

# Residency Program Directors' Expectations of Incoming Resident

## *Combined Results from all SPECIALTIES (n=47)*

Has one or more SIU School of Medicine graduates matched in your program?    Yes = 30    No = 14

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### 1. Which of the following do you see as important when reviewing an applicant's elective experience?

*(Please rate each choice with a value of 1-5 with 1 being the most important.)*

|   | <u>Average</u> |
|---|----------------|
| Types of electives candidate chose                                    | 2.80           |
| The evaluation and faculty comments received in electives             | 2.57           |
| Satisfactory amount of core medical inpatient experience              | 2.77           |
| Electives that represent essential physician skills and work ethic    | 2.61           |
| Other Elective Experiences noted as important:                        |                |
| Electives not in specialty are a plus                                 |                |
| Elective in chosen specialty, i.e., pathology                         |                |
| Elective experience at a program that has residents in that specialty |                |
| Indicators of industry and enthusiasm                                 |                |

#### Comments:

- We don't care about all electives. We do care to see that applicants have done an elective in our field (it's hard to imagine taking someone without that) and that the remainder of their electives suggest that they weren't just trying to slack off. However, few electives even show up on the transcript by the time the ERAS applications come in. The core clerkship information matters far, far more.
- Electives are a minor factor in our selection process
- I want to see that the students have used electives to solidify essential skills and internship-readiness, confirm decision to enter psychiatry, and fill in any gaps that they feel they need to work on. Look critically at a wide range of disparate, easy electives in the 4<sup>th</sup> year that are not focused on career development.
- Only the elective with us is important
- Need experience in our field
- It is somewhat relevant, in that if you do poorly, don't show up, etc., it reflects badly. I don't care what electives you choose as long as you perform well while there.
- Dean's letter is most important; it summarizes all course/clerkship work and performances
- Performance in electives less important than in MS3 rotations; elective attendings everywhere grade inflate more than the MS3 rotation attendings. Elective reviews thus helpful to determine whether there is a meaningful interest in the field of application, whether there are improvements or not in problem arenas and whether they do a Subl in IM or Peds.
- I review all letters of recommendation whether from elective or required rotations.
- The only things that matter to us w/res electives are that 1) the candidate NOT take excessive time in Radiology [which we see as a waste of curricular time] and 2) that elective time be spent in basic clinical fields, not "soft" experiences like anatomy, too much pathology etc—much prefer "hard-core" clinical electives.
- Oftentimes anesthesiology is only offered as an elective. It is important for that reason, but otherwise, most electives are not "deal breakers" with an application.
- Especially since the M4 year at certain medical schools is primarily made up of electives, it becomes a measure of their dedication/commitment to their chosen specialty.
- Because exposure to Pathology in medical school is somewhat limited beyond the basic science course, we look for applicants who have taking pathology electives or have research or job-related experience in the field.
- Other electives are not important

### 2. Before entering residency, do you prefer the applicant to have: (Choices: A broad-based elective experience; A more specialized elective experience; Other)

A broad-based elective experience      (33)

A more specialized elective experience    (8)

Other:

Broad based, but with 1-2 EM elective experiences

*Note: 79% of respondents indicated a preference for applicants with broad-based elective experience versus 19% who preferred a more specialized elective experience.*

**Comments:**

- Typically medical schools do not seem to prepare their students for careers in anatomic pathology. Therefore, it behooves them to have a detailed elective in Pathology before considering this as a career choice, because they have to retool in anatomy and histology
- EM is critical care focused so I want to see not just EM specialty electives but also ICU rotations, and other critical care experience (anesthesia, surgery, ortho, pediatric EM etc.).
- Either/ varies as it should with the background of the individual applicant.
- Want to see “real” electives in general internal medicine or pediatrics, medicine subspecialties, research, and psychiatry
- At least one elective in the proposed specialty... also important to have broad range of electives.
- Elective time in the specialty of pathology is most important to me.
- Stick with the clinical basics—good medical, surgical and pediatric electives.
- At least some anesthesia and critical care.
- I would prefer that they acquire the basic skills necessary for a successful start in their internship. For EM, this may be broad-based to some degree.
- They do need to have done some elective time in their chosen specialty.
- A broader range of experience is more helpful to applicants going into Pathology to help the applicant understand how what pathologists do affect clinical practice. However, in screening applications, the only electives we specifically look for are those in Pathology.

**3. Which of the following specific elective experiences do you prefer applicants to have before entering your residency program? (Please rate each choice with a value of 1-5 with 1 being the most important.)**

|   | <u>Average</u> |
|---|----------------|
| General ward experience                               | 2.78           |
| In-house call   | 2.84           |
| Basic science anatomy review                          | 3.47           |
| Ambulatory clinic preceptorship                       | 3.31           |
| Direct patient management on wards and clinic         | 2.58           |
| ICU experience  | 2.64           |
| Areas that are focused on the field they are entering | 2.48           |

**Comments:**

- In order for pathologists to remember that they are health care providers, subject to the same sacrifices, they do need to have a better established “M.D” identity before entering pathology.
- Dean’s letter most important
- Core clerkships in medicine and surgery are more important.
- I believe that consult services provide the best opportunity to learn medicine. Inpatient work and overnight stays in a hospital where no decisions can be made by the medical student are a waste of time.
- Elective only important in field entering; any basic science review would be good

**4. Please list any specific electives that you feel are important:**

| <u>Anesthesiology</u>   |
|---|
| * Surgical critical care medicine   |
| * Cardiographics  |
| * Something they will never do again<br>(Last chance to do something totally different) |
| * Cardiology  |
| * Critical Care   |
| * Anesthesiology  |
| * Internal medicine sub-internship  |

| <u>Child Neurology</u> |
|------------------------|
| * Emergency Medicine   |
| * Neurology            |
| * General Pediatrics   |
| * Dermatology          |

  

| <u>Dermatology</u>   |
|----------------------|
| * Rheumatology       |
| * Infectious Disease |

- Emergency Medicine**
- \* Orthopedics
  - \* ICU
  - \* ICU - MICU or SICU, less so PICU
  - \* ICU - surgical or medical
  - \* Neonatal
  - \* Anesthesiology
  - \* Emergency Medicine
  - \* PICU
  - \* Sub Internship on Medicine or Surgery
  - \* Radiology

- Neurology**
- \* At least one month of neurology and/or pediatric neurology
  - \* Epilepsy

- Orthopaedic Surgery**
- \* ICU
  - \* Orthopedics
  - \* Radiology
  - \* General surgery
  - \* E.D.

- Ophthalmology**
- \* Rheumatology, endocrine, neuro, infectious disease, ENT

- Physical Medicine & Rehabilitation**
- \* Orthopedics
  - \* PMR
  - \* Neurology
  - \* Neurosurgery

- Pathology**
- \* Pathology Electives
  - \* Internal medicine
  - \* General surgery

- Psychiatry**
- \* Psychiatry
  - \* Subl Internal Medicine or Peds
  - \* Pediatrics inpatient
  - \* Research
  - \* IM Subspecialties: cardiology, endo, etc.
  - \* IM Sub-I, inpatient wards, +/- ICU

- Plastic Surgery**
- \* Burn care
  - \* SICU
  - \* General surgery
  - \* Trauma
  - \* Plastic Surgery

- Surgery**
- \* ICU and Surgery would be nice

- Radiology-Diagnostic**
- \* Neurology
  - \* Cardiology
  - \* GI
  - \* Diagnostic Radiology
  - \* Emergency Medicine
  - \* Pulmonary
  - \* Radiation Oncology (as taught at Univ. of Chgo)
  - \* Dermatology

5. Which of the following general advice statements would you consider important for students as they prepare to enter a residency program in your field? *(Please rate each choice with a value of 1-5 with 1 being the most important.)*

|  | <b><u>Average</u></b> |
|--|-----------------------|
| Use electives to strengthen identified areas of weakness.                                    | 2.73                  |
| Use electives to build on areas of strengths and interests.                                  | 2.69                  |
| Gain experience in as many subspecialties as possible.                                       | 3.19                  |
| Spend time with attendings whose practices are similar to those in which you are interested. | 2.93                  |

|   |      |
|---|------|
| Select a wide variety of coursework.                            | 3.21 |
| Develop a good rapport with mentors in your selected field      | 2.82 |
| Do not spend the majority of Year 4 doing 'audition' electives. | 2.75 |

Other:

The more audition electives, the more negative impact on the application

**Comments:**

- We are more interested in seeing a broad range of electives than a bunch of radiology electives. We expect to teach someone radiology. We want them to come to us with a good working knowledge of how medicine and surgery use radiology.
- Use elective experiences, if possible, to clarify whether chosen area of career is, in fact, the best direction.
- Dean's letter most important.
- Be a physician first - learn the specialty in residency.
- Start early, interview spots fill by mid October, do anesthesiology as early as possible, even during MS3
- On most of the "audition" electives, the student is inferior to their "paper wok" and usually hurt their chances. The only exception is if they are able become part of a research team with publications.

**6. Which of the following expectations does your residency program have regarding research experiences?**

|                              |      |
|------------------------------|------|
| No expectations              | (10) |
| Preferred but not required   | (33) |
| Research experience required | (2)  |

*NOTE: While 22% of respondents to this question indicated there was no expectation for applicants to possess research experience, 78% reported research was preferred or required.*

**Comments:**

- Real research experience is great but don't just spend a month washing lab equip just to note it on your CV; that is a waste of time and lacks credibility.
- We provide all the research opportunities necessary.
- It would be difficult to match with us if there is no or minimal research experience.
- We have no basic research requirement currently, but clinical research/projects encouraged prior to entering residency.
- Research experience enhances the applicant's scholarly portfolio, but is not required.
- Essentially all of our successful applicants have publications.

**7. Are entering residents expected to have engaged in or published research either independently or in cooperation with others?**

|   |      |
|---|------|
| Applicants who have published research are rated higher | (30) |
| Not a consideration                                     | (13) |

*Note: 70% of respondents to this question indicated applicants with published research were rated higher.*

**Comments:**

- Publications are a good marker of hard work, but that can be seen in someone who has a really strong record of volunteer work and stuff like that even if they have no research or publications.
- If the applicant is a co-author on a manuscript, they should be able to describe what they did and why.
- Depends upon area of publishing and quality of journal.
- Tough to answer. Like all aspects, published research is certainly looked upon favorably, but I would not say that they are "rated higher"
- Important but not essential.
- Publication enhances the applicant's scholarly portfolio, but is not required. Getting a manuscript published also shows commitment to a project and the ability to follow it through to completion.
- Essentially all of our successful applicants have publications.

**8. Please indicate what you look for in USMLE Step 2CK scores. (Pass level: 184)**

|                             |      |
|-----------------------------|------|
| Greater than 220            | (23) |
| Between 210 – 220           | (8)  |
| 190 or better               | (1)  |
| Important, but not critical | (7)  |

Pass on first attempt (4)  
 Score is not important (2)

**Comments:**

- This is a minimal benchmark
- We rarely have the Step 2 scores. A great score is unlikely to help a candidate (unless the Step 1 score was really bad), but a bad score could hurt even the best candidate.
- More than two attempts is not held favorably
- We take applicants with scores at 210 but they need compelling “other” attributes
- Don’t even look at Step 2 since not all applicants have taken it by then.
- We do not have a score cut-off, but failure reduces the likelihood of getting an interview unless there were extenuating circumstances to account for the failure. Higher scores are viewed more favorably on the initial screening of applications, but we have interviewed applicants with average scores.

**9. Please indicate what you look for in the USMLE Step 1 scores. (Pass level: 185)**

Greater than 220 (22)  
 Between 210 – 220 (12)  
 190 or better (2)  
 Important, but not critical (4)  
 Pass on first attempt (4)

**Comments:**

- Want to make sure it is at least the national mean
- We don’t use any specific cut-offs because we look at the full record. However, better USMLE scores typically are found with better applicants.
- More than two attempts is not held favorably
- It is hard to obtain an interview with low scores—but, it is possible
- Greater than 200 preferred
- Typically our Step 1 scores for successful candidates are well over 235
- Higher scores are stronger applicants
- We do not have a score cut-off, but failure reduces the likelihood of getting an interview unless there were extenuating circumstances to account for the failure. Higher scores are viewed more favorably on the initial screening of applications, but we have interviewed applicants with average scores.

**10. What advice would you give to students who are considering taking an "audition" elective at an institution to which they will apply for residency? (Please rate each choice with a value of 1-5 with 1 being the most important.)**

|   | <u>Average</u> |
|---|----------------|
| Students should only be encouraged to do an audition elective if they will ‘shine’ clinically and personally.   | 2.68           |
| The minimum time for an audition elective should be 1 month.  | 2.43           |
| Do an audition elective only if there is a particular program in which you have significant interest.   | 2.68           |
| Audition electives are a good way to gauge resident satisfaction at that institution, particularly in residency programs that are not highly competitive. | 2.66           |
| It is better to do well on electives in your own institution rather than risk doing a rotation at another institution.                                    | 2.79           |
| Audition electives are not very important except for highly competitive programs.   | 3.14           |
| Other:<br>Audition electives are important for both the program and the applicant to judge mutual compatibility.  |                |

**Comments:**

- Audition electives are a valuable way to obtain preferential treatment and during the past several years 5 of 7 categorical residents in our program have spent a month with us as sub-I’s.
- Audition electives are not important even for competitive programs—I really don’t like them as an idea.

**11. How important do you consider “audition” electives to be?**

|                                   |      |
|-----------------------------------|------|
| Very important                    | (6)  |
| Somewhat important                | (21) |
| Minimally important               | (12) |
| Not at all important              | (4)  |
| Important for marginal candidates | (1)  |

**Comments:**

- Students that rotate here and demonstrate that they will fit in are ranked very highly regardless of other criteria.
- If you don’t have a specific specialty hosted at your home institution (as in Emergency medicine) you must do an away rotation to allow training programs to judge the candidate in a “realistic setting” - applies to apples.
- We interview over 100 applicants. Only a fraction of those do audition electives, so we don’t place too much weight on it. That being said, it has definitely helped (and hurt) some candidates.
- It helps if we have had a chance to get to know the applicant, so he or she is more than just a name on an application form. But we recognize that it may not be possible for everyone to come here for an elective, so we do not require it.

**12. In addition to the items included above, which of the following factors do you consider important? *(Please rate each choice with a value of 1-5 with 1 being the most important.)***

|  | <u>Average</u> |
|--|----------------|
| Previous Degrees   | 3.02           |
| AOA  | 2.43           |
| Volunteer Work   | 3.00           |
| Elected Positions  | 2.89           |
| Specialty Group Affiliations   | 3.20           |
| Other:   |                |
| – Evidence of working with underserved populations (at least for our specialty which is the medial safety net)   |                |
| – Exceptional recommendation from a respected anesthesiologist   |                |
| – Letters of recommendation  |                |
| – Post-sophomore year fellowship in Pathology adds a great deal to a resume, especially if other factors such as grade or USMLE scores are weak. But this is not required or expected. |                |
| – Personal statement   |                |

**Comments:**

- PhDs are considered highly for our research track.
- We are looking for civilized and professional applicants. We prioritize a “team player” very highly.
- Only PHDs usually have significant added benefit in strengthening an application.
- Previous life experiences, personal experiences, personal maturity, and how those affect professional development.
- Anything that you seem special or interesting is great. I really liked the student who won the Idaho Marathon. Probably will not work if you are not as gifted a runner as he was.

## APPENDIX A

### PROGRAMS RESPONDING TO SURVEY (SPECIALISTS)

**Advocate Christ Medical Center, Oaklawn, IL**

- \* Emergency Medicine

**Atlanta Medical Center, Atlanta, GA**

- \* Orthopaedic Surgery

**Barnes-Jewish Hospital (Mallinckrodt Institute of Radiology), St Louis, MO**

- \* Radiology-Diagnostic

**Eastern Virginia Medical School, Norfolk, VA**

- \* Surgery

**Emory University Hospital, Atlanta, GA**

- \* Psychiatry
- \* Pathology

**Geisinger Medical Center, Danville, PA**

- \* Dermatology

**Georgetown University Hospital, Washington DC**

- \* Surgery

**Indiana University, Indianapolis, IN**

- \* Urology

**Loyola University Medical Center, Maywood, IL**

- \* Surgery
- \* Anesthesiology

**Maricopa Medical Center, Phoenix, AZ**

- \* Surgery

**McLaren Regional Medical Center, Flint, Michigan**

- \* Orthopaedic Surgery

**Medical College of Wisconsin, Milwaukee, WI**

- \* Radiology-Diagnostic

**Medical University of South Carolina, Charleston, SC**

- \* Neurology

**Ohio State University, Columbus, OH**

- \* Anesthesiology
- \* Ophthalmology

**Oregon Health & Science University, Portland, OR**

- \* Surgery

**Southern Illinois University School of Medicine, Springfield, IL**

- \* Medicine-Psychiatry
- \* Radiology-Diagnostic

**University of Arizona Hospitals, Tucson, AZ**

- \* Pathology-Anatomic & Clinical

**University of Tennessee College of Medicine – Chattanooga, TN**

- \* Surgery

**University Hospital/University of Cincinnati, Cincinnati, OH**

- \* Emergency Medicine

**University of California Irvine, Irvine, CA**

- \* Radiology-Diagnostic

**University of California San Francisco -- East Bay, San Francisco, CA**

- \* Surgery

**University of Chicago, Chicago, IL**

- \* Orthopaedic Surgery
- \* Urology

**University of Cincinnati, Cincinnati, OH**

- \* Neurology

**University of Colorado School of Medicine, Denver, CO**

- \* Physical Medicine & Rehabilitation
- \* Psychiatry

**University of Illinois at Chicago, Chicago, IL**

- \* Radiology-Diagnostic

**University of Iowa, Iowa City, IA**

- \* Orthopaedic Surgery

**University of Kentucky, Lexington, KY**

- \* Pathology-Anatomic & Clinical

**University of Michigan, Kalamazoo, MI**

- \* Emergency Medicine

**University of Missouri, Columbia, MO**

- \* Pathology
- \* Surgery

**University of Nebraska COM, Omaha, NE**

- \* Emergency Medicine

**University of Texas, Galveston, TX**

- \* Plastic Surgery

**University of Washington, Seattle, WA**

- \* Child Neurology

**University of Wisconsin Hospitals and Clinics, Madison, WI**

- \* Neurology

**Virginia Commonwealth University, Richmond, VA**

- \* Pathology
- \* Surgery

**Wake Forest University School of Medicine, Winston-Salem, NC**

- \* Neurology

**Washington University in St Louis, MO**

- \* Anesthesiology
- \* Emergency Medicine

**William Beaumont Hospital, Royal Oak, MI**

- \* Emergency Medicine

**(Unidentified)**

- \* Psychiatry