

## Tips for Pillar 3 Scheduling based on Specialty

### Anesthesia

### Dermatology

### Emergency Medicine

Absolutely NEED to do 2 away rotations to get your SLOEs. 98% wont send out IVs till after Oct 11 time. THEY WILL ALL OVERBOOK (more invites than slots).

(Renita Goetz) Feel free to contact with more specific questions 6052301260 cell

Electives/scheduling: I did a home EM rotation before my aways which I found helpful. I also did PICU sub I at Sanford which was useful. Apply for aways early. You can do them back to back. I had 4 weeks in-between, and it was nice to have a slight break otherwise you are expected to be at your A game for 8 weeks straight. Both of my aways had an exam at the end, SAEM and EM shelf.

SVI: No one enjoys this. It is random behavioral questions that you read then have to respond with specific examples. Try to practice in front of the camera because it is strange not having someone ask you the questions.

Application: Have it complete by September 15. Away rotations are expecting you to ask for SLOE but have your CV and personal statement ready.

Interviews: EM interview season is later so do not freak out when your friends matching in IM already have 5 interviews, and you haven't heard anything :) I've been asked behavioral questions, and you can Google samples if you'd like to practice. Be yourself and try to think of specific questions you want to ask. Recommended number to interview at is 10-12

### Family Medicine

**Interviews start early October. No away rotations needed, but not a bad idea to audition a program you're interested in. Definitely do your subinternship before interviews- it's essential to know that you want to go into the specialty and a great talking point.**

Sub-internship and rural FM sites are great places to get letters from FM docs, do these early if possible.

### General Surgery

I didn't apply for gen surg but did prelim programs as a back-up and the prelim programs are considered under "gen surg" on ERAS. You'll just select the program and it'll drop down if they have a preliminary program or strictly categorical spots. Some prelim programs won't require you to travel for interviews and will instead do skype interviews (University of Washington) or will just rank you based on how strong of an applicant you are (Mayo).

For away rotations: a lot of small or community based programs don't use VSAS, instead you just apply directly from their website or by getting in touch with the residency or clerkship coordinator; the sooner you apply the better (I applied in late February); it's nice to do a June rotation before the next intern class starts, the interns at the end of their first year are more comfortable, better teachers, and will let you do more

### Internal Medicine

Will start early, ESPECIALLY Midwest programs. My first interview was Oct 2 so they'll start interviewing super early

General advice: do all your interesting stuff before ERAS is due Sept 15, like if you're going to do an international rotation, etc, so you have them on your resume. IM advice: Away rotations are not necessary unless you're targeting a specific competitive program. Be sure to get a letter from Dr. Wilke, who will ask to meet with you if he hasn't before, so introduce yourself at the next opportunity. Ask one of the attendings you had during your sub-I for a letter, and your Pillar 2 IM attending of course. Interviews are oct-end of Jan -- there was even a slot open Feb 1 at one program. I got a few invites within a few days of submitting my ERAS, then they came in steadily for about 3-4 weeks. I scheduled my rotations throughout the season, then started cancelling weeks based on when I was able to schedule interviews. Use Google Flights multi-city for interview tours. Several of my MidWest interviews have paid for my hotel. Don't schedule your top choice super early in the season -- I scheduled two low-stakes interviews at the beginning as practice.

### **Internal Medicine/Pediatrics**

#### **Neurology**

Externships are not required, but I have found them to be extremely helpful. It also gave me an advantage at the interview, in my opinion. Interviews are heavy Oct-Mid December (esp in midwest), so I would schedule something light like research or vacation. Interviews came quickly following ERAS apps being released, with more coming after the Dean's letter. SDN was helpful (and scary) to see where was sending out interviews. I found it helpful to have a less intensive interview first as a "practice" just to get the jitters out. Rotations I have found useful are NCC with Dr. Burris, a lot of general neurology (inpatient especially), neurosurgery (we receive the patients post-op or refer for surgery), palliative care, ophtho (to learn how to use your scope), and IM. Some programs require a chair letter or clerkship director letter, so I recommend getting letters from Drs. Freeman and Salem to have your bases covered. Overall, just relax and be yourself. Everyone has been super nice and welcoming on the interview trail.

#### **Neurosurgery**

Do spend at least 4 weeks in neurosurgery in Sioux Falls OR Sioux City before doing any externships. Do at least 2 externships and if you want to be considered by programs across the country do at least one of the externships on one of the coasts. The ideal months for externships are probably July/August/September, BUT if you can get an externship in June (U of Minnesota has this), you will likely get a lot more hands on experience in the OR before the new interns arrive towards the end of the month. Do anesthesia rotation early, before your surgical rotations. Do a neurocritical care rotation with Dr. Burris at Sanford early - it will be invaluable in learning the lingo and understanding the course of some disease states common to neurosurgery everywhere. I don't believe that a sub-I in general surgery would have been advantageous and as such recommend rounding out your education with an internal med sub-I after externships are done.

#### **Nuclear Medicine**

#### **Obstetrics and Gynecology**

Externships are very helpful! I'd suggest ATLEAST doing 1 at your top program- and make sure you perform well! Interviews are October-January. Ob/gyn was more competitive this year so I'd suggest applying to 40-50 programs depending on scores but there may be other opinions on this. Talk with other students about how many programs to apply to- the administration told some of us to only apply to 30 and that was not enough. Spend time during Pillar 3 doing the subspecialties (gyn onc, urogyn, REI, MFM) plus the ob/gyn sub-i on I&d along with an ob/gyn elective and NICU elective. Some of us had a great experience with this sub-i, but others hated it so its what you make it! Just be confident, ask to do things, and have a good attitude. Otherwise ENJOY PILLAR 3! Its our last chance at freedom so travel and use vacation time for VACATION! Hope this is helpful and I'm sure any of us applying ObGyn would be happy to answer any other questions you guys have.

This year, the heaviest of the interview season has been late October, November, and the first couple of weeks of December, so if you are going to take vacation or do research, I'd do it then, the flexibility for me doing research has been so nice on my interview schedule, I'd also avoid taking any requireds during this time as it's more important for you to be at your rotation during those; I've heard repeatedly on aways and during interviews that nothing you do during 4th year will make you any more prepared for your intern year, so just make it easy --> here at USD, that means front loading your schedule in the spring and summer with the above mentioned rotations and then doing the more irrelevant requireds and easy courses come October through graduation

### **Occupational Medicine**

### **Ophthalmology**

Electives/Scheduling: For a sub-I, there's no benefit in doing a surgery sub-I for ophthalmology. Definitely schedule time at one of the private practice groups in SF. There are a lot of technical skills in Ophthalmology that you should familiarize yourself with and practice before away rotations -- eg, slit lamp and using a 90D lens, indirect with the 28D or 20D lens, staining of the cornea w/ fluorescein. If possible, also try and familiarize yourself with interpreting diagnostic testing -- Visual fields, OCT/RNFL, Topography, etc.

Application: The SF match opens up around June 1 and you should try and have all of your letters, PS, etc. uploaded by early August. Some programs don't really have "set" deadlines but they start distributing applications around the 2nd/3rd week of August and you don't want to miss out on potential early interview invitations. For LOR's, I'd start thinking about what 3 you want to use for your application and if you're doing an away, get one as a backup option in case it doesn't work out getting a letter at an away institution. For application boosts, take advantage of our unique curriculum and do something Ophthalmology-specific and meaningful that helps your application stand out -- service, research, mission, etc. Two of us did a mission trip to Vietnam with a USD alum. For research, there is an incredible amount of research opportunities at VTV in Sioux Falls so reach out to somebody there as soon as possible if interested in a research project.

AWAYS: Doing an away rotation is definitely recommended, particularly because we do not have a residency program and it can give you a feel on the academic atmosphere as opposed to the solely private practice atmosphere we have here in SF/Rapid/Yankton. It's also helpful because it enables you to get a feel on what aspects are important to you (eg, subspecialty strength/exposure, research, program size, autonomy, etc.) Moreover, if you have a "dream" program, I would recommend doing an away rotation at that institution to get yourself some familiarity with the faculty +/- program director and if possible, try and get a letter from a faculty member there. If you're doing an away rotation to try and get a letter from another institution, I'd recommend doing it in June/July so you can have the letter uploaded in time for SF match.

Interviews: Interview season can start as early as September and extend into the first two weeks of December. The majority of interview invitations occur in October and you can use the SDN forum/spreadsheet online to track

### **Orthopedic Surgery**

Do 2-3 away rotations (even though you might meet people doing 5 away, I've had residents tell me that's overkill). It's nice to do them where USD students already are but also make sure to take a look at other programs too - I wish I would have done more in a bigger university setting. Can get a letter when you're there for away rotations. 85% of ortho interviews are emailed out in November, so it's a later interview season than the others. Most people apply to a LOT of programs (I did 88). Don't be nosy of your fellow ortho applicants. I wouldn't recommend looking on SDN as you will freak yourself out. Consider applying with some preliminary surgery programs as well for a back-up since ortho is really competitive.

Plan on 2-3 aways for sure. Sub-I in ortho before away rotations with goal to gain experience in closing and the anatomy. I rotated in July, August, and September at programs with varying levels of "prestige." Away rotations are obviously important to expose yourself to programs, but also important to request letters of recommendation. Your best ortho education will happen on aways. Interview offers mostly in November. Schedule USD rotations during December and January that you foresee being flexible since this is when the majority of interviews will take place.

**Competitiveness is three pronged 1) test and grades 2) research 3) away rotations. 1) Step 1 and 2 used as filters**

**2) Research is hard to find. Start Shadow now, ask for research opportunities after shadowing 3-4 times**

**3) Away rotations. Can do up to 16 weeks in fourth year. Highly suggested to do at least 2 rotations. Use away rotations to open up a region for interviews, interview in midwest and one other geographical region. If you are well prepared, can use it as an opportunity to get LOR from recognizable names. consider it a month long job interview. Do them at programs that guarantee interviews for rotators. Do them at programs that currently have USD SSOM grads.**

### **Otolaryngology**

Take advantage of the early "4th year" in pillar 3 to do away rotations - there is much less competition from other students to do rotations in April - June, and it helps you to make an impression earlier and get letters. ENT is a very small community so letters are SUPER important - everyone knows everyone. Do at a minimum 2 away rotations, and get at least one letter from a chairperson. You should also do some ENT research, which is another good use for your spring in pillar 3. Do a sub-I in surgery for sure, but know that some of the surgical faculty approved for the sub-i are ENTs, so you should request to do it with one of them. Again, the community is small so these attendings in SD may have good networking and can help you out. Some electives that are a good complement to ENT are radiation oncology, plastic surgery, neurosurgery, allergy/immunology, and radiology. Interview invitations start going out in middle-late October, interviews are mid November to mid January with a heavy concentration in the first two weeks of December. You can use Otomatch (<http://www.otomatch.com>) as a resource to see what other applicants are discussing and get an idea of when interviews will be, as well as when invitations go out. However, take this all with a grain of salt. It is sort of an ENT-specific Student Doctor Network, so there will be the occasional obnoxious or intimidating posts.

### **Pathology**

### **Pediatrics**

Away rotations are not necessary unless you would just like to use them as an opportunity to check out programs. Interviews come out within the first couple weeks after you submit your applications, but a few trickled in over about that first month after. A pediatric hospitalist sub-I was a great idea and experience because a lot of the interviews want to know about your inpatient experience or experience with a difficult patient. Plus you will want a letter of recommendation from a sub-I attending. Also, I feel really prepared for residency after being able to complete one. I would schedule this for spring/early summer just so you have it done before interviews or aways if you do want to do them. I also would highly recommend a couple weeks in the NICU because its a whole new world and it will be nice to have at least already been introduced to the way they do things before you get thrown in as an intern. Most programs and interviews are pretty relaxed. Research is probably not necessary, but a lot of programs talked to me about mine and seemed happy that I had done some. Most interviews started the third week of October and are done by the end of December, but a lot of programs had a couple dates at the beginning of January.

### **Preventative Medicine**

(Carmen Allcock) I applied to a few combined IM/Preventive just so see what would happen. I had a lot of trouble getting any advice about this because it's not a well-known specialty around here. Dr. Wilke is close, but did not do a preventive residency. I got one invite and am looking forward to what they say about the program.

### **Physical Medicine and Rehabilitation**

### **Plastic Surgery**

### **Psychiatry**

Away rotations are not necessary. Interview invitations come right after applications are submitted in September until the end of October. For your sub-I, you can either do the traditional 4 week internship, or, if you talk with Dr. Van Gerpen, you can set up a non-traditional experience where you spend time in more than one area (i.e., adult inpatient in SF or Yankton, C&A inpatient in SF or Yankton, geriatrics, etc.) -- I scheduled a sub-I where I spent 1 week in each of the following areas: adult inpatient in SF, adult inpatient in Yankton, child & adolescent in SF, and geriatrics.

### **Radiation Oncology**

### **Radiology (Diagnostic)**

I would say a rotation in radiology is necessary to secure a LOR, but I've also met applicants that applied without a radiology LOR who seem to be doing fine. Thus, I wouldn't say any rotations are absolutely necessary in Pillar 3. Every PD is quite aware radiology exposure is minimal in medical school. Away rotations are a waste for DR (sitting in the corner of a dark room fighting sleep for 4 weeks) but a must for IR/DR. So if you are interested in IR, I'd recommend 2-3 aways. IR folks should also do a general surgery sub-I (and apply for general surgery prelim programs), whereas DR applicants can do whatever sub-I interests them most. Interviews span from Oct to Feb depending on location (Midwest Oct-Dec, East Coast/Chicago Nov-Jan, California Dec-Feb). Prelims/TYs seem to mostly be from November to January. Try to schedule as many flexible rotations as possible during these months (research, anatomy, online courses).

### **Urology**

### **Vascular Surgery**