Advice and a 4-year plan for students interested in Surgery and Surgical Subspecialties

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Information was compiled from advice of Jill Davis, Dr. Roger Tatum, and Dr. Karen Horvath along with personal experiences over the last 4 years.
It is our hope that this document will be updated yearly to reflect future students' experiences on the interview trail and allow subsequent classes to best prepare for the match.

Advice for 1st and 2nd year

Classes:

- Learn as much as possible in anatomy and embryology.
- As there is no longer a way to set yourself apart with honors during 1st/2nd year, your Step 1 score will be the highest asset to show for those 2 years of work.
- Surgical subspecialties and general surgery are increasingly competitive. One of the initial screening tests for residency interview offers is the USMLE Step 1 score, set yourself up to do well.
  - Try to study for boards along with classes, which may require using additional resources. Goljan pathology and biochemistry books, First Aid, various Lange textbooks, flash cards, question banks, etc... Doing this will help you differentiate the minutia you need to know for your final vs the minutia you need to remember because you are going to be asked about it again on boards.
  - The Goljan pathology recorded lectures are gold. Start listening to them with each relevant second year class.
- Don’t neglect classes/subjects that you think will not be relevant to your ultimate career goal. Everything is relevant to surgery, especially during your residency years, and you never know if your career direction will change.
- Electives to consider:
  - Anatomy/autopsy
  - Clinical infectious diseases: great board prep
  - Critical care medicine: preparation for surgical ICU
  - Sports medicine: for the orthopedically-inclined

Preceptorships:

- These are a wonderful opportunity to explore surgery subspecialties that you will not have an opportunity to revisit until 4th year.
- Consider preceptorships as an opportunity to make contacts with faculty mentors who may serve as research advisers (especially for III), future
letter writers, and your advocates within the department. Be on your best behavior!

- They are a great way to see how community surgery differs from academic surgery.
- Explore any and all fields within medicine that you are considering.
- The goal is to, ideally, have a specialty or two picked out by the end of 3rd year.
- Keep in mind that during 3rd year your surgical exposure will consist of Ob/Gyn and General Surgery. You may experience some of the following areas during the required rotation (based on location): trauma, laparoscopic/bariatric, colorectal, peds, thoracic, vascular, plastics, and surgical oncology. Any other exposure, including orthopedics, neurosurgery, ENT, ophthalmology and urology is exclusive to preceptorships or elective rotations during/after 3rd year.
- Anesthesiology preceptorship is a great opportunity to review CV & pulmonary physiology, pharmacology, and molecular biology during 1st or 2nd year. You may learn enough to not need an anesthesia rotation as a 4th year.
- WWAMI: make contacts with local surgeons who may let you scrub in in the mornings before classes, as typical OR start times are 7-8 am.
- “I fell in love with surgery well after 2nd year and did not do a surgery preceptorship.”
  - Do not fret, it bears no weight on your qualifications or whether you will find a residency position.

III

- If you are considering academic medicine, then your options for III should include a systematic literature review vs. MSRT (in addition to or rather than RUOP).
- The goal is to do a project that can result in a publication within the 3-month time constraint.
- First author publications matter for academic surgery residency applications; it is an attainable goal with the right type of project. Consider picking a mentor who is willing to help you attain this goal.
- If you are interested in community general surgery: consider RUOP with a surgeon in a rural area, which may serve as a great topic for your personal statement. Jot down notes about your experiences!
- No matter what your research, apply for Carmel! It’s a lot of fun, and it’s a presentation or poster to put on your resume.
- “I fell in love with surgery well after my III”
  - No problem. Topic of your research does not matter; interviewers will ask and care more about what you learned and your dedication to doing it well.
- It is never too late to start a small research project in your area of interest, even during 4th year. Great discussion for residency interviews.
If you are considering a very competitive specialty, consider taking a year off to dedicate to research +/- Master’s Degree.

**Advice for 3rd year**

**Step 1**

- **What score do I need?**
  - Some academic programs have a minimum score of 220 for your application to be considered, while community programs may use 200 as their cut off. That said, average USMLE step 1 score for all students matching in general surgery in 2011 was 222. >230 is generally considered to be solidly competitive. If your score is lower than this, do not fear, there are still ways to get an interview at your program of choice, despite their score requirements... (see below)

- **How much time will you have/need to study for Step 1?**
  - A. I have been studying all year, I am willing to study all day for 4 weeks and take it → schedule elective block last or as close to end of 3rd year as possible.
  - B. I have a special occasion/vacation planned or I need to study for >4 weeks → use your elective block first.

- **What is the best way to study for Step 1?**
  - First Aid is the classic go-to resource for step 1 studying
  - “Step 1 Secrets” is also highly recommended
  - USMLE World is widely considered to be the best QBank
  - Goljan audio lecture series is a honey pot of step 1 information... listen to as many of them as possible.
  - Step 1 prep courses are, in general, not considered to be worth the time or money, but if you are the type of person who learns best in that setting, and you have PLENTY of time for studying, you could consider one.

**Elective Block**

- Advantage of having elective block last: at the end of 3rd year there is a 2 week vacation block in addition to the 6 week elective block, which allows you to take two 4-week electives without competing for a spot with the rest of the class.

- Surgery sub-internships (sub-I’s) and Harborview Trauma/Surgery ICU rotations are highly sought after during the summer by UW and visiting students, this guarantees you ability to take both, get letters, all before residency applications are due.

- Same goes for having an elective block towards the end of the year. You will be able to fit in a sub-internship on any surgical service (4 weeks) + 2 weeks for vacation or short rotation of your choosing.

- I got my elective block early in the year, what elective(s) should I take?
Consider urology, ENT, and/or anesthesia. All great 2-4 week electives that are very relevant to a career in surgery.

- I have an elective block early in the year, should I take neurology now?
  - Neurology is not an easy rotation to tackle. It is a required third year rotation at many medical schools, but keep in mind that you want to have as many honors grades on your transcript when you are applying to residency as possible. The shelf exam is longer and more challenging than the internal medicine shelf. Look at rotation grading, and if you are concerned about either doing well clinically or doing well on the shelf you may want to postpone this until your residency applications are turned in. Exception for students wanting to pursue neurosurgery – try your best to do well, may want to take before neurosurgery rotation.

Scheduling of Rotations

- Disclaimer: you only have so much control over the schedule that you get, and in the end, you can make most anything work out. While having your surgery rotation in the middle of the year after OB-GYN and medicine might be optimal, many students have honored and matched into great residencies after having their surgery rotation first or even last.
- With the goal of optimizing your learning experience and transcript during 3rd year, the following rotation order has been found helpful in the past:
  - Internal medicine: Internal medicine is a rotation that surgeons care about, do not blow it off. An honors in internal medicine is highly regarded by all specialties.
    - It can be good to take it early in the year, close to Step 1, as you have just memorized a lot of impressive minutia. You will learn how wards/clinic operate and principles on which you will be tested over and over again throughout the year.
    - Completing internal medicine before surgery has many advantages. Surgical physiology/pathology is closely related to principles you will learn during your medicine rotation. Your fund of knowledge will be more impressive and it is easier to study for the surgery final having already done medicine.
    - However, internal medicine at the end of the year is fantastic preparation for Step 2, which can help make up for a lower than desired Step 1 score.
  - If possible, take OB/Gyn before surgery. You will learn surgical technique, skin closure, become comfortable with sterile technique, scrubbing in, and learn a smaller subset of open and laparoscopic surgical instruments, which you can then show off when you get to your general surgery clerkship.
- Surgery somewhere mid-year, do not save until end of year to help rule in/out as specialty and continue to have options.
- Elective block last if at all possible (see above).
- Electives to consider:
  - Anesthesiology: more OR time and lots of learning about the physiology of how what you are doing in the operation is affecting the sleeping patient. Also, no prerequisites so if you do have an early elective block, this is high yield and very procedural.
  - Urology / ENT: great overlap with general surgery
  - Radiology: Surgeons like to read their own scans
- “I did my surgery rotation and no longer want to do surgery”
  - This rotation schedule should help you get optimal grades in 3 required rotations and optimize use of elective time.

General Surgery Rotation
- Location, location, location.
- Benefits of UW/Harborview/VA rotation: you will work hard, you will learn a lot about medical management of patients, and get to know academic surgeons who will be able to write letters of recommendation. You will observe a lot of advanced surgical procedures and be comfortable with surgical subspecialty care while having less exposure to routine operations (hernias, choles & appys). You will become familiar with academic surgery residency training structure and have a defined role on a team. You will benefit from lectures taught by academic surgeons. At HMC, you will see management of acute trauma patients while on call. You will have fewer opportunities to improve your surgical technique than at a WWAMI rotation. This is a great option for individuals applying in surgical subspecialties to obtain academic LORs without doing an additional general surgery sub-I.
- Benefits of a VM/Swedish rotation: if you love community surgery and you want to train at one of these programs, you will have the opportunity to impress and make contacts as well as see a mix of routine and advanced general surgery cases, and may have experience with a subspecialty, such as vascular surgery. You will become familiar with surgery residency training structure and have a defined role on a team. You can always return to one of these sites on a sub-internship.
- Community surgery/WWAMI rotation: at most WWAMI sites, you will work one-on-one with surgeons, have regular opportunities to first-assist, close skin, and perform parts of laparoscopic operations. You will gain a solid foundation of general surgery, including laparoscopic, trauma, and colorectal +/- endocrine and surgical oncology. Depending on the location, you will have limited exposure to surgical sub-specialties, but your rotation schedule may be more flexible than in Seattle towards shadowing other surgical specialists in town. You are likely to have opportunities to do bedside procedures, wound/drain care, and place
chest tubes under direct guidance of an attending. You will also have the opportunity to assess patients independently, often prior to the attending.

- Depending on your site, you may see the rewards and challenges of rural general surgery (still the broad-spectrum practice that is not seen in big cities).
- WWAMI attendings may be reluctant to write letters as surgery is very traditional in desiring academic letters, but these can be easily obtained on a Seattle sub-internship rotation. A letter from a WWAMI attending will carry less weight—but they might be able to comment in more detail about your specific abilities; you should get a “bigger name” letter from a Seattle site as well.
- You will have videotaped lectures from Seattle available, and may have additional lectures given by WWAMI surgeons. This is a great option for both community and academically inclined students - you will be very prepared technically for a sub-internship in Seattle, and you will collect many great stories to tell on the interview trail. Downsides: general surgery sub-I in Seattle required, you may have to carve out a role for yourself on the wards and be industrious to optimize this experience.

- How to study for each operation:
  - It is a good idea to read relevant sections of Surgical Recall prior to each case which contains almost every question you will be pimped on, along with reviewing relevant anatomy. Be warned, however, that some attendings view use of this book as “cheating” so use discretion in your study habits.
  - Zollinger Atlas of Surgical Operations is free as an eBook (go to Health Sciences Library – Specialties – Surgery eBooks – page 2) and has a great review of anatomy pictures, indications, complications, and steps in each operation.
  - Reading articles in ACS Surgery (go to Health Sciences Library – Specialties – Surgery eBooks) accomplishes the task of reviewing indications, anatomy, technique, and is more frequently reviewed.
  - Access Surgery on the Health Sciences Website and WebSurg.com have more resources including actual videos with commentary on how to perform operations. WebSurg is especially good for laparoscopic surgery.
  - Additional resources for quick review include Abernathy’s Surgical Secrets (written by Dr. Harken, current chairman at UCSF – East Bay), and apps such as Medscape and Dynamed to review relevant physiology and indications if you have just a few minutes to spare. UpToDate is also an excellent resource, especially for write-ups.

- I need help with surgical oncology service/cases: NCCN guidelines. This will cover all staging and management you could be asked – free sign up
with any email, also available as an App. Can get breast cancer guidelines in pocketbook form mailed to you for free!

- **How to learn more about medical management of surgical patients and general surgery topics**: bootleg Pestana lectures (Goljan equivalent for surgery) which have a very thorough review of management of trauma patients and all surgery topics including sub-specialties such as urology. Other surgery eBooks such as Sabiston’s and Schwartz will have thorough chapters which may fulfill any gaps in knowledge (esp. things such as fluid management). All of these free resources mean that the only book you have to buy or borrow is Surgical Recall. Some students also enjoy reading Cope’s Acute Abdomen during the rotation.

- **How to study for the final exam**: Find time to read/study every night, even if just for 20 minutes. Hopefully the combination of the above + your own notes will give you a solid basis. The Medwiki review document is moderately helpful, but everyone reads it. Make sure you review lecture notes from Seattle and any points emphasized. A good review of oncology (and thus cancer staging) is found in the Green (or red) MGH Medicine Pocketbook.

- **Take time to self-assess at the end of your surgery rotation. Surgery is not for everyone.** In fact, general surgery has a 20% resident attrition rate. The lifestyle and training can be brutal. For example, trauma call seems cool now, but think about 20 years from now, it may have lost its luster but you’ll still be getting up in the middle of the night. There are other procedural medicine fields and surgical subspecialties that can offer some of the benefits of surgery. However, if you take a long, hard look at your personality/goals and decide that you’d rather do surgery than anything else, then you’ll be successful. Just be realistic and honest with yourself.

**Studying for Step 2**

- **UW SOM requires you to complete Step 2 CK and CS by September 30th.** If you delay past this date, you may have a negative phrase added to your Dean’s letter: avoid this at all costs. Don’t worry, it is not nearly as painful as step 1.

- **It is a good idea to study for step 2 along with rotations.** You can purchase a question bank (USMLE World again) and do corresponding questions with each rotation. This works particularly well for internal medicine: question bank questions + Step Up To Medicine is a great study strategy.

- **Having done many rounds of OSCEs and rotations means that you can study for CS by reading First Aid for strategy on how to take the exam, this will take 2 days at most.** Schedule early to make sure you get your preferred site! Coordinate with classmates so you can split a hotel room.

- **Doing CK prior to CS can be helpful** for generating the ddx but is not necessary.
A. I did really well on step 1 and don’t want programs to automatically receive my Step 2 score while reviewing my residency applications: take CK towards the end of the summer and do not select automatic score transmission on ERAS.
   - However, a great CK score can further impress residencies. The two-week break between 3rd and 4th year is a convenient time to cram.

B. I did ok on step 1 and want to impress residencies with my Step 2 score: take ~3 weeks to study for both exams and take them during week 4. If you have done your question bank along with rotations, you are well on your way to being prepared for the exam – now it’s a matter of retracing your steps.

C. I bombed step 1. This may require a change in study strategy, and aggressive studying to ace Step 2. You will need to talk to an advisor regarding your application strategy.

- Resources: The most important resource is studying on each of your rotations, then taking 2-3 weeks off to brush up on problem areas and doing a ton of QBank questions. Question Bank of your choosing, USMLE Step 2 Secrets, Step Up to Medicine, Medicine Pocketbook, notes from 3rd year rotations. Some people use First Aid or Doctors in Training as well.

- Rotations which help out with Step 2: emergency medicine is exceptionally helpful, you will gain direct experience managing acutely ill patients which Step 2 frequently asks you to do. From a surgery perspective, try to do your EM rotation at Harborview for the degree of autonomy & choice trauma. Don’t forget that Step 2 will focus on the medicine side of what you see during the rotation. Neurology may be helpful, but not as much as EM, and it is harder to get Honors in Neurology. You can review neurology topics on your own from books like Step Up to Medicine and Medicine Pocketbook. If you want to be a neurosurgeon, solid performance on a neurology rotation may be highly regarded. If you have internal medicine at the end of 3rd year, this will also be great review for Step 2.

Sub-Internships
- Do I need to do a sub-internship in general surgery (most at UWMC)?
  - Necessary: if you did your rotation away from the core UW hospitals and you want to pursue general surgery or you received a HP in the core rotation and need to show improved performance.
  - Helpful: if you need more letters of recommendation, need another opportunity to shine, want to learn about an aspect of surgery you did not have a chance to see, want to make more connections within the UW surgery department.
  - No: if you are applying to a more distantly-related surgical field, such as ENT.
• Do I need to do a trauma/surgical ICU rotation? All the SICU spots are taken, what do I do?
  o The HMC SICU rotation is widely considered to be one of the best (but also most challenging) rotations that UW has to offer. Do it if at all possible.
  o Once you are a resident in general surgery or another surgical specialty, you will be expected to manage ICU patients, and some residency programs have you involved in ICU care as an intern. Prepare yourself by learning key principles during 4th year in the surgical or medical ICU.
  o Surgical ICU rotations in Seattle are available at Harborview or the VA and medical ICU rotations are available throughout.

Away rotations: Do I need to do an away rotation?
• This will be dictated by your specialty. Rotations available through UW SOM cover all specialties that you may wish to see, thus an away rotation is not necessary if applying in general surgery.
• They can be helpful in getting a taste of a particular program that you are strongly considering, as an "audition" and to test out whether it is a good fit for you. It is a unique opportunity in that you will not get the same experience with a program when you are on the interview trail. The danger is, of course, that you may hurt your chances at said program if you are not on top of your game at all times.
• Some surgical subspecialties require multiple away rotations, such as orthopedic surgery. Other specialties that encourage away rotations include CT surgery, vascular surgery and plastic surgery. Consult a faculty advisor for details prior to arranging your 4th year.
• Away rotations are arranged through VSAS (service of AAMC). Most institutions are listed through this service. Participating programs and their rotations are listed by the end of January and applications are due sometime between March and June. Each institution will have separate requirements, including proof of immunization, letter of academic standing, letter of recommendation, personal statement, photo etc. Plan accordingly to have these done in time for the due date. These are handled by Trudy Furberry. It is a good idea to visit the surgery page of the program and look up info for visiting students – it should indicate participation in VSAS or other requirements. You are given the option of choosing multiple months in which to do an away rotation, and you will have to turn in your 4th year schedule prior to finding out the timing of the away rotation. You may want to schedule a rotation that can be easily dropped during your desired away month. It is generally not necessary to apply to multiple institutions for "backup" unless you are interested in visiting the institutions. It can be quite awkward to turn down an away rotation, especially if you are planning to later interview at the same
program. These rules may not apply for orthopedic surgery, which encourages multiple away rotations.

- Away rotations can help convince a program that you are serious about them.
  - Doing well on an away rotation can overcome a weak application!
  - Many programs do “courtesy interviews” for students that did an away rotation at that institution. This means that even if your scores/grades/ect. would have gotten your application thrown away, having done the away guarantees you a spot in the interview pile.
  - If you have a STRONG preference for your first choice residency, you can do an away rotation at that hospital. If you knock their socks off, you’ll increase your chances of matching. Beware however, because if you do not shine, you may hurt yourself.
- You may be offered to interview for the residency program while you are the institution, so pack a suit!

**Residency Applications:**

**Professional affiliations**

- You may want to consider joining a national surgery organization such as the ACS, AWS or other professional society.
- They usually have a student section and discounted attendance at national meetings or opportunity to apply for a scholarship.
  - For example, a majority of students matching in vascular surgery attend the annual SVS meeting on a scholarship.
- These are wonderful opportunities to network in the surgery community and get your name out there before interview season.
- Consider this as a worthwhile investment, even if you have to pay for it on your own.

**Letters of recommendation**

- ERAS can hold an unlimited number of letters of recommendation.
- NEVER say no to someone who offers you a letter of recommendation, especially within surgery – better to have it and decide not to use it later.
- One of your letters for general surgery should be a chairman letter from Dr. Pellegrini. Dr. Tatum will pass along more information about how to arrange for these letters each year.
- Two to three other letters may be used, and for surgery applications they are usually from surgeons within the specialty to which you are applying.
- Do not use a letter from a non-surgical person if it can be avoided.

**Personal Statement – tips modified from “Suggestions for the Residency Match” by Dr. Desai**
• Dr. Tatum will host a workshop on how to write personal statements for surgery applicants.
• The purpose of the personal statement is two-fold:
  o to indicate that you have what the hospital needs in terms of abilities, experiences, skills, and maturity;
  o to demonstrate that you are indeed the person the program is looking for with similar values and philosophies; in other words, that you are a good "match."
• Develop a high quality personal statement. While some reviewers only skim the statement, others read it very carefully. Since you don’t know how much weight it will carry at each program, do a good job. Many reviewers use the statement to learn more about an applicant's qualities, information not readily apparent in the application.
• Give yourself plenty of time to write and revise your personal statement. Don’t procrastinate. Allow time for others to review your statement.
• Consider your audience. Your audience will likely consist of the residency program director, your interviewers, and perhaps other members of the selection committee. These readers use the personal statement to learn more about you as an individual to help them determine if you have the qualities they are seeking in a future resident. Your statement will better support your application if it conveys that you are a mature, thoughtful, enthusiastic, responsible, and stable individual.
• Make your statement the right length and try to not go over 600 to 650 words long. Your audience is made up of busy people without the time or patience to read a lengthy statement. On the other hand, do not make your statement too short. A 10-line personal statement suggests that you did not expend much time, energy, or effort and the program may assume that you will approach your residency in the same manner.
• Know what to address in the statement. Here are some questions that you may choose to address, try to address the first 3:
  Why am I interested in the field I have chosen?
  What am I looking for in a residency program?
  What are my professional goals in the field I have chosen?
  Why should a program select me?
  What accomplishments should I highlight?
  What contributions can I make to the specialty?
  What contributions can I make to the residency program?
  What outside interests do I have?
• Be sure your statement is clearly written. Common mistakes: lack of flow (i.e., jumping from one tangent to the next), lack of structure (i.e., each paragraph should develop an idea and each sentence should build on the
one before it), spelling errors, grammatical errors, using clichés or tired analogies and metaphors, beginning every sentence with “I”, using abbreviations.

- Always try to “show” rather than tell. For example, don’t say “I am hardworking” rather, write about an experience where you clearly worked hard.
- Be sure to correct spelling and grammar errors! Readers will interpret these errors to mean that you are not attentive to details and they will conclude that you approach the care of patients in the same way.
- Think of your Personal Statement as a conversation starter for your interviews. Give your interviewers something interesting about you that’s worth talking about.
- Avoid exaggeration. For instance, do not overstate your role in a research project.
- Avoid lying. Every year some students lie in an effort to come across in a better light. If you are caught, it will be extremely damaging to your candidacy and if you are not caught, you will have to live in fear that someday your lie may be discovered.
- Do not simply repeat information from your CV. The personal statement is not an expanded version of the CV.
- Seek help when writing the personal statement. Your statement should be reviewed by several people, including your advisor. Try to find someone that is in no way connected to the medical field to read it as well. If you have someone that is particularly talented with grammar, bribe them with whatever it takes to have them go through it with a fine tooth comb for syntax, punctuation, etc.
- Begin your statement with an attention grabber. Reviewers will be reading hundreds of statements and you should capture their attention from the beginning by using a story, a quote, or even an anecdote.
- ERAS can hold multiple personal statements, and it is okay to have several. You have the option to assign statements to different programs.

Extracurriculars
- Believe it or not, surgery programs like to see well rounded residents. They know that you’ll have less chances of burning out if you have hobbies. It also shows you’re adept at time management and will be an interesting addition to their team. It’s also a great conversation starter during interviews.
  - Make sure you add your interests / achievements in other areas to ERAS.

Applying to programs
- You are from the NW and there are exactly 4 general surgery programs in the 6-state region: UW, Swedish, Virginia Mason and OHSU. It is
probable that you will NOT get invites to all four – so don’t assume anything!

- Have all of your applications in ON THE DAY OF THE DEADLINE. Delaying things makes you look disinterested and WILL be held against you by many programs.
  - Example: applied to a diverse and appropriate 30 programs on September first and from them got 27 interviews (90%). Was scared that I had not applied to enough so added 7 more a few weeks later, got 1 additional interview (14%). Same applicant... different application dates.

- You are from the NW and travelling for surgery programs is expensive. You WILL have to answer what you are doing in the Midwest, NE, Texas, etc... The answer is “I heard so many good things about YOUR program” and whatever is true and appropriate about the location and why it is special for you.

- There is a widespread conviction amongst programs based on previous history that “people from the NW tend to stay in the NW.”

- You may be surprised because community programs from the opposite part of the country may not even consider you or reject you based on your current location and assumed lack of desire to move.

- In most other parts of the country people want to stay in their region and they have enough choices to not have to even fly to an interview.

- The NE is an oversaturated market. You have to be a very competitive applicant to get interviews at hot “city” programs, and may get passed over for people who have ties to the area.

- California has more med-student wannabe’s than there are medical schools. Californians training elsewhere tend to want to return to California after doing med school in a cold and snowy climate. Keep this in mind when gauging your competitiveness in that state, but you are still a West-Coaster, which will help.

- The number of programs you apply to in no way represents the return on interviews you will get. Depending on your competitiveness, you may get 50-75% return. (So if you want at least 15 interviews, apply to at minimum of 30 programs.) Accept all interviews, but schedule less desirable ones towards end of your traveling season – this way you have enough of a safety margin to cancel them should time or finances get tight.

- An example from an orthopedic surgery intern who is AOA from a solid Midwest medical school: 70 applications, 30 interviews.

- If you aren’t getting many interviews when your colleagues seem to be, consider contacting programs that you have not heard from to update them on any new grades (honors in recent Sub-Is perhaps) and to reiterate your interest in their program (be specific about THEIR program... read the website). If things are getting really dire, Dr. Tatum
may have the ability to make calls on your behalf to get you interviews or
off wait lists.

- The magic number for matching in surgery is to rank 10-12 programs... which may require 12-15 interviews... make this your goal. If you can do
  more, it will always help your chances of matching.
  - People say that they tend to get burnt out around #10... Don’t save your top program for last, when your enthusiasm may have waned considerably and your answers all sound overly rehearsed (not your fault, but you have said the same sentence 100 times by
    now).
  - Your first few interviews you will not be all that good at, schedule a few “practice” interviews early if possible.

- Respond to interview offers immediately; their available days may fill up within hours.
- Attempt organizing interviews by region.
  - Traveling from interview to interview back to back can be exhausting but saves a CONSIDERABLE amount of money rather than returning to Seattle between trips. Do as many interviews on a single trip as you feel that you can without becoming burnt out.
- Best time to take off for interviews: mid-November through mid-January. It is next to impossible to schedule 15-20 interviews in one month, take off 6+ weeks if possible.
- You should have a variety of programs – safety, moderate, and high competitiveness. It is not enough to apply to exclusively academic programs. Academically-affiliated, but community-focused programs are an excellent addition to your list.
- Interviews are very expensive due to travel distance, even with frugality and careful planning, the minimum expenditure is about $3000 for 15 interviews – additional private and credit-worthy loans are available.
  - If you do not usually take your full loan amount, start doing so in the second half of 3rd year and put it away for the interview process. That way, you can avoid having to take out additional loans.
- Use the UW Alumni Association Student HOST program – save money by staying with alumni.

Applying in 2 specialties
- There is no designated career advisor for this matter.
- Student Doctor Network has several helpful threads on applying to plastics and general surgery, which can be generalized to any 2 specialties.
- In general, plan to write separate personal statements and collect 2 sets of letters of recommendation. Seek advice from both career advisors in a discreet manner.
Most programs and program directors do not want to hear that you are double applying, but while omission of information is ok, lying is not acceptable.

Clothes and Travel:
- Carry on your interview clothes/shoes and necessary items. Many horror tales of lost luggage and interviews in jeans exist, although I have not seen this in person.
- Consider a garment bag for easy ironing and transport.
- You are the best judge of your hygiene and need for spare clothes, but pack minimally as you are often faced with re-packing prior to each AM interview in order to check out of the hotel.
- Black and grey suits are most common on the interview trail, women mostly wear skirts, but pants are completely acceptable, even on the East Coast.
- Sample functional wardrobe for woman: social gathering top/sweater, black suit with slacks and skirt, 2 shirts, 1 blouse, comfortable heels, boots, pantyhose/knee highs. Mix & match ad lib.
- Most women on the interview trail have well executed hair and make-up in a formal and polished way.
- Costco travel has the best deals on rental cars, no cash up front. Price often decreases 1-2 days prior to interview, so you can cancel previous cancellation and re-book at a lower price!
- JetBlue has convenient and affordable nonstop flights to the East Coast with outstanding legroom, and free checked bag.
- Hotwire has good deals on hotels if you are renting a car and can drive to the interview.
- Renting a car is often cheaper than paying for taxis or shuttles to/from the airport, the dinner, and interviews. Just make sure you leave plenty of time to get lost in a new city and find parking!
- A GPS is your best friend

Interview Advice (courtesy of Dr. Horvath)
- Dr. Horvath usually hosts a meeting with UW students. She supplied the following tips for the 2011-2012 cycle:
  - Remember your excellent manners, firm handshake and posture
  - Be formal in appearance, dress, composure
  - Always thank the program coordinator, by card or email.
  - Inform programs of cancellations in a timely manner, so that they may offer the spot to another candidate. Be exceptionally gracious – you represent this school for years to come.
  - Handwritten thank you notes are preferred, but some students use email. Send one to the Program Director +/- other faculty.
  - Interview styles will vary greatly based on location and type of program
• Research programs and bring a list of questions, which may be written down.
• You WILL be asked “What questions do you have for me?” numerous times, be prepared and thoughtful! You may have to guide your own interview.
• Do not ask questions about work hour violations.
• You may be asked about work hour restrictions, and should have a thoughtful opinion.
• Write down the essence/feelings about a program in journal, or, perhaps in spreadsheet format.
• Consider resident morale very highly and don’t rank a program if you have really negative feelings about the place.
• In your interview, you should demonstrate your work ethic, commitment to excellence, and life-long learning.
• You should be ready to explain what YOU would bring to the program, which would improve things for the program somehow.
• If you are asked “what are you looking for in a program” they are looking for your philosophy, not specific items.
• Make a note of the number of cases the residents perform.
• Assess teaching commitment from the faculty.
• Ask/note accreditation cycle issues – max length is 5 years, and a recent probation is a bad thing.
• If asked about fellowship plans: sound like you’ve given thought to the matter. Have a “definitive starting plan, 1 or 2 areas, that could change.”
• Ask about technical skills curriculum and use of SCORE curriculum.
• Ask about research opportunities that you are seeking.

Interview Advice - Faux Pas from the Interview Trail
• Frequent checking of phone or electronic device. Even when no faculty are around, other staff members may be wanting to interact with you and you will seem disinterested in the place. TURN IT OFF AT THE START OF THE DAY.
• You cannot be rude to ANYONE, feedback is passed along very quickly to the higher-ups.
• Not being careful about what comes out of your mouth.
• Not looking interested in the program.
• Inappropriately revealing clothes, looking unkempt.
• Uncomfortable shoes – get ready for the hospital tours in heels!
• Not talking with the residents.
• Not writing thank you cards.
• Not going to dinner/social. Attempt to go to dinners beforehand, as they are often the most telling glimpse of the program! It’s ok to miss a few due to travel limitations.
How to Prepare for the Interview:

- Research program completely before you go and refresh memory prior to the interview
- Go to dinner the night before and get the scoop on the program, including requirement for research and typical projects, etc.
- Know your own CV and Personal Statement!!!
- Plan your arrival to the hospital, it’s a new environment, you cannot afford to be late, so arrive early.
- Carefully and thoughtfully prepare questions to ask – especially about educational experience and patient care
- Residents are a great help in figuring out what your interviewers are like and solidifying questions
- Write down information about the experience during and after the interview
- Occasionally, interviewers will purposefully ask you a difficult question that you can’t answer. Smile, and be gracious under pressure.
- Generate your rank list as you go, keep info from programs organized
  - Take notes after the interview and BEFORE the next interview. You will be surprised how much they all start to blend together by the end and you can’t remember the details of each.
- Be perceptive of the situation, make a strategy as you meet people and learn more
- You will have ego bruising moments as you encounter amazing applicants from other areas that seem to be more qualified than you. STAY CONFIDENT – you are a successful student from a great school!

Actual Interview Questions asked:

- Tell me about yourself
- Tell me about why you want to be a surgeon.
- How do you know you will be a good surgeon?
- Where do you see yourself in 10 years?
- How do you see the specialty of this type of surgery changing in the 10-20 years?
- What do you think are deficiencies of this program?
- What would your Mom/best friend/spouse tell me about you? And about your weaknesses?
- Why are you interested in our program?
- Please tell me more about ____ in your application.
- What would you like written on your tombstone?
- Are you interested in research?
- Tell me about a time where you made a mistake.
- Tell me about a time you saw a mistake being made and what you did about it.
Tell me about a difficult personal or professional experience, and what you learned from it.  
Tell me about the most difficult decision you've ever made.  
Tell me about a time when you had a conflict with a team member.  
You are the chief resident, how would you deal with a resident not doing their fair share.  
You are the chief resident, what is your philosophy on managing your residents?  
What do you like to do outside of medicine/hospital – hobbies?  
What was the most interesting case that you have been involved in?  
  o Be prepared to talk about 2-3 patients you yourself have seen, with details of their preoperative, operative, and post-operative care.  
  o You may be asked follow-up questions such as: “It’s been a long time since I’ve done a Whipple, how did you re-attach the pancreatic duct?”  
  o Be able to explain why these patients are memorable and what you learned about them.  
  o Be mindful of the cases you recollect. If you saw a complex operation in a tertiary referral center, and you’re talking to a community program, they may get the sense you wouldn’t be happy there because they can’t offer you that level of complexity.  
What is the last book you read/movie you saw?  
Why are you interviewing in part X of the USA where you have never lived before? Why wouldn’t you stay at your home institution?  
  o Avoid talking poorly about any program or person. Surgery is a VERY small world.  
Tell me about your research project/publication. What did you learn from it? Give concise summary in 2-3 min in easily comprehensible terms.  
  o You will be asked about your research interests, and you need to be able to speak confidently on the topics you are claiming.  
Who is your hero?  
What are your strengths and weaknesses?  
How would your family describe you? How would you describe yourself?  
Can you tell me about deficiency X on your record? For example, lack of research experience.  
Describe the best resident/attending with whom you have worked.  
If you could not be a physician, what career would you choose?  
What would happen if you injected urine into a vein? (don’t let it throw you, just evaluate the patient and stay calm)  
Post-Interview  
Use contacts with people you know at a program to express your interest – within match rules.
• Write your thank you cards soon after the interview.
• Emails are appropriate depending on the formality of the program (in the South, err towards written thank yous)
• Tip: type up content of your TY cards, then mix-match favorite phrases to make “personalized” cards faster.
• Do not send cards with identical phrases to the same people in the program, as they are frequently combined in your folder for others to re-read.
• After you finish all your interviews, contact your top 1-3 programs to reiterate your interest in them. This should be done in late January as many programs will complete their rank lists well before the late February deadline.
  o It is fine to tell your #1 program that you are ranking them as such, and in fact, you absolutely should. It may not help you in the end but it cannot hurt you.
  o What will hurt you is lying. Though telling multiple programs that they are your #1 is not technically a match violation, the surgical community is small and word will get around. That said, there will be multiple programs near the top of your list and in is perfectly fine to express your sincere interest to several of them.
• Second looks: This can be a good way to express interest in a program, particularly if you feel that you did not make a great impression on your interview day and could benefit from more exposure to the residents. Some of the VERY academic programs will take it as a sign of your commitment to them, while others will not hold it against you in the least if you do not return for a second look. Bottom line: these are not required and should be used mostly for you to have a chance to learn more about a program, rather than as a tool to get a higher rank.

Making the rank list
• This is largely based on your own preference but items to consider include good fit, educational opportunities, research opportunities, getting along with co-residents, right location, preference of significant other, programs interested in you.
• RANK THE PROGRAMS YOU WANT TO GO TO IN THE ORDER YOU WANT TO GO TO THEM!!!
  o This may seem simple enough but it is easy to be swayed by programs telling you that they are interested in you, or promising you a match if you rank them highly. Don’t buy into this! Programs can say anything they want in post interview communication and NONE of it is required to be true by the NRPM. The only match violation comes if they ask you to tell them how you are ranking them. Otherwise, all bets are off.
• Make a preliminary version of you rank list early (I made my first version even before starting my interviews) but don’t submit it. Keep your list in a
visible area where you can contemplate weather it “feels right” to you. If you are getting overwhelmed, take a break from it for a while! Just make sure you don’t put it off until the last minute.

- 5-7 years is a long time to be miserable. Think long and hard about your career goals before blindly signing up for the “best” program on your list if it isn’t also somewhere you can be happy. You will get good training at any accredited program; you will not get good training if you’re miserable.

- Rank every program you would be willing to go to. Ask yourself “would I rather be here than scramble?” If the answer is yes, rank it! Don’t fail to match because you ranked too few programs due to overconfidence.

- DO NOT RANK ANY PROGRAM YOU WOULD NOT BE WILLING TO GO TO. Matching through the NRMP constitutes a binding agreement that if violated, can have severe repercussions on your career. It is better to go unmatched, take research time, and apply next year as a stronger candidate than to violate a contract because you ranked a program that was unacceptable to you.