Class of 2017
Residency Application and Matching Process

January 21, 2016

Jason Bergschneider
Lee Miller, M.D.
1. Career Choice and Competitiveness-Support!
   a. Advising resources
   b. Data sources
   c. AAMC

2. The Application Process
   a. Main NRMP Match vs. Early Match
   b. Military Match
   c. Couples Match
   d. Which Programs to Choose?

3. The Application
   a. ERAS application
   b. Letters of Recommendation
   c. Personal Statement
   d. MSPE
   e. USMLE Transcript

4. Application Timeline and Additional Advice
1. Career Choice and Competitiveness-Support!
   a. Advising resources
   b. Data sources
   c. AAMC

2. The Application Process
   a. Main NRMP Match vs. Early Match
   b. Military Match
   c. Couples Match
   d. Which Programs to Choose?

3. The Application
   a. ERAS application
   b. Letters of Recommendation
   c. Personal Statement
   d. MSPE
   e. USMLE Transcript

4. Application Timeline and Additional Advice
Support in MS-3 and MS-4 Years
Support in MS-3 and MS-4 Years
Choosing Your Career

1. You do not have to make this decision now!

2. There are many resources, staff and faculty available to help guide you through this process:
   a. AAMC’s Careers in Medicine
   b. DGSOM Resident Roundtable Discussions
   c. Career Advising Team
   d. College Advisors
   e. College Mentors
   f. Deans and Dean’s Office Staff
Choosing Your Career, continued:

3. Review Charting Outcomes in the Match on NRMP Web Site to assess your qualifications and competitiveness for specialties.

   Charting Outcomes in the Match

4. Complete the Choosing Your Specialty exercise.
Charting Outcomes in the Match

Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2014 Main Residency Match

5th Edition

Prepared by:
National Resident Matching Program
www.nrmp.org

August 2014
12 measures that NRMP studies each year, by specialty:

1. Step 1 score
2. Step 2 score
3. Research experience
4. Abstracts and publications
5. Work experience
6. Volunteer experience
7. AOA
8. Graduating from one of the top NIH funded medical schools (that's us!)
9. PhD's
10. Graduate Degrees
11. Mean number of programs ranked
12. Mean number of specialties ranked
1. College Mentors and Advisors
   • Advisor - One of the College Chairs or Vice Chairs will serve as your advisor
   • College Mentors - You will also be matched with a faculty mentor in your specialty choice

2. Deans
   • Associate Dean for Student Affairs – Dr. Lee Miller
   • Associate Dean for Curricular Affairs – Dr. Neveen El-Farra
   • Associate Dean for Medical Student Research and Scholarship – Dr. Linda Baum
   • Interim Dean, Charles Drew College of Medicine – Dr. Daphne Calmes
   • Assistant Dean of Career Development and Well-Being – Dr. Margaret Stuber
   • Assistant Deans Fitzgerald, Lehman, Napolitano and Yeh

3. Student and Curricular Affairs Offices
   • Director of Student Affairs – Dr. Meredith Szumski
   • Colleges Coordinator – Courtney Klipp
   • Director of Career Development and Well-Being - Aurora Reyes
   • Residency Application Counselor – Jason Bergschneider
   • Year 3 and Year 4 Counselor – Gezelle Miller
   • Clinical Coordinator – Amy Frazier
Support in MS-3 and MS-4 Years
Research and Taking Time Off

Why?
   a. Interest!
   b. If you decide to apply to a competitive specialty and have concerns that you do not have enough research…

More Info?
   a. NRMP Data and Research Reports
   b. AAMC “Roadmap to Residency”
   c. ERAS’s FACTS

Alternative options?
   a. You may not necessarily need to take a year off
   b. You can get involved during 3rd year and research electives in 4th year.

Questions/Advice?
   a. Shamar Jones
   b. Linda Baum, MD, PhD
   c. College Chairs
   d. Deans
Agenda

1. Career Choice and Competitiveness-Support!
   a. Advising resources
   b. Data sources
   c. AAMC

2. The Application Process
   a. Main NRMP Match vs. Early Match
   b. Military Match
   c. Couples Match
   d. Which Programs to Choose?

3. The Application
   a. ERAS application
   b. Letters of Recommendation
   c. Personal Statement
   d. MSPE
   e. USMLE Transcript

4. Application Timeline and Additional Advice
The Application Process

Main NRMP Match

1. Categorical Programs
2. Advanced Specialty Programs
3. Preliminary Programs

Early Match Specialties

1. Ophthalmology
2. Urology
Glossary and Terms
National Resident Matching Program

The **NRMP Main Residency Match** provides an impartial venue for matching applicants' preferences for residency positions with program directors' preferences for applicants. Each year approximately 16,000 U.S. allopathic medical school seniors and 15,000 graduates of osteopathic, Canadian or foreign medical schools compete for approximately 24,000 residency positions.
There are four categories of programs participating in the Main Residency Match:

1. **Categorical (C)** programs begin in the PGY-1 year and provide the training required for board certification in medical specialties. Categorical programs in primary care medicine and primary care pediatrics are designated by (M) to distinguish them from regular medicine and pediatrics programs.

1. **Advanced (A)** programs that begin in the PGY-2 year after a year of prerequisite training.

1. **Preliminary (P)** or one-year programs beginning the PGY-1 year and provide prerequisite training for advanced programs.

1. **Physician (R)** programs are reserved for physicians who have had prior graduate medical education. Physician programs are not available to senior U.S. medical students.
The NRMP is not an application service or a job placement service. Applicants must apply directly to residency programs in addition to registering for the Match. Most programs participate in the Electronic Residency Application Service (ERAS), which transmits residency applications to program directors via the Internet. Applicants must register with both NRMP and ERAS to participate in the services of each.
ERAS is the Electronic Residency Application Service developed by the Association of American Medical Colleges to transmit electronically the residency applications, personal statements, recommendation letters, Medical School Performance Evaluations (MSPE), transcripts, and other supporting credentials from medical schools to residency program directors.
Couples Match

The NRMP allows couples participating in the same Match to form pairs of program choices on their rank order lists that are considered in rank order when the matching algorithm is processed.

A couple will match to the most preferred pair of programs on their rank order lists where each partner has been offered a position.
Military Match

The process of matching to a residency is slightly different for military medical students than it is for civilian students. Students must apply to both the military Joint Service Graduate Medical Education Selection Board (JSGMESB) and ERAS, and they must rank their residencies by preference.

The military match takes place first and students are most likely to be matched at that time.

Additional information: *Medicine and the Military*
Choosing Programs

1. Start reading about programs through a comprehensive compendium of accredited programs on the AMA – FREIDA website
2. Meet with College Advisors and Mentors
3. Meet with faculty members
4. Discuss with current residents
AMA FREIDA

An online database maintained by the AMA of accredited residency and fellowship programs.

http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page
Search Results

28 program(s) match your search criteria. Click on the name of the program for basic information. Programs with * have additional information.

Albany Medical Center Program
Program Id: 4403521191
Specialty: Surgery-General
City/State: Albany/New York

Add to Comparison

Lincoln Medical and Mental Health Center Program
Program Id: 4403500439 *
Specialty: Surgery-General
City/State: Bronx/New York

Add to Comparison

Montefiore Medical Center/Albert Einstein College of Medicine Program
Program Id: 4403521202 *
Specialty: Surgery-General
City/State: Bronx/New York

Add to Comparison

Bronx-Lebanon Hospital Center Program
Program Id: 4403511206 *

Add to Comparison
New York Presbyterian Hospital (Columbia Campus) Program

Identifier 440-35-21-229
Specialty Surgery-General

Basic Information  General Information  Faculty & Trainees  Work Schedule  Educational Environment  Employment Policies & Benefits

Location Map

Last updated: 10/13/2015
Survey received: 07/07/2015

Program Director:
Tracey D Arnell, MD
New York Presbyterian Hosp-Columbia
Milstein Hosp 7GS-313
177 Fort Washington Ave
New York, NY 10032
Tel: (212) 305-3038
Fax: (212) 305-8321
E-mail: mh487@columbia.edu

Person to contact for more information about the program:
Marlene Haselbauer
New York Presbyterian Hosp-Columbia
Surgery Pgm
177 Fort Washington Ave
New York, NY 10032
Tel: (212) 305-3038
Fax: (212) 305-8321
E-mail: mh487@cumc.columbia.edu

Information
Web Address
http://www.columbiasurgery.org/residency/

Accredited length of training
### USMLE Step 1 and Step 2 requirements for interview consideration

<table>
<thead>
<tr>
<th>Step 1 required</th>
<th>Minimum score</th>
<th>Step 2 required</th>
<th>Minimum score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>236</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Average Step 1 score (range) of current residents/fellows**

221 - 240
Agenda

1. Career Choice and Competitiveness-Support!
   a. Advising resources
   b. Data sources
   c. AAMC

2. The Application Process
   a. Main NRMP Match vs. Early Match
   b. Military Match
   c. Couples Match
   d. Which Programs to Choose?

3. The Application
   a. ERAS application
   b. Letters of Recommendation
   c. Personal Statement
   d. MSPE
   e. USMLE Transcript

4. Application Timeline and Additional Advice
The Application

1. ERAS application/Curriculum Vitae
2. Letters of Recommendation
3. Personal Statement
4. MSPE
5. USMLE Transcript
6. DGSOM Transcript
7. ERAS fee
8. Photo – Free and taken during College Foundations
Curriculum Vitae Overview

**What:** Relevant information from medical school that encompasses the following:
- Education
- Work
- Research
- Volunteer

**When:** For use throughout MS-3 and MS-4 years

**Where:** Submit to mentors/letter writers
- Use content to populate ERAS
- Submit for AOA consideration
ERAS Application Worksheet for 2016

1. A sample ERAS application that will be available to you in the spring (a preview of actual application)

2. Helps you to organize your thoughts and content in advance
CV

Example (in ERAS format)

AAMC ID:

Present Mailing Address

Preferred Phone:
Alternate Phone:
Mobile Phone:

Permanent Mailing Address

Medical Education
UCLA/Drew Medical Education Program, Los Angeles, California
06/2010
M.D., 05/2014

Education
Undergraduate - UC-Berkeley, Berkeley, CA
Rhetoric
08/2002 - 08/2006
B.A., 08/2006

Membership and Honorary/Professional Societies
AOA elections held during Senior year
American Congress of Obstetricians and Gynecologists (ACOG) Member; American Academy of Family Physicians (AFP) Member;
Charles Drew Society Member;

Medical School Honors / Awards
Albert Schweitzer Fellowship (ASF); National Medical Fellowship; Oliver Goldsmith, M.D. Kaiser Permanente Fellowship; QueensCare:
Gene & Marilyn Nuziard Scholarship; Miller-Lawrence Scholarship; Axillary to Charles Drew Society Scholarship; Charles Drew Society Scholarship; The Association of Black Women Physicians Scholarship
CV

Example (ERAS format - Continued)

Work Experience
09/2006 - 12/2010  Average Hours/Week: 40
Kaiser Permanente: Division of Research, California
Research Associate I, Assiamara Ferrera, MD, PhD
Responsibilities: 1) Assisted in a diet, exercise and breast-feeding intervention study aimed to prevent the onset of Type II Diabetes in women who have gestational diabetes 2) Organized and entered patient data using Microsoft Access 3) Involved in collection of data through individual interviews 4) Centrifuged and processed blood specimens 5) Conducted data entry and analysis using SAS Data Program

Volunteer Experience
07/ 2013
Charles Drew University Post-Baccalaureate, California
Mentor
Responsibilities: 1) Provide academic guidance with MCAT, study strategies and support to a pre-medical student enrolled in the Charles Drew Post-Baccalaureate program

10/ 2011 - 03/2013  Average Hours/Week: 7
LCME Student Sub-Committee, California
Committee Member, Joyce Fried
Responsibilities: 1) Nominated for student position on the Liaison Committee for Medical Education (LCME) student board 2) Met with LCME Committee and discussed academic learning environment and current educational climate at UCLA 3) Co-drafted a survey for UCLA’s student body to assess the education program, curriculum, student support services, and the learning environment

06/ 2011 - 12/2012  Average Hours/Week: 5

Research Experience
10/2012  Average Hours/Week: 10
Charles Drew University/UCLA, California
Research Investigator, Dotun Ogunyemi, MD
Title: An analysis of obstetric cholestasis and association with pre-existing medical conditions in California. A retrospective study.
Responsibilities: 1) Conducted literature review 2) Developed the initial study design and submitted IRB application 3) Review maternal and child data collected by the Office of Statewide Health Planning and Development (OSHPD) of California hospital discharges between 2005 and 2012

Publications

Peer Reviewed Journal Articles/Abstracts
Types of LOR’s

1. Individual faculty member who supervised you in the clinical setting
2. Department Chair letter (or his/her designee)
3. Research mentor
4. Mentor in significant extracurricular activity
5. Longitudinal preceptor
6. Specialty Specific
   a. Standard Letter of Evaluation (SLOE) for Emergency Medicine
   b. Universal Supplemental Medical Student Evaluation (for some Orthopedic surgery programs)
Letters of Recommendation

Overview

Who: Faculty (MD or PhD)
Knows you well
Is well-known

What: 4 LORs total (2-3 from Yr. 3)
2+ from your specialty
Consider 1 from Medicine or Surgery
Any with LOD

When: Ask in MS-3 year and follow-up in MS-4 year
Obtaining a LOR
Etiquette

1. Whenever possible, ask in person and ask in advance

2. Ask if they can write a **strong** letter of recommendation on your behalf.

3. Please allow at least 4 weeks for them to write (let them know your deadlines/timelines)

4. Best to provide letter writer with your CV, Personal Statement (even if a rough draft), and an ERAS Letter Request Form.
LOR Logistics

1. Your letter writer will upload the LOR directly to ERAS.

2. Faculty members will have instructions on the ERAS Letter Request Form

3. You can keep track of your LOR’s and all residency application documents through ERAS
Chairs Letters

Who typically needs a Chair’s Letter?

- General Surgery
- Internal Medicine
- Ob/Gyn
- Orthopaedic Surgery
- Pediatrics
- Urology
- Anyone applying to preliminary medicine or transitional programs
Contacts for Chair’s Letters

General Surgery
Ronald Busuttil, MD
Christian deVirgilio, MD

Internal Medicine
Cedars-Sinai: Mark Noah, MD
Harbor: William Stinger, MD
Olive View: Soma Wali, MD
West LA VA: Gregory Brent, MD –
Please send requests to Emily Cantor, MD
UCLA: Send requests to Andy Romney

Orthopaedic Surgery
Jeffrey Eckardt, MD
(co-signed by Nelson Soohoo, MD)

Obstetrics & Gynecology
Lisa Nicholas, MD
(co-signed by Andrea Rapkin, MD)

Pediatrics
Deborah Lehman, MD
(co-signed by Sherin Devaskar, MD)

Urology
Jennifer Singer, MD
(co-signed by Mark Litwin, MD)
Special LORS:

1. **Standardized Letter of Evaluation (SLOE)**
   For Emergency Medicine

2. **Universal Supplemental Medical Student Evaluation**
   An extra form requested by a handful of Orthopaedic Surgery programs
Personal Statement Overview

**What:** 1 page written statement for application
Statement of purpose every applicant writes when applying to programs

**When:** For use throughout MS-3 and MS-4 years
Drafting and editing begins this spring and into the summer

**Where:** Submit to mentors
Submit to letter writers
Upload to ERAS
Personal Statement Example

It was nearing the end of the fall semester of my second year teaching 8th grade science in Watts, California through Teach For America, when my principal informed me that I learned I would be getting a new student. That Thursday, Devonte (an African American boy with generalized vitiligo) entered my classroom and was greeted by one of the greatest introductions one could receive and my students looked at the laughter and more others making facial words hurt at him by his peers, my students to be this day evaporate in my head to this day— it was one of the greatest introductions one could receive. Shannon, Devonte did not appear to react in the least bit to these terrible comments, so it was no surprise that I learned by revelation at Ayesha that years of cruelty and rejection had created Devonte’s life simply stripped of hope. Over the remainder of the academic year, I listened quietly to the disquieting stories, tales of a boy whose skin defined his every interaction. Isolated and disregarded, Devonte had begun disfiguring his skin with the flame of a lighter to feel more black and “fit in.” Was the topic of every introduction he had ever had. I learned that his mother was told that it was “her pregnancy and poor diet” that caused Devonte’s vitiligo, that no one ever bothered to ask Devonte what he wanted to be when he grew up, and perhaps most disturbingly that he had attempted on numerous occasions to disfigure his skin by burning it with a lighter in order to feel more black and “fit in.”

Within my classroom, I guarded Devonte’s whispered fears and timid dreams the same way I had learned to do for so many of my brilliant and wounded students. I demanded of my fellow千元 determination and a deep-seated compassion, both of which were tested daily by the emotional, mental, and physical demands of what became many days more than just a job. Although it was not always to my advantage, I am confident that my experience teaching Devonte ignited my interest in dermatology and laid the framework of which subsequently developed throughout years of further scholarship, patient care, and personal growth: developing relationships as Devonte’s teacher and mentor has helped me to do not only on his skin, but of potential to help and inspire others with debilitating skin diseases. When

I entered medical school, I did so already committed to intrinsically motivated to healing the scars and wounds of others and committed to learning all that I could to do so. Although it was not obvious to me at the time, I am committed to dermatology and understanding the medical and psychological factors that influenced Devonte’s decision to use dermatology, the framework of which subsequently developed through years of scholarly pursuit and personal growth.

As a resident, examining unusual cutaneous malignancies within the divisions of hematology/oncology and infectious diseases, I had the unparalleled opportunity to be involved in the clinical care and ultimate manuscript of an elderly man with diffuse, hemorrhagic, and malignant lesions, an exceedingly rare malignancy with dismal prognosis that often manifests initially with cutaneous involvement. The management of this complex medical and dermatologic illness necessitated deep recognition of the dermatologic manifestations of systemic diseases, prompt accurate diagnosis, and early referral to dermatology/oncology to ensure appropriate staging and treatment were initiated for such an aggressive disease. It was during the care of this patient that I recognized in myself an insatiable desire to learn all that I could in order to truly grasp the complex overlap of cutaneous manifestations in systemic diseases.

Although my curiosity has been peaked by cutaneous oncology, I also recognize that my investigative nature as a former teacher lends itself well to a lifetime of learning all aspects of the skin including the management of autoimmune diseases, cutaneous vasculitides, infectious diseases, and other cutaneous manifestations of systemic diseases.

I enter the field of dermatology and the next step of training with two unique skills: first, as a teacher wholly invested in engaging others with the learning process and the second, as a physician-leader having completed the MD/MBA program at UCLA. I endeavor to apply the skills and attributes of which are involved in academic setting, notably the intricacies of organizational behavior and operational efficiency and am well-equipped to respond to the critical issues academic institutions will inevitably face in the not so distant future.

I am committed to succeed instead of a challenge, I have the stamina to search tirelessly for answers to even the most complex cutaneous conditions that enter my care. I am humble and acutely aware to always remember that is the utmost privilege it is to care for and examine one of the most visible and yet private organs of the human body. This recognition ensures I approach patient care and education to always teach my patients about their conditions in a most sincere and culturally sensitive way. I endeavor to apply the skills I have gained in an academic setting, notably the intricacies of dermatology.
Personal Statement

1. Review drafts with faculty mentors and advisors

2. Review suggestions from AAMC’s Roadmap to Residency

3. Schedule a one-on-one appointment with the Graduate Student Resource Center

   http://gsrcc.ucla.edu/gwc/

4. Have your peers and family members give input on your drafts
The Medical Student Performance Evaluation (MSPE)
MSPE Overview

Sections:

1. Identifying Information and Academic History
2. Unique Characteristics (Drafted by you!)
3. Performance in Pre-Clinical Curriculum
4. USMLE Step 1 score
5. Core Clerkship summatives
6. Senior elective summatives
7. Summary
MEDICAL STUDENT PERFORMANCE EVALUATION

Jill Bruin

October 1, 20XX

IDENTIFYING INFORMATION

Jill Bruin is a fourth year medical student at the David Geffen School of Medicine at UCLA.
UNIQUE CHARACTERISTICS

We are pleased to offer this Medical Student Performance Evaluation for Jill Bruin as a candidate for your post-graduate training program. Jill spent her early years as a globetrotter while her parents found stable footing on their career journeys. Born in New York City, she bounced to New Jersey and Australia, before landing in Irvine, California where she attended Sage Hill School. There she put her versatile strengths on display. She competed in cross-country, soccer, and track and field, captaining each team. Jill was editor-in-chief of the school newspaper, a student ambassador, a member of the Honor Committee, and was selected by the faculty to give the senior speech at the end-of-year Awards Ceremony. She participated in community service for six years with the National Charity League and through Sage’s Service Learning program. Of note, volunteering with young girls at an underserved elementary school helped her realize her passion for helping people.

At Claremont McKenna College, Jill majored in Science and Management, a blend of biology and economics. She received the Rose Hills Foundation Scholarship and graduated *cum laude* with honors, and was a member of Phi Beta Kappa. Jill completed her senior thesis working with Beckman Coulter, doing strategic planning for commercialization of new laboratory equipment. She also did research in a cognitive neuroscience lab, which resulted in a publication. Never giving up on her athletic pursuits, she was a four-year, two-sport varsity athlete, participating in both soccer and track and field. As a senior, Jill was voted captain of the track and field team. Always looking to take on greater challenges, she was co-chair of the Student Athletic Advisory Committee. Highlighting her athletic and academic achievements, Jill received the Female Scholar Athlete award, given to the athlete with the highest GPA.
While in medical school at UCLA, Jill continued to excel and has remained involved with athletics while also staying engaged in her research and community service. She volunteered extensively at our student-run mobile clinics, providing care to the underserved around Los Angeles. Additionally, she was appointed mentorship co-chair for UCLA’s American Medical Women’s Association chapter. She created opportunities for mentorship between undergraduates and current medical students, as well as between medical students and physicians. With regards to her research, Jill explored how virtual reality simulators and task deconstruction can be used to teach residents surgical skills. Her research resulted in a paper, on which she is the first author. Ever the athlete, Jill ran the NYC Marathon and continued to play competitive soccer. Jill has received a **Letter of Distinction** in Pediatrics which, in a pass/fail grading system, is our way of acknowledging an exemplary performance on the required clerkships.
Jill’s academic performance during the basic science years was excellent; at the completion of her second year, she accumulated very high marks from all with whom she worked. Although fairly reserved, she was always engaged and offered profoundly insightful comments and questions that spurred the learning of the class as a whole. One instructor referred to her “quiet competence” and another remarked on her “good clinical instincts; understands how to apply what she is learning to the patients under discussion.”

As part of the DGSOM First and Second Year Selective Program, students are required to take at least one seven-week course of their choosing during the first two years. Jill successfully completed four selectives: “Ethnic Diversity in Diet and Nutrition,” “Medical Genetics,” “Surgical Anatomy,” and “Introduction to Biomedical Research,” all in an excellent fashion.

In June 20XX, she passed USMLE Step 1 with a score of 234.
Jill was an active participant on rounds and demonstrated great maturity in the clinical setting. Her presentations were clear, concise and complete, and her written communication skills were equally impressive. Jill was also a great team player, well-liked by all members of the healthcare team.

Additional comments from supervising faculty and residents include the following…

Jill received a Letter of Distinction in Surgery
EXAMPLE 1 (Top Notch/AOA)

Jill Bruin is absolutely terrific, excelling academically and contributing significantly to our institution and to our community. As a leader and team member, she takes pride in thoroughly understanding the needs of those she represents, and to that end, her integrity is beyond reproach. In the clinical arena, faculty members praise her strong knowledge base, her mature skillset, and her compassionate humanistic approach to patient care. In short, Jill represents all of the attributes we hold most dear in the profession. Her outstanding accomplishments throughout her clinical training are reflected the three Letters of Distinction that Jill was awarded—a feat achieved by only 24% of the class. Reflecting her mastery of the clinical sciences, Jill performed exceptionally well on USMLE Step 2 CK with a score of 250. Given all of the above, Jill was elected to Alpha Omega Alpha this fall. If you’re looking for an incredibly warm, sincere, talented individual with a tremendous work ethic, great clinical skills and delightful people skills, you have found her. We’re so proud that Jill will be representing UCLA and know that she will continue to make wonderful contributions to her training program and to the communities in which she will serve.

We are pleased to present Jill U. Bruin for your consideration.
EXAMPLE 2 (Clinically Strong)

Joe Bruin is a bright and compassionate individual who stands out as a leader and role model. His initial performance on USMLE Step 1 should not in any way deter a program from recruiting this wholly capable student. Instead, we ask that you note his very strong clinical evaluations to obtain a more accurate picture of his abilities and skills. Faculty members note Joe’s strong knowledge base, his impressive clinical judgment, his outstanding interpersonal skills, and his ability to work seamlessly with the team. In recognition of the above, Joe earned two Letters of Distinction on core clerkships—a feat achieved by only 37% of his class. Outside of the classroom, Joe has also made significant contributions to the community. He is a leader for the UCLA Mobile Health Van project, reflecting his commitment to addressing health care disparities. In addition to all of the above, Joe’s enthusiasm is unparalleled and one would be hard-pressed to find someone with more dedication to his patients and team. If you’re looking for a bright, exceptionally mature and talented applicant with strong clinical skills, a fantastic work ethic, and delightful people skills, then you too would be proud to have Joe amongst your ranks!

We are pleased to present Joe U. Bruin for your consideration.
Your Homework Assignment!

1. Complete an **MSPE Questionnaire** that will be emailed to you
2. Write the **Unique Characteristics Section**
3. Complete the **UC writing exercise**
4. You can save your progress and re-edit before final submission
5. All info is kept confidential and used in your MSPE unique characteristics section
6. Complete by **March 1, 2016**
DGSOM's Medical Student Performance Evaluation (MSPE) Questionnaire
Class of 2017

The information collected from this survey will only be used to generate your Medical Student Performance Evaluation (MSPE). Please be honest and as detailed as possible. Your answers do not need to be polished or in essay format. The content is most important so take time to answer each question thoughtfully. You can save your answers and come back to this again at a later date.

Your answers will be kept confidential. We will be the only ones to view this information. You also have editing ability on the final MSPE to remove anything you do not wish to include in the "Unique Characteristics" and "Summary" sections.

Thank you!
Dr. Miller, Meredith, and Jason

DEADLINE TO COMPLETE: 3/1/2016

Please enter your UID:

Begin (Unique Characteristics)
32. What do you see yourself doing fifteen years from now?

(250 character max.)
Unique Characteristics Draft

1. Childhood (very brief)
2. High School (very brief)
3. College
4. Work Experience and/or Chapter between College and Medical School
5. Medical School activities
Agenda

1. Career Choice and Competitiveness-Support!
   a. Advising resources
   b. Data sources
   c. AAMC

2. The Application Process
   a. Main NRMP Match vs. Early Match
   b. Military Match
   c. Couples Match
   d. Which Programs to Choose?

3. The Application
   a. ERAS application
   b. Letters of Recommendation
   c. Personal Statement
   d. MSPE
   e. USMLE Transcript

4. Application Timeline and Additional Advice
Application Timeline

January 2016
Friday, January 29, 2016
Select your College

March 2016
Tuesday, March 1, 2016
Submit MSPE Questionnaire and Unique Characteristics

April 2016
Monday, April 11, 2016
Submit initial 4th year schedule requests for lottery
March through April, 2016
Apply for Away Electives

May through July
Receive ERAS token – activate ERAS account
Meet with Deans for MSPE
College Foundations June 20-24, 2016
Begin senior electives in July

August – September 2016
Recommend taking USMLE Step 2 CK and Step 2 CS
Review and Sign-Off on MSPE in September
Submit ERAS application in September (starting on September 15)
Register with NRMP (starting September 15)
Application Timeline (continued)

October 2016
MSPE released nationwide on October 1st

October 2016 – January 2017
Interviews!
Register with NRMP by November 30, fees increase on Dec 1
Early Match programs submit rank lists in early January

February 2017
Rank Lists due at NRMP

March 2017
Match Day is Friday, March 17, 2017
MSPE Meeting with Dean

1. SAO will schedule this for you in May, June, or July

2. It doesn’t matter when you meet with the Dean, your MSPE will still be released on October 1.
MSPE Meeting with Dean

Materials to bring to the meeting:

1. Curriculum Vitae (CV)
2. Personal Statement (draft)
3. MS-4 electives schedule
4. List of potential/confirmed letter of recommendation writers
5. List of programs you’re considering (if known)
How Competitive Am I? Should I do an Away rotation? How does AOA work? What’s the deal with Evaluation Adjectives? How many programs do I have to apply to?

WILL I MATCH?
Rumors and The Facts

• **Adjectives**
  – In the MSPE, DGSOM does not use a legend to link adjectives to performance (i.e. superior=top 1%) but some schools do.

• **Rankings**
  – DGSOM is a true pass/fail school. There is no mention of ranking in the MSPE.

• **LODs** (from class of 2015)

<table>
<thead>
<tr>
<th># LODs</th>
<th>Count</th>
<th>Sum</th>
<th>Rounded %</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8+</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7+</td>
<td>4</td>
<td>6</td>
<td>3.5</td>
</tr>
<tr>
<td>6+</td>
<td>3</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>5+</td>
<td>5</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>4+</td>
<td>15</td>
<td>29</td>
<td>17</td>
</tr>
<tr>
<td>3+</td>
<td>12</td>
<td>41</td>
<td>24</td>
</tr>
<tr>
<td>2+</td>
<td>22</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>1+</td>
<td>28</td>
<td>91</td>
<td>54</td>
</tr>
</tbody>
</table>
Rumors and The Facts

**AOA**
The formula is not released because the Delta Chapter (not the school) sets it every year but... no scores from Years 1 & 2 or shelf exam scores are used.

Selection criteria is determined annually by the Chapter, who may consider (in alphabetical order):

- Academic/clinical performance
- Extracurricular involvement including research, community service, teaching, and leadership
- Honors and awards received
- Letters of Distinction
- Professionalism
- USMLE Step 1 score

Data used in the election process are de-identified and managed by the Student Affairs Office. Chapter members and student co-presidents are not provided the names of applicants under consideration.
Accurate Data and Reliable Advising
How We Advise in the SAO

1. Surveys throughout application process
2. Internal Database and NRMP Data
3. Weekly updates using ERAS for school-specific trends
## Accurate data

**NRMP - Main Residency Match Data**

### Figure 1

<table>
<thead>
<tr>
<th>All Specialties</th>
<th>Percentage of Programs Citing Each Factor and Mean Importance Rating for Each Factor in Selecting Applicants to Interview (N=1,793)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percent Citing Factor</strong></td>
<td><strong>Average Rating</strong></td>
</tr>
<tr>
<td>USMLE Step 1/COMLEX Level 1 score</td>
<td>94%</td>
</tr>
<tr>
<td>Letters of recommendation in the specialty</td>
<td>86%</td>
</tr>
<tr>
<td>Medical Student Performance Evaluation (MSPE/Dean's Letter)</td>
<td>84%</td>
</tr>
<tr>
<td>USMLE Step 2 CK/COMLEX Level 2 CE score</td>
<td>80%</td>
</tr>
<tr>
<td>Personal Statement</td>
<td>78%</td>
</tr>
<tr>
<td>Graduate of U.S. allopathic medical school</td>
<td>75%</td>
</tr>
<tr>
<td>Grades in required clerkships</td>
<td>70%</td>
</tr>
<tr>
<td>Gaps in medical education</td>
<td>70%</td>
</tr>
<tr>
<td>Honors in clinical clerkships</td>
<td>69%</td>
</tr>
<tr>
<td>Perceived commitment to specialty</td>
<td>69%</td>
</tr>
</tbody>
</table>
# Interview Trail Survey #3 Results (11.10.15)

<table>
<thead>
<tr>
<th>Specialty</th>
<th># of Applicants</th>
<th>Ave. # Applications Submitted</th>
<th>Number of responses</th>
<th>Average Interview Offers</th>
<th>Number of responses</th>
<th>Average Interview Offers</th>
<th>Number of responses</th>
<th>Average Interview Offers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>10</td>
<td>60.4</td>
<td>3</td>
<td>6.33</td>
<td>6</td>
<td>14.00</td>
<td>7</td>
<td>6.14</td>
</tr>
<tr>
<td>Dermatology</td>
<td>9</td>
<td>90.1</td>
<td>7</td>
<td>4.71</td>
<td>9</td>
<td>0.44</td>
<td>10</td>
<td>0.00</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>15</td>
<td>61</td>
<td>6</td>
<td>13.17</td>
<td>9</td>
<td>12.00</td>
<td>11</td>
<td>2.82</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>26</td>
<td>31.5</td>
<td>9</td>
<td>14.11</td>
<td>13</td>
<td>12.38</td>
<td>13</td>
<td>7.31</td>
</tr>
<tr>
<td>General Surgery</td>
<td>13</td>
<td>60.5</td>
<td>4</td>
<td>13.50</td>
<td>9</td>
<td>11.44</td>
<td>9</td>
<td>2.56</td>
</tr>
<tr>
<td>Internal Med/Pediatrics</td>
<td>6</td>
<td>23.5</td>
<td>1</td>
<td>*</td>
<td>2</td>
<td>15.00</td>
<td>3</td>
<td>5.67</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>33</td>
<td>23.5</td>
<td>17</td>
<td>13.82</td>
<td>25</td>
<td>12.16</td>
<td>29</td>
<td>3.41</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>4</td>
<td>57.3</td>
<td>2</td>
<td>16+</td>
<td>4</td>
<td>13.00</td>
<td>4</td>
<td>6.00</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>8</td>
<td>87.9</td>
<td>6</td>
<td>14.17</td>
<td>6</td>
<td>13.33</td>
<td>9</td>
<td>4.56</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>6</td>
<td>86.8</td>
<td>4</td>
<td>13.00</td>
<td>4</td>
<td>10.75</td>
<td>5</td>
<td>4.00</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>15</td>
<td>103</td>
<td>10</td>
<td>8.90</td>
<td>11</td>
<td>2.45</td>
<td>13</td>
<td>0.77</td>
</tr>
<tr>
<td>Otoalragyngology</td>
<td>2</td>
<td>68</td>
<td>0</td>
<td>*</td>
<td>1</td>
<td>*</td>
<td>2</td>
<td>1.00</td>
</tr>
<tr>
<td>Pathology</td>
<td>3</td>
<td>17.5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>*</td>
<td>2</td>
<td>4.00</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>18</td>
<td>28.8</td>
<td>12</td>
<td>12.92</td>
<td>11</td>
<td>12.73</td>
<td>13</td>
<td>7.62</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>2</td>
<td>69</td>
<td>2</td>
<td>14.00</td>
<td>2</td>
<td>3.00</td>
<td>3</td>
<td>0.00</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>4</td>
<td>42.8</td>
<td>2</td>
<td>12.00</td>
<td>1</td>
<td>*</td>
<td>4</td>
<td>2.50</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>12</td>
<td>25.9</td>
<td>4</td>
<td>6.75</td>
<td>10</td>
<td>10.00</td>
<td>11</td>
<td>3.82</td>
</tr>
<tr>
<td>Radiology-Diagnostic</td>
<td>6</td>
<td>34.8</td>
<td>2</td>
<td>16+</td>
<td>5</td>
<td>11.00</td>
<td>5</td>
<td>1.40</td>
</tr>
<tr>
<td>Urology</td>
<td>5</td>
<td>77.6</td>
<td>0</td>
<td>*</td>
<td>1</td>
<td>*</td>
<td>2</td>
<td>4.00</td>
</tr>
<tr>
<td>Prelim/Transition Year</td>
<td>65</td>
<td>22</td>
<td>22</td>
<td>8.18</td>
<td>25</td>
<td>7.56</td>
<td>32</td>
<td>1.97</td>
</tr>
</tbody>
</table>
Combining Data and Advising

Knowing what works for Most UCLA students

- Rank: 10
- Interview: 10-20
- Apply: 40+
Words of Wisdom: Get the facts

- Know who/what to trust
- Utilize official data
- Ask us if you need help!

*What worked for someone else may not work for you—trust your instincts!*
Resources: Types of Matches and User Guides

1. ERAS User Guide
2. Couples Matching
3. **OPHTHALMOLOGY MATCH**: Centralized Application Service (CAS)
4. **UROLOGY MATCH**: AUA Urology Match Guide
5. **NRMP**: Registration, Ranking, and Results
6. **Military Match**
**ERAS**

Application Fees  
- Up to 10 - $97
- 11-20 - $11 each
- 21-30 - $17 each
- 31 or more - $26 each

USMLE Transcript Release  
$80 (assessed once per season)

**NRMP Main Residency Match**

Registration Fee  
- $70.00 (+$50 after deadline)
- $85.00 (couples match)

Ranking Fee  
Up to 20 programs FREE then $30 for each additional program