

“GUIDE TO US RESIDENCY”

Resource Handbook for
Graduate Medical Education in the United States



1st Edition

ASSOCIATION OF PHYSICIANS OF PAKISTANI DESCENT OF NORTH AMERICA



Authorized and Compiled by

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Message from the President, Association of Physicians of Pakistani Descent of North America - APPNA

Dr. Manzoor Tariq, MD

APPNA President

Since its inception, one of APPNA’s main endeavors has been to help and assist young Pakistani physicians and medical students secure residency positions in the United States Graduate Medical Education Program. Today, Pakistani graduates are the third leading group of international medical graduates partaking in residency training in various academic and community hospitals within the United States. These bright physicians and medical students are the future of APPNA and thus the future of APPNA’s philanthropic and advocacy efforts.

In recent years, there has been an unfortunate decline in the number of physicians and medical students from Pakistan being accepted to residency positions within the United States. Our Pakistani prodigies have great scholastic achievements and exam scores, however, a lack of US clinical experience and proper guidance have been recognized as one of the main issues that have caused a decline in fewer Pakistani graduates secure training positions in the United States.

Keeping this fact in mind, APPNA has taken the initiative to launch a comprehensive handbook on postgraduate training in the US along with a list of IMG friendly programs where Pakistani medical graduates have matched in recent years. The handbook also contains a list of volunteer Pakistani physicians who can assist with furthering the career goals of our young physicians.

This effort is not just APPNA’s initiative for young physicians but also an avenue to develop future human resources and assist the new generation of our alma maters.

I would like to thank Dr. Tariq Alam and Dr. Asra Hashmi for tirelessly working on this project and appreciate the contribution by Committee on Young Physicians and it’s Chair, Dr. Rubina Inayat. I am also thankful to Dr. Afnan Tariq and Dr. Shamail Tariq for sharing their matching and residency experiences and advice. I am hopeful that this handbook will become a permanent resource for Pakistani medical graduates and assist them in advancing their careers. It is my hope that this handbook will be updated regularly as needed so that we are able to provide the best and most up to date information to our prodigies.

Editor in Chief

Manzoor Tariq, MD, FACC, FSCAI, FACP, FCCP, APPNA President



Message from Saima Zafar MD, FACC, FASE

President-Elect APPNA 2011

It has been an aspiration for APPNA, to help young physicians achieve their dreams and goals, after all the hard work they have done to become physicians.

This is a difficult path, as compared to graduates from the USA. However, with zeal and determination and the effort to excel, you will achieve your dreams.

This handbook has a wealth of knowledge and pearls that will be of a significant benefit to you. More than that, you will be able to contact physicians in APPNA who will be able to direct you, guide you and mentor you towards success.

In the past, the lack of such resources made it very difficult for the foreign graduates to have a smooth transition to the system in the USA. This handbook will certainly bypass that onerous task.

As you anchor yourself in your professions, my humble request to all of you is to give back to your homeland in Pakistan and to your adopted homeland, here in the USA. My best wishes to you all for a bright future.



Message from Dr Rubina Inayat, MD

Message from Chair, Committee for Young Physicians, 2011

Email: pasneri2001@yahoo.com

www.cyponline.net

The Committee on Young Physicians was established by APPNA in 2003 as a taskforce to advocate for and provide help with the issue of J-1 visa refusal. It became an official Committee of APPNA in 2004 and over the years, has broadened its horizon, while being in the forefront to work for the greater good of incoming young doctors from Pakistan. Many resources have been created by the Committee and many avenues utilized to assist young physicians with visa problems, guidance for observership, electives, research, post-match scramble, subsidized accommodation, etc.

Creation of this handbook is a very important step and a wonderful tool for post graduates who need guidance for residency acquisition. The Committee on Young Physicians is very happy to be a part of this endeavor. I congratulate Dr. Tariq Alam and Dr. Asra Hashimi for this undertaking and hope that this hand book will be utilized by everyone seeking guidance and advise.

I am personally grateful to Dr. Manzoor Tariq for his leadership and support in this process.



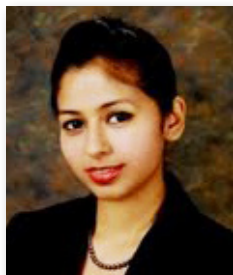
Message from Tariq Alam, MD

Editor

It is my pleasure to introduce to you the Guide to Postgraduate Medical Training in the US which is aimed at being a practical approach in seeking residency position in the US. During my years as an applicant, it was the lack of credible and up-to-date information which was the biggest challenge in a successful application. I am grateful to Dr Manzoor Tariq and Dr Rubina Inayat and especially Dr Asra Hashmi for their support and encouragement in compiling this handbook.

I hope this will become a permanent resource for Pakistani applicants to US residency programs.

Tariq Alam, MD
Dow Medical College, 2005
Resident in Neurology, St Louis University, MO
Member, APPNA Young Physicians Committee
Tariqjawaid2000@yahoo.com



Message from Asra Hashmi, MD

Editor

Dear Friends,

I am Asra Hashmi from Dow University of Health Sciences, Karachi and I matched at Wayne State University, MI in the department of general surgery in March 2011.

My road to residency was one of the most memorable experiences of my life. During this journey I explored myself and grew as a person. I found that the word 'impossible' was meaningless and that difficulty was nothing but a state of mind. Man has the ability to achieve all that he puts his mind to and that there is a solution to every problem.

At this point when I look back at this journey, I think it was not a difficult one. Obtaining a residency position in U.S is completely achievable; you just have to know that there is no hiding from hard work. You cannot let a minor setbacks lower your motivation; in such situations you just have to switch gears and set out full throttle on your new and improved path. I would encourage all my juniors to apply to any competitive specialty they desire to go into, be it surgery, neurology, radiology or ophthalmology. Set high standards for yourselves and then work even harder to achieve your goals. And remember:

'Your attitude determines your altitude.'

I wish you all the very best for your endeavors.

Sincerely,

Asra Hashmi, MD
Dow Medical College, 2010
Resident in Surgery, Wayne State University, MI



Message from Afnan Tariq, MD Co-Editor

I would like to congratulate those members who worked on this handbook for a job extremely well done in putting together a fantastic resource for young physicians.

About me: I am starting my Internal Medicine residency at Brooklyn Hospital in New York after having graduated from American University of the Caribbean, and prior to that, from Georgetown University Law Center.

My background has allowed me to get a unique opportunity to delve into the residency application process as an IMG, even one who was born a US citizen. My experiences during clinical rotations at US hospitals have been invaluable in showing me the opportunities and challenges facing IMGs, whether they are from Pakistan, the Caribbean, or anywhere else in the world.

First, if you have the opportunity, try to engage in clinical rotations in United States hospitals, and particularly in those which are IMG-friendly. You will gain the experience of working in the American system, with all of its imperfections and idiosyncracies, and importantly, you will be able to learn from residents and faculty about the residency application process. Of course, if you have rotated at a hospital, it is perfectly acceptable to ask for a courtesy interview, and if you impress at that hospital, your being a known quantity is a huge advantage.

However, do not let your ego get in your way. Despite your own background and what you think you know, whether you were top of your class or the bottom, learn to work well with others in groups. While you may be right one time, asserting your knowledge over another publicly can only serve to antagonize others, and when you are wrong (when, not if, for being wrong is a certainty), others may take that opportunity to revel in your mistake. Interpersonal relationships are as important as medical knowledge, and you must treat others, from attendings to the nurses to the janitorial staff with respect. Respect and humility can often take you further than board scores.

In fact, showing others up is an easy way to be disliked, and that stigma will be attached to you for your entire time at that hospital. Like it or not, a hospital environment is a microcosm not very dissimilar to high school, with a great deal of gossip and politics. Avoid getting caught up in such matters, and falling prey to probing questions. Everyone appreciates the person who works hard, keeps their head down, and is helpful. If you want clarification, or would like to show that you have been working hard at something, discuss your questions and interests privately with others, at opportune times. You are there to work with people, and while you may be at a teaching hospital, the attendings' duties are not solely to answer your questions.

Also, if you have questions, be prepared for the followup questions. If you are prepared by researching the topic, and learning what you can, your intellectual curiosity will be appreciated. Don't ask basic questions when you can look up the answer yourself. If you would like to know the reasoning behind a certain medication or process, asking an informed question will show that you have taken the initiative to try to understand something, and would simply like further clarification, and that will be appreciated.

As an adjunct to working well with others, to be appreciated, learn how others like to work, and try to adapt yourself to where you can find the best way to work with that person. One attending may like an entirely different type of presentation than another attending. One attending may like to go into patient rooms on rounds, while others may prefer business-like brief rounds in a conference room. Learn the salient points and make a concise presentation in the manner that that attending prefers. And saying "But Dr. X liked it that way" is only going to be met with this response "I am not Dr. X. " Be smart, be efficient, be humble, and as in any collaborative work environment, be respectful. Respectful to your attendings, seniors, juniors, students, nurses, staff, and of course, patients. Be respectful, and you will be respected in turn.

-Afnan Raouf Tariq, MD
Member Project Evaluation committee
Co-Chair RESA Committee

Official Resources:

www.ecfm.org
www.usmle.org
http://www.acponline.org/about_acp/international/graduates/

<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/international-medical-graduates.page?>

Helpful Forums:

www.valuemd.com
www.studentdoctor.net

Test Resources:

www.kaplan.com
www.usmleworld.com



Message from Shamail Tariq, MD

Co-Editor

Pearls during training

I would like to commend the people that compiled this Handbook as it is very thorough and concise, with all the pertinent information.

About me: I have recently started my Cardiology Fellowship at University of California Irvine after completing my Internal Medicine at University of Texas Southwestern in Dallas.

Along with the mentioned protocol listed in this handbook, I think it is imperative to show humility during the process and a passion for learning and teaching. It is clear that many of our fellow Pakistanis have scored very well on the exams, however, this isn't what always guarantees a training spot. It is compulsory to work hard, be motivated, be a TEAM PLAYER, and be humble.

The following advice pertains primarily to clinical interactions:

Pre Rounds: Work with the senior and the junior, communicate regarding the case so the entire team is on the same page. Teach if you have the opportunity, but also be willing and ready to learn.

On Rounds: Be prepared and prompt, grab the charts, be proactive. Try to avoid cutting others off or showing off your knowledge unless asked. You will likely have a chance to showcase your brightness.

Post Rounds: Followup anything your attending mentioned. If there was a question left in dispute or uncertainty, do the research and then humbly request to share it with the team at a good time the next day. Read up on cases and anticipate questions for the next day.

Free time: Go to conferences, joint meetings, ask to meet with the Program Director or Chairman while there. Engage in research opportunities if time permits.

Also: be realistic about your goals, be willing to compromise.

The following advice pertains primarily to research interactions:

Set realistic goals: do not overextend yourself and promise what you can deliver.

If you have one to two months - ask for a data collection or analysis project or case report.

If you have three to six months - ask for a basic science project or start to finish project.

Shamail Sarmad Tariq, MD
President NAMA(North American Medical School Alumni)
Co-Chair APPNA Project Evaluation Committee
Member RESA APPNA Committee



“GUIDE TO US RESIDENCY”



PART 1

GUIDE TO US RESIDENCY FOR MEDICAL STUDENTS



GOOD STRATEGY FOR A MEDICAL STUDENT

Year in medical school	Agenda
1 st & 2 nd year	Boost your resume with extracurricular activities.
3 rd year	Time for some research work.
4 th year	USMLE Step 1 (Make sure you get it out of the way at least four weeks prior to taking fourth year exams)
Between 4 th and 5 th year	Clinical electives rotation in U.S plus USMLE Step 2 CS
5 th year (first half)	USMLE Step 2 CK
5 th year (2 nd half)	Work on your residency application - NO TIME TO LOSE!

EXTRACURRICULAR ACTIVITIES

As you enter medical school, make a resume. That way you'll know how much work you need to do in order to gear yourself up. Your resume should not exceed two pages. First and second year of medical school is the best time to show your diversity. A good idea would be to join one of the organizations like Pakistan Medical Association, International Federation of Medical Students Association, KONPAL etc There are also some ethical committees in medical colleges. Do whatever you can get your hand on. It will boost your confidence and take you a long way. Don't just be book worms! Arrange fundraisers, write articles in newspapers, all of this can go on your resume. Remember! You will be competing with the American medical students when you apply for residency; they enter medical school after getting a Bachelors degree - many of them are quite accomplished in terms of extracurricular activities.

RESEARCH OPPORTUNITIES

Third year is probably the best time to start taking up research projects. A good idea would be to start from a case report. It can be nailed in less than a week. Once you have an experience of two or three projects, you may start exploring other opportunities. If you are willing to work hard and 'unpaid', anyone will be okay with hiring you as an honorary research assistant.

Research work in U.S is also a very good option. The only problem is that most attendings will want you to stay for at least 9 - 12 weeks so you can understand their work and contribute in their labs effectively. It may be difficult to take such a long break from medical school. However, some U.S doctors may agree to have you for a shorter period so it is worth a shot. If you are searching for research electives in US, it is recommend that you apply to Ivy league schools like Yale, Stanford, Hopkins, Washington University etc. You may not be able to get in these schools for residency but they will surely set your application apart when you apply to the match. Unlike clinical electives however, the problem with research electives is that most schools don't have a formal elective program and thus no elective coordinator. Students have gotten positive replies from Yale, Washington University in St. Louis and Stanford for research so applying to the big programs is not futile.

When you send your manuscripts for publication, make sure the journal is indexed in Medline. A JPMA, JCPSP and JAMC (Journal of Ayub Medical College) are the only three Pakistani journals that are indexed in Medline.



Asra Hashmi, MD

I worked on a couple of case reports in third year. Then at the end of third year I and a friend contacted a cardiothoracic surgeon at Washington University in St. Louis who invited us to work in his lab for a month. As I mentioned earlier we did not go on that rotation. Anyhow when I went for my elective rotation to U.S, I wrote another case report and work on a research project. In final year I joined AKU as an RA for nearly three months and worked on a couple more research projects then when I went for my residency interviews I had some extra time on me so I joined Wayne State University as an RA and worked on some more projects. This way I didn't really spend a year doing research but I was able to pump out a bunch of papers that are now in press.

Your research related efforts will help your application tremendously during the residency interview season. It is a time - well spent, especially if you are aiming for a good university program. However, if you do not have a preference for a university based residency program and will be okay with matching into a community program then you probably don't have to sweat too much over research work. There are some good community programs out there also so just know early what you want to do and where you'd like to see yourself in the long run.

USMLE STEP 1

You should give yourself 10 - 12 month study time if you are studying for steps during medical school. However if you're studying after graduating from your medical school then 6 - 8 months should be enough.

The course for step 1 is the following:

1. Three reads of the Kaplan series, one extra book for pathology (either BRS or Goljan), first aid,
2. You need to watch the Kaplan lecture CDs for biochemistry and behavioral sciences only.
3. MCQ books to be covered includes Qbook & Qbank and
4. Lastly U-World (the internet mcqs).
5. For pictures & slides go through either Goljan slides or this website:

<http://library.med.utah.edu/WebPath/GENERAL.html>

This is a rough time line for covering the Step1 study material:

1st read: 60 days

2nd read: 40 days

3rd read: 20days

U world: 2-3 weeks (make notes & revise the notes with your 3rd read)

Q book & Q bank: 2 weeks

After finishing first and second read of Kaplan, you should spend 10 days - 2 weeks and solve the MCQ books (Q book and Qbank) and First aid. Then take 2-3 weeks to solve U world (making notes is important here). You should use U-world as a learning tool instead of an evaluation tool. It is a good idea to revise pathology from Goljan once more while solving U world tests. It is a rough indicator that if your U-world falls in the 70s then you will likely score in high 90s on the real exam and that if your U world score is over 75% then you will get a sure shot 99 on the real test. Pathology is the most important subject for step 1. In most cases, 60 - 70 % of the exam has pathology based questions. Therefore, make sure you know your pathology well. By the time you get to your third read, you should be able to finish each book in 2-3 days. Spend the last 4-5 days going through pictures; listen to heart murmurs once or twice prior to your exam. Almost every question has a picture attached to it is important to scan the important images and films but it is best if you save all this for the end.



USMLE STEP 2 CK

For step 2 CK, two read of the Kaplan series, Kaplan lecture CD (cardiology part only), U world mcqs, and Conrad Fischer's Master the boards. 2-3 months time block is a sufficient amount study time. Medicine is the most important subject. Nearly 70% of the exam is purely related to Internal medicine. Make sure you know your medicine well. As for surgery the first two chapters from Kaplan lecture notes (i.e., Trauma and GI) will comprise most of your surgery questions.

There is another trick that applies to both Step 1 as well as Step 2 CK. The questions can be very long which at times makes time management a challenge. For this problem, I would read the first sentence of the question, then the last sentence followed by the answer choice; most of the time you can get the answer by just going through this much. The extra details are given just to make it confusing. After you're done marking your answer you may go through rest of the question just to make sure you're not missing anything.

USMLE STEP 2 CS

For this exam you will get 12 simulated patients (sp) and for each patient you will be given 25 minutes, (15 minutes for the patient encounter- History, physical, counseling, etc and 10 minutes for writing the patient note).

If you're still a medical student then it is a good idea to time Step 2 CS with your Clinical elective rotations so as to make it both cost and time effective. I would recommend that you take the exam after you have rotated at a U.S hospital. For this exam you will have to read only one book, either first aid for step 2 CS or USMLE world for step 2 CS. It is important to practice the cases with a friend, in case you are already on your elective rotation then, you may even practice it on your patients.

The two most common reasons behind FMGs failing the exam are, poor English proficiency and bad time management skills. So, it is important to make sure you take good care of both these matters. The actual encounter is marked on a checklist by the patient. The checklist is for communication skills, the questions in the history that you asked and the maneuvers you performed in the physical exam. The patient fills this out once you leave the room. So what matters is not how you percussed the patient but whether you did it at all or not. This makes it much easier than our regular OSCEs. There are also points for knocking before entering, washing hands and draping the patient so on so forth.

SP usually present with very ordinary complains. You shouldn't have any trouble diagnosing those patients. Counseling is an important aspect so, you must leave 3-5 minutes time for counseling. You should counsel the patient on smoking, alcohol, STD etc; make sure all his questions are answered. Make good rapport with the patient, for e.g., dim the lights if the patient has migraine or you may give a fake phone number to your patient that he may call at in case of emergency (the patient knows that your bluffing and won't hold it against you). As far as study material is concerned one of the above mentioned books and a CD for step 2 CS is all you will need for this exam. There is often one phone call encounter with the patient which can be tricky so be ready for that.

For Step 2 CS, practice makes perfect; the more you practice, more confident you'll get. Go through the book nicely; in my case at least 10 out of the 12 cases were exactly from the book. So whenever you think you have command over the book is the best time to take the exam, it may be a week for some of you and a month for the others.

The other important issue regarding this exam is scheduling for the exam - the dates for CS are almost always crammed, if this happens in your case then among the available options just pick the date that suits you best and keep a close watch on the calendar for the CS for your center because dates keep opening up. You can reschedule without paying an extra fee (unless you reschedule very close to your first date) in case your desired date opens.

So, it's important to plan your exam dates way ahead of time so that you are enter the match with ECFMG certification.



Being certified will boost your interview calls tremendously.

These are the steps to be followed during the exam - this is adapted from a document called 'Road to Residency'

1. Knock
2. Enter and address the patient by Mr. / Mrs. Surname
3. Introduce yourself as Dr. Surname
4. Walk to the sink, wash your hands and while you are at it, explain that you will be doing a brief history and physical exam and will be discussing your impression with the patient.
5. Walk back to the patient and drape the legs (they are usually uncovered)
6. Sit or stand; whatever you find comfortable. Spend 5 minutes taking the history. Avoid using medical jargon. Ask both open ended and close-ended questions.
7. While taking the personal history, if the person smokes or drinks, counsel there and then...or one tends to forget near the end.
8. Spend 5 minutes on doing a focused and relevant physical exam.
9. Spend 5 minutes summarizing/reconfirming the history that you got, explaining to the patient what you think, he or she has, what investigations you think he/she should get. Remember to ask if he/she has any questions. (Also ask the patient if there is anything else that he/she would like you to know. This provides the patient to guide you if you have been misled. Remember, the simulated patient is not out to get you).
10. Tell the patient when you would like to see him or her next. Say that it was nice meeting them. Walk out.
11. If you are done before time...then walk out and start on the note.
12. The patient note has to be written in legible clear handwriting. Practice on the sample sheet that they provide in the information booklet. Since there is less space on the paper, put only relevant points and important negatives down.

CLINICAL ELECTIVES IN U.S

Electives in U.S are extremely important, I can't stress on it enough. It will open many doors for you so make all out efforts to get "Clinical experience" in U.S and observership is not the same.

At most bigger schools in U.S you will not be eligible for clinical electives until you have finished your basic core clerkship. This will not be until the mid of your fourth year so it's in vain to search for electives before that time.

You should start searching for the electives as you start your fourth year so you have something in your hand by mid fourth year and you may plan the trip for the period between fourth and final year - that's a great time block for electives. I would recommend doing 3 one-month rotations at three different places (doing more than a month at one place will do you no good - so don't do that). So, your goal is to come out with some great recommendation letters as you finish your rotations. You're collecting these letters for your residency application. So, good is just not acceptable -- they need to be excellent.



When you start your elective rotation, spend 2-3 days to orient yourself. Notice closely how your supervisor/attending likes his patients to be presented, what his protocols are, dos and don'ts are. From the 3 or 4th day ask your intern or resident to assign a patient to you. 1 or 2, whatever number it is that you can comfortably handle. Then, you should know every detail about your patient. Be the first one to know his new labs/test results. During rounds make sure you don't have to look at the note when you're presenting your patient. Treat your intern as if he/she is the attending (you may know more than him but you don't want to get into bad terms with him - it'll effect your performance and learning.)

After you have become 'a pro' at history taking, physical and all the regular chores, and once you are sure that your supervisor is pleased with you, it's time to move on. If you're rotating in surgery, you can introduce yourself to the other attendings and politely ask if it's okay for you to scrub in his next surgery. If you're rotating in internal medicine then may attend rounds with the other teams but make sure your attending is okay with it and that it doesn't clash with the rounds of your own team.

The other thing that you must do during your rotation is that you must request for an interview with the program director as well as the chairman of the program (of the specialty that you're interested in for residency). Just email the PD that you are an elective medical student from Pakistan, here for a four week rotation under Dr. XYZ and that you would like to meet with him. The other thing you can do is meet with his secretary and ask her/him to schedule an interview for you OR you can just bump into him at one of his conferences, surgeries, calls and introduce yourself to him personally. This way a year later when you apply to the same program for residency, the PD will remember you and will likely give you an interview call.

Things you must do daily:

1. Arrive daily an hour before your intern.
2. Note all daily labs, I/O etc of all his patients before he arrives.
3. Take up every weekend call
4. Attend all the conferences
5. Attend weekend rounds.

Something you may do:

Prepare a power point presentation before you leave. Depending on how confident you are, you may present it in one of the basic science conferences or the big M&M (Morbidity & Mortality conference) where PD, chairman and all the residents and faculty are present.

Things you must read:

1. If you are rotating in surgery - KNOW THE ANATOMY VERY WELL.
2. You should know how to write a "SOAP NOTE"
3. Surgery students should also watch videos of self gloving, scrubbing and two handed tie on Youtube - Here is the link: <http://www.youtube.com/watch?v=8Xfd5Zgvo9I>

In short, you are just there for a month, so make the most of it! Work hard and prove yourself - this is not the time to party. Your elective will be an expensive trip but with smart planning it can be your ticket to residency so you better not get carried away with having fun. Save the enjoyment for the last four days of each elective trip when you can go out exploring - for the rest of the days, secure your residency!

The last thing is that work hard for three weeks then ask for an LOR at the end of the third wee. You may request an LOR from every attending you worked with; be it just for a day or even part of the day. One of the best LORs that I got was from an attending who I assisted for just one surgical procedure. Make sure you collect your letter before you leave your rotation. Ask your attending to give your letter to you in a sealed envelope so that it is waived. There is really



no importance of an un-waived letter so all your letters should be waived. For the sake of reference, email a personal statement and your resume to your attending when you request him to write a recommendation letter for you.

You may use this website to search for elective rotations that suit you best:

<https://www.aamc.org/students/medstudents/electives/>

MANAGING MEDICAL SCHOOL WITH THE STEPS

Asra Hashmi, MD

Managing USMLEs with medical school is a bit tough but it is workable. It is even better when you have a study partner/a friend with you. I think because of the USMLEs I was able to score better in the home exams also. If you plan things ahead of time you'll find it very manageable. Moreover, matching early will save you time and money. I took my step 1 in 4th year, since in fourth year, I had to study pathology for college as well and couldn't afford to do bad on the subjects at college, I gave Robbins (the big book for pathology) a read for the important chapters and noted down the extra details in Kaplan. I did this so that I wouldn't have to go through the big book again and so that whenever I study pathology for step 1, it would take care of pathology for college also.

My Kaplan ended up looking like a newspaper but you will feel like burning it down anyway as soon as you take the exam so no harm done. Anyhow, getting this done was a difficult task but it made my life much easier. I got a distinction in pathology and got 98 on step 1, I'm telling this to you guys just so you know that it would be helpful for both your exam. I would solve mcq books during the extra ward time. In fourth year I had to skip one (four week) ward rotation, (right before I took step1) and in final year, I skipped another rotation prior to taking step 2 CK. For both exams, I skipped my rotations to solve U world and to give the last read to Kaplan. I was able to complete one of my ward deficits but couldn't complete the other. I would recommend you guys to take as many wards as you can.

Learning and the hands on experience that you get during medical school is very important so do not take it lightly. Even though most U.S training programs require that the medical student have at least a 24-week clerkship experience during medical school (please confirm), some Californian programs require a longer period as an eligibility requirement. Even though FMGs don't apply to programs in California anyway (because of the Californian letter) it's still good to know all fact so you can take an informed decision – don't just follow the crowd.

Many programs have cut-offs for years since graduation, so you will not be short listed for an interview call into a lot of programs if you spend a bunch of years taking USMLEs after graduating from medical school. It is very important to save your years since graduation. So, for the students in 2nd and 3rd year - this is the best time to plan; plan on taking the steps as an undergrad. For the 4th and final years if you are definite that you want to apply for a residency in U.S then make sure you get a clinical elective in U.S. If you have U.S LORs with you and step 1 score then you can apply to the upcoming match that is match 2012 (you can apply with just one score that's what all the American medical students do, step 2 score is not as important, at least two program directors have told me this).

In case you don't have a U.S letter then aim for the match 2013, start studying right away - time is short. Start searching for observerships and at the same time get step 1 done in 6 months, MAX 8 months (this much time is good enough - there is no point drilling on the same books for a longer period). By the time step 1 is done you should have some observerships worked out - it's not hard to find observerships just persistence is required. Then register for step 2 CS and apply for the visa (B1/B2) - on the visa application the reason for your trip would be to take the exam as well as for elective rotation.

The permit for step 2 CS gives you an eligibility time block of a year - the time is plenty and you can schedule the exam after you rotate at a U.S hospital for a month or two. While all this is going on, you should be studying



for step 2 CK at the same time. Get it done in 2 - 3 months. And off to U.S you go. Make sure you have two copies of MSPE and Transcripts with you before you leave. Also most programs have a mandatory requirement that you provide an LOR from your medical school. This has to come from the HOD of the specialty that you're applying to. So, make sure you have all these documents with you because you will not be able to come back for it. There are a lot of things that we tend to disregard and then when we don't get what we wanted, we blame it on the bias that they have for FMGs. It is no doubt very competitive out there but if you do your home work and you won't have to find short cuts to get things done. When you apply for residency; make sure your application is complete from every angle and make sure that it looks great. Also for the graduates, start looking for post doctoral research positions and another great idea is to do transitional year in U.S. I know some people from AKU who did it and got a residency in their desired specialty eventually.

EXPENSES FOR A US RESIDENCY

This is just a rough budget, it is not exact to the last penny, it is just there so you guys can work out your finances well before time.

• STEP1	\$850
• STEP2 CK	\$850
• STEP2 CS	\$1200
• APPLYING AT ERAS - 30 PROGRAMS	\$290
• 40 PROGRAMS	\$540
• 50 PROGRAMS	\$790
• APPLYING AT NRMP	\$90
• B1 VISA APPLICATION FEE	\$120
• U.S TICKET	\$1200

EACH ONE MONTH ELECTIVE ROTATION

Rent for each month	\$350/month
Food	\$150-300
Elective Fee	\$350
Transport	\$200
Tota	\$1200

The cost for each month can cost go up to \$1200 but it becomes a lot cost effective if you plan your trip with a friend/friends.

RESIDENCY INTERVIEW TRIP

Rent for each month	\$350/month
Food	\$150-300
Hotel stays	\$50 - 100

Hotel stays for the residency interviews can get very expensive so it is best that you search for a senior from your medical school in the city. Someone who will let you stay for a day or two, you will find a lot many Pakistani doctors once you start searching.

Greyhound Ameripass:	\$589 (for 60 days)
	\$898 (for 75 days)
	\$958 (for 90 days)
Sui	\$100-200
Extra	\$500



H1B Visa	
Step 3	\$625
Health License	\$170
Attorney	\$1000
USCIS	\$685
Premium Process	\$1000
Total	\$3480

J1 Visa	
Health License	\$170
PMDC Renewal	\$5
ESVP Application	\$200
SEVIS Fee	\$100
Total (Max.)	\$475

TIME LINE FOR THE MATCH

If you plan to go in the match then you should safely have all your documents ready by July of the match year - BY MAX! This is not a closing date by ERAS, as a matter of fact an applicant is allowed to get the Eras token with just one USMLE step score, however, in order to meet the deadlines start of July is a safe target to keep in mind.

Main Match Schedule

Mid June	Eras token becomes available to be purchased
July 1	Eras registration
Month of July	Mail supporting documents to Eras.
Month of August	Allow time for the transmission of documents from the Eras support services to Eras post office
September 1	Registration opens at 12:00 noon eastern time for applicants, institutional officials, program directors, and medical school officials.
November 30	Applicant early NMRP registration deadline Note: Applicants may register for \$50 until 11:59 p.m. eastern time. Applicants who register after November 30 must pay an additional \$50 late registration fee (\$100 total fee) until February 22, 2012, when registration closes.
January 15	Rank order list entry begins Applicants and programs may start entering their rank order lists at 12:00 noon eastern time.
January 31	Quota change deadline Programs must submit final information on quotas and withdrawals by 11:59 p.m. eastern time.



February 22	Deadline for registration and ROL certification Rank order list certification deadline Applicants and programs must certify their rank order lists before 9:00 p.m. eastern time.
March 12	Applicant matched and unmatched information posted to the Web site at 12:00 noon eastern time. Filled and unfilled results for individual programs posted to the Web site at 12:00 noon eastern time.
March 13	Programs with unfilled positions may start entering their Supplemental Offer and Acceptance Program (SOAP) preference lists at 11:30 a.m. eastern time.
March 14	Programs with unfilled positions must finalize their first-round Supplemental Offer and Acceptance Program (SOAP) preference lists by 11:30 a.m. eastern time. Supplemental Offer and Acceptance Program (SOAP) offer rounds begin at 12:00 noon eastern time.
March 16	Match Day! Match results for applicants are posted to Web site at 1:00 p.m. eastern time. Supplemental Offer and Acceptance Program (SOAP) concludes at 5:00 p.m. eastern time.
March 17	Hospitals begin sending letters of appointment to matched applicants after this date.

Obtaining Eras Token

You must obtain a Token in order to register at MyERAS and start your residency application. The Token is a 14-digit, alpha-numeric code that you request via ECFMG's OASIS. There is a \$90 non-refundable fee for this service. Detailed instructions for using the Token to login to the MyERAS website are included on the OASIS Token page. You can obtain a Token for ERAS 2012 beginning in mid-June 2011. You can also use your 2012 Token to apply for both a clinical year (PGY-1), which begins in 2012, and for an advanced position (PGY-2), which begins in 2013 (e.g., Radiology, Neurology, etc.). The Token is not transferable for future use.

Eras Registration

You can register at MyERAS using your Token beginning on July 1, 2011. You are strongly encouraged to register at MyERAS no later than mid-July.

To register means to use your Token to establish an identity with AAMC and obtain an AAMC Identification Number and password.

Mailing documents to ERAS and Submission of ERAS Application

Once you establish an identity with AAMC, you are authorized to work on your application. You will have to do three



things, firstly, fill in an online Eras application (that will serve the purpose of your resume), secondly submit supporting documents to ERAS Support Services and thirdly, select residency programs that you want to apply to and assign your documents to those programs.

When you submit your supporting document, ERAS Support Services will upload these supporting documents to the ERAS Post-office so that they are available to the programs to which you have applied. (For the list of supporting documents please refer to the next section.)

There are different methods for submitting supporting documents, depending on the document type. Documents submitted electronically may take up to two weeks to process. Documents submitted to ERAS Support Services via mail or courier service may take up to four weeks to process.

ERAS Support Services will also transmit your ECFMG Status Report and, if you request it, your USMLE transcript.

The following documents will be made available automatically to all programs to which you have applied: MSPE, medical school transcript, and ECFMG Status Report. Please note that MSPEs are released to programs on November 1 (even if you send it to Eras as early as August). To make your photograph and LoRs available to the programs to which you have applied, you need to assign them to programs. Your program selections and document assignments are posted at the ERAS Post-office. ERAS Support Services will download your program selections and document assignments from the ERAS PostOffice on the next business day. Your USMLE transcript will be transmitted only if you request and pay for it.

SUPPORTING DOCUMENTS FOR THE ERAS APPLICATION

These supporting documents include:

1. Original Medical Student Performance Evaluation (MSPE)
2. Medical School Transcript
3. Original Letters of Recommendation (LoRs)
4. Photograph (upload through OASIS only)
5. Postgraduate Training Authorization Letter (PTAL) or "California Letter" - (if applicable)
6. Personal Statement

TRANSCRIPT & MSPE/DEANS LETTER

Medical School Performance Evaluation (MSPE) or Dean's letter is a 4-5 page long document; the approved format of which is available on the ECFMG's official website. Please note that even if you send the MSPE at an earlier date, ERAS will only release your MSPE on November 1st of the match year, so, you may send it later than the other documents in case there is a delay in the issuance of MSPE from your college.

Class ranking is a significantly factor so, if you graduated in the top 5% or 15% of your class, then it may be a good idea to mention it either in your transcripts or the MSPE. It is a misconception that class standing has no bearing for the residency programs - it is an important factor but certainly not as important as your USMLE scores.

ERAS APPLICATION

In the ERAS application there are two forms to be filled; a personal information form and another Common Application



Form (CAF) which once submitted, takes the form of a CV that is sent to the programs.

So, make sure you provide valid email address in the personal information section because that how most programs will get in touch with you.

When filling out the CAF keep the following things in mind.

1. Try to keep it short and to the point.
2. Always go in chronological order.
3. Put the things you want to highlight, at the top.
4. Use the terms that are familiar to people in U.S (for e.g., use 'honors' in place of 'distinctions' etc.)
5. Beware of the typos and spelling errors, since the ERAS application does not have a spell check.
6. Make sure you have at least three people proof read your CAF, before you submit your application.

PERSONAL STATEMENT

Your personal statement is simply another opportunity to sell yourself. It should not exceed a page in length, however, most surgery programs like personal statements that are about 500-600 words. Font should be either Arial or Times Roman and size of the letters should be either 10 or 12.

While writing personal statements, the most common mistake that people make is that they make their personal statement a mirror image of their resume. Your personal statement just a way to show your individuality as a person and to show as to what sets you apart from the rest of the applicants. In most cases personal statements are not used as a criterion to short list the candidates, in fact most program directors won't even read the personal statement until right before the interview. However, many a times your interview will revolve around what you wrote in the personal statement so, make sure you can lead a discussion about everything you mentioned in the PS. So, be careful about what you write. The things that you may mention in the PS include (but are not limited to) the following:

1. Your strengths as a person.
2. What got you interested in medicine?
3. What are you looking for in the residency program?
4. The reason behind your interest in the specialty that you are applying to.
5. Future goals, plans of doing fellowship.
6. Interest in research.

PS is also a good medium to explain any negative entity on your resume, like bad scores or gaps in the resume etc. But make sure it flows nicely and explanation that you provide is valid. The idea is to make it all look like a strength. For e.g. what you learned from the negative experience and how the bad experience made you tougher, etc. In case you don't have a good explanation, it's better not to mention it at all - you will just end up highlighting something that your reader might have missed.

Start working on your PS as early as you can, so you have time to improve it. Your final draft will likely be a lot different from the first draft you make so allow yourself good enough time to prepare and later improve your personal statement. Once you're done editing, run some plagiarism software on it; your PS should be your master piece and should not have lines from anywhere else. The program directors read hundreds of personal statements so they can easily pick up lines that were copied from elsewhere. Before submitting, again make at least three people read your personal statement, it shouldn't have grammatical errors or any typos.

The book, 'First Aid for the Match' has some very good sample personal statements for many specialties. I would encourage all the applicants to use it as a reference while writing up your personal statement.



RECOMMENDATION LETTERS

Strong LoRs are an essential part of your medical residency application. Most residency programs require three or four recommendation letters to be transmitted to them. It is generally not advised to send more than four letters even if the program recommended to send a 'minimum of four letters'. It is best that you send three letters from your clerkship rotations in U.S and one from your medical school. Most U.S. residency training programs request that one of the LORs be written by the department chair in that program's specialty at your medical school. It is generally recommended that you send one letter from your medical school even to those programs that didn't specifically ask for a letter from your medical school. Your application should be complete in all aspects.

Your LORs should give the residency program director a clear picture of your current skills and clinical ability, in addition to your personal characteristics such as professionalism, leadership, and interpersonal skills both in the patient setting as well as with hospital staff. Submitting LORs that are substantive in content will ultimately provide the residency training program director with information pertinent to the residency recruitment and selection process.

You should select your letter writers carefully. You should consider asking for LORs from clerkship directors, in the specialty to which you are applying. Ideally ask for a letter at end of the third week of your four week elective/observer-ship rotation. Ideally, you should meet with the letter writers and discuss specific instructions before the letter is composed and submitted. You should inform them about your educational goals and to which specialty or specialties you plan to apply. It is also a good idea to provide the letter writers with a copy of your resume as well as personal statement for reference purposes.

All your letters 'must' be waived. There isn't much weight of an un-waived letter. Moreover you should also request your letter writer to mention that the fact that your letter was waived, in the content of the letter.

It is your responsibility to follow up with letter writers to ensure that LORs are ready in time to be sent to ERAS Support Services to meet program deadlines. Ideally you should inform your letter writers about your intentions of participating in the match in June so, as soon as you get your AAMC id in July your letter writers can write the letter in your name and mail it to Eras. Your letters should be in the mail and on the way to ERAS by max by the end of July, so they are ready to be sent to programs on the 1st of September.

If a letter writer has recommended you for a position in a specific specialty, it is not advisable to use that LOR to apply for positions in other specialties. ERAS Support Services at ECFMG conducts a review of the content of your LORs will email you in case there is a mismatch between the specialty to which you are applying and the specialty for which you are being recommended in the content of your LOR. So, if your goal is to secure a training position in any specialty, you should inform your letter writer of this and you should request a general letter applicable to all specialties.

SEARCHING FOR RESIDENCY PROGRAMS

Choosing the residency programs to apply to is one of the more difficult and time consuming tasks so start early. It will cost to send your application to the programs that you select so, make sure you meet the programs eligibility criterion of the programs before you send your application to them. Things to keep in mind are:

1. Is the program FMG friendly (to make sure of this, check the current residents on their website for any FMG)
2. Whether anyone from your medical school ever got into the program.
3. Cutoff for their USMLE step scores.
4. Cutoff for the years since graduation from medical school
5. Requirement for U.S clinical experience.
6. Visa sponsorship policy



7. ECFMG certification policy
8. Any additional requirement for e.g., ACLS, ATLS or BLS certification

This is a good website and may be used while search for programs:

<https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>

Once you are done short listing the programs that meet your requirements, it is a good idea to email/ call residency coordinators of the programs to confirm whether you actually meet their criterion or not and also ask for any additional requirements that they may have. Many a times the programs neglect to update their website on their current requirements. You will find that there were at least a dozen programs on your select list whose criterion you failed to meet. It is pointless to waste your funds on those programs - you'd rather apply to dozen other programs that are willing to consider you.

BEFORE THE INTERVIEWS - BOOSTING THE CALLS

First and foremost make sure your application is complete and perfect from every angle; right from your personal statements and LoRS down to your photograph. Make sure you submit your application on September 1st. During the residency process you will run into a lot of people who'll let you that early submission does not make a difference but this is a chance that I wasn't willing to take - I hope you don't take it either. You should start calling the residency programs to inquire about the status of your application, two weeks after its submission. When you call them you can say something like this:

“Hi, I'm Dr. XYZ from Dow University of Health Sciences. I submitted my application to your program on the 1st of September. I'm just calling to inquire about the status of my application.”

The answer that you'll likely get will be:

“We are still in the process of going through the applications.”

You may reply:

“I understand, Well I am an honor student from my school, my scores are xx and yy. I also have clinical experience and recommendation letters from ABC and DEF. I have heard great things about your program - many of my seniors highly recommended your program to me. I will highly appreciate if you can pull out my application and put an annotation on it that I called and that I am extremely interested in your program.”

Make sure you give a call to each program at least once a week. Leaving messages on the answering-machine never helps so that doesn't count!

Persistent enthusiasm works like a charm so if you sit passively, you'll miss out on opportunities. Email or call the program at every opportunity, for e.g., when a USMLE score report comes through or if one of your papers gets published and so forth. However, you can stop calling the program when you receive a rejection email from them, until then there is hope so keep trying!!

THE INTERVIEW TRAIL

Interview with each program will include a pre-interview dinner, the main interviews next morning, and then lunch followed tour of the hospital.



TRAVELLING & LIVING

Interview with each program will include a pre-interview dinner, the main interviews next morning, and then lunch followed tour of the hospital.

THE ATTIRE

For the pre-interview dinner, guys should wear formal pants with a button down shirt or a sweater (no need to wear a tie or jacket). Women should wear formal pants with a sweater or a formal shirt - stud earrings are okay but anything bigger would be inappropriate. The idea is to look professional and not over do it.

For the interview day, get a nice suit; both men and women. Take it as an investment and spend some extra bucks to get a fine quality piece. Colors like blue, black, white and grey are okay. For the guys, a good suit, nice tie, a watch, nicely polished shoes and a folder is what you'll need. For women, suit with a button down or silk shirt, hair that are nicely pulled back, jewelry should be kept to minimum (stud earrings are okay) - no bracelets or necklace and make up should be very light. Wear comfortable shoes as the hospital tours can sometimes be very long. Heels are best but flats can be okay too. Always carry a folder and a pen (it is okay even if you're folder is empty - no one will ask you to open it.)

Guys shouldn't have any trouble finding a good suit in Pakistan however for women even though you can get a good tailor made suit for yourself from Pakistan, it's still better that you get it from Macys or Express when you go to U.S - they fit better!

Remember! Your look will convey a lot of things about you and you don't want your chances to drop just because you didn't dress right for the occasion.

PRE-INTERVIEW DINNER

These are informal dinners with the residents at local restaurants. Just be casual but professional. Be inquisitive about the residency program and area where the program is located. You can get an idea about the right questions to ask attendings, the next day. Try not to sit quietly in the corner, just because you're a foreign medical graduate. You want the residents to know that you're a fun person to work with. A good way of striking up conversations is by asking questions, 'how do you like living in San Antonio?' Do you guys' hangout often after work hours? Be on time and try to enjoy the free food!

INTERVIEW - THE BIG DAY!!

Just so you have a clear idea of the time that the commute will take, visit the site of your interview night before the big day. You should also visit the program's website. Know what kind of a hospital the program is affiliated with. What the program is famous for? What is the residents' rate of getting fellowship positions? What programs do the residents usually go to for fellowships? What hospitals do the residents rotate at? What the specialty is of the chief, program director and the associate program director of the program. You want to be knowledgeable about the program. Remember the program will be knowing quite a lot about you from your application. The only way you can keep pace is by knowing a bit about them also.

On the interview day, it is best that you reach the hospital 10 minutes before time. Always keep a folder, a pen and a spare paper pad. You residency coordinator will meet with you and give you schedule for the day. You will be interviewing with two to four attending. At most programs, the day starts with 'Basic teaching conference for residents' followed by the 'Mortality and Morbidity conference'. Topic of the basic teaching conference is usually put up on the website. It is a good idea to read up a bit on the topic of the conference and keep some questions handy that you may ask at the end of



the session. This is a good way of standing out and also showing your level of confidence.

Keep the following points in mind during the interview:

1. When you meet with the program director or attendings, address them with their name, (Good morning, Dr. XYZ).
2. Hand shake says a lot about the personality, so make sure your hand shake is firm.
3. Always keep eye contact.
4. First listen to the question, give a pause - think then answer.
5. Don't cross legs; don't lean too far back in the chair. Just sit comfortably, cross ankles, back erect and hands on the lap.
6. Always keep at least two or three questions handy that you'll ask at the end of the interview it shows your level of interest in the program.
7. At the end of the interview, acknowledge warmly saying that it was a pleasure visiting the program - Remember good manners go along way!

You will most likely be a little anxious during your first interview, thus it is a good idea to schedule the least important interview at the start of your trail.

FREQUENTLY ASKED QUESTIONS AT THE INTERVIEW

These are the questions that you will run into repeatedly:

- Tell me about yourself?

This is a difficult question, so always have a little speech prepared for this question but make sure you don't deliver it like you crammed it.

- What got you interested in internal medicine (or surgery)?
- Why do you like cardiothoracic surgery (or any subspecialty that you mentioned in your application or personal statement)?
- They may ask you questions about your research projects?
- They may ask you how your experience was during your elective rotations.
- Do you plan to go back or stay here after completing your residency?
- What are your long term goals?
- Why do you want to do your residency in U.S?

Tip - Speak the truth!

- What have you done since graduation?

Don't say that you were studying for your steps. This is not a good answer! If you took steps after graduating from your medical school then make sure you fill in the gap (from graduation to matching into residency) with research work, volunteer work or anything substantial for that matter. You can keep it as light as you want just so the preparation of USMLE exams isn't compromised. Then during your interview, you may say that you were working on some research projects and at the same time studying for the steps.

- Why did you apply to our program?

Don't just give a generalized answer. Know what the program is famous for so you can talk about it during your interview.

-They may comment on or discuss any hobbies or interests that you mentioned in your personal statement or



application.

- What sets you apart from rest of the candidates? (Tip - Be humble when answering such questions.)
- Surgery programs may give you some simple clinical scenarios (for e.g. how will you manage a patient with chest pain?) However, internal medicine or pediatric programs usually don't ask clinical questions.
- Describe an interesting case.
- What are your strengths and weaknesses?
- Do you have any questions for us?

Never say that all your questions have been answered already. Always ask questions.

Be confident (or pretend to be confident, even if your heart is failing inside); speak the truth; Be yourself!

AFTER THE INTERVIEW

After the interview, it is best if you send a 'Thank you email' to the program director, all the attendings who you interviewed with and the residency coordinator within 24 hours of your interview. Even though emailing and airmailing are both good options but I would recommend that you send a short email within 24 hours of the interview and at the same time send out thank you letters to everyone in the mail. Regular mail in U.S takes three to four days to get to the recipients address. Sending short emails will buy you some time until your letter reaches them in the mail. It just shows your level of interest in the program. Keep some postage stamps and envelopes handy - It is best if you don't delay it at all. According to the York Technical Institute less than 4% of applicants send thank you notes, so, use your letter as a way to stand out from the crowd and make a good impression.

It is also a good idea to send a New Year card to the program director as well as the residency coordinator followed by another thank you letter right before the rank order list submission deadline. In the last thank you letter you'll emphasis for the last time on your immense interest in the matching at the program.

SAMPLE THANK YOU NOTES

This is a sample 'Thank you letter'. Please don't copy it just use it as a reference and write your own piece. It is also a good idea to include in your letter if there was something about the program that particularly caught your eye (obviously you would only mention the good thing!) If there was something that you wish you had mentioned during the interview, here's your chance to say it by including it in your thank you letter. You can also mention if there was something that you discussed with the attending who interviewed you. Keep your thank you letters short and simple, but, do use the letter to reiterate your interest in the program, your enthusiasm for the position and to sell yourself as the ideal candidate. Spell check and proof your thank you letter. Then ask someone else to proof it for you. That way you will be sure it's perfect. Lastly sign the letter in ink. Your letter should look personalized yet professional.

Your Name

Your Address

Your City, State, Zip Code

Your Phone Number

Your Email

Date

Name



Title
Organization
Address
City, State, Zip Code

Dear Dr. XYZ,

It was a pleasure to speak with you about ABC residency position at the KLM program. I greatly enjoyed meeting with the residents. Thank you very much for the hospitality - wonderful lunch and the hospital tour.

During my visit, I was especially impressed with ____ skills of the residents. It was also great to see the emphasis that your residency program placed on getting involved in research. I neglected to mention during my interview that I had worked for two summers as a research assistant at XYZ University. That experience greatly helped me in developing my research skills.

I would be delighted to have the opportunity to train at the KLM program. KLM hospital is a level 1 trauma center and has tremendous research opportunities for the resident. I strongly believe that your program is a very good match for my skills and goals of becoming a trauma surgeon. I will bring my assertiveness and enthusiasm to your prestigious program.

I will be looking forward to hearing from you.

Sincerely,

Your Signature
Your Typed Name
RANK ORDER LIST

From mid January you can start working on your rank order list. By mid January you would be done interviewing so that would be the time to think hard and list down pros and cons of the programs you interviewed at. When making the ROL, keep the following things in mind:

1. This is your wish list so rank the programs based on your proclivity for the program and not on your chances that you may have of matching into the program. NRMP's matching system works in the favor of the candidates more so than the programs. It will go down your list and match you with the first program that ranked you.
2. If there is a program that you particularly disliked then you should not rank the program at all, unless you have a very limited choice and would be okay with matching just anywhere.
3. Discuss your rank order list with seniors/mentors.
4. Stay away from the last minute changes - changes made in the end are impulsive and they are the ones that are often regretted later.
5. Make sure you certify the rank order list each time you make a change. You may make changes and recertify the list until the submission deadline. However, if your ROL remained uncertified, it will not be used in the match.
6. If you prematched, do not forget to withdraw from the main match (that is, NRMP) before the rank order list deadline. If you have submitted a rank list and you do not withdraw, you are legally obligated to accept the appointment made to you by the main match, even if you have accepted a prior prematch.



THE MATCH!!

This is your big day! On Monday of the Match week you will find out if you matched or not. And on Thursday of the match week you'll find out where you matched. Pray hard until Monday and enjoy your victory after Thursday. Send thank you notes to all your letter writers and mentors to inform them where you matched. It will not affect your chances in the match but it is just a good gesture.

POST MATCH SCRAMBLE

Notification from NRMP: Supplemental Offer and Acceptance Program (SOAP)
(replaces the former "Scramble")

The National Resident Matching Program (NRMP) is expected to replace the post-Match Scramble with a new Supplemental Offer and Acceptance Program (SOAP) for the 2012 Match. SOAP will allow eligible applicants who did not obtain a residency position in the Main Match to apply for available positions that were not filled in the Match. SOAP will take place during the 2012 Match Week, March 12-March 16. For detailed information on SOAP, including eligibility requirements and schedule, monitor the NRMP website.

No matter how well your interviews went you should still be prepared for the worst.

Preparation for the post match prior to the day of match:

Prepare an online portfolio containing your photograph, resume, USMLE scores, recommendation letters, MSPE, transcripts, scanned copy of the ECFMG certificate, scanned copy your medical school diplom, personal statement and a cover letter. Also have folder with all these documents ready. Before Monday of the match week (and this specially applies to those applicants who applied to competitive specialties like surgery and ophthalmology) arrange at least three people who will be available during the post match dates, they may be one of friends or family. Try to arrange the list of unfilled programs from last year.

Plan for the scramble:

In case on the match day you find out that you did not match then just get to work without the loss of time. Each second is important - the clock is ticking. No time for tears or regrets. First and foremost inform your mentors and advisors about the results. In case they have an unfilled spot in their program, you might just be accommodated there.

List of unfilled programs will be released the next day so you can use rest of the match day to build your game plan. For the scramble day, you should have three phones, a fax machine and fast running internet at your disposal. During scramble, positions fill up very fast thus it is a fight against time. The list of unfilled spots gets updated every hour. One of your friends should be responsible for printing out updated list each hour and yourself with your two other friends should be making phone calls to programs constantly. It is a smart idea to divide the residency spots based on states among you and your two other friends. For e.g. following the alphabetical order Alabama through Louisiana would be friend A's responsibility. Covering Maine through Ohio would be friend B's job. And you can take Oklahoma through Wyoming. You and your friends should be making phone calls constantly, as soon as a call gets through you tell the coordinator your credentials and if it is okay to send your application to them through ERAS. In the scramble, ERAS will allow you to re-apply to 15 programs that you had already applied to in the match plus 30 additional programs. All this is free of cost. You cannot apply to anymore programs through ERAS after you meet these numbers. So it will be smart to blindly send your application to the old 15 programs as soon as the match open and after that then send your application to which ever program that tells you to do so. Most programs would want you to send your application through ERAS so, choose this quota of 30 programs wisely.



FindAResident: (<https://services.aamc.org/findaresident/>):

This is another website that is used by applicants during scramble. It takes around \$ 30 to register at their site; you can import all your application material from ERAS and make an updated application on it. I have really heard of this site being helpful to anyone but still if I was scrambling for a position, I would try each and every tip and technique and hoping it something would work.

Post match does work! It is rare but it has worked for some applicants in the past. You should enter the match with the confidence and enthusiasm that it will work for you too. You **MUST** have positive and you must be able to give your full. Pray hard - No time to lose!

WHAT IF I DID NOT MATCH

So, what if you did not match; we are hard working students and we'll try again. And the next time with better credentials, more publications and an even better resume.

I have heard of a lot of unmatched candidates that reapplied next year with better credentials, got more interviews than the first time and later matched into the specialties of their choices. No doubt, applying to the match is an expensive process and monetary issues are often the biggest obstacle. However, where there is a will there is a way. There are a lot of paid postdoctoral research position in U.S, many advertized online. The stipend is decent enough to cover the living expenses and at the same time save some to reapply in a year or two.

You have come this far; you have cleared all of your USMLE exams; you have also rotated at hospitals in U.S. You cannot stop trying already. Work hard, keep a positive attitude and be a 'go-getter'!

DON'T FORGET:

- There is no replacement for hard work.
- Plan everything way ahead of time.
- Get first-hand information about everything from the 'right sources'. Your residency is an important matter and you can't afford to miss any opportunity "so confirm everything"! Do your own work up.
- Have faith in yourself



“GUIDE TO US RESIDENCY”



PART 3

IMG FRIENDLY PROGRAMS



WHERE TO APPLY - SURGERY

When you apply to surgery, many people will tell you that it's a lost cause - don't listen to them. It requires persistence but it is achievable. When I entered the match, the feedback that I got from the programs was quite positive - If you are a good applicant then there are fairly high chances of getting categorical spots at the community programs - many will offer you a pre-match at the time of interview and many will tell you that they'd rank you high for a cat spot. In my case I did not want to train at a community hospital so I ranked the categorical community spots lower than the spots at university programs but it is for you to decide what you want and where you want to go - how much risk you want to take. During my interview trail, I met a lot of surgery candidates from a bunch of different countries, many with double 99s but none of them got a categorical spot, at least not that I know of. I am not telling you this to discourage you, just want you to know the facts. Aim for a categorical - Be prepared for a preliminary. Some people spend an year or two doing research at university programs, which sometimes does increase their chances of getting a categorical at the institute that they were at but many still end up matching into a prelim spot so you have to plan it well.

This is another website that I used during my program search:

<http://www.facs.org/residencysearch/search/search.html>

So, when applying to surgery, you should apply to at least 70 - 80 programs. Keep a balance and apply to one third low tier (that is not so competitive), one third medium tier and one third high tier programs. People say that for surgery you're safe if you have more than four interview calls. When you are figuring out where to apply and asking around senior n all - ask them where they got positive replies from not where they had applied to. These are the high yield programs that you should consider applying to - the list below is an IMG friendly list in recent years:

1. University of Texas, San Antonio
2. ST. Joseph Mercy Pontiac, MI
3. Mayo Clinic, Rochester MN
4. West Virginia University, Morgantown, WV
5. Abington memorial Hospital
6. Waterbury Hospital, CT
7. Bronx Lebanon, New York
8. Providence Southfield, MI
9. Wayne State University, MI
10. University of Maryland, MD
11. Maimonides Medical Centre, NY
12. Washington Hospital Center, DC
13. University of Tennessee, Memphis, TN
14. Metropolitan Group of Hospitals, Chicago, IL
15. Brooklyn Hospital Center, NY



16. West Virginia University, Charleston, WV
17. University of Kentucky, Kentucky
18. ST. Joseph Mercy Oakland, MI
19. University of Pennsylvania, PA
20. Creighton University, Nebraska, NE
21. Easton Hospital, PA
22. University of Arkansas
23. Harlem Hospital, NY.
24. Yale University, CT
25. UDMNJ, Newark
26. Saint Mary's Hospital in Waterbury, CT
27. University of Miami, Jackson Memorial Hospital, Miami, FL
28. William Beaumont Hospital, MI
29. Brown University, RI
30. SUNY Syracuse, NY
31. SUNY Buffalo, NY
32. Hospital of St Raphael, CT
33. Rush University, Chicago IL
34. Dartmouth, New Hampshire
35. Temple University Hospital Program, PA
36. University of South Carolina, Charleston
37. University of Connecticut, CT
38. University of Tennessee, Knoxville
39. University of Texas SouthWestern, Dallas TX
40. University of Alabama
41. Our Lady of Mercy, Bronx, NY
42. University of Virginia
43. Cleveland Clinic, OH

44. Indiana University
45. Baylor Medical Center
46. Emory University School of Medicine

WHERE TO APPLY - INTERNAL MEDICINE

1. Kalamazoo Center for Medical Sciences
2. William Beaumont Hospital, Royal Oak, Michigan
3. St. Louis University
4. University of Missouri-Columbia
5. Northwestern University
6. University of North Carolina
7. St. Luke's - Roosevelt
8. Albert Einstein, Bronx
9. St Luke's Hospital, MO
10. Brookdale University Hospital NYC
11. Long Island Hospital NYC
12. Mount Sinai Elmhurst NYC
13. Little Rock, Arkansas
14. University of Connecticut, Farmington
15. Rush University, IL
16. University of Illinois-Chicago
17. Loyola University
18. Cook County Hospital, Chicago
19. Brigham and Womens' Hospital, Boston, MASS
20. Mount Auburn, MASS
21. Wayne State University/Detroit MC
22. Long Island Jewish
23. NYMC at Westchester, Valhalla



24. Case Western Reserve - Metropolitan
25. University of Oklahoma
26. Temple University
27. Thomas Jefferson
28. University Health Center of Pittsburgh
29. Penn State University, Hershey, PA
30. UT Galveston
31. West Virginia University - Morgan Town
32. University of Wisconsin, Madison
33. University of Illinois-Peoria
34. Michael Reese Hospital, Chicago
35. Florida Hospital Medical Center Program, Orlando, FL
36. St Francis Hospital of Evanston Program, Evanston, IL
37. Catholic Health System- Internal Medicine Training Program, Buffalo, NY
38. University of Toledo Program, Toledo, OH
39. University of Alabama Medical Center (Montgomery) Program, Montgomery, AL
40. Union Memorial Hospital Categorical Program, Baltimore, MD
41. Mount Sinai School of Medicine (Queens Hospital Center) Program, Jamaica, NY
42. UF Jacksonville Shands FL.
43. UTSW Austin TX.
44. Medical College of Georgia Augusta
45. Morehouse SOM Atlanta
46. Wright State University Dayton OH
47. SUNY, Syracuse
48. New York Metropolitan Center
49. North Shore/Forest Hill, NY
50. Brown University, RI
51. SUNY, Buffalo
52. Yale University
53. West Virginia University - Charleston
54. Nassau University Medical Centre(prematch offered)
55. Albert Einstein Jacobi NYC
56. Southern Illinois University Springfield IL
57. UMKC
58. St. Louis University of Hospitals
59. University of Oklahoma
60. Jersey Shore University Medical Center
61. Guthrie Robert Packer Hospital, PA
62. St. Barnabas, NY
63. University of Illinois, IL
64. Englewood Hospital, NJ
65. St. Joseph Mercy Oakland, MI
66. Lincoln Memorial Hospital, NY
67. Weiss Memorial Hospital, IL
68. Bronx Lebanon Hospital, NY



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کیسے ہو سکتا ہے؟

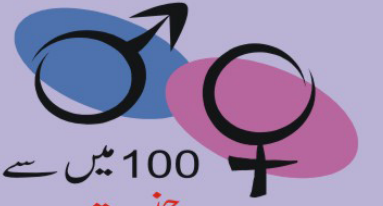


100 میں سے 60 لوگوں میں



استعمال شدہ سرنج یا سوئی

کے ذریعہ منتقل ہوتا ہے۔

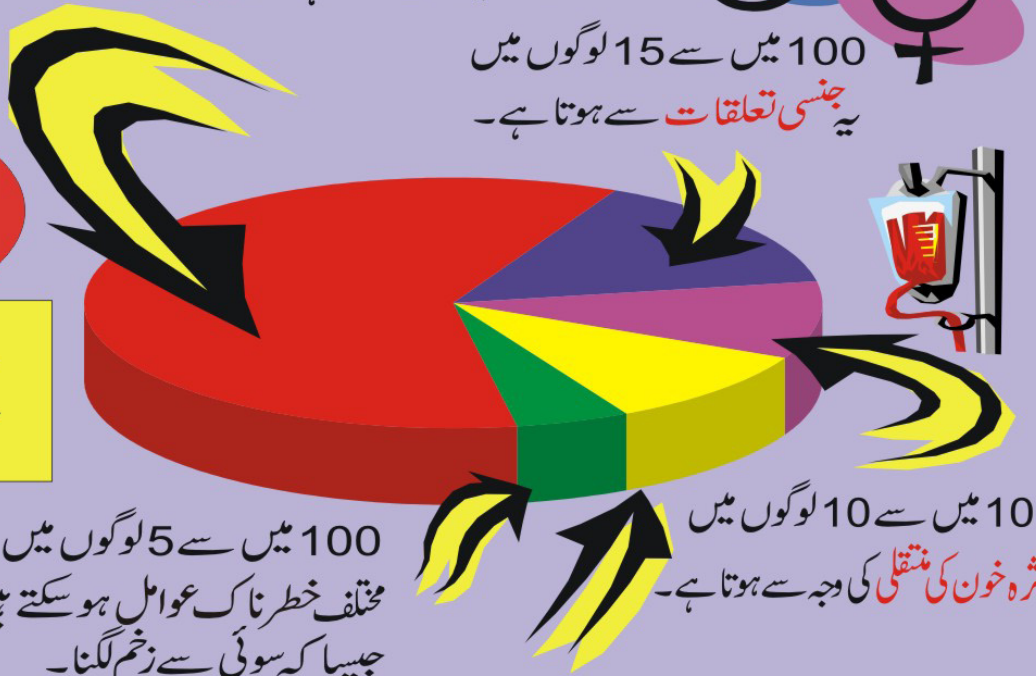


100 میں سے 15 لوگوں میں

یہ جنسی تعلقات سے ہوتا ہے۔

خون

کے بارے میں سوچیں!!!



100 میں سے 5 لوگوں میں
مختلف خطرناک عوامل ہو سکتے ہیں
جیسا کہ سوئی سے زخم لگنا۔

100 میں سے 10 لوگوں میں

یہ متاثرہ خون کی منتقلی کی وجہ سے ہوتا ہے۔

100 میں سے 10 ہیپاٹائٹس سی کے مریضوں میں عوامل معلوم نہیں ہوتے۔



APPNA

Association of Physicians of Pakistani Descent of North America

Manzoor Tariq, MD
President, APPNA

Maqbool Arshad, MD
Chair, Hepatitis C Initiative

Aisha Zafar, MD
Chair, SWDRS



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APPNA Merit program

APPNA St. Louis Free Clinic

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