

## Specialty-Specific Advice from Class of 2019

(color-coded by specialty)

### Anesthesiology:

- Take an IM sub internship as this will help for preliminary medicine year.
- Try to take the 2 week anesthesia surgical subspecialty early on in the year
- Take 4 more weeks of anesthesiology later on (like an anesthesia sub-I)
- Do 1 (maybe 2 if you're up for it) externship to get a feel for what anesthesiology residency is like; the earlier the better. Most residents have mentioned that an away is only necessary to get in the door for your dream school
- Internal medicine electives of Pulmonary, Cardiology, and Intensive Care and/or NeuroCritical Care (2-4 weeks)
- Fill in remaining schedule with your own interests
- Timmerman really wants any surgical field to take the boot camp but most anesthesia programs do not require this

### Student #2

For Anesthesiology, I would recommend trying to register for anesthesia rotations first, as you have to compete with everyone in the class for anesthesia time, due to the surgery subspecialty course requirements for the entire class. I would then schedule my Sub-I next, which I would recommend Internal Medicine. I would also recommend Pulmonary Critical Care and ICU rotations. As for away rotations, they aren't necessary, but if you want to spend more time in anesthesia or really want to match at a specific program, you may consider doing an away rotation. Also, if you want to match on either of the coasts, you may want to do an away rotation in the region you wish to match.

### Dermatology:

For Derm I would have the following advice:

- 1) Away rotations: 2+ away rotations are pretty standard for derm. I think two was plenty! July and August seemed like great months to do them. I was able to get letters from both that way.
- 2) Away applications: I would apply to around 6 different programs if you want 2 aways as they are tougher to come by, especially for the timing you want. (I would start looking into deadlines for applications starting in February as some of them are as soon as March and require specific background checks, letters of recommendation, etc.).
- 3) I would suggest doing a home Derm rotation (4 weeks was about perfect) before you leave for aways.

- 4) If you are trying to do any dermatology-specific research (or other research) I would try to schedule time to have this completed and submitted prior to ERAS. (If this is something you want to be able to list on your ERAS application).
- 5) I would recommend plastic surgery as a surgery subspecialty. I don't think this necessarily has to be done prior to away rotations, but it is great suturing practice that was nice to have for my one rotation where I did have a chance to show my surgical skills.
- 6) I would suggest doing the AAD Derm curriculum modules online prior to ERAS. Free on the AAD website. <https://www.aad.org/education/basic-derm-curriculum>. This gives good practice on basic dermatology material and describing lesions, etc.
- 7) I would suggest spending time during the spring to research dermatology programs. It takes a long time, but I would recommend going through every program's website that you are considering applying to. Some of them are sneaky and require standardized letters of reference or answers to specific questions instead of a personal statement. It was just nice to have this done prior to being gone for ERAS.
- 8) I would suggest the dermatology-related rotations listed on the specialty-specific list, but I don't think these need to be done prior to away rotations

Dermatology interviews are mostly December and January (later than other specialties), so I would suggest trying not to have any required electives that are more intensive like ER, IM Sub-I, or surgical subspecialties during this time. [Kayla.Riswold@usd.edu](mailto:Kayla.Riswold@usd.edu)

Student #2:

For Dermatology, I would recommend 2-3 away rotations. Lean towards 3+ if applicants are really hoping to get out of the Midwest or stick with 2 if they are hoping to stay in the area. It would be smart to do one away rotation earlier (May-June) to focus on getting a letter of recommendation, and then 1-2 rotations after July as then you will be rotating with the actual group of residents that will weigh in on the rank list.

ENT:

My schedule during the last year was as follows:

General Surgery Sub I

Radiation Oncology

Anesthesiology

Surg Subspecialties ENT

Surgical Research

4 week ENT rotation

ER rotation

Sub I - Mayo

Sub I - University of Iowa

If I were to go back I would try to get my away rotations done in July and August. To this point it is hard to give advice on how many away rotations to do. I think I would at least recommend 2. Previous USD graduates have recommended more, but I think this may be excessive. Liam Duffy is doing 4 so he may have a different perspective on this. I think the goal for an ENT away is to get two or so good letters of recommendation. This is easily achieved with two rotations.

I think that front-loading the schedule for ENT is important as having experience in ENT before going on an away is super useful. I think all of the physicians in ENT in South Dakota would be good to work with, however Dr. Spanos is the most well-known to other programs in the nation and doing a rotation with him specifically is beneficial.

Dr. Howard and Dr. Schleiffarth in Rapid City are both younger physicians, who trained at very good programs in ENT. They will get you good hands on experience and will be able to write personal letters of recommendation. Definitely any student who is going into ENT whether from Sioux Falls, Rapid or Yankton should contact Dr. Howard. [Skye.Lawlor@usd.edu](mailto:Skye.Lawlor@usd.edu)

## Emergency Medicine:

How many away rotations should you do?

- You need to do two away rotations. EM letters of recommendation are called SLOEs, they are specific to the specialty, and you need two of them included in your residency application. They need to be written by Program Directors and since we don't have an EM residency at USD you need to do two aways to attain them. You will want to have at least one SLOE uploaded to ERAS before September 15th when applications are sent out. So you will want to have at least one away completed a few weeks before September 15th.

When should you schedule certain rotations and sub internships?

- Since EM encompasses parts of all specialties, there aren't specific ones that you absolutely have to do before aways. Ones that I would recommend include your 3-week home EM rotation, ICU, anesthesia to practice intubations, and some sort of surgical subspecialty to practice suturing. As far as your sub-I, I'm not sure that the timing specifically matters for EM.

Are there certain electives that were especially helpful?

- I found doing the home EM elective helpful to use as a practice rotation before my aways. Doing surgical subspecialties and a general surgery sub-I was also helpful to practice suturing and procedural work. I unfortunately wasn't able to schedule anesthesia before aways, but it would have been very beneficial to practice intubating.

Other electives that are recommended prior to graduation include ophtho (since we don't get much exposure to this in med school but you will see plenty of eye complaints in the ED), ICU for practice managing critically ill patients, and dermatology (you will see plenty of kids with rashes in the ED).

General advice for away rotations.

*- You aren't expected to know everything! Attendings will ask you questions until you get one wrong so that they have something they can teach you. Don't be flustered by this and think they will view it in a negative light, they enjoy teaching students and can't teach you if they don't find an area that you have room to improve.*

*Also, they aren't searching for med students that already know everything. They are searching for students that are eager to learn, take feedback well, and are willing to work hard without being high maintenance.*

*Lastly, take ownership over your patients. Check in on them frequently and know things like if their pain is improving, if their pertinent exam findings have changed, or that their labs or imaging studies are back. Fill the attending/resident in with updates on the patient's status and have a plan regarding the patient's disposition based on the new information that you have available.*

I hope some of that is helpful! Feel free to cut parts out or edit them as you see fit. And if any students that are interested in EM have questions, feel free to send them my cell phone number (605-695-2536) or email address – [Ryan.Jorgenson@usd.edu](mailto:Ryan.Jorgenson@usd.edu).

Student #2:

1) 2 aways is basically a must! July to September is the ideal time for these so that you can get your SLOE letters. Make sure to apply via VSAS as early as possible (January/February) as spots fill up quickly and are somewhat competitive.

2) Home EM rotation: if possible, try to get a home EM rotation before your aways to prep yourself for the aways (this is not a must though and it is ok if you are unable to fit a home EM rotation into your schedule at all, as long as you have 2 aways).

3) Emphasize critical care rotations such as ICU and PICU. I did an elective PICU sub-I and the faculty were awesome and I learned a ton and almost all of it was applicable to the ED.

4 Anesthesia - learn your Bag mask ventilation!!! learn your induction meds. Work on intubations and lines (including IV starts)

5 Surgery: lots of surgery rotations (surgery has a lot of critical care/acute care). I did my core sub-I in surgery. Also have done several other surgery rotations including cardiothoracic surgery. Work on suturing, critical care patient management, and get to the OR early to work on IV's/foleys/BMV/intubations

6) for your other rotations, think of all the things you will see in the ED: Dermatology, ophthalmology, orthopedics, ENT, pain management (especially if you can rotate with someone doing a lot of nerve blocks and injections), Telemedicine, etc.

As always, if anyone has any questions, they can always reach to me and I would be more than happy to give advice/help out. - [alexander.brech@coyotes.usd.edu](mailto:alexander.brech@coyotes.usd.edu)

## Internal Medicine:

My advice for IM is pretty basic.

1) I would recommend doing one away rotation just because it was a great opportunity to experience another healthcare system. However, it is not necessary unless you are very interested in one particular program or you have lower STEP scores and need to make connections to get your foot in the door. Also, even though IM is less competitive than other specialties, if you do go on an away, it is still expected that you meet with the program director and ask for letters of recommendation.

2) Do your Sub-I early and try to schedule all weeks of your Sub-I during the same month so you start and end with the same group of residents.

## Neurology:

I am going into Neurology, so I will speak to my encounters thus far. I scheduled both an IM Sub-I and a "Neurology Sub-I" prior to ERAS application so that I could include both of those on my MSPE and transcript. The Neurology Sub-I isn't a specific course, but rather just myself scheduling a month-long clinical neurology rotation and asking for the attendings to treat me like an intern.

As for away rotations, I applied for 3 rotations (because you get the first 3 for a flat rate on VSLO) but they fell through. All-in-all, I'm told that many institutions don't take many medical students for Neurology, and this year some of the sites I applied to only took 2-3 the whole year. This is mostly to get a feel for international students, so American medical students may not get first preference. I am also told that this rarely affects how these places rank American medical students, but I have yet to go on my interview trail.

## OB/GYN:

Aways:

Per PDs at the ACOG national meeting away rotations are not necessary or even recommended due to the difficulty of competing with home students. That being said, I did an away and I'm happy I did. We don't have a home program so applicants don't have a program to "fall back on." It also a great way to get your foot in the door at a program you're really interested in. I did my away at a pretty popular program, and I got offered an interview within hours of submitting my app. I doubt this would've happened without doing an away there. I would also recommend doing one if you're targeting a geographical region outside the Midwest.

When applying make sure you research when VSAS opens for each program or check frequently. Applying as early as possible is key. Also, don't be afraid to reach out to the coordinators. Ob/Gyn is also a little different than other specialties, because L&D rotations are often not available or fill during peak

times with home students. If you don't get what you apply for ask if there's any availability for the subspecialty rotations. If you can rotate in that subspecialty beforehand that's ideal, but if not, don't worry. Faculty and residents won't expect you to be an expert in MFM or gyn onc as a beginning fourth year. Many residents come in without much subspecialty exposure. What's most important is making sure that you'll get resident exposure on your rotation.

Aways are expensive and it could hurt your chances if you're not fully invested. Don't go if you're only motivated because you feel like you need to do one.

Most are offered beginning in July or August. Do not go during interview season (October-December). I met residents who did aways during January prior to submitting rank lists. It's an option, but I don't think it's ideal.

#### Rotations:

Schedule your sub-I as early as possible. Unfortunately, it's unavailable until May so depending on how many people are interested spots can fill quickly. Prioritize this during your registration. Identify who you need LoRs from and plan accordingly. Some programs require letters from department chairs. If you're not doing an away that letter would need to be from Dr. Hansen. It's certainly not necessary to rotate with a DC to get a letter, but we have that opportunity at USD, so I would recommend REI early. Schedule a mix of Ob/Gyn subspecialty rotations with more general rotations to stay well-rounded. I really enjoyed Women's Health and Healthcare for the Underserved. Peak interview times are the second half of October through December. Avoid required rotations, and schedule a mix of vacation and lighter rotations.

#### Other:

Attend ACOG if you have the opportunity. Update your CV regularly and ask faculty to review it. Participate in Ob/Gyn Interest Group activities and events. Research programs early, FREIDA and APGO are great resources.

#### Student #2

Do a sub-internship in OB early. It will help secure a LOR, prepare you for subsequent aways, and/or confirm that this truly is the specialty for you.

Consider doing a general Ob/Gyn rotation if you feel your Pillar 2 experience wasn't enough. I personally enjoyed this rotation, and it gave me a better picture of the lifestyle of Ob/Gyn because the sub-internship is primarily L&D.

Many programs require a LOR from the Department Chair - do a rotation with Dr. Hansen so he can get to know you and write a meaningful letter.

Away rotation: not totally necessary but not a bad idea. I did one and don't regret it if for no other reason than to see what an Ob/Gyn residency looks like because we don't have a program. Go somewhere you are interested in and plan to work hard and be engaged. It can be very expensive so planning is key. Recommend applying early and trying to secure a rotation early so it doesn't get close to interview season (personal choice, I was a little stressed out doing mine close to when ERAS applications were due). Also, you can do an away rotation in a sub-specialty (i.e. gyn onc, REI, etc.), it doesn't have to be a general rotation or a sub-I/AI. Try to get an inpatient rotation though so you work with residents.

Schedule some rotations outside the field of Ob/Gyn. You have your whole life to practice within the specialty, do things that will make you more well-rounded and that you are interested in. Examples: ethics, endocrinology, radiology, healthcare for the underserved...

Gyn-oncology is an awesome rotation (personal favorite) that give you great surgical experience and can make for a good LOR opportunity. You don't have to rotate through all the sub-specialties, you will do this during residency!

Consider research in the specialty, a case report looks good but is not necessary.

Attend the ACOG meeting - it was SUPER fun and it's in Nashville this year!  
Questions? [Susan.Wik@usd.edu](mailto:Susan.Wik@usd.edu)

Student #3

I am not sure whether away rotations are necessary. I was offered one that did not work with my schedule, and therefore did not attend any. It would be nice to see an OBGyn residency firsthand, as we do not have one. As far as sub-Is, I would recommend doing it as early as possible, so that there is time to schedule away rotations throughout the summer. During the sub-I, utilize the family med residents, and try to get in on as many procedures as possible. Dr. Brockmeier was wonderful to rotate with, as she let me help with many surgeries, and was very hands-on. In clinic, she allowed me to do a lot of documentation and I saw all patients on my own. If a student would like more time with suturing, I would recommend a rotation in plastic surgery.

## Ophthalmology:

Here is my advice for those looking to match **Ophthalmology**:

**Scheduling:** schedule SD ophthalmology rotations early – you want to learn the basics of the physical exam (at least learn how to use the slit lamp and get a view of the retina with the 78D/90D lens); if you can, also learn how to use the indirect with the 20D. Being able to tech patients up (i.e. room, get a brief history, get vision, pupils, pressure, and do a quick exam) will be helpful at an away – hard to do here in South Dakota since most practices are very fast paced and will have technicians doing this while you spend time with the attending. I would recommend at least one four-week rotation in ophthalmology in SD before any aways to get the needed practice with the equipment. Can also schedule ophthalmology research either early in Pillar 3 to get a project done before applications are due, or during interview season to have a bit more flexibility with travel.

Good rotations to supplement (either fall or spring of fourth year) would be neurology, radiology, rheumatology, endocrinology, other IM disciplines, neonatology if interested in pediatric ophthalmology, ENT, and anesthesia.

**Aways:** At least one, since we do not have a home program. It is important to get some residency exposure since rotations here will be in private practice clinics and you want to know what to look for during interviews. You can do more than one if you are concerned about other parts of your application or are really seeking a specific program, but there is no real consensus on whether or not ophthalmology aways help or hurt your odds of matching somewhere specific

**Sub-I:** generally IM recommended to prepare for intern year, although I did FM since I am interested in pediatric ophthalmology

**Application:** you want everything in your application (including letters) completed by mid-August; programs will send out interview invites before their 'recommended due date', the earliest of which was September 1 this year, so you want at least two weeks before this time for everything to process; LORs are from two ophthalmology attendings, and one from a Pillar 2 doc who can vouch for your character and clinical skills (although they are looking to switch to a new system of standardized letters or rec, which are currently optional at this point).

**Interviews:** earliest in September, peak in November, and extend to a week or so before Christmas

Student #2:

Ophthalmology - It is important to try to get an ophthalmology rotation under your belt before you do aways - some even require it. Try to get the Advanced Ophthalmology rotation scheduled for March/April/May so you're able to do a couple summer month aways. For away rotations - apply early for them because they will fill quickly. Don't underestimate how much they could require you to do for these - even away rotations are competitive now at good programs so they are NOT guaranteed. As far as number, I think one or two is good. Try to do one where you think you might be interested - this got me a letter from a program director. That being said, it isn't a guarantee to get an interview from an away. Try to do your away rotations before August if you can, especially if you want a letter. The SF Match application (CAS) should be submitted in total by mid-August (this includes all 3 letters of recommendation). It will not be processed until it is complete and you don't want to be the last person to submit. For scheduling after August, it doesn't matter what you schedule specifically. Just know that most interview invites are given out in late September/early October so you will need to have access to your computer/phone. Additionally, interview season is heavy during late October to mid-December, so schedule something you can leave, schedule research, or schedule vacation because you won't know



your schedule very far in advance. After that, Match is in January for us so if you have things left over you need to get done, January until graduation is wide open. Eventually, it will change to where all programs are going to switch to categorical preliminary years so you won't have to worry about the ERAS match. However, you might still have some interviews to do after SF Match if you want to do a transition year somewhere else (though most programs will probably offer you a spot in their program). [Keegan.Mechels@usd.edu](mailto:Keegan.Mechels@usd.edu)

## Orthopedic Surgery:

### Away Rotations:

1. Plan on doing 3 away rotations. The school allows us do up to 4; however, doing 4 gets long and expensive.
2. When selecting away rotations it is always good to go to a program that has former USD students. I'd also look at doing one away at a big academic center as you get great experience, you get to see what an academic center is like, and you can also get a letter of recommendation from someone well known in Orthopaedics.
3. Most people do away rotations in July, August, and September. Doing a rotation in September or October has pros and cons. Pros: You are closer to interview season and it's a good way to show off your skills. Cons: applications get sent out in the middle of September, so it makes getting a letters of recommendation hard. Take time off in between rotations if you can. I took off one week between my 1st and 2nd rotation. I did not have a break between my 2nd and 3rd rotation and it is tough.
4. Be prepared for away rotations. Anatomy is the only thing they EXPECT you to know. Netter's Concise Ortho book is a great resource as is Orthobullets.com. Always be available to residents and Attendings. Work hard, be normal, show off your skills when you get an opportunity – was complimented on suturing skills saying: "you have great hands." USD sets us up well for away rotations.
5. Plan to do an ortho rotation at USD before heading out on away rotations. It helps get you prepared.

### Application/Competitiveness

1. Competitiveness is three pronged
  - a. Test and grades – Step 1 and Step 2
    - i. Recent paper in 2017 cited 89 programs use a minimum step 1 score. 83 programs require a step 1 score above 210, 80 require a step 1 score above 220, 57 require a score above 230, 22 require a score above 240. In my experience, most schools have a 235 step 1 cutoff; however, it is still achievable to match with a lower score.
    - ii. Step 2 score – make sure you improve on step 1 score. New studies coming out showing step 2 is more important than step 1
  - b. Research
    - i. Tough to get involved in research. Any research is good; however, research in orthopedics is best. Shadow orthopedic surgeons and ask for their advice.
  - c. Away rotations

- i. Performing well on these rotations can get you into that program and also score you a great letter of recommendation.
    - d. Assess yourself
      - i. Speak with your advisor and other orthopedic surgeons. Show them your resume and ask them to be honest about your competitiveness.
- 2. Interviews
  - a. Most programs send interview invitations out in October and November with interviews in December and January.
  - b. Make sure you schedule rotations at USD that can allow flexibility (basically no required rotations). [Joshua.Rogers@usd.edu](mailto:Joshua.Rogers@usd.edu)

## Pediatrics:

1) How many away rotations? 0

2) Sub-internship? I am on the Rapid City campus and decided to do my peds sub-i at Sanford, this was the best decision I've made! They treated me like an intern and I got a real sense of what residency is going to be like. I would recommend doing this rotation as early as possible.

3) Other rotations that are good for peds? General Peds, Neonatology (at least 3 weeks, I only did two and regretted it). Dermatology (Try to find someone who works with kids), Allergy/Asthma, ENT, Anesthesiology (intubations and IV's).

### Student #2

You don't have to do away rotations unless you have a program you are really interested in and want to see how that program runs or you have a highly competitive pediatrics residency you plan to apply to. I would do your Sub-I relatively early so if you don't do well you can put other pediatrics rotations in to buffer that score. Do a NICU rotation if you want to learn all the mathematics of pediatrics. If you do surgical sub-specialties, make them more pediatrics associated--ENT is important, I also worked with a pediatrics ortho surgeon and that was a very useful rotation to learn about club-feet and scoliosis.

### Student #3

Schedule Peds Hospitalist Sub-I early in Pillar 3. If there isn't a peds specialty rotation offered (ex: GI or Pulm) or the offered rotation is too long (Cardio 4 weeks, Endo 8 weeks) you can use the "Mixed Out-Patient Clinic Experience in Pediatrics & Adolescent Medicine" rotation. It can be a flex rotation for scheduling peds specialties.

Away rotations are not necessary, but fine if you are really wanting to experience something specific. I was advised to spend that time rotating through various sub-specialties/Hospitalist/PICU/NICU at SSOM instead. Use final months of Pillar 3 to take rotations you are interested in outside of pediatrics. There will be plenty of pediatric training waiting for you in residency.

## Psychiatry:

For psychiatry, I was told that external rotations are not necessary, as much as other specialties. So, I simply chose to rotate in Sioux Falls since I knew that was high on my list for programs. I would definitely suggest rotating in Sioux Falls with the residents, because it definitely gives you a leg up to have those connections. So, I would not discourage external rotations, but if the student is not picky about where they're going, I think that not doing externships would be okay.

I would definitely suggest a rotation in Yankton for psychiatry, as the rotation demonstrates acute pathology well. I would suggest significant neurology experiences, including Neurosurgery. I would also suggest an internal medicine sub-internship, or at least significant experience in internal medicine, as we will be managing inpatients in residency significantly.

With regards to interview scheduling, I have had a lot of interview dates offered in October and November. So if possible, taking a few weeks of vacation during those months would be helpful. I would also possibly schedule in patient experiences during September, as interview spots fill up quickly, and you have to be on your phone a lot when offers first come out. Clinic is not as conducive to this.

Anesthesiology may be a good rotation during interview season, as you're done early in the morning. The IM sub-internship may also be a good time to schedule, as you can see patients earlier in the day if necessary. Also the ER rotation can be a good rotation during this time as well. Any research rotations would also be good during this time.

### Student #2:

My situation was a little different because I was required to do two away rotations for the military. However, if you're really interested in a specific program I would highly recommend doing an away rotation there. It's a great way to show the program things that they might not be able to fully appreciate through paper. It gives you an opportunity to show them how you work as part of a team and how much you care about your patients. It also provides a good opportunity to establish good relationships with current residents and gain a better understanding of what your life would be like at that program. If you decide to do an away rotation, I would also recommend front loading your sub-I and maybe some other psychiatry rotations so that you feel more confident when you're on your aways.

### Student #3

I was somewhat "late to the party" when I decided to pursue psychiatry. Everyone at Avera Behavioral is extremely helpful and accommodating. I did not do a sub-I, but if you are looking for a well-rounded experience, I would recommend the Individual Elective in Psychiatry rotation. If you meet with Marcia, she is willing to tailor a schedule to your interests. Utilize the residents as they are also very

accommodating and happy to assist students. In-patient rotations are more interesting than clinic rotations, because you get to discuss the patients and see medication management. I am not sure whether psych aways are necessary, but I would guess not.

## Radiation Oncology:

I only did one away rotation and I did it at Mayo Clinic in Rochester. Most students do 2-4 away rotations. Radiation oncology is a very small community. Radiation Oncologists know each other all over the world. Connections are key. If you are interested in Rad Onc you have to do a rotation with and get a letter from Dr. Petereit in Rapid City. He is very well known. Getting letter of rec on away rotations from the department's chair is also important since we do not have a radiation oncology program. Rad Onc is a research driven field and you should do some type of research. It does not have to be Rad Onc or even oncology research. Publications are best but not necessary.

## Surgery:

For general surgery, I did two away rotations. I would suggest three if your scores are not as competitive. We are personable and hard working in South Dakota and I think that the away rotations I have been at have recognized that so far. Aways are a decent chance to counter some of that first impression on paper.

I liked having my aways just before residency applications were due, so I could have my LOR. However, some locations have the policy that they will not interview before interview season, period. Pushing the away back may have saved me a trip.

Definitely do your local Sub-I in surgery before doing aways.

I liked having my ER rotation before my Sub-I's, so I could better recognize the presentation of many surgical cases.

## Urology:

I have a few specialty-specific instructions for urology:

- Plan on completing three away rotations prior to September 15th. Letters of Recommendation are the undisputed most important part of a urology residency application. Since USD does not have a home institution, you should plan on doing three aways to secure three LORs.
- It's probably a good idea to get your surgery sub-i done early in the year
- stack the courses that you will want on your application early in the year, what you do after September will have little importance to your application
- on that note, you may want to take some research time early on to have time to get some work published
- keep in mind that the number of courses you do under surgery is limited so be frugal when planning
- you might consider putting some of the required courses that are not pertinent to your application towards the fall/winter. Just be mindful to stay away from interview season for required courses that might not let you leave for an interview

Some recommended elective courses for urology: nephrology, oncology, radiology, pathology

Additionally, I am happy to meet with any students who may be considering urology, please feel free to give them my contact information. [Matthew.D.Larson@usd.edu](mailto:Matthew.D.Larson@usd.edu)