Faculty Advising Workshop
Part 1
(2018-2019)

Gary Malakoff, MD, FACP
Mukta Panda, MD, MACP, FRCP-London
Pamela Scott, C-TAGME
<table>
<thead>
<tr>
<th>8-WEEK BLOCKS</th>
<th>START DATE</th>
<th>END DATE</th>
<th>4-WEEK BLOCKS</th>
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<tr>
<td>5/6</td>
<td>30-Apr-18</td>
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<td>29-Jul-19</td>
<td>23-Aug-19</td>
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</table>

**Holidays**
- Thanksgiving: Nov. 17-25, 2018
- Winter Break: Dec 15, 2018-Jan 2, 2019
- MLK Day: Jan 21, 2019
- Spring Break: Mar 30-Apr 7, 2019

*Holidays start at 5:00 pm on the day prior to the holiday start date listed above. Students are to report back to their clerkships on the morning following the holiday end date. (updated 01/15/18)*
Alphabet Soup

- **NRMP**: National Residency Match Program
- **SOAP**: Supplemental offer and acceptance program
- **ERAS**: Electronic residency application service
- **LorP**: Letter of recommendation portal (to upload Letters of Recommendation) [LOR]
- **FREIDA**: AMA listing of all accredited GME programs in the US
- **MSPE**: Medical student performance evaluation (“Dean’s Letter”)
- **AAMC**: Association of American Medical Colleges
- **CIM**: Careers in Medicine (sponsored by AAMC)
- **VSLO**: Visiting student learning opportunities system (sponsored by the AAMC)
“COLSEN”

Chattanooga’s
Only Link Students Ever Need

www.comchattanooga.uthsc.edu/colsen
Who will come see you?

A. Premed students
B. M2 students
C. Hysterical M3 students
D. M3 students in block 1
E. M4 students in block 5
F. Military scholarship students
G. Couples match students
H. All of the above
I. None of the above
Visiting students:

- International medical students
- DO students
- In general, visiting students must be from an LCME accredited medical school
- Must go through VSLO
- Must have finished their M3 core clerkships and be senior status at the time of the rotation
- Any other visiting student inquiries should go to the clerkship director
What should you expect from your student advisee?

A. A clear career direction
B. High school transcripts
C. A polished personal statement
D. An “educational portfolio”
   - CV
   - GPA/transcript/class rank
   - Leadership activities
   - Teaching activities
E. Step 1 score
F. Step 2 CS score
G. Step 2 CK score
H. Step 3 score
I. COMLEX scores
J. Specialty Advisor form
SPECIALTY CHOICE REVIEW FORM

Student to fill out above dotted line. Please fax or email your completed form to the COM Office of Student Affairs (901.448.7085 / adaniey1@uthsc.edu) before January 15, 2016.

Student Name: ___________________________ Date of meeting: ____________

Specialty Choice: ___________________________ Other specialty thoughts: (second choices):

Specialty Advisor: ___________________________

Step 1 Score ________ Failures □ Y □ N GPA: ________

Plan for M4 electives in specialty choice (UT and ‘aways’)

<table>
<thead>
<tr>
<th>Course description</th>
<th>Location</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be filled out by advisor: (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)

□ I have discussed the student’s profile and specialty choice with him/her.

□ I have reviewed the student’s plan for M4 electives in specialty and made recommendations

How can this student improve his/her chances of matching? (May circle more than one): (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)

1. No further recommendations/ student a good fit for specialty
2. Research
3. Seek less competitive programs in chosen field
4. Fourth-year elective at UT in this specialty
5. Away rotations in the specialty
6. Rank preliminary year in chosen field
7. Have another less competitive specialty as a back up
8. Consider another specialty
9. Discuss options further with Dean of Students

________________________________________

This is in no way a contract or guarantee of an outcome for this student. It is merely my opinion based on my experience as a faculty member in this specialty. It is not the chair’s or program director’s opinion.

________________________________________     __________________________

Student signature     Specialty advisor
But Doctor, what should I do with my life?

A. Apply to law school
B. Make a B-line to Residency Exploration in December
C. I have dreamed about being an orthopedic surgeon and I may not be competitive enough
D. I have no idea – the “undifferentiated” M3/M4 student
E. Check out AAMC “CIM” (www.aamc.org/cim)
How Students Choose Specialties (2010 GQ)

• Fits with my interests, skills, personality
• Content of specialty
• Role model influence
• Future family plans
• Advising/mentoring
• Options for fellowship training
• Income expectations
• Length of residency training
• Competitiveness of specialty
Demands on an M4 Student

• Schedule required and elective clerkships (January) ➔ JI’s etc.
• Decide on a specialty
• Visiting electives have prerequisites
  – Away rotations may not match UT schedules
  – Some rotations require you to find your own housing and transportation
• Take USMLE Step 2 CK and CS before November 1 (DO THIS IN THE SPRING OF M4 YEAR!!)
  – $$$Budget for this in your financial aid award
Demands on an M4 Student

• Assemble your ERAS application
  – Submit application by September 15
  – LOR’s and MSPE
  Chair’s letters vs. Department letters
  – Personal statement
  – CV
  – Schedule interviews ($$$)

*Complete all graduation requirements 30 days prior to commencement (May 2019)*
More Demands...

• Capstone Course
  – *January 2019 in Chattanooga (class of 2019)*
  – 4 week required course
  – Pass/Fail

• Longitudinal Scholars Project
  – Complete by April 2019 (class of 2019)
  – On-line tools and techniques, modules, syllabus and deadlines, readings
  – Pass/Fail
  – Approved poster presentation required
....and MORE demands

**PCM** (*Principles of Clinical Medicine*):

- Required M4 course
- Longitudinal instead of Block
- CME Model
- Required and optional activities
- Pass/Fail
USMLE Minimum Passing Scores

Step 1  194
Step 2 CS  Pass/Fail
Step 2 CK  209
Step 3  196

www.usmle.org/transcripts/
www.usmle.org/performance-data/
Step 2 CS

3 components:

Integrated Clinical Encounter (ICE)
  • Integrated Clinical Encounter (ICE) →
    – History, physical, note
  • Communication and Interpersonal Skills (CIS)
  • Spoken English Proficiency (SEP)

12 encounters, 15 minutes with SP, 10 minutes for write-up

Scheduling **EARLY** is critical

Given in only 5 locations in the US (Atlanta, Houston, Philadelphia, Chicago, Los Angeles)
USMLE Step 2 Exams

**Step 2 CK**
- Class of 2017: mean 242 (95% first-time)
- Class of 2016: mean 242 (95% first-time)
- Class of 2015: mean 242 (95% first-time)
- Class of 2014: mean 240 (97% first-time)
- Class of 2013: mean 240 (100% first-time)

**Step 2 CS**
- Class of 2017: 96% first-time pass rate
- Class of 2016: 97% first-time pass rate
- Class of 2015: 97% first-time pass rate
- Class of 2014: 94% first-time pass rate
- Class of 2013: 100% first-time pass rate
When should I take my Step 2 exams?

A. Anytime before graduation
B. Third year just to get it over with
C. During internship
D. Early in the 4th year before November 1
How much do the step exams cost?

A. Zero. UT picks up the tab
B. $500 for all steps package
C. Financial aid office will help
D. None of the above
# USMLE FEES
(eff. January 2019)

<table>
<thead>
<tr>
<th>Step</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>$630</td>
</tr>
<tr>
<td>Step 2CK</td>
<td>$630</td>
</tr>
<tr>
<td>Step 2 CS</td>
<td>$1,290</td>
</tr>
<tr>
<td>Step 3</td>
<td>$875</td>
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</table>
Alphabet Soup

• COLSEN
• OLSEN
• AMA: [https://www.ama-assn.org/life-career/residency-career-planning](https://www.ama-assn.org/life-career/residency-career-planning)
  – Choosing a medical specialty
  – CV building
• AAMC Careers in Medicine (CIM)
  – Students
  – Faculty advisors
  – Specialty choice
  – [www.aamc.org/cim](http://www.aamc.org/cim)
MORE:

- NRMP
- ERAS
- MSPE
- Match strategies
- Interview strategies
- Rank list strategies
ERAS v. NRMP

A. These are the same
B. These are different
C. Students need only apply to one or the other
D. These are components of the Match
E. ERAS has four components including LorP
ERAS and NRMP

• These are separate services offered by two different organizations, and each requires its own registration

• FAQ’s:
  – I have already registered with ERAS; do I still need to register with NRMP? **YES**
  – Am I required to have an NRMP ID to submit with my ERAS application? **NO**
How does ERAS work?

• Applicants receive a token to register with MyERAS.
• Applicants apply to programs.
• Schools start uploading supporting documents.
• Programs receive application materials
What letters of recommendation do I really need?

A. Only one MSPE
B. Only one Dean’s letter
C. One chairman’s letter
D. One departmental letter
E. 3-6 “regular, old” letters of recommendation
What do I do with my letter of recommendation once it is written?

A. Fax it to each program the student is applying to
B. Send it to Memphis
C. Give it back to the student to edit
D. Upload it to ERAS through the LorP
Letters of Recommendation

- MSPE ("Dean’s Letter" / In Chattanooga, our Assistant Dean, Dr. Panda, can prepare the MSPE)
- Chair’s vs. Departmental letter
- How many?
- What if I don’t know anyone who can write a letter?
- ERAS LorP ➔ all letters **must** be electronically uploaded
I’ll really need help if:

A. My advisee wants to couples match
B. My advisee is in the military match
C. My advisee is in the urology match
D. I need to help my advisee with Plan B
What is Plan B?

A. Match protection
B. All students need a plan b
C. Only surgery students need a plan b
D. “I won’t need plan b; I’ll just enter the SOAP”
Why Students Don’t Match

– Grades, clerkship performance
– USMLE scores/failure
– Weak LOR/red flag issues
– Far reach specialty choice
– Rank list vs. # programs applied to and # interviews granted
– Weak advising
Hello
my name is
Dream Killer
Interviews

• Timing ➔ Most between October and January
• Students will not be able to go for all interviews
• Match etiquette and professionalism
• Expense/travel/time away from school
• “Thank you” notes
• What if I don’t get invited for an interview?
• How will I pay for all of this travel?
• Second visits?
• The GRAPEVINE! (extremely powerful “media” amongst students on the interview trail)
Rank List

- Where to start?
- The Match favors the student
- Don’t try to outwit the Match
- No interview $\implies$ no rank
- Make sure the student is happy with **ALL** rank list entries (there is a finite chance that the student could Match with the last program on the rank list)
- PLAN B!!!!!!!!!
Chart 1 shows the number of active applicants (applicants who submitted rank order lists of programs) by applicant type in the 2018 Main Residency Match. A total of 37,103 active applicants participated in the 2018 Main Residency Match. U.S. allopathic medical school seniors constituted 50.7 percent of the applicants in the 2018 Match. The next largest group were non-U.S. citizen students and graduates of international medical schools (19.9%). The numbers of Fifth Pathway (n=2) and Canadian graduates (n=13) are small.
USMLE Step 1 scores are a measure of a student’s understanding of important basic science concepts and the ability to apply that knowledge to the practice of medicine. Although such knowledge is only one facet of applicant qualifications considered by program directors in their selection process, a Step 1 score is the only qualification that is universally available for all applicants during the interview season and prior to the NRMP’s ranking deadline. Overall, U.S. allopathic seniors who matched to their preferred specialty have mean USMLE Step 1 scores of 232.3 (s.d. = 17.5) well above the 2018 minimum passing score of 194. Step 1 scores were available for 99 percent of U.S. seniors who gave consent to research.

Chart 6 displays the Step 1 scores for U.S. allopathic seniors by specialty and match status. The horizontal bars are the median values for successful applicants and the vertical lines show the interquartile ranges (IQR, the range of scores for applicants excluding the top and bottom quarters of the distribution). Scores generally are higher for the more competitive specialties, but there is substantial overlap when specialties are compared.

Across all specialties, the IQR of U.S. seniors who matched to their preferred specialties was higher than those who did not match.
USMLE Step 2 CK scores are a measure of an applicant's ability to apply the medical knowledge, skills, and understanding of clinical science essential for providing patient care. Overall, U.S. allopathic seniors who matched to their preferred specialty had mean USMLE Step 2 CK scores of 245.6 (s.d. = 15.0) well above the 2018 minimum passing score of 209. Step 2 CK scores were available for 97 percent of U.S. seniors who gave consent to research.

Chart 7 shows the Step 2 CK scores for U.S. seniors by preferred specialty and match status. The horizontal bars are the median values for successful applicants and the vertical lines show the interquartile ranges. As was the case for the Step 1 scores, the more competitive specialties have higher average Step 2 CK scores, but the overall variation is smaller.

Across all specialties, the IQR of U.S. seniors who matched to their preferred specialties was higher than those who did not match.
Chart 3 shows the percentages of U.S. seniors who matched to their preferred specialty. Overall, 91.8 percent of U.S. seniors matched to their preferred specialty, ranging from a high of 99.0 percent (Child Neurology) to a low of 58.3 percent (Interventional Radiology).
Membership in Alpha Omega Alpha (AOA) Honor Medical Society is an honor reserved for students with high academic achievement. AOA membership is limited to students in medical schools that sponsor an AOA chapter. Most, but not all, allopathic schools in the United States participate. An analysis of its relationship with success in the Match is limited by the relatively small number of applicants who are members, by the fact that some schools do not have AOA chapters, and by the fact that other schools elect AOA members too late in the academic year for it to be considered in the application process.

Data on AOA membership are self-reported. Overall, 16.7 percent of U.S. seniors included in this report claimed AOA membership. Among applicants who matched to their preferred specialty, 17.0 percent reported AOA membership, compared to 6.4 percent of unmatched applicants.

As with several of the other measures, the most competitive specialties are able to attract the greatest proportion of AOA members. All specialties attract some AOA applicants, but for most specialties AOA members account for fewer than one in four successful applicants.
### Table 1: Number of Applicants and Positions in the 2018 Main Residency Match by Preferred Specialty*

<table>
<thead>
<tr>
<th>Preferred Specialty</th>
<th>Total Positions Offered</th>
<th>Total Number of All Applicants</th>
<th>Number of All Applicants Per Position</th>
<th>Number of U.S. Seniors Matched</th>
<th>Number of U.S. Seniors Not Matched</th>
<th>Number of U.S. Seniors Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>1,640</td>
<td>2,004</td>
<td>1.09</td>
<td>1,084</td>
<td>45</td>
<td>1,129</td>
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<tr>
<td>Child Neurology</td>
<td>169</td>
<td>165</td>
<td>0.99</td>
<td>102</td>
<td>1</td>
<td>103</td>
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<tr>
<td>Dermatology</td>
<td>472</td>
<td>651</td>
<td>1.38</td>
<td>366</td>
<td>83</td>
<td>451</td>
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<tr>
<td>Diagnostic Radiology</td>
<td>1,099</td>
<td>1,286</td>
<td>1.17</td>
<td>682</td>
<td>85</td>
<td>767</td>
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<tr>
<td>Emergency Medicine</td>
<td>2,278</td>
<td>2,893</td>
<td>1.31</td>
<td>1,597</td>
<td>151</td>
<td>1,748</td>
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<tr>
<td>Family Medicine</td>
<td>3,029</td>
<td>4,402</td>
<td>1.21</td>
<td>1,556</td>
<td>77</td>
<td>1,633</td>
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<td>General Surgery</td>
<td>1,319</td>
<td>1,955</td>
<td>1.46</td>
<td>972</td>
<td>185</td>
<td>1,157</td>
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<tr>
<td>Internal Medicine</td>
<td>7,919</td>
<td>10,032</td>
<td>1.27</td>
<td>3,333</td>
<td>73</td>
<td>3,406</td>
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<td>Internal Medicine/Pediatrics</td>
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<td>430</td>
<td>1.21</td>
<td>301</td>
<td>21</td>
<td>322</td>
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<tr>
<td>Interventional Radiology</td>
<td>138</td>
<td>253</td>
<td>1.00</td>
<td>120</td>
<td>86</td>
<td>206</td>
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<td>Neurological Surgery</td>
<td>225</td>
<td>310</td>
<td>1.38</td>
<td>203</td>
<td>32</td>
<td>235</td>
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<tr>
<td>Neurology</td>
<td>859</td>
<td>1,070</td>
<td>1.25</td>
<td>466</td>
<td>21</td>
<td>487</td>
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<td>Obstetrics and Gynecology</td>
<td>1,336</td>
<td>1,745</td>
<td>1.21</td>
<td>1,050</td>
<td>145</td>
<td>1,195</td>
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<tr>
<td>Orthopaedic Surgery</td>
<td>742</td>
<td>987</td>
<td>1.33</td>
<td>691</td>
<td>148</td>
<td>839</td>
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<td>Otolaryngology</td>
<td>315</td>
<td>329</td>
<td>1.04</td>
<td>284</td>
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<td>Pathology</td>
<td>601</td>
<td>892</td>
<td>1.45</td>
<td>216</td>
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<td>Pediatrics</td>
<td>2,856</td>
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<td>1,748</td>
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<td>1,769</td>
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<td>579</td>
<td>1.36</td>
<td>239</td>
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<tr>
<td>Plastic Surgery</td>
<td>168</td>
<td>222</td>
<td>1.32</td>
<td>158</td>
<td>26</td>
<td>184</td>
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<tr>
<td>Psychiatry</td>
<td>1,555</td>
<td>2,383</td>
<td>1.13</td>
<td>918</td>
<td>184</td>
<td>1,102</td>
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<tr>
<td>Radiation Oncology</td>
<td>194</td>
<td>215</td>
<td>1.11</td>
<td>178</td>
<td>14</td>
<td>192</td>
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<tr>
<td>Vascular Surgery</td>
<td>60</td>
<td>77</td>
<td>1.28</td>
<td>48</td>
<td>5</td>
<td>53</td>
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</table>

*Preferred specialty is the specialty of the first-ranked program on an applicant's rank order list, excluding preliminary programs in specialties. Source: NRMP Data Warehouse.

Table 1 provides a summary of the numbers of positions for selected specialties and the numbers of all applicants and U.S. allopathic seniors who preferred each specialty. For example, a total of 2,004 applicants preferred Anesthesiology (or ranked an Anesthesiology position first), among whom 1,129 were U.S. allopathic seniors (1,084 matched and 45 not matched to Anesthesiology). For each of the 1,840 Anesthesiology positions there were 1.09 applicants who preferred the specialty, including 0.61 U.S. allopathic seniors.

Only those specialties offering 50 or more positions are included. For those specialties offering both PGY-1 and PGY-2 positions (including Physician (R) positions), all position types have been combined.
Table 2
Summary Statistics on U.S. Allopathic Seniors
All Specialties Combined

<table>
<thead>
<tr>
<th>Measure</th>
<th>Matched (n=15,451)</th>
<th>Unmatched (n=1,336)</th>
</tr>
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<tbody>
<tr>
<td>1. Mean number of contiguous ranks</td>
<td>12.3</td>
<td>5.3</td>
</tr>
<tr>
<td>2. Mean number of distinct specialties ranked</td>
<td>1.2</td>
<td>1.6</td>
</tr>
<tr>
<td>3. Mean USMLE Step 1 score</td>
<td>233</td>
<td>224</td>
</tr>
<tr>
<td>4. Mean USMLE Step 2 CK score</td>
<td>246</td>
<td>236</td>
</tr>
<tr>
<td>5. Mean number of research experiences</td>
<td>3.2</td>
<td>3.3</td>
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<tr>
<td>6. Mean number of abstracts, presentations, and publications</td>
<td>5.7</td>
<td>5.0</td>
</tr>
<tr>
<td>7. Mean number of work experiences</td>
<td>3.2</td>
<td>3.3</td>
</tr>
<tr>
<td>8. Mean number of volunteer experiences</td>
<td>7.3</td>
<td>6.6</td>
</tr>
<tr>
<td>9. Percentage who are ACA members</td>
<td>17.0</td>
<td>6.4</td>
</tr>
<tr>
<td>10. Percentage who graduated from one of the 40 U.S. medical schools</td>
<td>31.9</td>
<td>22.5</td>
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<tr>
<td>with the highest NIH funding</td>
<td></td>
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<tr>
<td>11. Percentage who have Ph.D. degree</td>
<td>4.0</td>
<td>2.9</td>
</tr>
<tr>
<td>12. Percentage who have another graduate degree</td>
<td>17.2</td>
<td>21.0</td>
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</tbody>
</table>

Sources. NRMP Data Warehouse; Top 40 U.S. medical schools with the highest NIH funding in measure 10 is from the NIH website (http://report.nih.gov/grants/distribution).

Table 2 provides summary statistics for all specialties by Match outcome on the 12 measures presented in this report. Data on each of these measures are displayed graphically by preferred specialty on the following pages. Only U.S. allopathic seniors who gave consent to use their information in research are included in this table and the rest of the report.
Some applicants are interested in a single specialty while others consider two or more. Chart 5 displays the average number of different specialties ranked by preferred specialty and Match outcome. For all specialties except Child Neurology, U.S. allopathic seniors who did not match to their preferred specialty had a higher mean number of different specialties ranked.
The tool provides views of criteria that program directors use to make interview and ranking decisions, including:

- **Top 10**: Factors identified by most PDs in the specialty to select applicants for interview and ranking (and scaled importance from 1="not important at all" to 5="very important.")
- **USMLE and COMLEX Score Requirements**: % of PDs in the specialty who required “Pass Only”, a “Target Score,” or for whom scores were “Not Required” when considering applicants for interviews.
- **Target USMLE and COMLEX Scores**: For programs requiring target scores, USMLE Step 1 and Step 2 CK, and COMLEX-USA Level 1 and Level 2-CE exam data are presented in box-and-whisker plots.
Interactive Charting Outcomes in the Match

www.nrmp.org/interactive-charting-outcomes-in-the-match/

How to use the interactive charting outcomes in the Match

The tool consists of three components:

Component 1, the right hand column, allows applicants to identify a specialty of interest, set the size of the database using a range of Match years, and enter characteristics using a variety of filters.

Components 2 and 3, the charts, present the data based on numbers and percentages of applicants matched to their specialty by their USMLE Step 1 scores.
Point of Diminishing Returns for Entering an Internal Medicine Program for U.S. MD Applicants
Point of Diminishing Returns for Entering an Orthopedic Surgery Residency Program for U.S. MD Applicants

- Step 1 Score ≥247
  - Number of Applicants = 1,847
- Step 1 Score 235–246
  - Number of Applicants = 1,847
- Step 1 Score ≤234
  - Number of Applicants = 1,846
I try not to worry about the future -- so I take each day just one anxiety attack at a time.
Blind leading the blind       Open to osmose       Epiphany (not really)       Serenity (not really)
4 Components of ERAS

• **MyERAS**® is the website where applicants complete their MyERAS Application, select programs to apply to, and assign documents to be received by programs.

• **DWS**

• **PDWS**

• **LoRP** enables LoR Authors and administrative users to upload letters directly to ERAS
SPECIALTY CHOICE REVIEW FORM

Student to fill out above dotted line. Please fax or email your completed form to the COM Office of Student Affairs (901.448.7085 / adanny1@uthsc.edu) before January 15, 2016.

Student Name: __________________________ Date of meeting: __________

Specialty Choice: __________________________

Other specialty thoughts: (second choices):

Specialty Advisor: __________________________

Step 1 Score: _______ Failures: □ Y □ N GPA: _______

Plan for M4 electives in Specialty choice (UT and ‘aways’)

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Location</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________________</td>
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</table>

To be filled out by advisor: (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)

______ I have discussed the student’s profile and specialty choice with him/her.

______ I have reviewed the student’s plan for M4 electives in specialty and made recommendations

How can this student improve his/her chances of matching? (May circle more than one): (this is only advice; the student must take responsibility for ALL aspects of the application and Match process)

1. No further recommendations/ student a good fit for specialty
2. Research
3. Seek less competitive programs in chosen field
4. Fourth-year elective at UT in this specialty
5. Away rotations in the specialty
6. Rank regulatory year in chosen field
7. Have another less competitive specialty as a backup
8. Consider another specialty
9. Discuss options further with Dean of Students

This is in no way a contract or a guarantee of an outcome for this student. It is merely my opinion based on my experience as a faculty member in this specialty. It is not the chair’s or program director’s opinion.

__________________________          __________________________
Student signature                    Specialty advisor
ERAS 2018-2019 Timeline

- **June 6, 2018**: ERAS 2018 begins (applicants can register on MyERAS and begin working on their application).

- **September 6, 2018**: (applicants start applying to ACGME-accredited residency programs only).

- **September 15, 2018**: (ACGME-accredited residency programs start receiving applications).
  - Extremely important for competitive specialties

- **October 1, 2018**: (MSPEs released to residency programs).

- **December 2018**: Military match results are available.

- **January 2019**: (Urology Residency Match results are available).

- **March 2019**: (National Resident Matching Program [NRMP®] main residency match results are available).

- **March 2019**: Supplemental Offer and Acceptance Program (SOAP®)