Transition from Medical Student to Resident Physician

Frederick Schiavone, MD, FACEP
DIO and Vice President,
Graduate Medical Education
West Florida Division

Professor of Emergency Medicine
Stony Brook Medicine
Objectives

- Develop a portfolio of interests that will help to guide each student towards a specialty (or specialties) that fit(s) your individual personal and professional goals
- Understand the NRMP “Match” and design an effective plan for individual success throughout application, interview and ranking
- Discuss criteria to use that will optimize your residency experience – geography, teaching and learning models, program structure, new and emerging programs, career goals
- Articulate what will be expected of a first year resident
From the student’s perspective…..

- Are any of you concerned about residency?
- Where do you go for the best advice?
- How many of you will take that advice?
- How many of you know exactly which specialty you wish to enter?
- How many will have a backup plan?
- How many of you believe that the transition to residency will be a “piece of cake”?
WHERE ARE YOU NOW?

Whether residency is one year away or three years away, preparation is MANDATORY.

1ST YEAR: Challenges of transitioning to medical school
2ND YEAR: Beginning clinical experiences
3RD YEAR: Choosing a specialty, applying to the right programs
4TH YEAR: Interviews, Match, Graduation!
RESIDENCY: First rotation, first night on call, first everything
Worsening Physician Shortage

Source: AAMC Center for Workforce studies, June Analysis 2011
US Medical School Enrollment

To meet the expected physician shortage:

AAMC (Association of American Medical Colleges) acted to address the shortage in 2006.
Recommended a 30% increase by 2015/2016.
Total medical school enrollment today is 21,434.
- Increase of 25%.
- Anticipated increase of 37% by 2020.
- This is not including Osteopathic medical schools. (7000)
AAMC reported a 6.2% increase in medical school applications to 52,550 this year.
Waiting Room | A shortage of doctors could strain health-care services

Number of primary-care physicians per 1,000 people

- Fewer than 1.0
- 1.0-1.2
- 1.21-1.5
- More than 1.5

U.S. average: **1.25**

Source: Kaiser Family Foundation

※2008 data
Lack of Core Residency Positions

- Dr. Atul Grover, chief public policy officer of AAMC.
  - Teaching hospitals have historically been expanding number of slots only at a rate of <1% per year.
  - Attributed to federal budget cuts
  - Most academic medical centers are trying to downsize their residency programs due to budget cuts and the number of programs over the cap.

- Stephen Shannon MD AAMC CEO
  - “Residency is where the bottleneck is,”

- Janis Orlowski MD AAMC CHO
  - “Medical schools have been doing their part to expand enrollment, but residencies have not been growing at the same pace.”
GME by the Numbers

2016 Class

- 14 States
- 197 Programs
- 41 Hospitals
- 2,674 Residents
- 16 PSG Clinics

2022 Class

- 16 States
- 402 Programs
- 72 Hospitals
- 6,615 Residents
- 25 PSG Clinics
2016 Current Resident Counts by Division

- Mountain - 20
- Continental - 307
- Far West - 91
- Mid-America - 447
- TriStar - 10
- Capital - 72
- South Atlantic - 135
- North Florida - 134
- West Florida - 346
- East Florida - 296
- Gulf Coast - 106
- North Texas - 710
- North Florida - 134
- South Atlantic - 135
- West Florida - 346
- East Florida - 296
2022 Projected Resident Counts by Division

- Mountain - 135
- Continental - 410
- Far West - 614
- Continental - 410
- Mid-America - 664
- North Texas - 710
- CW Texas - 362
- Gulf Coast - 450
- TriStar - 417
- South Atlantic - 533
- Capital - 375
- East Florida - 532
- West Florida - 772
- North Florida - 621

- No Increase
- Increase by 100+ residents
- Increase by 300+ residents
Program Listings

At HCA, we have more than 200 residency programs across the country and we will be launching an additional 70+ programs by 2020. To the right is a listing of programs currently accepting students.

Visit bohealthcare.com/physicians/graduate-medical-education for the most recent listing of programs.

Florida

Aventura Hospital and Medical Center
20900 Biscayne Boulevard
Aventura, FL 33180
- Emergency Medicine
- Internal Medicine
- Podiatry
- Transitional Year
[Website Link]

Blake Medical Center
2020 5th Street West
Bradenton, FL 34209
- Internal Medicine
[Website Link]

Brandon Regional Hospital
119 Oakfield Drive
Brandon, FL 33511
- Internal Medicine
[Website Link]

JFK Medical Center – Miami
5301 South Congress Avenue
Miami, FL 33467
- Cardiology
- General Surgery
- Hospice Palliative Medicine
- Internal Medicine
- Podiatry
- Preliminary Year
[Website Link]

JFK Medical Center – North Campus
2201 45th Street
West Palm Beach, FL 33407
- Dermatology
- Internal Medicine
[Website Link]

Kendall Regional Medical Center
11750 SW 40 Street
Miami, FL 33175
- Anesthesiology
- Emergency Medicine
- General Surgery
- Internal Medicine
- Podiatry
[Website Link]

Largo Medical Center
201 14th Street SW
Largo, FL 33770
- Anesthesiology
- Cardiovascular
- Dermatology
- Family Medicine
- Gastroenterology
- General Surgery
- Internal Medicine
- Interventional Cardiology
- Orthopedic Surgery
- Psychiatry
- Pulmonary/Critical Care
- Rheumatology
[Website Link]

North Florida Regional Medical Center
6050 Newberry Road
Gainesville, FL 32605
- Family Medicine
- Internal Medicine
- Psychiatry
[Website Link]

Northside Hospital
6000 49th Street North
St. Petersburg, FL 33709
- Cardiovascular
- Internal Medicine
[Website Link]

Oak Hill Hospital
11375 Cortez Boulevard
Brooksville, FL 34613
- Family Medicine
- Internal Medicine
- Transitional Year
[Website Link]

Ocala Regional Medical Center
1361 SW 1st Avenue
Ocala, FL 34471
- Internal Medicine
[Website Link]

Orange Park Medical Center
2001 Kingsley Avenue
Orange Park, FL 32073
- Family Medicine
- Internal Medicine
- Transitional Year
[Website Link]

Osceola Regional Medical Center
700 West Oak Street
Kissimmee, FL 34741
- Emergency Medicine
- Internal Medicine
- Obstetrics & Gynecology
[Website Link]

Ocala Regional Medical Center
1361 SW 1st Avenue
Ocala, FL 34471
- Internal Medicine
[Website Link]

Palms West Hospital
13001 Southern Boulevard
Loxahatchee, FL 33470
- Pediatrics
[Website Link]

Regional Medical Center
Bayonet Point
14000 Fivay Road
Hudson, FL 34667
- Internal Medicine
[Website Link]

St. Lucie Medical Center
1800 SE Tiffany Avenue
Port St. Lucie, FL 34952
- Emergency Medicine
- Family Medicine
- Internship
[Website Link]

St. Petersburg General Hospital
6500 38th Avenue N
St. Petersburg, FL 33710
- Family Medicine
- Internship
[Website Link]

University Hospital & Medical Center
7201 N University Drive
Tamarac, FL 33321
- Psychiatry
[Website Link]

Westside Regional Medical Center
8201 W Broward Boulevard
Plantation, FL 33324
- Podiatry
[Website Link]
July 1st 2017

- Approximately 27,000 doctors will begin Internships.
  - “Most trying time of his/her professional life.”
  - “Most will spend in perpetual exhaustion.”
Where Do You Start?
AAMC: Careers in Medicine

<table>
<thead>
<tr>
<th>Choose Your Specialty</th>
<th>Prepare for Residency</th>
<th>Shape Your Career</th>
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<td>Consider practice options and maximize your career</td>
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**Individual subscriptions**

Before you purchase a subscription for yourself, find out if a free subscription is already available to you.

**Careers in Medicine®**

Choosing a medical specialty is one of the most significant decisions you'll make. With increasing competition for residency positions, it's critical that you make your decisions strategically. Careers in Medicine (CIM) can help you:

- assess your interests, values, personality, and skills to help you choose specialties that best fit your attributes
- learn details such as salary and lifestyle, prerequisites and length of training, competitiveness, data, types of patients and procedures, and other characteristics of more than 120 specialties
- compare your qualifications, pinpoint your preferences for residency training, and compare programs
- position yourself to be more competitive to land a residency
- and much more

**How to access Careers in Medicine®**

Some users enjoy free access to Careers in Medicine. Others must purchase a subscription. Not sure which applies to you? Find out here.

**CIM awards for excellence in medical student career advising**

Each year, Careers in Medicine recognizes individuals and programs for excellence in medical student career advising.

**Tour Careers in Medicine**

Now to Careers in Medicine? Start here.

**Apply Smart for Residency**

We're entering residency application season. Take these steps to help improve your chance for a successful match.
Choose Your Specialty

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Understand Yourself

- **About**
  - How to approach learning who you are and why this awareness is crucial to making satisfying career decisions

- **CIM Assessments**
  - Complete self-assessments to explore your interests, values, skills, and personality

- **Assessments Dashboard**
  - View your assessment results to get a more complete picture of how you fit within the field of medicine

Explore Options

- **Gathering Information**
  - What information to gather and how to evaluate it

- **Gaining Experience**
  - How to gain educational and clinical experiences to explore career options

- **Medical Specialties**
  - Browse more than 120 specialty and subspecialty programs

- **Other Practice Options**
  - Career options other than traditional clinical practice

- **Clinical and Research Opportunities**
  - A database of summer and year-round programs

Make the Decision

- **About**
  - Factors to consider when evaluating your career options

- **Decision Making Strategies**
  - How to process the information you’ve gathered, narrow your options, and arrive at a confident decision

- **Reflections from Others**
  - How others approached and made their specialty choice

Maximize your experiences during medical school, learning and growing as much as possible. Use these strategies to strive for positive outcomes including personal and professional development as well as to successfully recover from and move past less than ideal situations.

- Gathering Information
- Gaining Experience
- Medical Specialties
- Other Practice Options
- Clinical and Research Opportunities

Make the Decision

With all the information you’ve gathered about yourself and your options, you should be well equipped to choose your specialty with confidence. However, that doesn’t mean your final decision will be easy. It requires that you compile all you’ve learned and seriously analyze where you best fit. You’ll need to prioritize your personal characteristics as well as your career goals and assess how well the specialties you’re considering meet those needs.

- About
- Decision Making Strategies
- Reflections from Others
Understand Yourself

Sound vocational theory says you’re more likely to be satisfied in your professional life if your career matches your personal and environmental characteristics such as interests, values, personality, and skills. In medicine, these aspects of yourself can be reflected in your preferred practice setting(s), patient type(s), medical condition(s), colleagues, and tasks and activities. Finding your fit entails first exploring who you are and what you want for your life, then identifying those career options that will support those goals and in which you can thrive.

- About
- CIM Assessments
- Assessments Dashboard

Explore Options

Everything you do and learn during medical school contributes to the total package you submit when applying for residency. However, it’s not just the events that take place (e.g., a research project, a leave of absence), but how you handle them. No one expects you to be perfect — but residency programs do expect to see that you try hard, learn from your mistakes, are open to feedback, and strive to improve.

Maximize your experiences during medical school, learning and growing as much as possible. Use these strategies to strive for positive outcomes including personal and professional development as well as to successfully recover from and move past less than ideal situations.

- Gathering Information
- Gaining Experience
- Medical Specialties
- Other Practice Options
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- About
- Decision Making Strategies
- Reflections from Others
### Residency Programs
- **Find Programs**
- **Researching Programs**
  - Identify what you want from your training and find programs where you’re likely to fit.
- **Residency Preference Exercise**
  - Capture and map your preferences to programs to find the best fit.

### Residency Application
- **Applying**
  - Write a personal statement and CV, obtain letters of recommendation, and prepare a strong application.
- **Interviewing**
  - Secure enough interviews and present your best self on the interview trail.

### The Match
- **Match Process**
  - Navigate the various matching programs and maximize your likelihood of matching.
- **Rank Order List**
  - Strategically craft your final list of residency programs to help ensure you match.

### Transition to Residency
- **Transition to Internship**
  - Progressing from medical school to day one of residency training.

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#### Residency Application
Once you’ve effectively researched programs and identified those where you might fit, it’s time to apply and interview with those programs. Your application includes several components, each designed to explain your qualifications and, ultimately, encourage programs to consider you for an interview. Interviews are your best opportunity to tell programs why they should consider you for a position.

However, any mistakes along the way can as much as torpedo your candidacy. Luckily, strategies exist to help you present your best self on paper and in person.

- **Applying**
- **Interviewing**

#### The Match
Generally speaking, the match is a process designed to help applicants secure their preferred residency position(s) and help programs secure their preferred candidates. It’s based on a computer algorithm that compares the rank order list of applicants with those of residency programs. This basic premise is simple, but the circumstances surrounding the match are complicated.

There are increasingly more applicants than residency positions, and certain specialties experience an even more disproportionate amount of applicants. This means residency applicants must act strategically to ensure they match to a residency program. And without residency training, the career options and income available to medical school graduates are severely limited.

- **Match Process**
- **Rank Order List**

#### Transition to Residency
Once you match into a residency program, you start other adventures; specifically, wrapping up your medical school career and planning for your new life as a resident. In addition to arranging the logistics including addressing your own medical insurance, repaying your school loans, moving to a new location, and finding employment for a spouse, there’s the anticipation of what residency will be like.

You may have heard stories from residents. And while some residency experiences are universal, some vary as many factors are at play. Luckily, many residents have come before you and you can prepare and resolve many of your questions prior to day one.

- **Transition to Internship**
Residency Programs

Choosing a residency is a big decision, and one that creates stress and anxiety for many students. Your residency is important because it’s a time of tremendous growth both in your clinical knowledge base as well as your professional development. Much of what you learn will come from patients. So you must find a program where you are motivated to learn and study about your patients and can become an excellent, caring, humanistic physician, as well as feel happy in your work and home environments.

There’s no one perfect residency that’s the best fit for all students — the best program for you depends on your strengths, weaknesses, goals, and personality. You must systematically approach researching and considering residencies to find programs that fit your individual needs and eventually match to a program and feel relatively happy during your time there.

- Find Programs
- Researching Programs
- Residency Preference Exercise

Residency Application

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### Practice
- **Patient Care**
  - Consider providing direct patient care
- **Research**
  - Consider conducting clinical or behavioral research
- **Teaching**
  - Consider teaching medical students, residents, or fellows
- **Administration**
  - Consider managing groups of people or entire organizations
- **Setting**
  - The types and locations of organizations where physicians practice

### Professional Development
- **Networking**
  - The importance of networking and recommended techniques
- **Switching Specialties**
  - How to switch specialties during or after residency
- **Financing your Career**
  - Medical school expenses, educational debt, salary, and other financial considerations

### Alternative Careers
- **Public Health and Service**
- **Public Policy and Government**
- **Communication and Journalism**
- **Informatics**
- **Pharmaceutical Research**
- **Consulting**

**Alternative Careers**

A small but growing number of medical school graduates are choosing alternative careers. These paths less often make good use of a physician’s medical, scientific, and clinical skills — although success often hinges on other skills and qualifications a candidate brings beyond the medical degree. Many of these alternative options value the medical degree, but clinical skills and knowledge often make physicians more beneficial in these industries, so completing a residency and becoming licensed may still be important for pursuing an alternative career.

Choosing a road less traveled does not in any way reflect your knowledge and skills, but rather, your interests and values.
Practice

Medicine provides a myriad of practice options, ranging from the traditional private practice to large academic medical centers with hundreds of affiliated physicians. Obtaining a basic understanding of the types of practice settings available ensures you'll be equipped to choose a setting that suits your career and personal objectives.

- Patient Care
- Research
- Teaching
- Administration
- Setting

Professional Development

Medicine is a field where its professionals especially must change with the times throughout a career. However, evolving in your role as a physician — or, professional development — ideally involves taking this growth and development to the next level. This level of professional development includes dedicating yourself to enhancing your medical knowledge and skills over time, effectively managing your education debt and general financial health, networking with other health professionals to broaden your horizons, and other topics.

- Networking
- Switching Specialties
- Financing your Career

Alternative Careers

A small but growing number of medical school graduates are choosing alternative careers. These paths less often taken make good use of a physician's medical, scientific, and clinical skills — although success often hinges on other skills and qualifications a candidate brings beyond the medical degree. Many of these alternative options value the medical degree, but clinical skills and knowledge often make physicians more beneficial in these industries, so completing a residency and becoming licensed may still be important for pursuing an alternative career.

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- Public Health and Service
- Public Policy and Government
- Communication and Journalism
- Informatics
- Pharmaceutical Research
- Consulting
Other AAMC resources

Tips for Surviving Medical School

Seven things you can do to make the most of medical school.

Choosing a Specialty

With more than 120 options to choose from, how do you select something you’ll be happy with for the rest of your professional life?

Electives and Make-up Courses

The AAMC's Visiting Student Application Service® and Global Health Learning Opportunities® enable you to pursue electives outside of your home school.
How Do You Show a Commitment To Your Specialty?

- Research
- Join Student groups
- Specialty Interest Groups
- Leadership positions
- National/State/Regional Presentations
- National and State Committees
- Get to know the Faculty
Research

- It’s Never Too Late
  - Clinical research is good, even – In Progress
  - Patient Safety/Quality Improvement projects
- Programs vary on the importance of research projects
  - Independent vs. “assistant” (someone else’s work)
  - Presentation at national/State/regional meeting
  - Publication
  - “Academic programs” stress it more
- **Do Not Misrepresent Research!!**
- Don’t send in copies of your research - bring to the interview
Outside Rotations

- Double edged sword
  - Many believe it is essential as an “audition for residency” Can’t hide your deficiencies from the program
  - Stellar performance probably helps
  - Benefit to learner:
    - Program can’t pull wool over your eyes
    - Meet other residents in the program- good fit
  - All else being equal, a known element is a safer match than an unknown
  - Clearly not a prerequisite for successful match
Letters of Recommendation

- Target faculty
  - Program Director
  - Chairman / Department Letter
  - Clerkship Director or Site Director
  - Other nationally known academic faculty (well published)
  - Anyone who thinks you are wonderful (except residents)!

- Get the letters in EARLY!

Don’t just pick someone who you think will write you a good letter, PD expects that.
What To Do Next – MSPE

- Review the Medical Student Performance Evaluation (MSPE) with the author
- Summary of your medical school career
- Excerpts from your grades transcript and your clinical rotation evaluations
- Will – soon – be competency-based, like GME assessments of resident performance

- Ensure you have maximized your unique characteristics
- Ensure the information is accurate
- Review every summative comment
- Don’t Kill the messenger
13 EPAs for Graduating Med Students

1) Gather a history and perform a physical examination
2) Prioritize a differential diagnosis following a clinical encounter
3) Recommend and interpret common diagnostic and screening tests
4) Enter and discuss orders/prescriptions
5) Document a clinical encounter in the patient record
6) Provide an oral presentation of a clinical encounter
7) Form Clinical Questions and retrieve evidence to advance patient care Core EPAs for Entering Residency
8) Give or receive a patient handover to transition care responsibility
9) Collaborate as a member of an interprofessional team
10) Recognize a patient requiring urgent or emergent care, and initiate evaluation and management
11) Obtain informed consent for tests and/or procedures
12) Perform general procedures of a physician
13) Identify system failures and contribute to a culture of safety and improvement
Expected behaviors for a pre-entrustable learner

- Information gathering and physical exam maneuvers:
  - Gathers either insufficient or overly exhaustive information.
  - Incorrectly performs physical exam maneuvers.
  - Misses key physical exam findings.
  - Does not seek or is overly reliant on secondary data.
  - Uses medical jargon or other examples of ineffective communication techniques.
- Scientific foundation and/or reasoning skills:
  - Limited ability to filter, prioritize, and connect pieces of information to each other or to previous clinical encounters.
  - May be less observant of important information or trends; focused on individual patients, potentially without attention to that patient's community or background.
  - May jump to conclusions without probing first (that is, shortcut the scientific method).
  - Lack of experience results in limited ability to develop clinical mental models, which limits ability to gather relevant information and/or perform appropriate maneuvers.
  - Demonstrates low activation of prior knowledge, either because they lack it or because they do not use it to their advantage in problem solving.
- Patient-centered skills:
  - May demonstrate disrespectful interactions with patients, because of stress, fatigue, or unawareness (e.g., forgetting to keep patient draped).
  - May generalize based on patient's age, gender, culture, race, religion, disabilities, and/or sexual orientation.

Expected behaviors for an entrustable learner

- Information gathering and physical exam maneuvers:
  - Obtains a complete and accurate history in an organized fashion.
  - Identifies pertinent history elements in common presenting situations, symptoms, complaints, disease states (acute and chronic).
  - Obtains focused, pertinent histories in urgent, emergent, and consultation settings.
  - Identifies and uses alternate sources of information to obtain history when needed, including from family members, primary care physicians, living facilities, and pharmacies.
  - Performs a complete and accurate physical exam in logical and fluid sequence.
Percentage of Programs Using USMLE Step 2 CK Scores for Interview Selection

Scores Required?

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2016</th>
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<tbody>
<tr>
<td>Yes, pass only</td>
<td>31%</td>
<td>34%</td>
</tr>
<tr>
<td>Yes, target score</td>
<td>50%</td>
<td>49%</td>
</tr>
<tr>
<td>No</td>
<td>19%</td>
<td>17%</td>
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Consider applicants who fail 1st attempt?

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Never</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Seldom</td>
<td>58%</td>
<td>57%</td>
</tr>
<tr>
<td>Often</td>
<td>6%</td>
<td>8%</td>
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Source: NRMP Program Director Survey

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To which programs should I apply?

Suggestions:

- Apply to a range of programs
- Backup plan is essential
- Shoot for the stars
- Include “safe” programs on your list
- Best candidates may need only 10-15, others should have 20-30.
- Most important- Is each program a Best Fit for YOU?
- “Should my strategy be to apply to EVERY Emergency Medicine program in the United States?”
- Otolaryngology now requires a unique personal statement for each program to which you apply!
Programs’ Use of the MSPE in Interview Selection

- Child Neurology: 95% (2014), 94% (2016)
- Radiation Oncology: 86% (2014), 93% (2016)
- Internal Medicine/Pediatrics: 74% (2014), 93% (2016)
- Psychiatry: 94% (2014), 82% (2016)
- Dermatology: 83% (2014), 91% (2016)
- Radiology-Diagnostic: 91% (2014), 91% (2016)
- Internal Medicine Categorical: 99% (2014), 99% (2016)
- Physical Medicine and Rehabilitation: 90% (2014), 90% (2016)
- Neurology: 85% (2014), 85% (2016)
- Pathology-Anatomic and Clinical: 83% (2014), 88% (2016)
- Anesthesiology: 89% (2014), 88% (2016)
- Average for all specialties: 84% (2014), 84% (2016)
- Pediatrics: 87% (2014), 94% (2016)
- Thoracic Surgery: 84% (2014), 83% (2016)
- Family Medicine: 86% (2014), 90% (2016)
- Emergency Medicine: 79% (2014), 91% (2016)
- General Surgery: 79% (2014), 79% (2016)
- Neurological Surgery: 79% (2014), 74% (2016)
- Orthopaedic Surgery: 70% (2014), 75% (2016)
- Vascular Surgery: 70% (2014), 74% (2016)
- Otolaryngology: 82% (2014), 80% (2016)
- Plastic Surgery: 80% (2014), 80% (2016)

Source: NRMP Program Director Survey

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I Have an Interview- Now What?

- Once you have an Interview- You have met the requirements for the program!
- Dress for success
  - Importance of first impressions
  - How do you want them to remember you when they are creating the rank order list?
- Men: dark suits crisp white shirt and a sharp looking tie
  - avoid the Mickey mouse tie (unless interview is in Orlando...) but not drab.
- Women: dark women’s suit or any professional outfit
Interviews

- List priorities
- Chart pluses and minuses
- Be ON TIME!!!
- Prepare for unexpected circumstances
  - Winter/Traffic/Airline/Clothing
- Get plenty of rest
- Arrange geographic interviews together
- If asked illegal question- be prepared with a generic response
Interviews

• Myths and Reality
  • You have to schedule your interview toward the end of the season = myth
  • Most programs give you an objective score on the day of your interview = myth
  • You are also interviewing them = reality

• Call your Alumni!!
  • They will give you the truth
Factors in Ranking Applicants
It’s All About the Interview: 2016

- Interactions with faculty during interview: 95%
- Interpersonal skills: 95%
- Interactions with housestaff during interview: 90%
- Feedback from current residents: 86%
- USMLE Step 1/Comlex Level 1: 78%
- Recommendation letters in specialty: 73%
- USMLE Step 2 CK/Comlex Level 2: 72%
- MSPE: 68%
- Perceived commitment to specialty: 67%
- Evidence of professionalism: 67%
- Perceived interest in program: 64%
- Personal prior knowledge of applicant: 60%
- Leadership qualities: 59%
- Class rank: 58%
- Audition rotation within department: 58%
- Personal statement: 57%
- Grades in required clerkships: 57%

Source: NRMP Program Director Survey
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## Factors in Ranking Applicants

It’s All About the Interview, cont’d

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passing USMLE Step 2 CS/Comlex Level 2</td>
<td>53%</td>
</tr>
<tr>
<td>Grades in clerkship in desired specialty</td>
<td>50%</td>
</tr>
<tr>
<td>Any failed USMLE/COMLEX</td>
<td>47%</td>
</tr>
<tr>
<td>Consistency of grades</td>
<td>47%</td>
</tr>
<tr>
<td>Alpha Omega Alpha</td>
<td>46%</td>
</tr>
<tr>
<td>Other life experiences</td>
<td>46%</td>
</tr>
<tr>
<td>Graduate of highly-regarded U.S. allopathic medical school</td>
<td>41%</td>
</tr>
<tr>
<td>Lack of gaps in medical education</td>
<td>41%</td>
</tr>
<tr>
<td>Volunteer/extracurricular experiences</td>
<td>40%</td>
</tr>
<tr>
<td>Awards/honors in clinical clerkships</td>
<td>38%</td>
</tr>
<tr>
<td>Awards/honors in clinical clerkships in desired specialty</td>
<td>36%</td>
</tr>
<tr>
<td>Gold Humanism Honor Society membership</td>
<td>34%</td>
</tr>
<tr>
<td>Involvement in research</td>
<td>32%</td>
</tr>
<tr>
<td>NRMP Match violation</td>
<td>28%</td>
</tr>
<tr>
<td>Visa status</td>
<td>26%</td>
</tr>
<tr>
<td>Interest in academic career</td>
<td>25%</td>
</tr>
<tr>
<td>Second interview/visit</td>
<td>22%</td>
</tr>
<tr>
<td>Awards/honors in basic sciences</td>
<td>21%</td>
</tr>
<tr>
<td>Fluency in patient spoken language</td>
<td>21%</td>
</tr>
<tr>
<td>Away rotation in your specialty</td>
<td>20%</td>
</tr>
<tr>
<td>USMLE Step 3/COMLEX Level 3 score</td>
<td>19%</td>
</tr>
<tr>
<td>Other post-interview contact</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: NRMP Program Director Survey

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What NOT to do:

- Don’t insult anyone especially coordinator
- Do Not-not show up
  - Ruins the school’s reputation for other students
- Do not cancel at the last minute
- Don’t Be Late
- Don’t Bring Kids/ Dogs / Messy Food
- Don’t drop your guard with the Residents
- Do Not Make Excuses
  - Be professional!!
Average Ranks Per Position
Filled and Unfilled Programs

Unfilled Programs
Filled Programs
Rank Order List

- Rank programs by your passion
- Rank every program that you think you would be happy going to, even if you are sure you will get one of your top choices.
- Do not rank any program that you would not be happy going to...because you might match there.

- REMEMBER THAT THE MATCH IS A BINDING COMMITMENT.
- YOU ARE OBLIGATED TO THEM AND THEY ARE OBLIGATED TO YOU.
What are my chances of success?

- I am a US Senior Medical Student
- I have a great MSPE
- I have great letters of recommendation
- I am “competent”!
- I have USMLE scores in the 90th percentile
- I got 16 interviews in my specialty of choice
- I know which programs I want to rank
Results of the 2016 NRMP Program Director Survey

Results of the 2015 NRMP Applicant Survey
by Preferred Specialty and Applicant Type
PGY-1 Match Rates by Applicant Type

Overall 2016 Match Rate: 75.6%

The graph shows the match rates for different types of applicants from 2007 to 2016. The rates are as follows:

- **US Seniors**: Generally around 90%.
- **Osteopathic Physicians**: Starting around 70% in 2007 and increasing to about 80% by 2016.
- **US IMGs**: Starting around 50% in 2007 and increasing to about 60% by 2016.
- **IMGs**: Starting around 40% in 2007 and increasing to about 50% by 2016.
- **Prior US Grads**: Starting around 30% in 2007 and increasing to about 40% by 2016.

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**Match Rates By Preferred Specialty**

**Most Seniors Match!**

![Bar chart showing match rates by preferred specialty for 2014 and 2016.](chart)

- Plastic Surgery: 71% (2014), 76% (2016)
- Otolaryngology: 77% (2014), 75% (2016)
- Dermatology: 89% (2014), 89% (2016)
- Orthopaedic Surgery: 85% (2014), 83% (2016)
- Neurological Surgery: 89% (2014), 1% (2016)
- Radiation Oncology: 98% (2014), 98% (2016)
- Vascular Surgery: 71% (2014), 91% (2016)
- Child Neurology: 96% (2014), 96% (2016)
- Emergency Medicine: 76% (2014), 76% (2016)
- Anesthesiology: 97% (2014), 97% (2016)
- Psychiatry: 90% (2014), 90% (2016)
- Pediatrics: 94% (2014), 94% (2016)
- Family Medicine: 98% (2014), 98% (2016)
- Internal Medicine: 96% (2014), 96% (2016)
- Neurology: 88% (2014), 85% (2016)
- Radiology-Anatomic and Clinical: 95% (2014), 99% (2016)

Source: Charting Outcomes in the Match

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How Competitive is the Match?

- 9,600 more PGY-1 positions than active seniors in the Match
- No change in U.S. seniors’ PGY-1 match rate
  - No change in match rate by preferred specialty
  - 1,130 seniors unmatched to PGY-1 positions
  - 615 seniors with no position post-SOAP
- 2,400 DOs & 6,600 IMGs matched to PGY-1 positions
- No change in total number of unmatched applicants in 2016
- No change in percentage of applications rejected
- USMLE Step scores are rising
- ROLs are getting longer
The transition from medical student to resident is an important step in the lives of physicians, and medical schools and graduate medical education programs (GME) share responsibility for equipping those learners with the knowledge and skills they need to build meaningful and successful careers. The National Resident Matching Program® (NRMP®), the bridge between medical school and residency, is uniquely qualified to bring together undergraduate and graduate medical education stakeholders to generate ideas and solutions that address a stressful yet potentially rewarding rite of passage. Medical school deans and faculty, residency program directors, and GME sponsoring institution leadership have a stake in ensuring medical students transition successfully to residency training and ultimately flourish in the changing landscape of American medicine.

At this meeting attendees will:

- Discuss ways to strengthen the transition from medical school to residency
- Identify tools and resources needed to make the transition successful
- Gain an understanding of how Match-related resources can enhance the matching process
- Address physician workforce trends and the impact on the GME community

This site will be updated regularly with information about the meeting program and speakers.
I MATCHED!!!

Uh oh... What’s expected of me now?

I CAN'T KEEP CALM. IT'S MATCH DAY.
Transition from medical student to (resident) physician

- What will make you successful?
- What do Residency Programs really Care About?
- Teamwork
- Patient Care outcomes
- Professionalism and Integrity
- Communication including Handoffs
- Patient safety
- Quality improvement
- Resident commitment to hospital initiatives
- Compliance
- Knowing your limits and when to call for help
The PD and Hospital must ensure a culture of professionalism that supports patient safety and personal responsibility.

Residents and faculty members must accept their personal role in:

- assurance of the safety and welfare of patients entrusted to their care
- provision of patient- and family-centered care
- assurance of their fitness for duty
- management of their time before, during, and after clinical assignments
- recognition of impairment, including illness and fatigue, in themselves and in their peers;
- attention to lifelong learning;
- the monitoring of their patient care performance improvement indicators
- honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

Remember – you are now an employee, and also subject to employment requirements!
## Milestones example: Patient Care

**History: Obtains a comprehensive medical history**

<table>
<thead>
<tr>
<th>Novice (beginning training)</th>
<th>Advanced Beginner (3-6 mos)</th>
<th>Competent (end of Yr 1)</th>
<th>Proficient (board eligible)</th>
<th>Expert (practicing physician)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elicits chief complaint, takes basic history using a template format</td>
<td>Obtains a comprehensive and accurate history and seeks appropriate data from secondary sources.</td>
<td>Consistently obtains a comprehensive and accurate history in an efficient, customized, prioritized, and hypothesis-driven fashion.</td>
<td>Consistently identifies the clinical patterns present in the historical data gathered.</td>
<td>Serves as role model and educator in the gathering of sophisticated history based upon specialty.</td>
</tr>
</tbody>
</table>

**Assessment Methods / Tools:**

Direct Observation (Mini-CEX), Standardized Patient, Simulation
So, for Orientation....All interns participated in Simulation

What did we hope to Learn? Test? Teach? Measure? Impact?

• That they learned how valuable teamwork is?
• That they understood what the “right thing to do” is to protect the patient from harm?
• That they would advocate for the patient if needed?
• That they complied with basic patient safety?
• That they cared more about the patients than themselves?
• That they will double and triple check medications and blood type before administration?
• That the safety lectures before simulation had an impact?

• Didactic teaching was done before simulation and debriefing was done after simulation
• We did shift our focus as a result of CMS/JC/DOH visits and findings
GME at HCA

http://hcahealthcare.com/physicians/graduate-medical-education/

A leader in resident education across the United States

HCA’s leading community of hospitals, physician practices, urgent care centers, freestanding emergency rooms and ambulatory surgery centers are recognized by our patients as providing some of the highest quality and compassionate care in the nation. Our programs provide you the

HCA Opportunities

**Community**
Our residents tell us that the *culture and community they find in our programs* is a main reason why they choose to complete their training at an HCA hospital. We pride ourselves in creating programs that celebrate teamwork, collaboration, and unity. From Florida to California, *our residents say that they feel like they are a part of a community of physicians* working together to care and improve human life.

**Innovation**
We believe that patients deserve a hospital with top *doctors using the latest tools, treatments, and technology* to provide the most modern care with the best possible results. This *commitment to innovation extends deeply into our residency programs.*
Together, we champion the practice of medicine for a healthier world.

Creating Healthy Communities

Approximately 5% of all U.S. hospital services happen at an HCA facility, including:

- 26+ million patient encounters
- 8.1 million emergency room visits
- 210,000 babies delivered

Size

- 37,000 active physicians
- 233,000 employees
- Ranked 63 in Fortune 100

Giving Back

- $2.4 billion invested in capital spending to expand or bring new services to the communities we served in 2015.
- $2.7 billion estimated yearly cost for the delivery of uncompensated care.
- $21 million in cash donations to charitable organizations in 2015.

Industry Leader

106 hospitals included on the Joint Commission’s list of top performers on key quality measures.

Sarah Cannon, the global cancer institute of HCA, offers hundreds of clinical trials each year.

HCA has been named one of the “World’s Most Ethical Companies” for seven years in a row.

150 languages and dialects are used by HCA affiliates that deliver healthcare services.

HCA continues its comprehensive program of environmental sustainability to promote energy and water conservation, green buildings, and increase recycling and environmentally-conscious purchasing.

Visit HCAHealthcare.com for more.
THANK YOU!

Questions?
Discussion