	Einstein/Beth Israel Med Ctr-NY	Emergency Medicine

	Julian, Ricklie	Einstein/Montefiore Med Ctr-NY	Internal Medicine
	Iax, yonit	Einstein/Montefiore Med Ctr-NY	Peds-Primary/Social
	Shah, Kulin	Einstein/Montefiore Med Ctr-NY	Internal Medicine
	Zhang, Andrew	Einstein/Montefiore Med Ctr-NY	General Surgery
	Chyjek, Kathy	Icahn SOM at Mount Sinai-NY	Obstetrics-Gynecology
	Fried, Julie	Icahn SOM at Mount Sinai-NY	Internal Medicine
	Vanyo, Lara	Icahn SOM at Mount Sinai-NY	Emergency Medicine
	Eisenberg, Amanda	Maimonides Med Ctr-NY	Medicine-Preliminary
	Fermin, Timothy	North Shore-LIJ Health Sys-NY	Pediatrics
	Patel, Manan	North Shore-LIJ Health Sys-NY	Medicine-Preliminary
	*Tony, Sagine	North Shore-LIJ Health Sys-NY	Radiology-Diagnostic/NSUH
	Suzuki, Mari	NY Hosp Med Ctr Queens	Internal Medicine
	Tony, Sagine	NY Hosp Med Ctr Queens	Medicine-Preliminary
	Osredkar, Ivan	NYMC-St Josephs Med Ctr-NY	Family Medicine
	Shankar, Mark	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
	Chapman, Colby	NYP Hosp-Columbia Univ Med Ctr-NY	Psychiatry
	Lombardi, Joseph	NYP Hosp-Columbia Univ Med Ctr-NY	Ortho Surg/Research TTC 6 yr
	Cheerharan, Meera	NYP Hosp-Weill Cornell Med Ctr-NY	General Surgery
	Dharmappa, Ajay	NYP Hosp-Weill Cornell Med Ctr-NY	Anesthesiology
	Lynn, Meredith	NYU School Of Medicine	Medicine-Primary
	*Patel, Manan	NYU School Of Medicine	Anesthesiology
	Achille, Christal	Stony Brook Teach Hosps-NY	Pediatrics
	Milburn, Blaise	University at Buffalo SOM-NY	Obstetrics-Gyn/Sisters
<b>North Carolina</b>	Meardon, Douglas	Carolinas Med Ctr-NC	Family Med/Urban
	Gora, Yevgeniya	Duke Univ Med Ctr-NC	Internal Medicine
	Krucoff, Max	Duke Univ Med Ctr-NC	Neurological Surgery
	Ellis, Dorothea	U North Carolina Hospitals	Phys Medicine & Rehab
<b>Ohio</b>	Lam, Suet	Case Western/Univ Hosps Case Med Ctr-OH	Pediatrics
	Wagner, Timothy	Cleveland Clinic Fdn-OH	Orthopaedic Surgery
	Sadat-Hossieny, Zahra	Riverside Methodist-OH	Internal Medicine
<b>Oregon</b>	West, Diane	Oregon Health & Science Univ	Emergency Medicine
<b>Pennsylvania</b>	Patel, Kamal	Albert Einstein Med Ctr-PA	Emergency Medicine
	Griffith, Xuan-Lan	Drexel Univ COM/Hahnemann Univ Hosp-PA	Medicine-Preliminary
	*Razvi, Mohammed	Hershey Med Ctr/Penn State-PA	Radiology-Diagnostic
	Hartigan, Siobhan	Hosp of the Univ of PA	Surg-Prelim/Urology
	Varadarajan, Nisha	Hosp of the Univ of PA	Internal Medicine
	*Weinstein, Jonathan	Lankenau Hospital-PA	Medicine-Preliminary
	Horne, Zachary	Reading Hospital Med Ctr-PA	Transitional
	Wheaton, Taylor	St Christophers Hosp-PA	Pediatrics
	Heller, Cara	Temple Univ Hosp-PA	Internal Medicine
	Moosavi, Mesum	Temple Univ Hosp-PA	Anesthesiology
	Man, Lillian	Thomas Jefferson Univ-PA	Internal Medicine
	Mehta, Hetal	Thomas Jefferson Univ-PA	Internal Medicine
	*Shaffer, Mary	Thomas Jefferson Univ-PA	Phys Medicine & Rehab
	Signoff, Eric	Thomas Jefferson Univ-PA	Internal Medicine
	Weinstein, Jonathan	Thomas Jefferson Univ-PA	Radiology-Diagnostic
	Chalal, Hannah	UPMC Medical Education-PA	Pediatrics

	D'Avella, Christopher	UPMC Medical Education-PA	Internal Medicine
	Horne, Zachary	UPMC Medical Education-PA	Radiation Oncology
	Khalil, Ramy	UPMC Medical Education-PA	Medicine-Preliminary
	Toto, Regina	UPMC Medical Education-PA	Pediatrics
	Devabhaktuni, Anuradha	UPMC Mercy Hospital-PA	Transitional
<b>Rhode Island</b>	*Hart, Alison	Rhode Island Hosp/Brown Univ	Radiology-Diagnostic
<b>South Carolina</b>	Hooper, Jennie	Medical University of SC	Emergency Medicine
	Lohia, Shivangi	Medical University of SC	Otolaryngology
	Owen, Julie	Medical University of SC	Anesthesiology
<b>Tennessee</b>	*Livingood, Matthew	Vanderbilt Univ Med Ctr-TN	Dermatology
	Livingood, Matthew	Vanderbilt Univ Med Ctr-TN	Medicine-Preliminary
	Zimmerman, Elizabeth	Vanderbilt Univ Med Ctr-TN	Pediatrics
<b>Texas</b>	Oghogho, Eyitemi	Baylor Coll Med-Houston-TX	Emergency Medicine
	Butler, Shauna M	SAUSHEC	Pediatrics
	Smith, Jill	Texas A&M-Scott & White	Obstetrics-Gynecology
	Wilcoxson, Robert	U Texas HSC-San Antonio	Radiology-Diagnostic
<b>Utah</b>	Orton, Andrew	Intermountain Med Ctr-UT	Transitional
	Tuttle, Mitch	Intermountain Med Ctr-UT	Transitional
	Orton, Andrew	U Utah Affil Hospitals	Radiation-Oncology
<b>Virginia</b>	Downs, Kara	University of Virginia	Medicine-Preliminary
	*Downs, Kara	University of Virginia	Radiation-Oncology
	*Koppula, Rohit	University of Virginia	Radiology-Diagnostic
	Ugwu-Oju, Obinna	Virginia Commonwealth U Hlth Sys	Orthopaedic Surgery
<b>Washington</b>	Wilcoxson, Robert	Providence Sacred Heart Med Ctr-WA	Transitional
	Rehwald, Christine	U Washington Affil Hosps	Radiology-Diagnostic
	O'Neill, Daniel	Virginia Mason Med Ctr-WA	Medicine-Primary
	Swank, Stephen	Virginia Mason Med Ctr-WA	Anesthesiology
<b>Wisconsin</b>	Holloway, Michol	Med Coll Wisconsin Affil Hosps	Pediatrics
	Rebling, Frederik	Med Coll Wisconsin Affil Hosps	Anesthesiology
<b>Note: *following a one-year preliminary program</b>			

### 2013 Match Day Results

State	Applicant Name	Institution Name	Specialty
<b>Arizona</b>	Placette, Jacqueline	Maricopa Med Ctr-AZ	Ob-Gyn/Phoenix Integ
<b>California</b>	Herbert, Aliea	Harbor-UCLA Med Ctr-CA	Surgery-Preliminary
	Partamian, Sandra	Harbor-UCLA Med Ctr-CA	Psychiatry
	Elliott, Peter	Kaiser Permanente-Los Angeles-CA	Surg-Prelim/Urology
	Rivero, Alexander	Kaiser Permanente-Oakland-CA	Otolaryngology
	Freeman, Alexandra	Kaiser Permanente-SF-CA	Obstetrics-Gynecology
	Kirby, Hannah E	NAVY MEDICAL CENTER SAN DIEGO	Orthopaedic Surgery
	Pertot, Elyse M	NAVY MEDICAL CENTER SAN DIEGO	Obstetrics and Gynecology

	Ruth, Kenneth C	NAVY MEDICAL CENTER SAN DIEGO	Surgery-General
	*Ruby, Jordan	Stanford Univ Progs-CA	Anesthesiology
	Wheeler, Lindsay	Stanford Univ Progs-CA	Obstetrics-Gynecology
	Buckbinder, Jennifer	U Southern California	Obstetrics-Gynecology
	Harter, Katherine	U Southern California	Emergency Medicine
	Van Doren, Layla	U Southern California	Internal Medicine
	Netherland, Lisa	UC Davis Med Ctr-CA	Family Medicine
	Johnson, Courtney	UC Irvine Med Ctr-CA	Pediatrics/UCI-CHOC
	Ross, Michael	UC Irvine Med Ctr-CA	Anesthesiology
	Singson, Stephanie	UC Irvine Med Ctr-CA	Internal Medicine
	*Kim, Brian	UC San Diego Med Ctr-CA	Anesthesiology
	Koppula, Rohit	UC San Diego Med Ctr-CA	Medicine-Preliminary
	Devabhaktuni, Anuradha	UC San Francisco-CA	Radiology-Diagnostic
	Test, Elissa	UC San Francisco-CA	Obstetrics-Gynecology
	Williams, Stephanie	UCLA Medical Center-CA	Pediatrics
	Hyoun, Sara	UCLA Semel Inst for Neuroscience-CA	Psychiatry
<b>Colorado</b>	Heelan, Alicia	U Colorado SOM-Denver	General Surgery
	*Herbert, Aliea	U Colorado SOM-Denver	Phys Medicine & Rehab
<b>Connecticut</b>	Antony, Sible	Yale-New Haven Hosp-CT	Anesthesiology
	Chan, Kathleen	Yale-New Haven Hosp-CT	Anesthesiology
	McGann, Carolyn	Yale-New Haven Hosp-CT	Pediatrics
	Morford, Kenneth	Yale-New Haven Hosp-CT	Medicine-Primary
<b>Delaware</b>	Reposar, Aaron	Christiana Care-DE	Rad-Diag/Direct Path
<b>District of Columbia</b>	Harris, Brian	Childrens National Med Ctr-DC	Pediatrics-Primary
	Sims, Alexandra	Childrens National Med Ctr-DC	Peds-Primary/Community Health
	Tellado, Michelle	Childrens National Med Ctr-DC	Pediatrics-Primary
	Weisman, Julie	Childrens National Med Ctr-DC	Pediatrics
	Chinn, Moshe	George Washington Univ-DC	Neurological Surgery
	Dobbs, Meredith	George Washington Univ-DC	Obstetrics-Gynecology
	Holzmacher, Jeremy	George Washington Univ-DC	General Surgery
	Hood, Colton	George Washington Univ-DC	Emergency Medicine
	Kim, Brian	George Washington Univ-DC	Medicine-Preliminary
	Kraekel, Sean	George Washington Univ-DC	Orthopaedic Surgery
	*Mohiuddin, Atif	George Washington Univ-DC	Ophthalmology
	Ojo, Linda	George Washington Univ-DC	Psychiatry
	Ruby, Jordan	George Washington Univ-DC	Medicine-Preliminary
	Sanghvi, Menka	George Washington Univ-DC	Ophthalmology
	Shaffer, Mary	George Washington Univ-DC	Medicine-Preliminary
	Shaver, Thomas	George Washington Univ-DC	Psychiatry
	Silverbrook, Cheryl	George Washington Univ-DC	Obstetrics-Gynecology
	Harold, Rachel	Georgetown Univ Hosp-DC	Internal Medicine
	*Kaushal, Pankaj	Georgetown Univ Hosp-DC	Radiology-Diagnostic
	Newborn, Leah	Georgetown Univ Hosp-DC	Psychiatry
	*Rawtani, Nina	Georgetown Univ Hosp-DC	Anesthesiology

	*Rehwald, Christine	Georgetown Univ Hosp-DC	Transitional
	Sheingold, Jessica	Georgetown Univ Hosp-DC	Internal Medicine
	Silverman, Natalie	Georgetown Univ Hosp-DC	Pediatrics
	Razvi, Mohammed	Howard Univ Hosp-DC	Medicine-Preliminary
	Craig, Lauren	Washington Hospital Ctr-DC	Medicine-Preliminary
	Gibbons, Julie	Washington Hospital Ctr-DC	Medicine-Preliminary
	Pierce, Todd	Washington Hospital Ctr-DC	Surgery-Preliminary
	Rawtani, Nina	Washington Hospital Ctr-DC	Surgery-Preliminary
	Saini, Shawnjeet	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Florida</b>	Anthony, Shari	Bayfront Med Ctr-FL	Family Medicine
	Karsner, Ryan	Jackson Memorial Hosp-FL	Internal Medicine
	James, Simone	U Florida COM-Jacksonville	Obstetrics-Gynecology
	Kickish, Robert	U South Florida COM-Tampa	Pediatrics
	Mekhail, Yasmin	U South Florida COM-Tampa	Radiology-Diagnostic
<b>Georgia</b>	Ferdjallah, Asmaa	Emory Univ SOM-GA	Pediatrics
	Reynolds, Danielle	Medical College of Georgia	Pediatrics
	Tracy, Brett	Memorial Health-Univ Med Ctr-GA	General Surgery
<b>Illinois</b>	Mahadevan, Rupa	Advocate Lutheran Gen Hosp-IL	Pediatrics
	Hussain, Adnan	Northwestern McGaw/NMH/VA-IL	Emergency Medicine
	Pinchbeck, Carrie	Northwestern McGaw/NMH/VA-IL	Emergency Medicine
	*Saini, Shawnjeet	Rush University Med Ctr-IL	Anesthesiology
	Edrees, Hanein	U Illinois COM-Chicago	Pediatrics
<b>Louisiana</b>	Hastings, Laurel	LSU SOM-New Orleans-LA	General Surgery
<b>Maryland</b>	Mohiuddin, Atif	Harbor Hospital Ctr-MD	Medicine-Preliminary
	Ludwig, Wesley	Johns Hopkins Hosp-MD	Surgery-Preliminary
	Adekunle, Ruth	U Maryland Med Ctr	Internal Medicine
	Gborkorquellie, Theiline	U Maryland Med Ctr	Pediatrics
	Kaushal, Pankaj	U Maryland Med Ctr	Medicine-Preliminary
	Meredith, Sean	U Maryland Med Ctr	Orthopaedic Surgery
	Bush, Allison M	WALTER REED NATIONAL MILITARY MEDICAL CENTER	Internal Medicine
<b>Massachusetts</b>	Burnett, Sarah	B I Deaconess Med Ctr-MA	Anesthesiology
	*Gibbons, Julie	Boston Univ Med Ctr-MA	Radiology-Diagnostic
	*Khalil, Ramy	Boston Univ Med Ctr-MA	Radiology-Diagnostic
	Reich, Jason	Boston Univ Med Ctr-MA	Internal Medicine
	Follmer, Amy	Brigham & Womens Hosp-MA	Emergency Medicine/BWH-MGH
	Hart, Alison	St Vincent Hosp-Worcester-MA	Medicine-Preliminary
	Chhajwani, Dipti	Tufts Medical Center-MA	Obstetrics-Gynecology
	Beitscher, Adam	U Massachusetts Med School	Medicine-Pediatrics
<b>Michigan</b>	Zakaria, Hesham	U Michigan Hosps-Ann Arbor	Surgery-Preliminary
<b>Minnesota</b>	Katkish, Lauren	U Minnesota Med School	Internal Medicine



<b>Mississippi</b>	Felton, D'Onior	University Hosps-Jackson-MS	Anesthesiology
<b>Missouri</b>	Tuttle, Mitch	Barnes-Jewish Hosp-MO	Radiology-Diagnostic
	*Sarhaddi, Deniz	St Louis Univ SOM-MO	Plastic Surgery
	Sarhaddi, Deniz	St Louis Univ SOM-MO	Surg-Prelim/Plastic Surgery
	Berez, Chantal	St Marys Health Ctr-MO	Internal Medicine
<b>New Jersey</b>	*Griffith, Xuan-Lan	Cooper University Hospital-NJ	Neurology
	Kenney, Adam	UMDNJ-New Jersey Med-Newark	Emergency Medicine
<b>New Mexico</b>	Telis, Alexander	U New Mexico SOM	Orthopaedic Surgery
<b>New York</b>	Matthews, Andrew	St Lukes-Roosevelt-NY	Internal Medicine
	*Eisenberg, Amanda	Einstein/Beth Israel Med Ctr-NY	Radiology-Diagnostic
	Marcovici, Raymond	Einstein/Beth Israel Med Ctr-NY	Emergency Medicine
	Julian, Ricklie	Einstein/Montefiore Med Ctr-NY	Internal Medicine
	Iax, yonit	Einstein/Montefiore Med Ctr-NY	Peds-Primary/Social
	Shah, Kulin	Einstein/Montefiore Med Ctr-NY	Internal Medicine
	Zhang, Andrew	Einstein/Montefiore Med Ctr-NY	General Surgery
	Chyjek, Kathy	Icahn SOM at Mount Sinai-NY	Obstetrics-Gynecology
	Fried, Julie	Icahn SOM at Mount Sinai-NY	Internal Medicine
	Vanyo, Lara	Icahn SOM at Mount Sinai-NY	Emergency Medicine
	Eisenberg, Amanda	Maimonides Med Ctr-NY	Medicine-Preliminary
	Fermin, Timothy	North Shore-LIJ Health Sys-NY	Pediatrics
	Patel, Manan	North Shore-LIJ Health Sys-NY	Medicine-Preliminary
	*Tony, Sagine	North Shore-LIJ Health Sys-NY	Radiology-Diagnostic/NSUH
	Suzuki, Mari	NY Hosp Med Ctr Queens	Internal Medicine
	Tony, Sagine	NY Hosp Med Ctr Queens	Medicine-Preliminary
	Osredkar, Ivan	NYMC-St Josephs Med Ctr-NY	Family Medicine
	Shankar, Mark	NYP Hosp-Columbia & Cornell-NY	Emergency Medicine
	Chapman, Colby	NYP Hosp-Columbia Univ Med Ctr-NY	Psychiatry
	Lombardi, Joseph	NYP Hosp-Columbia Univ Med Ctr-NY	Ortho Surg/Research TTC 6 yr
	Cheerharan, Meera	NYP Hosp-Weill Cornell Med Ctr-NY	General Surgery
	Dharmappa, Ajay	NYP Hosp-Weill Cornell Med Ctr-NY	Anesthesiology
	Lynn, Meredith	NYU School Of Medicine	Medicine-Primary
	*Patel, Manan	NYU School Of Medicine	Anesthesiology
	Achille, Christal	Stony Brook Teach Hosps-NY	Pediatrics
	Milburn, Blaise	University at Buffalo SOM-NY	Obstetrics-Gyn/Sisters
<b>North Carolina</b>	Meardon, Douglas	Carolinas Med Ctr-NC	Family Med/Urban
	Gora, Yevgeniya	Duke Univ Med Ctr-NC	Internal Medicine
	Krucoff, Max	Duke Univ Med Ctr-NC	Neurological Surgery
	Ellis, Dorothea	U North Carolina Hospitals	Phys Medicine & Rehab
<b>Ohio</b>	Lam, Suet	Case Western/Univ Hosps Case Med Ctr-OH	Pediatrics
	Wagner, Timothy	Cleveland Clinic Fdn-OH	Orthopaedic Surgery
	Sadat-Hossieny, Zahra	Riverside Methodist-OH	Internal Medicine
<b>Oregon</b>	West, Diane	Oregon Health & Science Univ	Emergency Medicine
<b>Pennsylvania</b>	Patel, Kamal	Albert Einstein Med Ctr-PA	Emergency Medicine

	Griffith, Xuan-Lan	Drexel Univ COM/Hahnemann Univ Hosp-PA	Medicine-Preliminary
	*Razvi, Mohammed	Hershey Med Ctr/Penn State-PA	Radiology-Diagnostic
	Hartigan, Siobhan	Hosp of the Univ of PA	Surg-Prelim/Urology
	Varadarajan, Nisha	Hosp of the Univ of PA	Internal Medicine
	*Weinstein, Jonathan	Lankenau Hospital-PA	Medicine-Preliminary
	Horne, Zachary	Reading Hospital Med Ctr-PA	Transitional
	Wheaton, Taylor	St Christophers Hosp-PA	Pediatrics
	Heller, Cara	Temple Univ Hosp-PA	Internal Medicine
	Moosavi, Mesum	Temple Univ Hosp-PA	Anesthesiology
	Man, Lillian	Thomas Jefferson Univ-PA	Internal Medicine
	Mehta, Hetal	Thomas Jefferson Univ-PA	Internal Medicine
	*Shaffer, Mary	Thomas Jefferson Univ-PA	Phys Medicine & Rehab
	Signoff, Eric	Thomas Jefferson Univ-PA	Internal Medicine
	Weinstein, Jonathan	Thomas Jefferson Univ-PA	Radiology-Diagnostic
	Chalal, Hannah	UPMC Medical Education-PA	Pediatrics
	D'Avella, Christopher	UPMC Medical Education-PA	Internal Medicine
	Horne, Zachary	UPMC Medical Education-PA	Radiation Oncology
	Khalil, Ramy	UPMC Medical Education-PA	Medicine-Preliminary
	Toto, Regina	UPMC Medical Education-PA	Pediatrics
	Devabhaktuni, Anuradha	UPMC Mercy Hospital-PA	Transitional
<b>Rhode Island</b>	*Hart, Alison	Rhode Island Hosp/Brown Univ	Radiology-Diagnostic
<b>South Carolina</b>	Hooper, Jennie	Medical University of SC	Emergency Medicine
	Lohia, Shivangi	Medical University of SC	Otolaryngology
	Owen, Julie	Medical University of SC	Anesthesiology
<b>Tennessee</b>	*Livingood, Matthew	Vanderbilt Univ Med Ctr-TN	Dermatology
	Livingood, Matthew	Vanderbilt Univ Med Ctr-TN	Medicine-Preliminary
	Zimmerman, Elizabeth	Vanderbilt Univ Med Ctr-TN	Pediatrics
<b>Texas</b>	Oghogho, Eyitemi	Baylor Coll Med-Houston-TX	Emergency Medicine
	Butler, Shauna M	SAUSHEC	Pediatrics
	Smith, Jill	Texas A&M-Scott & White	Obstetrics-Gynecology
	Wilcoxson, Robert	U Texas HSC-San Antonio	Radiology-Diagnostic
<b>Utah</b>	Orton, Andrew	Intermountain Med Ctr-UT	Transitional
	Tuttle, Mitch	Intermountain Med Ctr-UT	Transitional
	Orton, Andrew	U Utah Affil Hospitals	Radiation-Oncology
<b>Virginia</b>	Downs, Kara	University of Virginia	Medicine-Preliminary
	*Downs, Kara	University of Virginia	Radiation-Oncology
	*Koppula, Rohit	University of Virginia	Radiology-Diagnostic
	Ugwu-Oju, Obinna	Virginia Commonwealth U Hlth Sys	Orthopaedic Surgery
<b>Washington</b>	Wilcoxson, Robert	Providence Sacred Heart Med Ctr-WA	Transitional
	Rehwald, Christine	U Washington Affil Hosps	Radiology-Diagnostic
	O'Neill, Daniel	Virginia Mason Med Ctr-WA	Medicine-Primary
	Swank, Stephen	Virginia Mason Med Ctr-WA	Anesthesiology

Wisconsin	Holloway, Michol	Med Coll Wisconsin Affil Hosps	Pediatrics
	Rebling, Frederik	Med Coll Wisconsin Affil Hosps	Anesthesiology

### 2012 Match Day Results

<b>Daneshpayeh, Negin</b>	Massachusetts Gen Hosp	Anesthesiology
<b>Sayal, Puneet</b>	Massachusetts Gen Hosp	Anesthesiology
<b>Baldini, AnGee</b>	U Washington Affil Hosps	Anesthesiology
<b>Barak, Ron</b>	Scripps Mercy Hosp-San Diego-CA	Anesthesiology
<b>Barak, Ron</b>	UC San Diego Med Ctr-CA	Anesthesiology
<b>Bynum, Aliya</b>	George Washington Univ-DC	Anesthesiology
<b>Gardner, Michael</b>	UC Irvine Med Ctr-CA	Anesthesiology
<b>Homer, Janora</b>	Thomas Jefferson Univ-PA	Anesthesiology
<b>Jordan, Matthew</b>	West Virginia University SOM	Anesthesiology
<b>Joseph, Amit</b>	Stanford Univ Progs-CA	Anesthesiology
<b>Lofton, Megan</b>	U Maryland Med Ctr	Anesthesiology
<b>Matz, Alexander</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Nelson, Cameron</b>	B I Deaconess Med Ctr-MA	Anesthesiology
<b>Padalia, Raj</b>	UPMC Medical Education-PA	Anesthesiology
<b>Panchamia, Rohan</b>	NYP Hosp-Weill Cornell Med Ctr-NY	Anesthesiology
<b>Pandya, Pooja</b>	Johns Hopkins Hosp-MD	Anesthesiology
<b>Pannu, Ameeka</b>	B I Deaconess Med Ctr-MA	Anesthesiology
<b>Schroff, Christopher</b>	George Washington Univ-DC	Anesthesiology
<b>Smith, Erik</b>	U Maryland Med Ctr	Anesthesiology
<b>Spitz, Warren</b>	Hosp of the Univ of PA	Anesthesiology
<b>Tinklepaugh, Adam</b>	Einstein/Montefiore Med Ctr-NY	Dermatology
<b>Army, Jessica</b>	SUNY Upstate Med University	Emergency Medicine
<b>Boyd, Michael</b>	U Michigan Hosps-Ann Arbor	Emergency Medicine
<b>Brown, Angela</b>	UCLA Medical Center-CA	Emergency Medicine
<b>Choi, Daisy</b>	Washington Hospital Ctr-DC	Emergency Medicine
<b>Ezeamama, Nkemka</b>	Carolinas Med Ctr-NC	Emergency Medicine
<b>Park, Elizabeth</b>	Baylor Coll Med-Houston-TX	Emergency Medicine
<b>St. Peter, Matthew</b>	U New Mexico SOM	Emergency Medicine
<b>Tems, Christopher</b>	Hosp of the Univ of PA	Emergency Medicine
<b>Tolova, Vera</b>	Albert Einstein Med Ctr-PA	Emergency Medicine
<b>Tupe, Christina</b>	U Maryland Med Ctr	Emergency Medicine
<b>Sramek, Kristen</b>	Swedish Medical Center-WA	Family Medicine
<b>Goodman, David</b>	U Minnesota Med School	Family Medicine
<b>Bean, Matthew</b>	St Josephs Hospital-AZ	Family Medicine
<b>Chavannes, Marilyn</b>	Phoebe Putney Mem Hosp-GA	Family Medicine
<b>Cotter, Laura</b>	Contra Costa Reg Med Ctr-CA	Family Medicine
<b>Khan, Nufayl</b>	UPMC Presbyterian Shadyside-PA	Family Medicine
<b>Nichols, Tracey</b>	Kaiser Permanente-Woodland Hills-CA	Family Medicine
<b>Shah, Meera</b>	Einstein/Beth Israel Med Ctr-NY	Family Medicine
<b>Williams, Jessica</b>	U Florida COM-Shands Hosp	Family Medicine
<b>Madison, Morgan</b>	U Illinois COM-Chicago	Family Medicine
<b>Baysinger, Katherine</b>	Memorial Health-Univ Med Ctr-GA	General Surgery
<b>Farber, Benjamin</b>	Einstein/Montefiore Med Ctr-NY	General Surgery

<b>Haskins, Ivy</b>	George Washington Univ-DC	General Surgery
<b>Tatarian, Talar</b>	Thomas Jefferson Univ-PA	General Surgery
<b>Butler, Dale</b>	U Texas Southwestern Med Sch-Dallas	General Surgery
<b>Akinniyi, Deborah</b>	Yale-New Haven Hosp-CT	Internal Medicine
<b>Appelbaum, Jason</b>	Emory Univ SOM-GA	Internal Medicine
<b>Baron, Kaitlin</b>	U Maryland Med Ctr	Internal Medicine
<b>Bulen, James</b>	Drexel Univ COM/Hahnemann Univ Hosp-PA	Internal Medicine
<b>Carson, Philip</b>	Drexel Univ COM/Hahnemann Univ Hosp-PA	Internal Medicine
<b>Glick, Carly</b>	Einstein/Montefiore Med Ctr-NY	Internal Medicine
<b>Gordon, Joseph</b>	Harbor-UCLA Med Ctr-CA	Internal Medicine
<b>Greywoode , Ruby</b>	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
<b>Gupta, Monica</b>	NYU School Of Medicine	Internal Medicine
<b>Jabbour, Gina</b>	Rush University Med Ctr-IL	Internal Medicine
<b>Jakhete, Neha</b>	Johns Hopkins Hosp-MD	Internal Medicine
<b>Jami , Humaira</b>	UC San Diego Med Ctr-CA	Internal Medicine
<b>Jarawan, Hani</b>	Maine Medical Center	Internal Medicine
<b>Jensen, Scott</b>	U Utah Affil Hospitals	Internal Medicine
<b>Jhamnani, Rekha</b>	Georgetown Univ Hosp-DC	Internal Medicine
<b>Karkowsky, Raphael</b>	Thomas Jefferson Univ-PA	Internal Medicine
<b>Khodabakhsh, Hadie</b>	Kaiser Perm-Santa Clara-CA	Internal Medicine
<b>Kumar, Nikila</b>	George Washington Univ-DC	Internal Medicine
<b>Lundberg, Erin</b>	Emory Univ SOM-GA	Internal Medicine
<b>Malhotra, Kirti</b>	Drexel Univ COM/Hahnemann Univ Hosp-PA	Internal Medicine
<b>Molnar, Esther</b>	Thomas Jefferson Univ-PA	Internal Medicine
<b>Moolani, Yasmin</b>	Baylor Coll Med-Houston-TX	Internal Medicine
<b>Nicolais, Charles</b>	Temple Univ Hosp-PA	Internal Medicine
<b>Patel, Forum</b>	Tufts Medical Center-MA	Internal Medicine
<b>Pershad, Valerie</b>	North Shore-LIJ Health Sys-NY	Internal Medicine
<b>Rao, Meghana</b>	Rhode Island Hosp/Brown Univ	Internal Medicine
<b>Razvi, Mohammed</b>	Emory Univ SOM-GA	Internal Medicine
<b>Ross, Alexander</b>	George Washington Univ-DC	Internal Medicine
<b>Sharma, Ambika</b>	U Maryland Med Ctr	Internal Medicine
<b>Siddique, Nusrat</b>	U Maryland Med Ctr	Internal Medicine
<b>Tipirneni, Niharika</b>	George Washington Univ-DC	Internal Medicine
<b>Vanjani, Rahul</b>	NYP Hosp-Columbia Univ Med Ctr-NY	Internal Medicine
<b>Watts, Kathryn</b>	Stanford Univ Progs-CA	Internal Medicine
<b>Watts, Marissa</b>	Henry Ford HSC-MI	Internal Medicine
<b>Magidson, Phillip</b>	U Maryland Med Ctr	Medicine-Emergency Med
<b>Rajagopal, Selvi</b>	Baylor Coll Med-Houston-TX	Medicine-Pediatrics
<b>Albertine, Paul</b>	St Joseph Hosp-IL	Medicine-Preliminary
<b>Bynum, Aliya</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Curtis, Brian</b>	Thomas Jefferson Univ-PA	Medicine-Preliminary
<b>Del Guzzo, Matthew</b>	St Lukes-Roosevelt-NY	Medicine-Preliminary
<b>Hayashi, Hisami</b>	UC San Francisco-Fresno-CA	Medicine-Preliminary
<b>Hill, Jonathan</b>	Greater Baltimore Med Ctr-MD	Medicine-Preliminary
<b>Homer, Janora</b>	Temple Univ Hosp-PA	Medicine-Preliminary
<b>Joseph, Amit</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Kelahan, Linda</b>	Washington Hospital Ctr-DC	Medicine-Preliminary
<b>Knowlton, Sasha</b>	Lahey Clinic-MA	Medicine-Preliminary
<b>Matz, Alexander</b>	St Agnes Hospital-MD	Medicine-Preliminary

<b>Pai , Sarah</b>	Allegheny Gen Hosp-PA	Medicine-Preliminary
<b>Pandya, Pooja</b>	George Washington Univ-DC	Medicine-Preliminary
<b>Walkoff, Lara</b>	Christiana Care-DE	Medicine-Preliminary
<b>Lalani, Sheliza</b>	George Washington Univ-DC	Medicine-Primary
<b>Mehta, Amisha</b>	Virginia Mason Med Ctr-WA	Medicine-Primary
<b>Derani, Lena</b>	Univ of Chicago Med Ctr-IL	Neurology
<b>Barlog, Lauren</b>	Einstein/Beth Israel Med Ctr-NY	Obstetrics-Gynecology
<b>Cooper, Sonata</b>	Washington Hospital Ctr-DC	Obstetrics-Gynecology
<b>Gilani, Morgan</b>	Kaiser Permanente-SF-CA	Obstetrics-Gynecology
<b>Hutz, Catherine</b>	Mayo School of Grad Med Educ-MN	Obstetrics-Gynecology
<b>Lewis, Lauren</b>	UPMC Medical Education-PA	Obstetrics-Gynecology
<b>Sen, Manpreet</b>	Temple Univ Hosp-PA	Obstetrics-Gynecology
<b>Bishop, Meghan</b>	Thomas Jefferson Univ-PA	Orthopaedic Surgery
<b>Golan, Elan</b>	Maimonides Med Ctr-NY	Orthopaedic Surgery
<b>Spitzer, Allison</b>	George Washington Univ-DC	Orthopaedic Surgery
<b>Bhatt, Jay</b>	UC Irvine Med Ctr-CA	Otolaryngology
<b>Singleton, Adam</b>	U Tennessee COM-Memphis	Otolaryngology
<b>Wiedermann, Joshua</b>	George Washington Univ-DC	Otolaryngology
<b>Serdy, Kate</b>	UPMC Medical Education-PA	Pathology
<b>Burton, Janan</b>	U North Carolina Hospitals	Pediatrics
<b>Gordon, Laura</b>	UC Irvine Med Ctr-CA	Pediatrics
<b>Brumbaugh, Joan</b>	NYU School Of Medicine	Pediatrics
<b>Fogarty, Thomas</b>	Baylor Coll Med-Houston-TX	Pediatrics
<b>Hussein, Karen</b>	U Florida COM-Shands Hosp	Pediatrics
<b>Kendall, Claire</b>	Baylor Coll Med-Houston-TX	Pediatrics
<b>Panglao, Maria</b>	Georgia Health Sciences Univ	Pediatrics
<b>Pedati, Caitlin</b>	Childrens National Med Ctr-DC	Pediatrics
<b>Pulju, Margaret</b>	Virginia Commonwealth U Hlth Sys	Pediatrics
<b>Segura, Maria</b>	Childrens National Med Ctr-DC	Pediatrics
<b>Sinykin, Svetlana</b>	Cincinnati Childrens Hosp MC-OH	Pediatrics
<b>Tavana, Bahareh</b>	UCLA Medical Center-CA	Pediatrics
<b>Therault, Elizabeth</b>	Baylor Coll Med-Houston-TX	Pediatrics
<b>Zolt-Gilburne, Jessica</b>	INOVA Fairfax Hospital-VA	Pediatrics
<b>Garg, Akshay</b>	Mt Sinai Hospital-NY	Phys Medicine & Rehab
<b>Knowlton, Sasha</b>	Harvard/Spaulding-MA	Phys Medicine & Rehab
<b>Goyal, Samita</b>	Med Coll Wisconsin Affil Hosps	Plastic Surgery (Integrated)
<b>Bhowmik, Shelly</b>	Johns Hopkins Bloomberg SPH-MD	Prevent Med/PH-Bassett
<b>Hyacinth, Marilise</b>	Yale-New Haven Hosp-CT	Psychiatry
<b>Gerdes, Christina</b>	NYP Hosp-Columbia Univ Med Ctr-NY	Psychiatry
<b>Horne, Christopher</b>	UC Davis Med Ctr-CA	Psychiatry
<b>Hylton, Julie</b>	UC Davis Med Ctr-CA	Psychiatry
<b>Jani, Suni</b>	Baylor Coll Med-Houston-TX	Psychiatry
<b>Lester, RSM, Sister Mara</b>	Barnes-Jewish Hosp-MO	Psychiatry
<b>Marshalla, Carly</b>	UC San Francisco-Fresno-CA	Psychiatry
<b>Poscablo, Maria</b>	Emory Univ SOM-GA	Psychiatry
<b>Sefton, Lauren</b>	St Lukes-Roosevelt-NY	Psychiatry
<b>Demas, Kristina</b>	Hosp of the Univ of PA	Radiation Oncology
<b>Albertine, Paul</b>	George Washington Univ-DC	Radiology-Diagnostic
<b>Curtis, Brian</b>	Thomas Jefferson Univ-PA	Radiology-Diagnostic
<b>Degnan, Andrew</b>	UPMC Medical Education-PA	Radiology-Diagnostic

<b>Del Guzzo, Matthew</b>	B I Deaconess Med Ctr-MA	Radiology-Diagnostic
<b>Hayashi, Hisami</b>	Harbor-UCLA Med Ctr-CA	Radiology-Diagnostic
<b>Hill, Jonathan</b>	Bryn Mawr Hospital-PA	Radiology-Diagnostic
<b>Kambhampati, Shivkumar</b>	U Maryland Med Ctr	Radiology-Diagnostic
<b>Kelahan, Linda</b>	Georgetown Univ Hosp-DC	Radiology-Diagnostic
<b>Pai , Sarah</b>	UPMC Medical Education-PA	Radiology-Diagnostic
<b>Shah, Raj</b>	Lenox Hill Hospital-NY	Radiology-Diagnostic
<b>Tejero, Hilda</b>	Jackson Memorial Hosp-FL	Radiology-Diagnostic
<b>Walkoff, Lara</b>	Mayo School of Grad Med Educ-MN	Radiology-Diagnostic
<b>Michelis, Katherine</b>	Mt Sinai Hospital-NY	Research Medicine
<b>Abdulhai, Sophia</b>	U North Carolina Hospitals	Surgery-Preliminary
<b>Brito, Joseph</b>	Rhode Island Hosp/Brown Univ	Surgery-Preliminary
<b>Sagalovich, Daniel</b>	Mt Sinai Hospital-NY	Surg-Prelim/Designated
<b>Moazami, Saman</b>	Einstein/Montefiore Med Ctr-NY	Surg-Prelim/Urology
<b>Rolef, Jennifer</b>	George Washington Univ-DC	Surg-Prelim/Urology
<b>Kambhampati, Shivkumar</b>	Riverside Reg Med Ctr-VA	Transitional
<b>Daneshpayeh, Negin</b>	Georgetown Univ Hosp-DC	Transitional
<b>Degnan, Andrew</b>	UPMC Presbyterian Shadyside-PA	Transitional
<b>Derani, Lena</b>	St John Hospital-MI	Transitional
<b>Shah, Raj</b>	Baptist Health System-AL	Transitional
<b>Tejero, Hilda</b>	UPMC Mercy Hospital-PA	Transitional
<b>Tinklepaugh, Adam</b>	Intermountain Med Ctr-UT	Transitional

*Many thanks to all the students who contributed to the guide over the years – if you would like to help and contribute to the next update, please contact us!*

**[GWU Alpha Chapter, AQA](#)**

