

## **Searching and Applying for Residency Programs:**

*Jennifer Yang, MD '99*

*\*Updated by Logan Felix MD '08 (April 2010)*

*Article will cover a comprehensive outline, step-by-step, of what it takes to land into a residency program, online sources for ERAS, NRMP (how it works), getting positions outside the matching program, etc*

### **Searching for Programs:**

Once you have chosen a specialty, you are now ready to choose the residency programs to which you'd want to apply to.

Your first stop is **FREIDA**, the Fellowship and Residency Interactive Database, sponsored by the American Medical Association. The website boasts of over 8,200 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), as well as over 200 combined specialty programs. Combined specialty programs are those that have residency training in two fields, such as Internal Medicine-Pediatrics, Internal Medicine-Psychiatry or Pediatrics-Dermatology. Those who applied for residency before the age of the internet will know this as the online equivalent of "The Green Book". "The Green Book" is the Graduate Medical Education Directory published by the ACGME every year and sold for about \$70 (2006 price from [www.amazon.com](http://www.amazon.com)). Its companion volume, the GMED Companion: An Insiders Guide to Selecting a Residency Program is also available, however I have not seen or read this book and thus cannot tell you whether or not it is useful for the IMG.

The database is searchable by location. Your search can be narrowed down by region or state, or by specialty. Each FREIDA entry gives you information about the residency program such as number of residency spots per year, contact information for the program director and/or residency coordinator, salary, frequency of on-call days, salary and benefits, etc. What it does not tell you is whether they accept foreign medical graduates (FMGs) and if they do, would they be willing to sponsor your visa (i.e., foreign medical graduates who are not citizens or US green card holders). For that you have to dig around a bit more. This "digging" will be covered later in this topic.

Asides from the database of residency and fellowship programs, the FREIDA website also has relevant statistics about training in each particular specialty. You can find out the average number of residents across all programs, average hours on duty per week, and even whether or not a specialty is "open" to foreign medical graduates (it lists the percentage of FMGs currently training in that specialty). For example, Internal Medicine (IM) statistics showed 52% of the residents are IMGs, while only 2.9% of Otolaryngology (ENT) residents graduated outside the United States. Therefore IM is a much, much easier field to get into for an FMG than ENT. These FMGs in ENT also are

more likely to be American-born but studied medicine elsewhere, as they are perceived to be more desirable than a foreign-born FMG. This is perhaps partly because they do not need sponsorship for a training or work visa, and most likely did rotations in US hospitals while in medical school which in turn enabled them to obtain recommendation letters from US sources.

Now that you have the needed information from FREIDA, how do you narrow down the residency programs you want to apply to? First, you can narrow them down by State. There are “popular” or “receptive” states for FMGs, such as New York, New Jersey, Connecticut, Massachusetts, Pennsylvania, Ohio, Illinois, and Texas (sometimes). There are outliers too, which are not known to be receptive but the occasional FMG slips in. Maryland, Delaware, Virginia, West Virginia, North Carolina, South Carolina, Louisiana, Georgia, Alabama, Missouri and California have been known to accept FMGs and sponsor visas. FMGs who are American citizens or green card holders have a wider selection of States to choose from, as they have been able to apply and successfully get into programs in States such as Arizona (most of these “almost impossible” states are in the western part of the USA). Note the large concentration of FMG-receptive hospitals in the Northeast and Midwest; there are more training programs in these areas, plus theoretically there are more FMGs who have remained in these areas to practice academic medicine, thus paving the way for new FMGs to come in.

Another good way to choose a program is to find out if any FMGs are currently in or have graduated from that particular residency program. That can be a good sign that your application may make it to the “invite for interview” pile. Look on the programs’ websites and see if there are lists of current residents, or pictures of the residents. You may write, email or call the residency program coordinators and ask them whether they accept FMGs, [\* if they have any FMGs currently in their roster of house staff], whether they sponsor visas, [\* what kind of visas are available for their residents to use (H1 or J1)], and whether they have a cut-off score for the USMLEs. Ask people from the classes ahead of you where they are, [\*which programs gave them interviews during their interview season] and what programs they are in. This is probably the best gauge for “FMG acceptability” and highlights the importance of creating an alumni network.

### **ERAS®**

**ERAS** is the Electronic Residency Application Service. This was developed by the Association of American Medical Colleges in the late 1990’s-early 2000’s to allow medical students and graduates to apply electronically for residency positions. In its early days applicants had to send a floppy disk with their information to ERAS but since the 2001 match, most transmission of electronic records are being done via the internet. ERAS will still need hard copies of certain requirements, such as letters of recommendation, medical student performance evaluation (MSPE, formerly known as the “Dean’s letter”) or a transcript of grades (these are easily sent via courier service) but generally the application is mostly done online.

Students of American and Canadian medical schools use their Dean’s office as the “liaison” for ERAS. FMGs have the Educational Commission for Foreign Medical

Graduates (the ECFMG, which you have encountered earlier as you took your USMLE) as their Dean's office.

Here is a summary of the way ERAS works: you upload your requirements to ERAS. Program directors download and view your "application packet" to their computers, and decide whether they want to invite you to their interview sessions. ERAS will notify you whether the program director has downloaded your information. After this, you may or may not hear from the residency program about whether or not they want to invite you for an interview.

First you have to pay a service fee to use ERAS. This is known as "buying an ERAS token", costing \$75 and payable through credit card on the ECFMG website or by a check drawn on a US bank. The token is a unique number assigned to you in order for you to gain access to the ERAS website. The ECFMG processes your token.

Once you gain access to the ERAS website, you will be able to view the residency programs which participate in ERAS. There are few, if any, programs that do not accept applications through ERAS as this is the most convenient way for residency programs to sort through the myriad of applications that they receive. You will be able to select programs you wish to apply to, as well as which documents and letters of recommendation you want to send to them. Each program has a different requirement as to the number of letters needed (generally 3, but may be 2 or 4). If you are applying to multiple specialties (e.g., Internal Medicine, Family Medicine, and Pediatrics), you would have to be careful as to which recommendation letters to send to each specialty. Generally recommendation letters are most appreciated and most appropriate if the letter writer is of the same specialty as the recipient.

ERAS has a fee schedule outlined on their website. Generally, the more programs you apply to, the more \$\$ you have to shell out. There is a flat-rate fee for the first 10 programs in one specialty, and any additional programs you apply to will cost you more money. This fee schedule was created to discourage applicants from blindly applying to all programs in the hope that someone, somewhere would invite them for an interview.

Note that the ERAS/ECFMG requires that all letters of recommendation must be signed in blue ink and each letter must bear the hospital's seal on the letter in order to ensure its authenticity.

Besides the hard copy application requirements sent to the ECFMG, the applicant must also enter information on a "common application form" on the ERAS website. This essentially serves as your curriculum vitae or resume. The personal statement is also uploaded to ERAS.

Asides from good USMLE scores (preferably of course, by passing the steps in one try) and letters of recommendation, there are certain items on your common application form that look good to interviewers' eyes. These are:

1. Research experience – a very big plus, especially if done before or after medical school. Include your research projects during medical school, they count too.
2. Any advanced degrees such as an MS, MPH, PhD, etc.
3. Work experience before, after or during (?) medical school – an advantage, but not a requirement to getting a residency spot.

There are many resources online on how to write a personal statement, but the essential tips are summarized here:

1. The content of the statement should explain why you like the specialty, state your qualities which would make you a good fit for the specialty; any experiences outside of medicine which would explain your choice of specialty are also very acceptable. Explain any “missing time” in your curriculum vitae here – why you chose to take a year off, etc.
2. Keep it short. Four to five paragraphs is about right, seven if you must expound, and limit it to one 8 ½ x 11 inch page in a 12-type font. Although some interviewers like reading the whole statement, others just read the first paragraph or two, so make sure every part of the personal statement is well-crafted.
3. Start it with impact. My statement started with “I was the orthopedic disaster of the year.”
4. Connect your last sentence with your “impact-ful” first sentence; this brings closure to your essay.
5. Have others look over the personal statement. Ideally reviewers would include someone who is proficient in writing/editing English-language essays, and a resident or faculty member who has reviewed and interviewed applicants.

If you are applying to a residency program that starts in PGY-2 (e.g., most programs in Anesthesiology, Physical Medicine and Rehabilitation, and Neurology; others that start in PGY-2 are Dermatology, Radiology, Ophthalmology, ENT), you most likely will need to simultaneously apply separately for a PGY-1 (“Internship”) spot somewhere. Some of these residency programs have “linked” internship positions within the same hospital or city and you won’t have to worry about applying for a separate spot. But for programs that do not have “linked” positions, the ideal PGY-1 spot would be in the same hospital or city in which you applied to for residency. Sometimes there are none available and you have to be flexible. A position in a different city is better than no position.

There are three different PGY-1 positions offered. These are the transitional year, preliminary medicine year, or preliminary surgery year. The one-year internship positions can either be a requirement for the programs that start in PGY-2, or it can be a temporary job for persons who did not match with a residency program. It can be a way to get additional US clinical experience while you wait to apply for a residency position in next year’s match.

The transitional year is a rotating internship much like the one required in the Philippines. However it is very competitive, as the American graduates prefer this

internship as preparation for the very competitive Dermatology, Radiology, Ophthalmology and ENT fields. So the field you are up against already contains the best of the American grads. The preliminary medicine year is perhaps the best internship for a Physical Medicine and Rehabilitation or Neurology residency, and is easier to obtain than a transitional year. As for the preliminary surgery internship, it works well for those going into surgical fields and probably Anesthesiology too.

Among the preliminary medicine and surgery positions, there are “designated” and “non-designated” spots. A designated spot is given to an applicant who already has somewhere else to go after PGY-1 year (i.e., a residency that starts in PGY-2). A “non-designated” position is for someone who does not know yet where he will end up when the PGY-1 year ends. Typically these people will have to apply for a PGY-2 position during the PGY-1 year.

### **NRMP**

The National Resident Matching Program, according to their website, is a “private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education”. Each year, the NRMP conducts a residency match that is designed to optimize the rank ordered choices of students and program directors. The results of the match are released in mid-March of every year (“match day”).

The applicant has to register at the NRMP site, and pay a fee to the NRMP in order to participate in the match. This is separate from the ERAS token fee as it is administered by a different entity.

How does it work? It is sort of confusing but there has to be some logic to it.

You are an applicant who has interviewed at 5 residency programs. You like hospital A the best, followed by B, and C, D, and E. You rank the hospitals: A is first, B is second, and so on.

Each residency program ranks its applicants according to desirability. For example, hospital A likes you very much and ranks you first. Since you ranked the hospital first also, on match day you will receive an email notice saying “you have matched with hospital A”. Even if hospital A ranks you fifth, or tenth, or twentieth, as long as hospital A ranks you among their desirable candidates, you will get into hospital A’s residency program. The match gives precedence to the applicant’s choice, and not the hospital. If hospital B ranked you first on their list, and hospital A ranked you fifth, you will still get a residency spot in hospital A.

We all wish it were that easy. What if the hospital does not rank you? If hospital A nor B did not rank you as a desirable candidate, the first hospital on your list with you on their rank-order list will get you as a resident. Again, if hospitals A, B and C did not rank you, but hospital D did, you will be going to hospital D. It is probably not your

favorite hospital among the five you interviewed with, but that is where the match put you (and thank your lucky stars that you DID get a position).

Another scenario: your first choice hospital A has 5 residency spots. Hospital A ranked you sixth. All five residency spots were filled by other applicants who were ranked higher than you; you don't get a residency spot in hospital A. To illustrate: for hospital A, applicant V was most desirable, then W is next desirable, and X, Y Z, and you were the sixth most desirable applicant. Applicants V, W, X, Y and Z also ranked hospital A as their first choice, therefore hospital A will give their residency positions to V, W, X, Y and Z. Poor you, you are sixth – so the match bumps you off to hospital B. You will then get preference to enter into hospital B. If hospital B ranks you first (most desirable to them), then you are matched with them. But again, if there are five residency positions and they were all filled by other applicants who ranked hospital B first, you will get bumped off to hospital C. And so on. The match is a complicated thing. There are no real strategies for the match except to rank the hospital that you want to be in first, and go down the line after that.

A variation of the match is the “couples match”, for couples who wish to be in the same city during their residency. A couple need not be married. The couples match is even more complicated since there are more components: two applicants and two hospitals which have to be in the same city. So if partner A is matched with a hospital in New York and partner B is matched in his first choice in Chicago, this would be a “no-match”. Partner B's first-ranked New York hospital will be where he will do his residency (IF there are still available residency positions which haven't been taken by applicants ranked higher by the hospital – same rules apply as the individual match). For more details and more explicit scenarios the NRMP website has a page specifically tackling the couples' match.

### **Pre-Match**

Some hospitals, if they REALLY, REALLY like you, will offer you a position outside the match. This is called a “pre-match”. It works well if you like the hospital that offers you the pre-match, then you don't have to worry about your match results anymore. However this is frowned upon and may be downright illegal, because you and the residency programs have entered into a contract to join the match; therefore offering and accepting a position outside the match is a breach of contract. For the last three or so years there were rumors that pre-match positions will no longer be offered but there have been conflicting reports on whether or not this really was the case. In case you are offered a pre-match and accept it, you are required to withdraw from the match. This can be a gamble. If you don't like the hospital that pre-matches you, you can refuse the pre-match and hope that a hospital that you do like will rank you and can take you as a resident. The hospital that offered you the pre-match may or may not still rank you on their rank-order list. For details on withdrawing from the match, the please see the NRMP website.