Surgery Residency Application Guidebook

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Disclaimer: This is guide has been created to help medical students apply to general surgery (and associated subspecialties). There is inherent bias as this was created by students at a large, tertiary-care, research oriented academic center. The recommendations made here are not for everyone but should be used as a rough guide to aide in a time of high stress.
You are in your fourth year of medical school and it all comes down to this - doing everything in your power to find and match at the training program that will best support your unique interests in the field of surgery. It is an exciting period that can also be quite stressful at times. We hope that this book will help to make the whole application and interview process more straightforward for you.

This book is a compilation of advice regarding the match process and represents our best efforts to provide you with a reliable source of information specific to students who plan to match into general surgery (and integrated programs for general surgery subspecialties). We fully acknowledge that there are many ways to go about this process and we
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PRE-INTERVIEW PERIOD
Critical Dates in the Application Process

May/June: Start preparing your personal statement and CV. Select and contact mentors who will write your letters of recommendation. Meet with your Dept. of Surgery Chairperson, who will also write a letter.

Mid May: ERAS opens – first day you can access the system and begin filling out your online application.

July/August: Meet with your letter writers to finalize details for your letters of recommendation. You will need a quality draft of your personal statement and CV for these meetings.

September 15: ERAS submission begins – first day you can submit applications; first day programs can download applications from ERAS.

September 15 – 30: A handful of programs begin inviting applicants for interviews.

October 1: Dean’s letter (MSPE) is sent to programs. Majority of programs begin sending interview invites AFTER they have received the Dean’s letter.

October 15: Application deadline for a small number of programs.

Late October: A small number of programs hold their first interviews during the last week of October.

November 1: Application deadline for the vast majority of programs.

November – January: Interview season.

Early/mid February: Programs determine what order they will rank their applicants.

Late February: Rank list due for applicants and programs.

Mid March: Match status (matched/unmatched) released to applicants. Unmatched applicants participate in SOAP (and possibly the scramble) to secure open positions or preliminary positions. Specific placement (which program) revealed five days later on Match Day.

Mid-June: Intern orientation starts for most programs.
Finding Mentors

Identifying and building strong relationships with a variety of mentors is a process that you will start early on in medical school and continue for the rest of your career. Your mentors during medical school will be influential in shaping your career decisions and eventual specialty choice. They will also be invaluable to you as you begin the process of residency applications and interviews. Be very intentional about identifying mentors during medical school who will work with you to make you successful in the future!

Main Points:

- Have multiple mentors at different points in their career path
- Understand each mentor’s role and background and use their knowledge and advice accordingly
- Consult your mentors frequently; they are your best resource!

What to Look for in a Mentor

An ideal mentor is someone with whom you have developed a personal connection and who inspires you to emulate their example in at least some area of their personal or professional life. Different people will obviously have different needs and expectations for mentors, but the following is a relatively constant list of qualities that a good mentor will possess.

- Makes themselves readily available to serve their mentee.
- Invests in the mentor-mentee relationship and gets to know their mentee personally.
- Is enthusiastic about teaching their mentee about medicine and larger life lessons.
- Has their mentee’s best interest at heart and works to help their mentee
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- Invests in the mentor-mentee relationship and gets to know their mentee personally.
- Is enthusiastic about teaching their mentee about medicine and larger life lessons.
- Has their mentee’s best interest at heart and works to help their mentee meet their goals.
- Challenges their mentee with new ideas.
- Connects their mentee with others who can provide additional mentorship.
- Provides a positive example that the mentee can strive to emulate.

Where to Find Mentors

You will likely have multiple mentors in different areas of your personal and professional life. This is good – having multiple mentors gives you a broad exposure to different perspectives and opinions. Relationships with mentors can literally develop anywhere, but the list below gives some common places where you can begin your search for mentorship.

- *Senior faculty:* Get to know senior faculty within specific specialties that you are interested in. Recognize that these faculty are often well-known among their colleagues and can connect you to many other surgeons who can offer additional mentorship.
- **Junior faculty:** These are often the up-and-coming members of a department who have interesting clinical work and exciting research opportunities to get involved with. They are generally very interested in helping students as they are closer to medical school than their more senior colleagues.

- **Department chair:** Very well-connected and well-known members of the surgical community. Developing a relationship with your department chair can be invaluable as they can offer perspectives on the organization and stability of departments around the country.

- **Surgery clerkship director:** Are enthusiastic about supporting medical students in any way possible. Your clerkship director can often give you the best information about how competitive your application is in relation to your peers.

- **Surgery residents:** They were recently medical students themselves and can offer a wealth of relatively current advice about career decision making and the residency application process.

- **Research professors:** Students interested in basic science or who are completing MD/PhD tracks may find that research faculty offer experience and expertise that is more specific than that of their clinical colleagues.

- **Non-surgical faculty:** You may be interested in a career in surgery, but non-surgical faculty can often offer excellent advice on career decisions and how to be a great doctor in general.

- **Community leaders:** Can get to know you as a person and provide a great perspective from outside the medical world.

**Overarching Themes**

- Have multiple mentors at different points in your career path

- Understand each mentor’s role and background and use their knowledge and advice accordingly

- Consult your mentors frequently; they are your best resource!
ERAS Components

What is the ERAS Application?
The ERAS application is your application to residency. It is a single, generic application that is sent to as many residency programs as you choose. Residency program directors use the ERAS application to determine whether or not they will invite an applicant to interview with their program. Applicants can begin editing their ERAS application via the online website in May and can submit their ERAS application in mid-September.

Your ERAS application will include the following information:
- Basic demographic information
- Curriculum Vitae (CV)
- Personal Statement
- Letters of Recommendation
- USMLE Transcripts
- Programs to which you are applying

It is critical that you begin preparing your application early as you will need to have your personal statement and CV available for meetings with your department chair, medical school dean, and faculty who will be writing your letters of recommendation. These meetings generally take place during the first few months of the M4 year, so be sure to get started on your application as early as possible.

A more detailed description of each component of the ERAS application is included below.

Basic Demographic Information
This is a simple section that includes contact information, military service, and any history of misdemeanors or felonies committed in the United States.

Curriculum Vitae (CV)
The curriculum vitae is a written document that lists an applicant’s professional activities and honors. It includes educational history, research/work/volunteer experiences, publications, and awards. The majority of your CV should highlight experiences from medical school – only include earlier experiences if they are particularly relevant or unique (i.e. Eagle Scout, All-American athlete, successful nonprofit).

Each item on the CV is entered into the ERAS application as free text to allow for a brief description of each experience. Remember that residency program directors read hundreds of these applications, so be sure to keep your descriptions brief and to the point. It is helpful to generate a copy of your CV as
a word document prior to entering it into the ERAS website, this way you can just copy/paste your concise descriptions into your application. You will also be able to distribute your pre-written CV to your letter writers and department chair for them to use while writing your letters of recommendation. Again, it is best to complete your CV as early as possible and then update it as needed.

**USMLE Transcripts**
Includes scores for the USMLE Step 1 and Step 2 CK/CS exams (if taken prior to applying).

**Personal Statement**
The personal statement is a 1-page document that tells residency program directors who you are, why you are interested in a career in surgery, and why you will be a successful surgeon. Although it seems simple, writing a meaningful personal statement can be a challenging task as many applicants find it difficult to concisely write about themselves. The key is to reflect on your unique motivations for pursuing a career in surgery and then honestly delineate your future career goals. The next step is to start writing as early as possible. Expect to go through many, many drafts of your personal statement before you have something that you are ready to share with others. Then ask faculty and others who know you well to critique your personal statement and offer suggestions for improvement. Honestly evaluate their comments and then revise your draft accordingly. Continue this process until you feel that you have a personal statement that can accurately present yourself to the residency programs to which you are applying.

Here is a useful framework to help guide your reflections prior to writing your personal statement:
- How did you decide to pursue a career in surgery?
- What have you done to prepare for life as a surgeon?
- Why are you special?
- What do you plan to do after residency?
- What are you looking for in a residency program?
Letters of Recommendation

Letters of recommendation are formal letters written by faculty in support of your application. In their letters, faculty will generally comment on your character, medical school performance, and professional potential as a surgical resident and beyond. As such, letters of recommendation should ideally be written by faculty who know you well who are well-respected in the surgery community, and who can write you a strong letter. Surgery programs also require that you submit one letter written by your department chair.

Be sure to approach faculty early (May or June if possible) so that they have enough time to write and submit their letter. Applicants will generally approach faculty via email and ask if they would be willing to write a strong letter of recommendation on their behalf. You should then set up a time to meet in person to discuss your CV, personal statement, and any other questions that the faculty member may have before writing their letter. Your CV and personal statement (even a rough draft) should be sent well in advance of this meeting.

You can save an unlimited number of letters to the ERAS system, but you should only send 3-4 letters of recommendation to each program. You can specify which letters will be sent to each program when you submit your final ERAS application.

More detailed information on letters of recommendation can be found in Section 5, titled Choosing Your Letter Writers.

Programs to Which You Are Applying

There are hundreds of general surgery residency programs in the country so you will need to narrow down your options prior to submitting your ERAS application. Evaluating program characteristics (reputation, location, size, patient population) as well as personal circumstances (family, competitiveness, career goals) will help you determine which programs will provide you with the best fit. In addition to other resources, faculty and residents are invaluable sources of advice on the strengths and weaknesses of different programs.

You can apply to as many programs as you want through ERAS, but you will pay an application fee for each program you select. Most applicants therefore limit their selections to a reasonable number of programs that they are truly interested in and would plan to visit if offered an interview.

More detailed information on deciding which programs to apply to can be found in Section 6, titled Choosing Your Residency Programs.
Choosing Letter Writers

Section 5

Your letters of recommendation are an important part of your ERAS application because they allow someone besides you to tell the programs how great you are. Great letters of recommendation can really strengthen your application, so be sure that you carefully select who you will ask to write your letters. Make sure that your letter writers know you well and can advocate strongly on your behalf!

Main Points:

• Ideal letters will be from well-known and respected surgeons who are full professors and have worked with you closely. It may be difficult to find a single perfect letter writer, but it is most important to ask surgeons who know you well and can highlight your strengths.

• Your best opportunities for letter writers will likely come from your fourth-year sub-Is.

• Ask faculty early and remind as necessary! They know to expect requests every summer and most will be happy to help in your application process.

Below are some guidelines for who you should ask to write your letters of recommendation.

Surgery Faculty from Third Year
Ideally, you have stayed in touch with one or two surgery faculty whom you met during your third year rotations. Clerkship facilitators can be especially helpful, because you have met with them outside of regular clinical duties and medical student education is important to them. Try to meet as early as possible with these surgeons so that your third year performance is fresh in their minds.

Other Faculty from Third Year
We would not recommend including letters from faculty in other disciplines besides surgery. The only exception would be if you have done extensive research with that physician. Many residency interviewers appreciate letters from their friends and other names they recognize. Plus, a surgeon knows the attributes someone needs to excel in the field and can best highlight those in a letter.
Research Mentors
Very important, especially at academic residency programs. Instead of just focusing on your clinical acumen, these letters emphasize a different skill set that will be important in the future. Moreover, you will probably have spent more time with these faculty, so they know you better and can write more anecdotally.

Surgery Faculty from Fourth Year
Often the majority of letters will be from this group. Faculty you worked well with during your Sub-Is in May, June, and July are ideal. It is best to request a letter right after working with someone, so they can best remember your performance. You have learned a lot during your third year and can really shine during these rotations, so faculty will have a lot of good things to write about you. You may even consider starting a rotation by telling the faculty member that you would like to request a letter from them at the end and asking what expectations they have for time spent with them in the clinic or OR that would indicate strong student performance.

Chairman’s Letter
Some medical schools will include a letter from the Chairman of Surgery for all students applying in general surgery and will set up a meeting for each student. Given his or her busy schedule, it is wise to schedule the appointment early in the summer, even if the appointment itself will be later in the summer. Be prepared for this meeting as it may be your first and only chance to make an impression and communicate the things you’d like highlighted in that letter. As with other meetings, you should provide the ERAS cover sheet, a personal statement that is near its final draft, an up-to-date CV, and a list of programs. Be prepared to answer questions like, “Why surgery?” and “Tell me more about yourself?”
ERAS Requirements

• You can store as many letters as you want in ERAS, but you cannot send more than four to any one program. If you have a letter from the Chair of Surgery, that leaves three additional faculty letters.

• “Finalize” each potential letter writer in ERAS and print a cover sheet before asking for a letter. The cover sheet can also be emailed. “Finalizing” just creates a slot for the LOR to be uploaded and does not mean you have to send out that letter to programs.

• ERAS allows you to send different letters to different programs, which is ideal if you’re applying to both General Surgery and subspecialty programs.

• Although it is possible for letters to be uploaded after submission of your ERAS application, try to get everything in before the submission deadline. Ask early, and verify in ERAS that the letters are uploaded and available to send!

How to Pick Specific Faculty Letter Writers

• Pick faculty with whom you have spent the most time and who know you best.

• Letters from full professors as opposed to associate or assistant professors may carry slightly more weight. Letters from faculty who are well known nationally in their field may also carry more weight. Surgeons appreciate the opinions of colleagues that they know personally and whose work they are familiar with.

• Pick faculty who can highlight your different strengths. This includes but isn’t limited to research, technical skills, patient management, teaching, and any didactic presentations.

• Ask for letters with the explicit phrase: “Can you write a strong letter of recommendation for me?” If someone tells you no, maybe because they haven’t spent as much time with you, thank them politely. They are doing you a favor by not writing a less than stellar letter.
• Ask faculty for a letter via an email, then follow up by scheduling a meeting to talk about the specifics of the letter. Provide your letter writer with a copy of your CV, revised personal statement, list of programs, and the ERAS letter writer sheet. You can also solicit advice about your personal statement and list of programs during your meeting.

• Send faculty thank-you notes after they submit your letters to ERAS. After Match Day, you can also send a short message about where you will be.

• Faculty write letters every year, so they know to expect requests. Try to give as much lead time as possible and follow up with polite reminder emails as necessary. Administrative assistants can also be very helpful and great allies.
Choosing Your Residency Programs  

Section 6

Selecting which programs to apply to can be a daunting task. The right program for you will depend on a variety of factors. These will be different for everyone, so spend some time thinking about the following factors to help you decide which residency programs you will apply to.

Main Points:

- Decide what kind of program you want and where in the country you would like to live.

- Create a preliminary list. FREIDA is an online database run by the AMA that can be a good starting point to find programs using some basic characteristics.

- Talk to lots of people! Get feedback from residents and faculty to solicit suggestions and refine your list.

- Most applicants apply to 50 or more programs, including both “dream” and “backup” programs. Your faculty mentors can help you determine where you will be competitive and guide the direction of your list.

Geographic Restrictions

Many applicants will end up saying that they have no restrictions and end up “applying broadly.” However, location can be an important factor in choosing a residency and you should honestly examine the role that geography will play in your consideration of different programs. Would you prefer to go back to a big city, or do you prefer the smaller town feel of Ann Arbor or Durham? Perhaps you want to stay near family or move to join your significant other in another state? Maybe you have to consider job opportunities for a spouse? Take into consideration what type of patient population you will take care of in a given location. Many programs will offer the same caliber of clinical training and research opportunities, so location becomes a big factor for your rank list down the road.
Academic or Community Hospitals
Large academic centers are best for those who have an interest in research or other academic interests outside clinical surgery. General Surgery training is 5 years, and many academic programs may require at least 1 year of research with an additional/optional second year of research should you want/need it. There are roughly 10 programs in the country in which the 2 years of research are mandatory. This is something that becomes very clear during the interview process, and can also be found out from residents who have interviewed at those programs. Whether you will be afforded research time will depend on the resident complement at your program, and how many residents are going to be doing research each year. Ultimately, if you are interested in doing research years, it is best to let the department know early on. Community programs are more clinically focused and have higher case volumes. These programs are usually 5 years.

A more detailed description of the differences between academic and community surgery programs can be found in Section 16, titled Applying to Community Surgery Programs.

Resident Suggestions
Residents are great sources of information because they have interviewed recently at many of the programs to which you will apply and may have friends at other institutions. If you hear a program recommended over and over again, it’s probably worth applying to.

Faculty/Mentor Suggestions
Faculty can provide valuable insight into the reputation of different programs. Junior faculty members can offer pros and cons of the various training paradigms and are also more likely to know about any recent changes to programs. Senior faculty members can give great big picture advice drawn from their extensive experience, but they may be more removed from the more recent changes, depending on how closely they follow programs. Your home institution’s chairman, program director and other faculty involved in medical student and resident education are the best sources of information because they are in tune with other program directors and new developments in resident education at various institutions.
The key is to solicit suggestions from multiple sources and to find where the consensus lies. The bottom line is that you will have to explore multiple programs yourself to find out which program will best support your interests.

**Specific Program Characteristics to Consider**
- Research faculty/projects or multidisciplinary research centers that correlate with your interests or previous experiences.
- Quality of fellowship programs that graduating residents match into.
- Strength of particular department of interest.
- Reputation for collegiality vs. hierarchical environment.

**Gauging the Competitiveness of your Application**

It can be difficult to determine how competitive your application may be compared to other students applying into surgery. It is often helpful to ask faculty (chairmen, program directors, and clerkship directors in particular) to give you their honest opinions about the competitiveness of your application. The NRMP also publishes information on previous year match results that can be used to assess the competitiveness of your application. A link to this document can be found below.


**Other Helpful Tips**
- Apply to roughly 30 programs; however, if you feel that you are a weaker candidate, apply MUCH more broadly (consider applying to up to 50+ programs).
- Talk to your mentors in terms of how strong a candidate they think you are.
- Keep a balance of “reach”, “competitive” and “safety” schools.
- Talk to as many people as possible to solicit advice and suggestions.
Scheduling Interviews

Section 7

General Rules

• *Complete and submit your application early:* Programs will send out offers on day one, and some may fill their interview spots quickly. Even a 1-2 day delay could result in an applicant who “meets or exceeds” criteria to miss out on an interview unless a cancellation occurs.

• *Communicate early:* It’s in your best interest to initiate communication with programs ASAP. When scheduling or rescheduling interviews, spots fill up very quickly, so prompt communication will maximize your chances of getting the dates you want. When cancelling interviews, an early response will ensure the program has enough time to offer your spot to another applicant.

• *Be courteous:* A program’s surgery education office is responsible for scheduling and rescheduling interviews. They are the gatekeepers. If you come off as even slightly rude, they can make your life difficult. Be courteous, even if the person you’re talking to isn’t, and you’ll have a better experience.

Before Interview Invitations are Sent

• While not essential, you can consider making a calendar of all potential interview dates for each program you apply to. These are often found the program’s website, although some will not have them posted. Try to come up with a potential schedule, prioritizing which interview dates are your first and second choices for each program.

• Once you get an invitation, you can quickly browse through the potential dates of other programs to minimize schedule conflicts and to try to schedule programs in the same city together.

• Invitations are sent by email, and spots fill up very quickly and sometimes you may not get your first choice even if you answer within 30 min to 1 hour. Check your email frequently, or you may miss out. Smart phones with “push” notifications for email are very helpful. “Push” means your phone goes off whenever you get a new email (you don’t have to manually check it).

• Shameless plug for Apple: If you have an iPhone, you can add noreply@eraspod.aamc.org to your “VIP” email list and set it so that you get an alert when you get an email from them (eg. text, loud obnoxious alarm, etc)
• Be flexible. Despite how carefully you plan out a tentative schedule, there will be a wrench thrown in the plans. Have an idea in your head of which programs and cities are highest priority for you to visit if there are many on the same day.

Once you submit your application, be ready to respond to interview offers. Some programs will send interview offers within days after you submit your application. The vast majority of offers are made in late September and throughout October with a few coming in November.

Accepting Invitations
• Respond ASAP – spots fill up very quickly!

• Email is the best medium unless directed otherwise.

• Read the invitation carefully before responding. It sometimes asks for specific information in your reply such as what specialties you are interested in or RSVP information for the social event.

Sample Interview RSVP Email

Dear [Program Coordinator’s name],

Thank you very much for the invitation to interview at [program name]. I would like to accept and schedule the interview. My date preferences in order are:

1. December 4-5
2. December 9-10

My specific areas of interest are Vascular, Transplant, and General Surgery. Please let me know if I can provide any further information that will help you coordinate the interview day.

Thank you again for the invitation to interview with your program. I very much look forward to meeting everyone in the department on interview day.

Sincerely,

_________
Rescheduling, Cancelling, or Declining Interviews

- Don’t worry – programs expect some applicants will cancel/reschedule, so they are usually forgiving.

- Being courteous and professional TO EVERYONE (admins, etc.) is of particular importance. Lack of gratitude when cancelling interviews may burn bridges.

- Whenever possible, notify the program AT LEAST 2 WEEKS in advance so they can reschedule you or offer your spot to another applicant.

- If you cancel/reschedule on short notice (< 2 weeks), you need to have a convincing reason (death in family, severe illness).

- If you cancel/reschedule ahead of time (> 2 weeks), you do not need to give a specific reason.

- Be aware that some programs may require you to cancel your initial date in order to reschedule and some may allow you to waitlist for other dates concurrently.

- If you are waitlisted for a date, spots more frequently open up later in the interview season when others cancel.

Sample Interview Cancellation Email

Dear [Program Coordinator’s name],

My name is [your name] and I am currently scheduled to interview at [program name] on January 12th. Unfortunately, I will have to cancel my visit. I am very sorry that I will not be able to make it. Please convey my sincerest apologies to Dr. [program director].

Thank you again for the invitation to interview with your program. I sincerely regret having to cancel my visit.

Sincerely,

____________
Sample Interview Rescheduling Email

Dear [Program Coordinator’s name],

Thank you very much for the confirmation. I was wondering if it would be possible to reschedule my interview for December 15th. December 8th would also work for me. I understand that a limited number of candidates are interviewed on each date, and would be happy to keep my previously scheduled date (Jan 5th) if this is not possible.

Thanks so much for your help in coordinating the interview day. I very much look forward to interviewing at [program name].

Sincerely,

_________
General Surgery is becoming more and more competitive in terms of applications and interviews. There has been a substantial increase in the number of applications across the country and very limited increases in the number of residency positions. An increasing number of students interested in surgery is exciting, but keep in mind this also ends up adding additional pressure on each applicant when it comes to applications. Although not ideal, the scenario of not receiving many interview offers is very real, and very stressful if not handled promptly and smoothly. The most important part of all of this is that it is okay to freak out; but quickly gather yourself and execute your plan of action.

The Setup
You’ve submitted your ERAS application and all your letters are in. You’re waiting for interview offers to arrive and….nothing. Alternatively, you’ve received some invitations, but haven’t heard back from more competitive programs. Additionally, you may have heard from others that some applicants have already received invitations from these programs.

Timing
Programs can begin downloading ERAS applications on September 15, but many will wait to offer any interview invitations until after the Dean’s letter is released on October 1. If you haven’t received many offers in the first two weeks of October, it is important to evaluate the need to take some extra steps. This includes working with programs you have already applied to or applying to additional programs. Keep in mind that most programs set their application deadline on either October 15 or November 1, so be sure to apply to any additional programs before their application deadline.
What You Should Do If You Do Not Have Many Interview Offers

- Talk to your mentors AND your clerkship director and/or other medical school faculty. Bring a copy of your CV (board scores, clinical grades, research) and your current list of programs. If there are particular programs you are interested in, ask if they have connections at those programs or could connect you with faculty who do. Some faculty will directly offer to make phone calls on your behalf for interviews. Ask them if you need to apply to a few less competitive programs. Consider applying for prelim spots (see below) or even consider a less competitive specialty.

- For programs you have already applied to: Call/email the residency coordinator, indicate who you are, express your strong interest in their program and your hope for the opportunity to interview there. If you are emailing, add a brief sentence with something specific about the program you are interested in that also pertains to your own strengths/future interests (e.g. if program is affiliated with large county hospital with lots of trauma, mention you’ve had experience in trauma research).

- For programs you are considering applying to: Call ahead to see if they are still offering interviews. Once you have submitted your application, email the residency coordinator to inform him/her that you’ve just submitted your application and express a specific interest in the program.

- Attend all interviews that you are offered, even if you think that a program may be less desirable. Remember, it is better to match than to try your luck in the SOAP or post-match scramble.

Should You Apply for A Preliminary Year?

It is always better to spend more money upfront to guarantee more interviews and have a subsequent successful match than it is to go through the Supplemental Offer and Acceptance Program (SOAP) and post-SOAP scramble. Because of the large discrepancy between the number of applicants and residency positions, there will essentially be no categorical spots available post-match (there were only a handful after the 2015 match). Preliminary positions are typically 1-year contracts that can serve as either a transitional year for a different specialty (i.e. anesthesia or PM&R) or serve as a back-up plan for someone who is applying to a very competitive subspecialty (i.e. plastic surgery, cardiothoracic, vascular, neurosurgery). You can put preliminary programs in your match list as well, and some of the more prestigious programs will fill their preliminary positions even in the match. Your mentors will be able to provide the best help for deciding if you should consider preliminary positions on your rank list.
Should you Apply to a different specialty?
This is an extremely difficult question and requires input from your faculty mentors and your medical school advisors. If you have progressed this far and have not gotten many interviews (<5), you must consider the possibility that you may not match to Surgery (even the preliminary spots are not guaranteed). Alternative options are limited at this late stage, but internal medicine and family practice are big enough specialties that you should be able to apply to these also (if you are interested). The alternatives include removing yourself from the match and taking a year off (and engaging in research, or another degree program), or proceeding through the match and hoping for the best. If you take a year off, you have to think about whether the extra year will make you more competitive for Surgery the following year.
Getting to Your Interviews  
Section 9

Once you’ve scheduled your interviews there is a decent amount of planning that is necessary to make the interview trail run smoothly, minimize stress, and help you get where you need to be on time. As always, be sure to give yourself extra time to navigate unfamiliar cities and always plan to arrive early.

Listed below are some of the major logistical details that should be addressed before each interview. The options are listed in order of least to most expensive in an effort to help minimize travel costs.

**Transportation to the Interview City**

This is the most expensive part of the interview trail for many applicants. Consider how much time you are willing to spend traveling to a given location in order to save money. Also make sure you know exactly when the interview begins and ends before you make travel plans – programs often host an social event on the night before or the night of the interview that you should plan to attend if possible.

**How to get to the interview city:**

- **Personal Car** - A great option for nearby interviews or when you have the time to make a longer trip. Often much less expensive than an airplane ticket. Added convenience of having your car available for flexible transportation once you arrive at your destination.

- **Bus/Train** - Another less expensive option that allows you to read, sleep, or work while traveling. However, schedules may be significantly delayed by traffic or maintenance issues.

- **Airplane** - Expensive but quick and easy. Avoid scheduling too far in advance in case you decide to cancel or change an interview date. Be sure to arrange transportation to and from the airport, and keep your interview clothes with you on the plane to avoid losing them if your luggage gets misplaced!

**Transportation around the Interview City**

Getting around an unfamiliar city can be tricky without some advance planning. Make sure you look into different transportation options to determine how you will get to and from the airport, hotel, social events, and the interview itself. Google Maps and other mobile navigation applications are a huge help for finding your way around a new city.

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How to get around the interview city:

• **Personal car** – A flexible and oftentimes convenient option, but be aware that parking can be difficult and expensive in larger cities. Check with the program coordinator at each interview to see where you should park and whether your hospital parking fees can be reimbursed.

• **Public transportation** (google maps) – Inexpensive and usually pretty reliable in larger cities, especially when getting to/from downtown and the airport. May not be available in smaller cities or less urban areas. Be sure to budget extra time as public transportation often takes much longer than driving. Google Maps has an excellent feature that you can use to plan travel via public transportation.

• **Uber/Lyft/taxi** – Convenient and timely way to get around crowded cities. Travel time will be affected by traffic. Ride with other interviewees to reduce cost. Be aware that fares are often more expensive when travelling to/from an airport.

• **Rental Car** – Relatively expensive but gives you the freedom to travel at your own pace as soon as you leave the airport. May be necessary in less urban areas where public transportation or taxis are less available. Book in advance to secure the lowest possible rates.

**Lodging**

Make sure that you will be staying somewhere comfortable and reasonably close to your interview so that you can arrive well-rested on interview day. There are many options available for lodging that will appeal to different people for different reasons.

**Where to stay during your interview:**

• **Friends** – Catch up with friends you haven’t seen in a while and crash on their couch. Your friends can give you the inside perspective on life in their city and may have some time to show you around as well.

• **Host Program** – Your medical school may have an alumni network of doctors willing to host interviewees visiting their city. Some residency programs may also offer to have you stay with a current resident the night before your interview.

• **Hostel** – Most hostels are located near the center of a city and offer less expensive lodging than hotels. Hostels generally have multiple bunk beds in a room and community bathrooms that guests share.
• **Housing Share Websites** – You can often find reasonably priced lodging through online housing share websites (i.e. Airbnb). This may give you a better idea of what it is like to live in the city you are visiting. It may also be a good option if you are staying in a city for longer than a few days.

• **Hotel** – Most hospitals have nearby hotels that offer discounted rates for interviewees. Contact the programs coordinator to ask if they have a particular hotel that they recommend, then coordinate with other interviewees to share hotel rooms to reduce costs.

**Sightseeing**
You may be spending the next 5-7 years in the city where you are interviewing, so make sure you take some time to get to know the place! Walk around downtown, go for a run, or take a guided tour to get a feel for the city. Explore the things that you would most look forward to doing in that city (i.e. restaurants, nightlife, museums, nature) and see if you could realistically see yourself living there in the future. It may add some extra expense and travel time, but knowing that you would be happy living somewhere is a huge benefit when it comes time to make your final rank list.

**Helpful Tips**
- Remember to take time zones into account when planning travel!
- Always carry your suit with you on the airplane in case your checked luggage gets lost.
- There may be times along the interview trail when you will have back-to-back interviews and will be on the road for days to weeks at a time without a stop back home. Plan and pack accordingly.
- Do not purchase a flight until you are absolutely sure that you will be attending an interview.
- Southwest Airlines offers free checked bags and does not charge for itinerary changes.
- Whenever possible, try to schedule back-to-back interviews in the same city to minimize the expense associated with additional trips to the same location.
- Driving to interviews may take longer but is much less expensive than flying.
- Find a consistent way to keep all your interviews and travel schedule organized, and make sure to update it as you switch/cancel interview dates.
Preparing For Your Interviews

Congratulations, you have received your interview invitations, set the dates, bought the plane tickets, and set up the lodging. It is now time to prepare for your interviews. First off, relax about this. If you spend a little bit of time for each program, you should find ample amounts of information and feel comfortable with your knowledge about a program; it’s all about what effort you put into it. Of course, you will have to prepare to talk about yourself and your application; the nice thing about this is that after your first interview, the preparation for this does not really change, and you will only get better at talking about yourself! The interview is a very important aspect of your application and can make the difference between matching at your first choice and falling lower down your list. Being properly prepared for your interview will allow you an opportunity to display your accomplishments and your personality.

Your Initial Preparation

The first thing you will have to do is prepare yourself for answers to common questions that you are expecting to be asked, and also learn about each program and what sets them apart from others. You should expect to be asked certain general questions over and over, with minor differences between interviewers. Some of these include:

- Why did you choose to pursue general surgery?
- What do you look for in a program?
- Why did you decide to apply to our program?
- Where do you see yourself in 10-15 years?
- Do you know what kind of research you may be interested in pursuing during residency?
- Residency will be a very stressful time; how do you deal with stress?
- What accomplishment are you most proud of?
- What traits do you feel are important to succeed in surgery?
- If you wanted me to tell the admission committee one thing when I talk to them about you, what would it be?
- How will you impact our surgery program for the better?
You should sit down and write out answers to all of these questions (and whatever other ones you might think are important) before your first interview. This way you can practice going through the way you want to approach each one, so that you are not struggling to come up with succinct, confident, and thoughtful answers during your interviews. Once you do this once, you can revisit them from time to time if you think it’s necessary, but once you prepare for your first interview and answer a handful of these questions, you will likely know exactly how to respond the next time around.

Your next step should involve program-specific preparation. You should use whatever resources you have available to you (typically the program’s surgery website will have details about the program) to write down a list of salient features of the program as a pros/cons list. This can then help you write down a set of questions to ask on your pre-interview dinners and interview days to help fill in gaps. For example, if the department website has no information on whether or not the program guarantees funding for research, then you can add this as a question to ask residents or interviewers at some point. Utilizing this approach will familiarize you with the program so you have a sense of what makes them unique, what makes them weaker so that you are aware of how to target your questions, and ultimately prepares you to portray knowledge about a program when interviewers are attempting to gauge your interest in their program. Many students apply to a variety of programs with no specific intent in mind other than the fact that it is a “top program” or some other reason. While it is understandable why students may want to do this, you will still want to have specific reasons why you chose to apply to a program. Through your research on a program, questions you ask at your pre-interview dinners, and however else you obtain information on a program, you should be able to succinctly and genuinely answer what it is that draws you to a specific program.

During your interview preparation, it is extremely important to make sure you know every aspect of your CV. Any part of your application is fair game during an interview, so you want to make sure that you can essentially answer anything about your application. You should re-read all of your publications, and be able to answer any questions about them, as some interviewers will either know about your publications, or have actually read a part of them. You may be asked to briefly speak about what you did during your gap year as well, so be prepared to reach deeper into the past too.
Practicing For Your Interviews
Once you know what you want to talk about, you should practice how you will deliver that information. Students prefer different methods to simulate interview situations. Mock interviews provide a secure environment to practice interview techniques, body posture, eye contact, and answers to common interview questions. While some medical schools will set up mock interviews for applicants, most will not. You should seek out mock interviews in whatever way your medical school might provide them. Another option is practicing with friends, which offers a relaxed environment to rehearse different answers to common questions. By far the best option for a mock interview is a faculty mentor. Although most students will likely not feel comfortable asking an attending to set aside time for a mock interview, if you have such an opportunity, you should certainly utilize it. Most faculty have interviewed residents at some point in their career and can offer you valuable feedback on how you can improve your interview skills. If possible, you can also schedule early interviews with programs that you may be less interested in to get practice early in the season.

Looking the Part
It is important to keep your clothing professional and conservative. This is not the time to try out new fashion trends or hairstyles. Men should wear a black, navy, or grey suit. The shirt should be a solid color or subtle pattern, and should be matched with an appropriate tie. Shoes should be black or brown. Hair should be clean-cut and combed, and facial hair should be well trimmed. Women should wear dark pant or skirt suits (with pantyhose). Non-collared shirts are perfectly acceptable to wear under your suit jacket. Again, no low cut shirts or short skirts. In general, hair longer than shoulder length should be tied. Remember, these interview days are long and there is usually a tour of the facilities involved, so shoes should be comfortable. Proper attire at the night-before resident meet-and-greet events is also important, and ranges from casual to business casual. You can email the residency coordinator prior to your interview to find out the dress code. For men, it is usually appropriate to dress or khaki pants with a button-down dress shirt and for women a blouse/cardigan with a skirt or slacks is acceptable.
The Pre-Interview Dinner
The pre-interview events are invaluable in many ways. It helps break the ice of going to a program for an interview, helps you get to know the residents better and get a better sense of the program’s culture, have your questions answered, have fun, and get to know your fellow applicants better. While these events are normally not required, it is always recommended that you attend. These events are usually only for residents and interviewees, however, faculty may attend at some programs. Even though you think you aren’t being judged, you certainly are to some extent. Many times faculty will ask residents if anybody stood out to them in a good or bad way from these dinners. You should always be professional, and realize that the surgery community is a small one and that word travels fast if you do anything unprofessional and embarrassing. Alcoholic beverages are supplied at most of these events, and while the residents may drink more heavily, keep yourself to a maximum of 1-2 drinks. Every year there are embarrassing stories of applicants drinking too much at these events, and these stories do spread to other people and places.

Final Advice
When going to your interview day, it is important to ALWAYS BE ON TIME. In fact always try and be a little early. You will soon notice that even if you think you’re going to be the first one there if you arrive 15 minutes early, you’ll find that multiple people are already there. It may be difficult to be on time, as you may not know your way around a new city. If you have time, try to find the hospital the day prior to the interview. Make sure to leave with plenty of time in the morning and to ask your hotel to make taxi/transportation arrangements for you the night before. At your interview, remember to be nice to everyone you meet. Shake hands, make eye contact, say please and thank you, and smile. You never know who is watching and who will offer an opinion regarding your application.
Interview Day Strategies

What to bring to every interview

- *Copies of your ERAS application, CV, research abstracts:* Interviewers will ask you specifics about your research experiences, personal statement, or prior activities – it is always good to refresh your memory, especially at the beginning of interview season
- *Prepared responses to questions you are expecting:* Always be prepared to answer these three questions: Why surgery? Why this program? Tell me about yourself! In answering these questions, be very thoughtful in your responses and try to interpret before responding. For example, this is not the time to start off by saying my name is John; I’m 25… when asked about yourself. Instead, a more thoughtful response would be telling the interviewer the unique qualities that will make you an outstanding intern. Your name, age etc have nothing to do with that.
- In actuality, you may find that few ask you for your CV or application. Most programs are very organized and all interviewers will have your file prior to each interview. Just go with the flow and enjoy each interview as it unfolds.

Things to prepare for each program:

- List of *people* you are interested in meeting during your visit.
  - Recent Grads: always good to get the inside story.
  - Faculty members with your research or career interests, specialty choice.
  - Chairs, Program Directors, etc. – Make a list of names and specialties.
- List of the *reasons* you are interested in this specific program.
  - You will frequently be asked why you wanted to apply or join the program. Include specific research interests, strong clinical experiences, global health, etc. Here, do not forget to state the things that make this program stand out to you.
  - If you went to the night before, comment on what impressed you about their residents. If you’re most impressed about their didactics, say it “your active investment in resident education is unparalleled”
- List of *questions* to ask the program – For both residents and faculty interviewers
  - You will be asked “do you have any questions for me?” more times than you can imagine!! Even if you don’t have one, the first word that should come out of your mouth is “yes” and then ask one. It’s even okay to say yes but instead comment on something else you really like about the program and then finish by saying what has been your experience with it?
Finally, make sure you think and interpret before answering any question. There is nothing wrong with taking a brief pause before you answer a question. It may be helpful to first ask yourself, why is my interviewer asking me this question? What does my interviewer really want to know about me? Think quickly about this and the best way to frame your response, then go ahead and give your answer.

**Pre-interview social event:**
- Expect to see primarily residents. This is your opportunity to see what kind of people the program likes to recruit.
- Make it goal-oriented. Establish specific goals and questions before arriving. This will give you purpose and help direct you in case conversation runs dry. Without this, you can easily end up wandering aimlessly and appearing disinterested. Toward the end of interview season, you will have made a lot of friends on the interview trail, but please avoid talking about other programs at the pre interview dinner.
- Remember, this is still an interview! Residents are asked for the feedback from these events. Don’t be paranoid, but also limit your alcohol intake (if drinking), and be as appropriate as you would be the following day.

Make sure you have lots of questions to ask the residents! Here are some ideas:
- Where are you in your training?
- What specialty are you interested in?
- What faculty do you most admire here?
- How would you describe your program’s culture?
- What could be better about your residency program?
- What impact do fellows have on your education?
- Where do most residents live?
- What advice do you have for my interviews tomorrow? (this one can be surprisingly valuable)

**Interviews**
- Pace yourself, interviews are nerve-wracking so take a breath to organize your thoughts before answering questions.
- Be confident in your responses, always answer questions honestly and succinctly
- Don’t be afraid to ask about things you are concerned about – research funding, specific lab experiences, strength of individual departments.
- Illegal questions happen, but an interview is a bad time to take a stand or make a point! Just do your best and stay composed, give them
whatever information you are comfortable with, but do not get upset during the interview. You can address any concerns after you finish your interview with the program director or coordinator.

- It is OK to ask the same question in each interview. If you are running out of things to ask, keep the conversation going with questions that you’ve already had answered by someone else. Your current interview doesn’t know your prior conversations, and at the end of the day, late in the season, sometimes interview fatigue can set in. Recycle questions if needed to mitigate this.

**After Each Interview**

- Write notes about what you discussed with each interviewer, it is really easy to fall out of this habit but it makes thank you notes so much easier/faster.
  - You can easily plug a specific sentence about what you discussed, then they know you remembered the conversation
  - Also write down any additional questions you thought of after your time ended and mention them in your note
- Before leaving, thank the residency coordinator for organizing the interview day and ask them for any emails/addresses that you will need to send your thank you notes.
Evaluating Programs

Finding the right fit
Remember that your interviews are just as much a chance for you to evaluate each program as they are a chance for each program to evaluate you. The ultimate goal of the whole interview process is to find the program that most closely fits your ideal model for residency training. The way to do this is to critically evaluate each program based on your personal and professional values and goals.

What do you value in a program?
Every applicant will have different priorities for what is most important to them as they interview at residency programs. Be sure that you know what your priorities are prior to beginning interviews, but also revisit these priorities periodically as you may find that they change as you progress through the interview trail. Listed below are some broad questions to consider that may help you more specifically identify what you value in a residency program.

- Do you want to pursue research training as part of your residency program? How important is it to you to have protected/required academic development time during residency?
- What types of research do you want to pursue? What opportunities does each program offer in this area of research? Is there a particular mentor you would want to work with?
- Do you want to specialize after residency? What exposure do residents have to this specialty? What success has each program had in matching former residents into fellowships of various specialties?
- What sort of departmental culture do you work best in? How does this compare with what you observed during your interview day?
- What type of relationships do you want to have with your co-residents and faculty?
- Do you want to work at many different types of hospitals during residency?
- What role do you want formal didactics to play in your residency training?
- What is the cost of living near each program? How much do residents get paid?
- What sort of benefits do you expect your residency to provide?
- Do you have a geographic preference for where you do residency?
Critically evaluating your programs
You will go on many interviews and specific program details can easily blur together so make sure that you have a system in place to evaluate each program and compare it to other places that you have visited. Some people will place greater emphasis on their subjective impressions of a program, others will rely on a more objective analysis. Regardless, make sure that you have some way to keep track of your thoughts about each program as you progress through interview season. This will be really helpful when it comes time to decide on your final rank order list.

Many students recommend sitting down immediately after your interview and reflecting on your gut reaction about the program. Writing your thoughts down or talking through them with a family member or friend can help you remember your initial impressions at a later time.

• Would you be happy at this program?
• What was the social event like?
• How well did you get along with the residents and faculty?
• Will this program prepare you to meet your career goals?
• What unique opportunities or experiences does this program offer?
• Were there any red flags or warning signs that came up during your interview day?
• How does this program compare to other programs you have visited?

Many students will then use a more analytical, quantitative system to evaluate the details of different programs in a more objective way. Most of these systems consist of spreadsheets made in Excel. To make an evaluation spreadsheet, select the criteria that is most important to you (i.e. program location, research opportunities, fellowship opportunities, didactics, department culture, cost of living, etc) and assign a point value of 0-10 for how well a program fulfills each category. The point values are then totaled to generate a composite score that can be used to objectively rank programs based on how closely they align with what you are looking for in a residency program. A sample spreadsheet is included.
Don’t forget to include your faculty and resident mentors, family, and friends in the discussion as you begin evaluating your programs! Faculty and residents can provide valuable information in the form of their own experiences or what they have heard from others about a given program. They can also confirm whether you are giving appropriate weight to certain strengths or weaknesses that a program might have. Family and friends, on the other hand, often know you best and can speak honestly about whether they think you would be happy in a given location or program. They can also provide a surprisingly accurate reference point for how excited you seem about certain programs compared to others.

### Thank You Notes

Most programs and interviewers expect to get thank you notes after you interview, so you should absolutely send one unless a program specifically tells you not to. Even then, it is still safe to send one. Not sending a thank you note demonstrates a clear lack of interest and reflects poorly on your character.

#### When

ASAP, on the same day or day after your interview if possible. You want their impression of you to be fresh when they read the note. Interviewers often interview multiple people and you don’t want to be the forgotten one. Working in the airport or flight when leaving can be a good time to write these, before your next interview begins.

#### Who

Be sure to send personalized thank you notes to the program director, all of your interviewers, and the program coordinator (they work harder than anyone to ensure that the interview day runs smoothly). You can also consider sending shorter thank you notes to residents who made your interview day particularly memorable.

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**Sample Residency Program Evaluation Spreadsheet**

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How

- Be sincere, concise, and honest.
- Include specifics about your conversation with the person (it may help to write these down immediately after your interview).
- Make your thank you notes individualized and avoid sounding formulaic. Thank you notes are included in your file and can be read by all faculty members.
- Avoid specifics on where you’ll rank them (even late in the interview season).
- Double-check everything (names, spelling, and grammar). Errors will reflect very poorly on you.

Handwritten vs. Email

This is a frequently debated point, but it is largely a matter of personal preference. Handwritten notes show a nice personal touch but take a while to write and can be challenging to read. Emailed notes have the advantage of being easier for faculty to respond to, which can sometimes tell you what kind of impression you made or give you a chance to ask follow-up questions. You can always ask the program coordinator about which medium a program prefers if you are unsure about whether to handwrite or email your thank you notes.

Critical Point

If you email your thank you notes, make sure they are personalized. These emails often get forwarded to the program directors and other faculty members. The good news is if you email, you may often get a response, something you rarely get with handwritten notes.

Sample Thank You Note to Faculty/Resident Interviewer

Dear Dr. __________,

I hope you are doing well. I wanted to extend my gratitude to you for taking the time to interview and explore my interests in the General Surgery program here at [program name].

I came away very impressed by the forward vision of [program name] and your assumption of a leadership role in international health. Your commitment to resident education and excellent training is unparalleled, and it’s easy to see why the current residents thrive under your leadership.

I am confident my dream of establishing an international platform for General Surgery can be realized at [program name] under your guidance. I would consider it an honor to be invited to be part of this esteemed institution. Thank you for your strong consideration of my application.

Sincerely,

_________
Sample Thank You Note to Program Director

Dear Dr. _________,

I wanted to thank you again for inviting me to interview at [program name] on [interview date]. I very much appreciated having the opportunity to spend time with the residents and get their unique perspective on the program.

I truly appreciated the honesty demonstrated by you, the residents, and faculty in answering all my questions. During my visit, I was greatly impressed by the faculty and residents. Their collegiality and dedication to fostering an outstanding training experience truly set [program name] apart from other programs. They are exactly the kind of people I hope to work with during residency, and I would consider myself very fortunate to have the opportunity to train at such an outstanding program.

Thank you again for your time and consideration. I was greatly impressed by [program name], and hope to receive strong consideration for a residency position at your program.

Sincerely,

_________

Sample Thank You Note to Program Coordinator

Dear _________,

I wanted to send a quick note to thank you for providing such an amazing experience during my interview day at [program name] on [date]. I appreciate the hard work you and the rest of the team put in to make the day run so smoothly. Getting to and from the interview was almost effortless, thanks to you. I really appreciate the opportunity to talk to the residents both at the dinner and during the interview day. In particular, the tour of the hospital gave me a glimpse of some of the amazing facilities the residents train in.

Thank you again for your time and consideration. I look forward to working with you in the future.

Sincerely,

_________
POST-INTERVIEW PERIOD
Making Your Rank Order List

There are many excellent programs out there so finalizing your rank order list can be a challenging process. As always, the key is to start early and be honest with yourself regarding your priorities for residency. Be sure to utilize your network of mentors, family, and friends as you consider which programs you will rank higher than others. Below is a list of suggestions for how to go about finalizing your rank order list.

**Before Interviews**
You will have a final list of programs after all interview offers and cancellations have been made. Go ahead and make a preliminary rank list at this time and tuck it away for later. Unless you have done some away rotations, this list will likely be based on program reputation and what you may have heard from faculty or residents.

**During Interviews**
Keep a running list of how programs compare to others as you move through the interview process. Use the time after an interview to compare that program head-to-head with other places you have already visited and decide where that program falls compared to the others. Another option is to make a new rank list every week during the interview period. Be cognizant of which programs remain consistently at the top of your list throughout the interview period.

**After Interviews**
At this point you should have collected all the information you will need to make your decision. Make sure you reach out to programs directly if you feel that you still have unanswered questions about their program or want to arrange a “second-look” at a certain program. Once you have done that, it is time to do some serious soul-searching and really hammer out what you are looking for in a program. You can then evaluate each program systematically based on how well they fit your individual criteria. Really spend some time with this decision, and don’t be afraid to mix up the order of your programs just to see how having one program higher than another feels.

Here is a step-by-step process for narrowing down your options toward a final rank order list.

**Step 1:** Exclude any program you absolutely would not want to train at (i.e. not matching and even going into another field of medicine would be preferable to matching at this program).
Step 2: Stratify your list into three groups based on desirability (i.e. highly desirable, desirable, and less desirable programs). You should ideally have an about equal number of programs in each group.

Step 3: Determine your rank order within each of your three groups. The “highly desirable” group will end up being programs 1-4ish, the “desirable” group will be programs 5-8ish, and the “less desirable” group will be programs 9-12ish.

Step 4: Consolidate your three groups and enter this rank order list into the online Match website. Save and certify this list, then give yourself several days to see how this order feels. Make adjustments to your list as your decision solidifies throughout the month prior to the deadline. This is a great time to seek the advice of mentors, family, and friends if you are still having a tough time working out your final rank order.

Step 5: Double check that your rank order list is certified several days before the submission deadline. You will receive an email confirmation if you have properly certified your list.

General Advice
- Do not underestimate the importance of personal factors and quality of life as you make decisions about your rank list.
- Graciously accept others’ advice and opinions, but do not let them sway strong personal convictions about your rank order.
- Do not be afraid to rank a dream program highly, but be honest with yourself about your competitiveness for a spot with that program.
- Try to rank all programs on your final rank order list with at least 10. Research has shown that applicants ranking 10 or more programs are more likely to successfully match.
- Do not make any last-minute changes to your rank order list. Research shows that applicants often regret these changes made just before the rank order list deadline.
- Input and certify your rank order list well ahead of the deadline. You can always go back and change it later, but certify it just in case.
The next step after completing interviews and finalizing your rank order list is to communicate your sincere interest to the programs where you are most interested in training. These communications are generally done over email in the 4 weeks leading up to the rank order list deadline. Remember that programs generally like applicants who like them and are enthusiastic about their program. As such, openly communicating your interest will not hurt you and may even help move you up a program’s list.

Remember that programs will choose the applicants that they feel are right for their program, so your rank order with a program may not change based on your communications. The reality for most applicants is that your position on a program’s rank list probably will not change once interviews are finished, no matter what you do.

Timeline
The deadline to submit rank order lists is in late February, and most programs make their final rank list 1-3 weeks before this deadline. Communication with programs should ideally happen before they have finalized their list (again, programs like applicants who like them). However, do not rush into a decision about where you want to train just to meet this deadline. Make sure you are 100% confident in your rank list before you contact a program, especially if that program is your #1 choice.

Rules for communicating with programs
The NRMP enforces the following rules in regard to communications between applicants and residency programs during the match. Be aware of these rules and never break them.

- Programs cannot ask you to disclose your ranking preferences, ranking intentions, or the locations of other programs you are considering.
- You cannot ask programs how they plan to rank you.
- Neither party can use ambiguous terms (i.e. “at the top of my list”) to describe their ranking intentions.
- Both parties are allowed to volunteer rank list information to each other.

Never mislead a program about your rank list!
How to contact programs

Email the program director

Directly communicating your interest to your top 5 programs is a crucial step. All of your emails need to be sincere, concise, and tailored to that specific program. Below are some general guidelines for crafting your emails to program directors. You can also use the sample email (below) as a skeleton template.

• For your #1 program: State in no uncertain terms that you are ranking their program #1. Programs are not allowed to reciprocate this if they are or are not interested.
• For programs ranked #2-5: Sincerely state your strong interest in the program, but avoid any specific information about where that program is on your list. Remember to avoid ambiguous language (most programs will interpret “at the top of my list” to mean NOT #1).

Ask your Chairperson or a faculty member to advocate for you

Surgery is a small field and asking one of your mentors to call a program director or chairperson on your behalf can go a long way towards increasing a program’s opinion of you.

• Only ask faculty to call the program you plan to rank #1.

• An ideal faculty member would know you well, have a personal connection with the department they are calling, and be well-respected in the surgical community.

How programs might contact you

Email

Program directors will generally send an email to their top 30 or so candidates to express their interest and offer to answer any remaining questions that you may have about their program. This is a good sign if you get one of these emails, but remember that this is not a guarantee that you will match there. There is a sample email below that is representative of how program director might contact their top applicants.

• Respond promptly (within 24 hrs) to any email from a program director.
• Respond positively and be sure to convey sincere interest in the program, even if they are not one of your top choices (no need to burn any bridges).
• If they really like you, a program will tell you that you are “ranked to match” (i.e. you are ranked high enough that you are guaranteed to match at that program if you rank them #1).
Phone
Program directors may also call you (often without warning) if they are very interested in having you train at their program. This can be a good chance to express your own interest in the program or ask any questions you may have about the program. It may also be rather awkward if it is not a program you are especially interested in. Remember to always be polite and honest during your phone conversations.

Do not read too much into communications with programs
• Not all programs send out emails, even to applicants they will be ranking highly. Don’t get nervous if you don’t hear anything from your top-ranked programs.
• Some programs may send out emails that overstate how highly you will be ranked; never base a rank decision solely on these communications.
• Programs know that applicants tend to rank programs more highly if they think they were well liked there, so take all communications with a grain of salt (unless of course you are told that a program plans to rank you to match).

Sample Email to Your #1 Program

Dear Dr. [Program director’s name],

I hope this email finds you well. I wanted to let you know that I have finalized my rank list and am very excited to rank [program name] as my #1 residency choice. The excellent clinical training, unparalleled research experience, and friendly atmosphere among the residents really stood out to me during my interview day and set your program well ahead of the others that I visited. I am convinced that [program name] will offer me the best possible surgical training in an environment in which I know I will be both successful and happy, and it would be an honor to train with you at such an outstanding program.

Thank you for giving my application your strongest consideration. I hope to have the opportunity to work with you in the near future.

Sincerely,
Sample Email to Your Top 2-5 Programs

Dear Dr. [Program director’s name],

Thank you again for the opportunity to interview for a general surgery residency position at [program name]. Your program really stood out from others on the interview trail. I was particularly impressed by the quality of clinical training, resident autonomy, and welcoming hospital environment that I experienced during my visit. All of the residents that I met were wonderful people, and I know that it is a group with whom I would fit in well. I also greatly enjoyed my time in [program location] and believe that it would be a fantastic place to live during the next phase of my training.

I have great respect for the program that you have developed and would consider it an honor to train with you at [program name]. Thank you again for giving my application your strongest consideration.

Sincerely,

[Program director’s name]

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Sample Email from Program Director (sent to 30+ applicants)

Dear [Applicant’s Name],

Thank you very much for taking the time and effort to visit us here at [program name] and learn about our program. All the faculty and residents were greatly impressed by you and your accomplishments. We all think you would be a great fit for our program and believe that you would do very well here. I hope that you will seriously consider us for your future surgical training. Please feel free to contact me if any questions come up about our program as you wrap up the interview season.

Best wishes,

[Program director’s name]
Sample Email from Program Director (if you are ranked to match at that program)

Dear ________,

I wanted to thank you once again for your interest in our program. All of us who met with you were thoroughly impressed by you, and we would all be thrilled to have you become a part of our program. I hope that we were able to convey to you our eagerness and commitment to train and mentor you to become an accomplished academic surgeon and to achieve whatever goals you set for yourself.

We plan to rank you as one of our top # applicants, which would guarantee that you match here if you choose to do so. If you should match elsewhere, we hope that you will consider us for future fellowship training or faculty positions. We also hope that you will keep us informed of your progress, and that you will free to contact us at any time if we can be of assistance to you in any way.

We wish you much success.

Sincerely yours,

[Program director’s name]

Sample Response to Program Director’s Email (if program is not your #1)

Dear Dr. [Program director’s name],

Thank you very much for your message. I was greatly impressed by your program during my visit. The strength of clinical training, supportive culture, and breadth of research opportunities clearly set [program name] apart from other programs. It would be an honor to have the opportunity to train at such an outstanding program.

Sincerely,

________
What are Community Surgery Residency Programs?
Although most medical students do not have significant exposure to private practice or community general surgery, it is a career path that most choose following residency. The goal of community surgery programs is to develop surgeons who may not be as interested in an academic career, and who most likely go into private practice after 5 years of residency training plus fellowship training. As such, the training at community programs may focus less on referral-based subspecialty cases and research and more on preparing graduates to be competent, well-rounded clinical surgeons capable of handling most problems that a general surgeon will encounter.

Differences between Community and Academic Surgery Programs
There are some significant organizational differences between community and academic surgery programs. Community surgery programs consist of 5 clinical years without the time off for research that most academic programs offer and a few require. Community general surgery residency programs also tend to be smaller than academic programs, with class sizes ranging from 3 to 6 residents each year. Many community residencies must send residents to a tertiary center for pediatric surgery or transplant surgery rotations because these specialties are not present at the community program’s home hospital.

On the whole, community surgery training programs tend to have a bit more of a “family-feel” than academic training centers. Residents at community programs often have earlier exposure to hands-on experience in the operating room than they would in larger, more research oriented academic programs. Plus, at the chief level, there are usually no fellows who take the bigger cases. Community surgery programs often have no surgical subspecialty residencies (plastic surgery, ENT, orthopedics, etc) at their hospitals, so the general surgery residents are able to scrub on subspecialty cases if they are on that rotation for the month.

The nature of their affiliated hospitals means that community programs tend to see many more “bread and butter” cases than complex cases because the complex cases get referred on to larger institutions where more specialized care is available. Similarly, residents at community programs may be forced to rotate off-site to a larger hospital in order to fulfill certain requirements such as transplant or pediatric surgery. Simulation facilities are generally less advanced at community programs, but this is compensated by more time in the operating room.
Straddling the difference between the “academic” and “community” programs are the university-affiliated community programs. These programs tend to be located nearer to a large center and have residents rotate at the larger hospital throughout their training. Many times faculty at the community program will have a dual appointment or have trained at the larger institution.

**Community vs. Academic Surgery in Practice**

Many if not most medical students do not have any exposure to community surgeons because their medical school rotations take place in large tertiary care centers. One common stigma is that there are limited fellowship options available for graduates of community surgery programs. This is true in some cases; very competitive fellowships such as pediatric surgery, surgical oncology, or transplant surgery generally only accept applicants from academic surgery programs. However, residents trained at community surgery programs frequently earn spots in trauma, breast, endocrine, colorectal, cardiothoracic, or HPB fellowships. The graduates of these programs go on to provide specialty care in the private practice setting.

The most important thing when deciding on the type of surgery training to pursue is to be honest with yourself and with your faculty mentors about your career goals. You will find that faculty are just as interested in helping you pursue community surgery as academic surgery as long as you make it clear that you have thought about your career goals and have a plan to achieve them.

**Deciding between Community and Academic Surgery Programs**

Consider a community surgery residency if you are feeling confident that you want to follow this path or are not interested in research being a significant portion of your future career. You may also consider a community surgery program is if you are looking into doing work overseas – many programs have opportunities for international rotations or elective time with which you can work overseas to build connections for your future career. Consider applying to an academic program if you are not sure if you want to make research part of your career.

If you are having a hard time deciding on community vs academic surgery, it may be helpful to set up an away rotation at a smaller community hospital. You can tailor the exact location based on your own personal interests (i.e. small town, rural, international, inner city). Your medical school may have a rural surgery elective already, or you can work with your clerkship director or personal contacts to set up a more individualized rotation.
**Deciding which Community Programs to apply to may be difficult**

A good resource to explore is the American College of Surgeons Rural Surgery training page. It maintains an updated list that details programs focused on training community general surgeons. The website can be accessed from the following link:


It is generally best to apply to a community surgery program that is associated with a larger hospital system. Make sure that the hospital has a large “catchment” area (where patients are referred) to ensure that you will see an adequate volume of both simple and complex cases during your residency training.

It is also important to apply to residencies in a location where you would want to live. Many community surgery residency programs tend to be in smaller towns. You will work hard during residency, but make sure that you can see yourself living happily in that town (rural Wisconsin, for example) for 5 years.

**Travel/Interview Logistics**

Community program interviews tend to feel more personal than larger academic center interviews. Often the residents get the day off to spend with the applicants and commonly there is a meeting at the end of the day during which residents are able to give feedback about the applicants, so be on your best behavior and leave a favorable impression with the residents. Community programs may be located further away from large cities, so be prepared to rent a car and spend a significant amount of time driving to get to your interviews.
Applying to Integrated Surgery Programs

There is a growing trend toward integrating general surgery residency and subspecialty training. Currently there are integrated training programs in plastic, vascular, and cardiothoracic surgery. As many of these integrated programs are relatively new, few in number, and highly competitive, applicants to these programs should take into account many specific considerations that differ from applicants applying solely to general surgery programs. The decision to apply to integrated programs and the approach to doing so is nuanced and should be discussed extensively with faculty mentors, but the brief guide below covers some of the highlights.

General Guidelines For Preparing Your Application

Have a faculty mentor in the subspecialty field who understands the nuance of applying and who has helped others in prior years. Not every faculty mentor understands the current environment. Meet with your program director early. Talk to your program director to determine whether you will apply only to integrated programs or whether you will apply to both integrated and general surgery programs.

- In these small subspecialty fields, contacts and relationships are crucial, and the earlier you can establish them the better.

Depending on the strength of your CV and the program your applying to, you may need apply to general surgery programs in addition to integrated programs in this case you should:

- Have two completely separate applications- one for your general surgery and one for your integrated.
  - This means SEPARATE personal statements.
  - If possible, have different sets of letters of recommendation.
    - For example, having 4 letters of recommendation all from vascular surgeons looks suspicious to general surgery programs.
    - It is helpful for your integrated LORs to have one from the program director, but try not to include this one in your general surgery application.
    - Try to have all your LORs from surgeons in your integrated field; however if you must, or if you have had significant contact with a surgeon in a different field, it will not hurt your application to include an LOR from that individual.
• You may need to think carefully about applying to both the integrated program and the general surgery program within the same institution as some programs may view this unfavorably and not offer you an interview to one or either program. You should discuss this with your faculty mentor, and applicants to those integrated programs from the year before. This is an area of evolution.

You will still need the surgery chairman’s letter for your general surgery application.

• Be completely honest during your meeting with your chair, letting him/her know you are interested in and will be applying to integrated programs. They can still help you too with advice! Keep in mind that surgeons don’t want to be viewed as a “back-up plan”. Have a developed interest in all fields of general surgery if you are applying to it.

**Integrated Vascular Surgery**

**Commonly Asked Questions:**

*Who Should Write My Letters Of Recommendation?*

In this case, the above guidelines apply. Try to have all of your LORs from vascular surgeons, unless you have a significant relationship within a different field. You will need letters of recommendation from your program director and department chief.

*Should I do an away rotation?*

While an away rotation is never required, if there is a particular region or program that you are interested in, doing an away rotation can help you. As the field is very small with fewer applicants, people tend to favor their home institutions. Being a “known commodity” can help you stand out from the crowd. If you do plan an away rotation, sometime in August/September is typically better, as programs will remember you when they see your application. Consider your away rotation to be a “try out” and work like crazy to make a good impression.

*Should I dual apply?*

This is dependent on competitiveness of an applicant, among other factors. It may not be as necessary as in a field like CT to have to dual apply due to the growing number of programs. See the cardiothoracic section below for more information on this topic.

*How do I know if I’m competitive?*

Again, this is typically a question to answer with guidance from your mentor. However, integrated applicants tend to be a bit more competitive; this means a Step I score 240+, several publications/heavier research involvement, and above average 3rd year grades.
How to Choose which and How Many Programs to Apply To

• This will typically be a personal decision, one that depends on your application and the advice of your program director and mentors. Make sure to talk to them so they can gauge your competitiveness and give you advice tailored to you.

• One thing of note, dual applying – while still recommended – is not as common or as necessary. There are now over 50 integrated vascular surgery positions in the country, and that number continues to grow. As of now, the ratio of American vascular applicants to positions is about 1:1, so if you’re a competitive applicant getting a spot should be an achievable goal.

- It’s recommended that you at least apply to 20 integrated and 20 general surgery programs; it’s also possible to increase that number at the expense of general surgery applications (i.e. 25 integrated vascular, 15-10 general surgery).
- However, if you get a good deal of vascular surgery interview invites, it may not be necessary to attend more than 5 or so general surgery interviews.

• Where to apply will be a decision that depends on personal desires and mentorship advice. In general, things to look for in an integrated vascular program include: a good mix of endovascular and open cases, research opportunities (including whether an extra two years is something you desire), resident-faculty relations, and quality of resident operative experience. This should be another topic your mentor/program director will help you with.

- While you can ask vascular interns/residents and attendings their opinions on programs, be aware that a program’s reputation tends to fluctuate over time.

Difficult Scenarios during Interview Season

• Most integrated programs know you’re also applying to general surgery programs, and many of them would say you would be crazy not to, so do not worry if they ask you about this, just be honest.

- If your general surgery application is suspicious for you having applied to an integrated program (heavy vascular or CT research projects, multiple letters of recommendation from vascular or CT attendings, personal statement, etc), you will likely get asked about whether you also applied to integrated programs.

- Do not lie if this happens. Tell them the truth but follow with why you decided to apply to general surgery programs too and use this as an opportunity to mention why you applied to their program specifically.
My go to answer in this case tends to be along the line of, “I believe a general surgery training is crucial to provide the technical skills and knowledge it becomes a great vascular surgeon”, but you can come up with whatever explanation you prefer.

Also, my personal advice is to not disclose you are a dual applicant unless asked.

Be ready to answer the question: “So, is general surgery your backup?”

- Otherwise, I found the vascular interviews to be much more personal than general surgery interviews. It’s clear that they take more time to read your applications.
- Also, it is clear that who writes your LORs does matter
- They will also have the standard interview questions found earlier in this book

In surgery - particularly vascular surgery – sometimes who you know matters just as much as what you know. Because the field of applicants and programs is smaller, phone calls go a much longer way. Be prepared to have your mentors make phone calls on your behalf, and also be prepared for phone calls from program directors trying to feel you out. My general rule was to never be too specific, unless I was talking to a doctor from a program higher on my list. Make sure to contact programs per the recommendations in the general surgery section.

On The Vascular Surgery Interview Trail:
- As vascular is a small interview pool, you will see the same people over and over.
- Make friends! This can help cut down on costs – share rooms, cabs, etc.
- Make a google doc so that everyone can put their name, phone number, and where/when they are interviewing at specific places so that you can contact them/make plans together.
- NEVER say anything negative about any person or program, as this will come back to you because the circle is so small (although you should never do this anyway).
- HAVE FUN! Interviewing is awesome because you are networking with great faculty across the country. Make a good impression regardless of your interest in the program because it really is a small world.

Integrated Cardiothoracic Surgery

Commonly Asked Questions

Who Should Write My Letters Of Recommendation?
As above, you should be getting your letters from cardiothoracic surgeons.
Ideally you should have letters from both cardiac and thoracic surgery, although this is not required. If you have significant contact with a surgeon outside of CT then they can write you a letter for your integrated application. It is also a good idea to get a letter from a faculty member if you spent significant time doing research in their lab.

**Should I do an away rotation?**

There are many opinions on doing an away rotation or not. Many positives exist such as getting to know a potential future program, getting another letter of recommendation, showing dedication to the field, etc. However, they do cost money and time. A great way to think about an away rotation is: How are you going to know if you like a program if you haven’t seen it? The one to two day snapshot during interviews can make it hard to really get the feel of a program. An away rotation might show you that your goals and personality are not a great fit for that program. That being said, you can successfully match without doing an away rotation.

Be aware that certain programs are known to only offer interviews or rank candidates that have done an away rotation at their institution. With only one spot at most programs, the candidate has to be a good fit.

**Should I dual apply?**

Even more so in CT, dual applying is a must! Seek the advice of faculty mentors, but remember that there are only about 35 spots in the country and over 100 applicants applying for them.

**How do I know if I’m competitive?**

See the above comments in the vascular section, but also talk to a faculty mentor who will be honest with your chances at matching in an integrated program.

**How to Choose which and How Many Programs to Apply To (compare to vascular section above)**

- Make sure you talk to faculty mentors, but at the end of the day which programs you apply to is largely a personal decision. Mentors often have certain programs they know of that you may not have considered and could be a great fit for your career goals.
- You should dual apply to CT and general surgery. It is widely expected, especially for the CT applicants. As of now, there are 26 CT programs with ~35 spots and they all fill every year.
  - You should apply to as many CT programs as you feel comfortable with and at least 15-20 general surgery programs.
  - However, if you get a good deal of CT surgery interview invites, it may not be necessary to attend more than 5-7 or so general surgery interviews.
- When scheduling, CT interviews will conflict with one another and with general surgery interview dates. You will likely be forced to make a decision between programs you have not seen. See the guide section for declining interview offers, but do not burn any bridges. CT programs care enough about finding the right candidate that they might be flexible.

- Where to apply will be a decision that depends on personal goals, family considerations, and mentorship advice. In general, things to look for in an integrated CT program include: a good relationship between the cardiothoracic and general surgery departments, balance between the cardiac and thoracic experiences, research opportunities (dedicated time is not available at all programs), resident-faculty relations, the type of cases the program sees, and quality of resident operative experience. This should be another topic your mentor/program director will help you with.

- As above, attendings and surgery residents can help you decide on certain programs but remember that reputations change and everyone has their own personal preference.

- Be honest with yourself on the type of career you want. If you are interested in minimally invasive surgery, training at an institution without a robotic program is not the best choice.

- The same holds true when picking general surgery programs. If your career path is headed towards CT surgery, a general surgery residency that does not allow you to rotate on a CT service (or does not have CT surgery) might not be the best decision.

Difficult Scenarios during Interview Season

- Integrated programs expect you to have dual applied and will be fine with it. But be honest when asked if you are dual applying. Trying to hide your dual application when you are directly asked in an interview will ensure that you are not ranked at that program.

- Again: If your general surgery application is suspicious for you having applied to an integrated program (heavy vascular or CT research projects, multiple letters of recommendation from vascular or CT attendings, personal statement, etc), you will likely get asked about whether you also applied to integrated programs.

- If this happens, do not lie. Tell them the truth but follow with why you decided to apply to general surgery programs too and use this as an opportunity to mention why you applied to their program specifically.

- Be prepared for some general surgery programs to be a less interested when they find out you are an integrated candidate. This is actually a positive for you because a program that does not like your career path probably is not the best place to train. Remember, this
process is a match.

• As with vascular surgery interviews, CT interviews can be much more personal and intimate. Many faculty members will have read your application and your research. A few faculty members might have even read your research because it applied to their clinical practice.

• Know your connections to that institution (i.e. a faculty member at your home institution who trained at the interviewing program will be mentioned constantly as a conversation starter).

• Certain institutions may give you clinical scenarios. They care less about the correct answer and more about your ability to reason in a high stress environment.

• Some institutions may have hands on-skill assessments. Again, it is less about how good you are technically and more about your ability to remain composed, and take direction. Many times this is done to get your attention off of the interview so that the interviewer can get less scripted answers from you.

• You should make every effort to attend the pre-interview dinner. These are smaller gatherings and are meant to get to know you and also for you to get to know the people. Realize that you are being assessed from the minute you introduce yourself and act accordingly.

On The Interview Trail

• You will see most CT applicants at additional interviews so make friends with them. It can help to have some to share a cab, split a hotel room, or just to have someone to vent with at the airport.

• Everyone you meet on the interview trail is a future colleague and you will likely see them again at conferences and meetings.

• Making a google doc can be extremely helpful, embrace it.

• We cannot stress enough how small the world of subspecialty surgery is. DO NOT say anything bad about another applicant, program, or faculty member. You never know when another passenger on your plane knows one of your interviewers (true story).

• Interviews are business trips but also can be a lot of fun. You will be in many cities that have a lot to do and experience so take advantage of it.

Integrated Plastic Surgery

Commonly Asked Questions:

Who should I get letters of recommendation from?

Use letters of recommendation from plastic surgeons only. The one exception would be if you have done a very significant amount of research
(i.e. a PhD) with a non-plastic surgeon. At least one letter should be from the chair of plastic surgery. You do not need a letter from the chair of general surgery.

Should I do an away rotation?
Yes, you should do 2 or 3 away rotations. Most applicants match at either their home program or a program at which they did an away rotation, so if you are interested in a particular program, try to do an away rotation there.

Should I dual apply?
This depends highly on the competitiveness of your application. Plastic surgery by far has the most programs out of the three integrated specialties, so it may not be necessary. There are more integrated (and fewer independent) spots every year. Discuss this with your advisors.

How do I know if I’m competitive?
Rely on the evidence from your advisors. Competitive applicants typically have Step I scores of 240+, multiple publications in plastic surgery journals, and strong letters of recommendation from prominent plastic surgeons. However, exceptional strength in one of these areas can make up for relative deficits in another area.

How to Choose which and How Many Programs to Apply to:
- You should apply to all of the integrated plastic surgery programs (currently about 60 programs) unless you are a very strong applicant. You can weed out the programs you’re not interested in once you know how many interview invitations you receive.
- Dual applying to plastic and general surgery may not be necessary. However, if you do decide to dual apply, apply to all of the plastic surgery integrated programs and then 5-10 general surgery programs.
- When deciding which programs at which to interview, make sure to take into consideration the reputation of the program, distribution of cases, presence or absence of research opportunities (or a research year), amount of general surgery time, location, and size of the program.

Difficult Scenarios during Interview Season:
- Interviews are generally fairly personal and serve primarily for you to get to know the program and for them to get to know you. Be honest and be yourself.
  - That being said, you will get pimped at least a little (and in the case of one program, a lot). Obviously it’s better to get these questions right, but their goal is primarily to see how you respond to pressure.
  - You also may be asked to perform tasks (suturing, drawing, sculpting, etc.); these are also just to see how you respond to pressure/new situations.
• Your interviewers will ask you a lot about your home program—who you operated with, who you did research with, and who wrote your letters.
• Once you finish your interviews, speak with your chair and/or other mentors and ask them to make phone calls on your behalf. Plastic surgery is a very small field and these phone calls will go a long way.

On the Interview Trail:
• As with other integrated programs, plastic surgery is a relatively small applicant pool and you will likely see the same people many times over. Become friends with your fellow applicants; they will be your colleagues for the rest of your career.
• Getting to know the other applicants is also a great way to cut down on travel costs.
• Interview travel will be very expensive and stressful; try to make the best of it by doing something fun in each city you visit. This will be a great time to get to know the area better, spend time with your fellow applicants, and will make the whole process feel like much less of a grind.
• You are a representative of your school and your program. Be respectful to everyone you encounter at all times and never badmouth other programs or applicants. It is the right thing to do, and you never know who will speak to the program director.
Applying to Surgical Subspecialties

There are several exciting surgical fields outside of general surgery. These include Otolaryngology, Urology, Neurosurgery, and Orthopedic Surgery. Most of these fields are highly competitive and have specific nuances to the application process. Applicants to these programs should take into account many specific considerations that differ from applicants applying to other programs. The decision to apply to a surgical subspecialty and the approach to matching is nuanced and should be discussed extensively with faculty mentors and residents in the field, but the brief guide below covers some of the highlights.

General Guidelines For Preparing Your Application

- Have a faculty mentor in the subspecialty field who understands the nuance of applying and who has helped others in prior years. Not every faculty mentor understands the current environment. Meet with your program director early.
- In these small subspecialty fields, contacts and relationships are crucial, and the earlier you can establish them the better.
- Unless there are particular weaknesses in your CV, it is discouraged to apply to general surgery in addition to the subspecialty program. You should meet with the med student director early in the process to determine your strength as an applicant.

Otolaryngology – Head and Neck Surgery

Commonly Asked Questions:

Who should I get letters of recommendation from?
Use letters of recommendation from otolaryngologists only. The one exception would be if you have done a very significant amount of research (i.e. a PhD) with a non-otolaryngologist. At least one letter should be from the chair of otolaryngology. You do not need a letter from the chair of general surgery.

Should I do an away rotation?
There is controversy on this point. Many programs do away rotations and many do not. An away rotation is certainly not required and many students do not do away rotations and match at top tier programs. There are 2 considerations when making the decision to do an away.
- First, if there is one place you would absolutely want to match at, then there is an argument to doing an away there. The down side is that most every other program will assume that where you do your away is where you want to match, and thus may rank you accordingly.
Secondly, if you are a better applicant on paper than in person, it is not in your best interest to do an away. On the other hand, if you are a better applicant in person than on paper, it may make sense to do an away. This takes insight and you are best served by discussing this with a faculty mentor or a resident you have worked with.

**Should I dual apply?**

Almost all applicants to surgical subspecialties do not dual apply. This does depend highly on the competitiveness of your application. Discuss this with your advisors if you do not think you have a very competitive applicant.

**How do I know if I’m competitive?**

Rely on the evidence from your advisors. Competitive applicants typically have Step I scores of 240+, publications in peer reviewed journals, and strong letters of recommendation from prominent otolaryngologists. It is important to note that exceptional strength in one of these areas can make up for relative deficits in another area. A note on research; It is ok if you do not have a lot of research in otolaryngology. It is more important that you show you are interested in research and have been successful. Most programs realize that you have limited exposure to otolaryngology early in medical school and thus it is ok if your research during first and second year was in another field. With that being said, you should find an otolaryngology research project to work on once you’ve decided on otolaryngology. This shows your interest and commitment to the field. It also gives you something to talk about on the interview trail.

**A note about Sub-internships and Away Rotations.**

Treat these rotations like a 1 month interview. The residents and faculty will get to know more about you during that 1 month then they will during any 1 day interview. Work hard, read hard and be nice to everyone. Remember, almost everyone applying in otolaryngology is a strong applicant on paper and thus programs are looking for people that are hard working that they get along with and would want to work with for the next 5-7 years. This goes for your Sub-I as well. These should be the hardest months of medical school. It will be worth it.

**How to Choose which and How Many Programs to Apply to:**

- You should apply to a large number of programs (50-60 programs) unless you are a very strong applicant. You can weed out the programs you’re not interested in once you know how many interview invitations you receive.
- When deciding which programs to interview at, make sure to take into consideration the reputation of the program, distribution of cases, availability of your desired subspecialities (many programs are do a lot of microvascular surgery while others do none for example) presence or absence of research opportunities (or a research year), location, and size of the program.
Difficult Scenarios during Interview Season:

- Interviews are generally fairly personal and serve primarily for you to get to know the program and for them to get to know you. Be honest and be yourself.
  - Most programs will not have you perform tasks or pimp you during the interview. That said there are programs that will do this. Obviously it’s better to do well with these scenarios, but the goal is primarily to see how you respond to pressure.
- Your interviewers will ask you a lot about your home program—who you operated with, who you did research with, and who wrote your letters.
- Once you finish your interviews, if there is a particular program you want to go to, speak with your chair and/or other mentors and ask them to make phone calls on your behalf. This is also true if you did not get an interview at a place you’d really like to train at. Otolaryngology is a very small field and these phone calls will go a long way.

On the Interview Trail:

- As with other programs, otolaryngology is a relatively small applicant pool and you will likely see the same people many times over. Become friends with your fellow applicants; they will be your colleagues for the rest of your career.
- Getting to know the other applicants is also a great way to cut down on travel costs.
- The interview travel will be very expensive and stressful; try to make the best of it by doing something fun in each city you visit. This will be a great time to get to know the area better, spend time with your fellow applicants, and will make the whole process feel like much less of a grind.
- You are a representative of your school and your program. Be respectful to everyone you encounter at all times and never badmouth other programs or applicants. It is the right thing to do, and you never know who will speak to the program director.
- No matter what people may say, you are always in the interview. Even at the social events, or at the tour of the facility, you are being evaluated. Never let your guard down until you are safely home.
Applying to Surgery for HPSP Students

There are a couple of major differences between the civilian match and the military match processes. Like the NRMP match, you will apply in ERAS and have your documents filed in that system. In addition, you will be instructed by your respective service community to also apply in a separate military system. Because you will have some interviews prior to residency programs’ ability to access ERAS, you will need some of the documents that you uploaded into ERAS (transcript, LOR, board scores) sent to each military residency program prior to your interview. Many of the programs are OK with LOR’s emailed to them by the LOR writer.

Another main difference is that you will have to decide whether to do a military or civilian residency, known as a civilian deferment. If you decide to do a military residency, you should still apply to a handful of schools in the civilian system and schedule their interviews after the military selection board releases their results. If you decide to apply for a civilian residency, tackle the NRMP match as instructed in the rest of this book. You will then have to apply to the military match system and get approval to do a civilian deferment. When you submit your rank list for the military in mid-October, you will simply rank “Civilian Deferment” #1 and the remainder of the military residency locations after that. Just because you rank it #1 does not mean you will get it. The number of students applying in surgery that are permitted to match into a civilian program varies every year and is usually less than five. In 2014, for example, the Navy only allowed two civilian deferments for the entering surgical intern class. Because of this, it is advised that you wait to schedule most of your civilian interviews until after the military selection board releases its’ results and you know whether you are eligible for the civilian match. This will save you both time and money.

Timeline for Military Medical Students Applying in Surgery

The military match happens much earlier than the civilian match so you will need to be on top of things starting early in your M4 year. The following timeline will give you a rough idea of when key events in the military match generally occur.

- **May:** Get all uniforms set for interviews.
- **May-July:** Take the USMLE Step 2 CK and CS exams.
- **May-June:** Finalize your CV and personal statement (you may need 2 personal statements, one for the military match and one for the civilian match). Have your final copies ready by early July.
- **Periods 1-3:** Complete surgery sub-internships and get your letters of recommendation.
• **Periods 3-5**: Schedule an away military rotation at your preferred locations and arrange to have your interviews during that time. Remember to bring additional printed documents as the programs will not have access to ERAS yet.

• **Mid-September**: Submit both ERAS and military application.

• **Mid-October**: Submit your military program rank list.

• **Early/Mid December**: Selection board releases results. The exact date varies by year so you will need to be attentive to your email throughout the summer and fall of M4 year to know when to expect to hear your results.
Overview of the SOAP/Scramble Process

The dreaded SOAP/Scramble process. It is disappointing enough to receive the letter that you didn’t match, but to have to go through a very convoluted process afterward takes a lot out of you. Most applicants never have to go through this process, but this section will serve to help you weather the storm if the unfortunate should happen.

Key Points

- **It’s okay to freak out:** Just keep in mind things must happen fast, so freak out then breathe and move on.
- **Contact your mentor immediately and medical school leadership (Dean of Student Affairs):** Your mentor will be crucial in helping you choose programs to apply to as well. They will also be able to make phone calls and emails to advocate on your behalf during the scramble.
- **Be patient:** The whole week of SOAP/scramble will be an enormous test of patience, as phone interviews and emails from programs can come at any time. You should ideally have access to the internet and good phone signal at all times during this process.

Timing

The pace of the SOAP is incredibly fast, and timing is very important. It is essential to stay clear minded and have a plan of attack so that you don’t lose out on positions simply because you were too late.

- All applicants find out if they matched or not at **12:00pm on the Monday before Match Day.** Those applicants who did not match are then given access to the SOAP system.
- The list of unfilled positions across the country is made available at **1:00pm on the Monday before Match Day.** You should immediately start looking through programs that you are interested in and pick out 35 programs as part of the first cycle. This list will likely include programs where you applied for categorical spots. Be aware that programs with many prelim positions may not be as invested in you as a candidate in preparing you for the next match cycle, but a position is better than no position.
- The first cycle of applications is made available for schools to download at **2:00pm on the Monday before Match Day.**
- At this point, schools will begin contacting you to set up times for phone or video interviews. These invitations can occur at any time, so be prepared to invest a lot of time waiting and planning your time wisely.
- The first round of job offers is given out at **8:00am on the Wednesday before Match Day.**
- The list of unfilled positions is updated by **11:00am on the Wednesday before Match Day.** You are then able to add 10 more programs that still remain unfilled (for a total of 45 applications).

**The Rules**
The SOAP process hinges on programs that have positions that were unfilled in the match. Keep in mind, at this stage of the game, most categorical spots [surgical specialties across the board] are filled, and what remains are preliminary residency positions. That being said, there are some important rules that you need to follow within the SOAP. When the SOAP process begins, and the unfilled list is released to you, you cannot reach out via phone/email to any program that has not initiated contact with you. This is designed to make it a level playing ground for everyone.

**Rounds of Offers**
There are 5 total rounds of offers. Each round is 2 hours long. At the end of each round, the list of unfilled positions is updated and prepped for the next round. When you get an offer, you have to accept or decline the offer within the 2 hour block. If you decline an offer from a school, they can no longer re-offer you a position in a future round, so it is to your advantage to take any offer you receive. You can consider multiple offers in a round and choose the best option for you. Each school can only make as many offers as they have open positions, so a program that only has 1 position available can only make 1 offer per round.

- 1st Round: Wednesday 8:00am-10:00am
- 2nd Round: Wednesday 12:00pm-2:00pm
- 3rd Round: Thursday 8:00am-10:00am
- 4th Round: Thursday 11:00am-1:00pm
- 5th Round: Thursday 2:00pm-4:00pm

**The Scramble**
The Scramble takes place after all 5 rounds of SOAP have finished. The infamous process begins when the updated list of programs that did not fill during SOAP is released at 5pm on the Thursday before Match Day. At this time, all lines of communication are allowed. You will need to have your CV, your personal statement, and your ERAS information ready and send them out to program directors with open positions as soon as possible. Your mentor will then be able to help contact program directors to advocate on your behalf. They should also be able to mobilize other faculty at your institution who can call various connections at schools that have open positions. It then becomes a waiting game again, but hopefully you will find a residency position by the end of it all.
Sample Application Materials

The appended documents are samples of real application materials from successfully-matched senior medical students and current residents. They are a limited sample, but are meant to illustrate the spectrum of interests and strengths that make a successful candidate. You will notice that some applicants were especially strong in research, some in academics, and others in leadership and extracurricular activities. There is no one prototype for a general surgery applicant just as there is no one way to best train a general surgery resident - every applicant and every program has its unique characteristics, strengths and weaknesses; the point of the interview process is to help you find the program that best fits you, and the goal of this guide is to help you have the best chance of matching at that program.
**General Information**

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<td>Limitations?:</td>
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**Medical Licensure**

| ACLS: | [Redacted] |
| PALS: | [Redacted] |
| DEA Reg. #: | [Redacted] |
| Board Certification: | No |
| Medical Licensure Suspended/Revoked/Voluntarily Terminated: | No |
| Ever named in a Malpractice Suit?: | No |
| Past History?: | No |

**State Medical Licenses**

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### Medical Education

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<td>University of Michigan Medical School</td>
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<td>M.D.</td>
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<td>Ann Arbor, Michigan</td>
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Medical Education/Training Extended or Interrupted? No

### Medical School Honors/Awards

- Outstanding Poster Award at 20th Annual Moses Gunn Research Conference, University of Michigan Department of Surgery; Schmidt Family Scholarship Recipient

### Membership in Honorary/Professional Societies

- American College of Surgeons Medical Student Member
- Society of Thoracic Surgeons Pre-Candidate Member
- American Medical Association Medical Student Section

### Education

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<th>Education</th>
<th>Institution &amp; Location</th>
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<td>Undergraduate</td>
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<td>09/2005 - 05/2009</td>
<td>B.S.E</td>
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### Current/Prior Training

None

### Experience

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<tr>
<td>Volunteer</td>
<td>SCRUBS: UMMS Surgery Interest Group, Ann Arbor, Michigan</td>
<td>Co-Coordinator</td>
<td>03/2010 - 03/2011</td>
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Description

- Arranged faculty speakers, managed membership, and facilitated meetings.

Reason for Leaving:

- 

| Volunteer | American Medical Women's Association, Ann Arbor, Michigan | Mentor | 01/2010 |            |                    |

Description

- Provided guidance for pre-medical undergraduate students.

Reason for Leaving:

- 

| Research | University of Michigan--Cardiac Surgery, Ann Arbor, Michigan | Research Assistant | 01/2010 |            |                    |

Description

- Primary interests included developmental testing of a novel biventricular assist device and use of extracorporeal circulation in the resuscitation of organs from donors following cardiac death.

Reason for Leaving:

- 

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Michigan Surgery Residency Application Guidebook
<table>
<thead>
<tr>
<th>Volunteer</th>
<th>American Medical Women's Association, Ann Arbor, Michigan</th>
<th>Undergraduate Mentorship Co-Chair</th>
<th>01/2010 - 03/2011</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Co-organized entire mentorship program which included arranging events and providing contact with undergraduate advisors.</td>
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<td><strong>Reason for Leaving:</strong></td>
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<tr>
<th>Volunteer</th>
<th>Gift of Life, Michigan Organ &amp; Tissue Donation, Ann Arbor, Michigan</th>
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<td><strong>Description</strong></td>
<td>Attended events promoting organ donor registration and awareness.</td>
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<th>Faculty/Staff Mentor</th>
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<td><strong>Description</strong></td>
<td>Provided guidance for undergraduate students pursuing degrees in the physical and health sciences, particularly for engineering students pursuing medical school.</td>
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<th>Volunteer</th>
<th>American Medical Association--Med Student Section, Ann Arbor, Michigan</th>
<th>Resolutions Committee Chair / M1 Delegate</th>
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<tr>
<td><strong>Description</strong></td>
<td>Directed the revision and submission process for all UMMS resolutions. Attended nationwide conferences and voted in school wide resolution matters.</td>
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<tr>
<th>Research</th>
<th>University of Michigan--Transplantation, Ann Arbor, Michigan</th>
<th>Research Assistant</th>
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<td><strong>Description</strong></td>
<td>Provided leadership for summer student research projects and completed several independent clinical research projects.</td>
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<th>Work</th>
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<td><strong>Description</strong></td>
<td>Provided emergency medical services to the cities of Pontiac, Waterford, Bloomfield Township, and Birmingham. Provided medical transportation services across cities in southeast Michigan.</td>
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<td><strong>Reason for Leaving:</strong></td>
<td>I worked for two summers during undergrad. I left the company anticipating matriculation to medical school.</td>
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<td>Volunteer</td>
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<tr>
<td>Description</td>
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<tr>
<td>Description</td>
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<tr>
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<td>Description</td>
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**Publications**

**Peer Reviewed Journal Articles/Abstracts**


**Other Articles**

Are pediatric patients with portal vein testing of a novel extracorporeal short-term ventricular assist device. Poster presented at: American Society for Artificial Internal Organs; Washington DC, DC.

**Poster Presentation**

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<td>Thrombosis high-risk liver transplant candidates?</td>
<td>The American Society of Transplant Surgeons, Winter Meeting; Marco Island, FL.</td>
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<tr>
<td>Acute in vivo Portrayal of Organ Donation and Transplantation on American PrimeTime Television. Poster presented at: American College of Surgeons 96th Annual Clinical Congress; Washington DC, DC.</td>
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<tr>
<td>Acute in vivo Portrayal of Organ Donation and Transplantation on American PrimeTime Television. Poster presented at: University of Michigan Department of Surgery 23rd Annual Moses Gunn Research Conference; Ann Arbor, MI.</td>
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<tr>
<td>Central Sarcopenia and Post-Liver Resource Utilization. Poster presented at: American Society of Transplant Surgeons 10th Annual State of the Art Winter Symposium; Fort Lauderdale, FL.</td>
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<tr>
<td>The Effect of Smoking on Biliary Complications Following Liver Transplantation. Poster presented at: American Society of Transplant Surgeons 10th Annual State of the Art Winter Symposium; Fort Lauderdale, FL.</td>
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<td>Extracorporeal support and thrombolytics during organ procurement from non-heparinized donors after circulatory death. Poster presented at: University of Michigan 56th Annual Student Biomedical Fall Research Forum; Ann Arbor, MI.</td>
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<tr>
<td>Central Sarcopenia and Post-Liver Transplant Mortality. Poster presented at: American College of Surgeons 95th Annual Clinical Congress; Chicago, IL.</td>
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<tr>
<td>Central Sarcopenia and Post-Liver Transplant Mortality. Poster presented at: A. Alfred Taubman Medical Research Institute's 2009 Symposium; Ann Arbor, MI.</td>
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<tr>
<td>Resident Workload, Pager Communications, and Quality of Care. Poster presented at: A. Alfred Taubman Medical Research Institute's 2009 Symposium; Ann Arbor, MI.</td>
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<tr>
<td>Resident Workload, Pager Communications, and Quality of Care. Poster presented at: 5th Annual Academic Surgical Congress; San Antonio, TX.</td>
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<td>Kidney transplant following previous heart, lung, or liver transplant: Is induction immunosuppression necessary?. Poster presented at: 20th Annual Moses Gunn Research Conference; Ann Arbor, MI.</td>
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<td>Should Induction Immunosuppression Be Used in Kidney Transplantation for Previous Heart, Lung, and Liver Transplant Recipients?. Poster presented at: ASTS 8th Annual State of the Art Winter Symposium; Marco Island, FL.</td>
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<td>Marijuana Use in Potential Liver Transplant Candidates. Poster presented at: Liver Transplant Grand Rounds; Ann Arbor, MI.</td>
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<td>Resident Workload, Pager Communications, and Quality of Care. Poster presented at: 7th Annual American Medical Association Medical Student Section and Resident and Fellow Section Research Symposium; Houston, TX.</td>
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and Quality of Care. Poster presented at: University of Michigan 55th Annual Student Biomedical Fall Research Forum; Ann Arbor, MI.

Evaluation of an assist device for short term cardiac support. Poster presented at: University of Michigan Department of Surgery Moses Gunn 23rd Annual Conference; Ann Arbor, MI.

Extracorporeal support and thrombolytics: A strategy for uncontrolled DCD organ donation. Poster presented at: American Society for Artificial Internal Organs; Washington DC, DC.

**Oral Presentation**

In vitro evaluation of a novel short-term extracorporeal ventricular assist device. Oral Presentation presented at: American Society for Artificial Internal Organs; Washington DC, DC.

Are Pediatric Patients with Portal Vein Thrombosis High-Risk Liver Transplant Candidates?. Oral Presentation presented at: ASTS 8th Annual State of the Art Winter Symposium; Marco Island, FL.

Surgical Site Infection, Obesity, and Outcomes and Renal Transplantation. Oral Presentation presented at: The American Transplant Congress; Boston, MA.

Does Smoking Increase Mortality Risk for Liver Transplant Candidates?. Oral Presentation presented at: American Society of Transplant Surgeons 9th Annual State of the Art Winter Symposium; Marco Island, FL.

Improving extracorporeal support during DCD assisted donation: Are thrombolytics a beneficial strategy?. Oral Presentation presented at: 11th Congress of the International Society for Organ Donation and Procurement (ISODP); Buenos Aires, Argentina.

## Language Fluency

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<td>I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.</td>
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</tbody>
</table>

## Hobbies & Interests

Violin, guitar, musical composition and production, weight-training, movies

## Other Awards/Accomplishments

Prior first violinist for Detroit Symphony Civic Orchestra. Metropolitan Youth Symphony, Michigan Youth Orchestra, and Oakland Youth Orchestra. Co-concertmaster at Interlochen All-State program; Composed, produced, and performed original works at Biryohymns Medical School Arts Show; Self-taught electric guitarist; Music composition and production in self-created studio with works available online; Invited to Summer Surgery Experience, University of Cincinnati School of Medicine

## Certification

I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the attached policy (PDF); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC Web Site Terms and Conditions and to the AAMC Privacy Statement and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data (attached policy, PDF) and to these AAMC’s collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.

Certified by: [Redacted] Date: 09/15/2012
General Surgery Programs interviewed:

Michigan
UNC
Duke - MATCHED
Johns Hopkins
UT Southwestern
Pittsburgh
Brigham and Women's
Northwestern
Mayo Clinic
Wash U / Barnes Jewish
# General Information

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| Military Service Obligation/Deferment? | No |
| Other Service Obligation? | No |

### Medical Licensure

| ACLS: | [Redacted] |
| PALS: | [Redacted] |
| DEA Reg. #: | [Redacted] |
| Board Certification: | No |
| Medical Licensure Suspended/Revoked/Voluntarily Terminated: | No |
| Ever named in a Malpractice Suit? | No |
| Past History? | No |

### State Medical Licenses

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### Medical Education

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<td>University of Michigan Medical School</td>
<td>08/2009</td>
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<td>05/2013</td>
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<td>Ann Arbor, Michigan</td>
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Medical Education/Training Extended or Interrupted?  No

### Medical School Honors/Awards

- Moses Gunn Student Research Award, U of M Department of Surgery, 2012
- Dean's Commendation for Excellence in Clinical Skills, U of M Medical School, 2012
- SW Root MD Merit Scholarship, U of M Medical School, 2012
- Class of 1941 Merit Scholarship, U of M Medical School, 2011
- Excellence in Research Award, Blue Cross Blue Shield, 2011
- Greenfield Research Award, U of M Section of Vascular Surgery, 2011
- ASTS - Genentech Presidential Student Award, American Society of Transplant Surgeons, 2010

### Membership in Honorary/Professional Societies

Alpha Omega Alpha (Member of AOA)

### Education

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<th>Education</th>
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<td>Undergraduate</td>
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### Current/Prior Training

None

### Experience

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<td>01/2010</td>
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**Description**


Reason for Leaving:

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<th>Dates</th>
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<th>Average Hours/Week</th>
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**Description**

Investigated relationship between lumbar arterial anatomy and Type II endoleaks following endovascular aneurysm repair. Evaluating core muscle size as a predictor of clinical outcomes and costs following open and endovascular repair of abdominal aortic aneurysms.

Reason for Leaving:
<table>
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<th>Volunteer</th>
<th>University of Michigan Life Sciences Orchestra, Ann Arbor, Michigan</th>
<th>Trumpet Player</th>
<th>09/2009 - 04/2010</th>
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<td><strong>Description</strong></td>
<td>Symphony orchestra for faculty and students from the life sciences community at the University of Michigan. Rehearses weekly and performs concerts biannually.</td>
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<table>
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<th>University of Michigan Department of Surgery, Ann Arbor, Michigan</th>
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<td><strong>Description</strong></td>
<td>Characterized portrayal of transplantation on televised medical dramas. Investigated how patterns in pager communications reflect resident workload and quality of care.</td>
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<td><strong>Focus time on other research projects.</strong></td>
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<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Taught pre-medical students test-taking strategies and physics concepts tested on the MCAT. Planned and delivered weekly lectures to 20 students.</td>
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<td><strong>Reason for Leaving:</strong></td>
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<td><strong>Focus time on research projects.</strong></td>
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<tr>
<th>Work</th>
<th>U of M Department of Chemical Engineering, Ann Arbor, Michigan</th>
<th>Chemical Engineering Laboratory Instructor</th>
<th>08/2008 - 01/2009</th>
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<tr>
<td><strong>Description</strong></td>
<td>Provided lab instruction and held office hours for an undergraduate engineering laboratory course. Supervised experimental work, taught experiment design and statistical analysis methods, and graded written/oral reports.</td>
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<td><strong>Graduated from program.</strong></td>
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<tr>
<th>Research</th>
<th>U of M Department of Chemical Engineering, Ann Arbor, Michigan</th>
<th>Merck Undergraduate Research Scholar</th>
<th>01/2007 - 06/2009</th>
<th>Dr. [Redacted]</th>
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<td><strong>Description</strong></td>
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Reason for Leaving:
Graduated from program.

Volunteer
University of Michigan Marching Band, Ann Arbor, Michigan
Rank Leader and Line Leader
08/2005 - 04/2008
20

Description
Performance and rehearsal leader for marching band. Coordinated with staff and student leaders to manage rehearsals and coordinate marching formations. Taught members marching formations and marching technique. Submitted weekly evaluations to determine which members needed to re-audition.

Reason for Leaving:

Work
Procter & Gamble, Cincinnati, Ohio
Product and Process Development Engineering Intern
05/2005 - 08/2006
40

Description
Designed pilot-scale manufacturing process used to develop next-generation lotion formulations. Developed and validated model predicting performance of new designs within consumer-defined range of stresses.

Reason for Leaving:
Internship ended.

Publications

Peer Reviewed Journal Articles/Abstracts


Peer Reviewed Journal Articles/Abstracts (Other than Published)
Poster Presentation


Core Muscle Size, Mortality, and Cost Following Open and Endovascular Repair of Abdominal Aortic Aneurysms. Poster presented at: University of Michigan Department of Surgery 23rd Annual Moses Gunn Research Conference; Ann Arbor, MI.


(2010, November). Frailty and Core Muscle Size in Liver Transplant Candidates. Poster presented at: University of Michigan 56th Annual Student Biomedical Fall Research Forum; Ann Arbor, MI.

A Comparison of Contemporary Core Muscle Size, Mortality, and Cost Following Abdominal Aortic Aneurysm Repair. Oral Presentation presented at: American College of Surgeons 96th Annual Clinical Congress; Chicago, IL.


(2009, October). Resident Workload, Pager Communications, and Quality of Care. Poster presented at: American College of Surgeons 95th Annual Clinical Congress; Chicago, IL.

(2011, May). Sarcopenia and Prognosis in Stage III Melanoma: Is Host Biology as Important as Tumor Biology?. Poster presented at: University of Michigan Department of Surgery 23rd Annual Moses Gunn Research Conference; Ann Arbor, MI.

(2010, October). Core Muscle Size as an Independent Domain of Preoperative Risk. Poster presented at: 145th Michigan State Medical Society Annual Scientific Meeting; Troy, MI.


Oral Presentation

Mortality Following EVAR and Open Abdominal Aortic Aneurysm Repair. Oral Presentation presented at: American College of Surgeons 98th Annual Clinical Congress; Chicago, IL.

Core Muscle Size, Mortality, and Cost Following Abdominal Aortic Aneurysm Repair. Oral Presentation presented at: University of Michigan Department of Surgery 9th Annual Greenfield Research Awards; Ann Arbor, MI.


## Language Fluency

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<td>I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.</td>
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## Hobbies & Interests

Tennis, Trumpet

## Other Awards/Accomplishments

- Outstanding Poster Presentation Award, U of M Department of Surgery, 2011
- Young Investigator Travel Award, Peripheral Vascular Surgery Society, 2010
- Premier Peer Presenters Award, U of M Division of Anatomical Sciences, 2010
- Lloyd L. & Barbara B. Kempe Scholarship, U of M College of Engineering, 2007
- Doker Scholarship, Michigan Marching Band, 2006
- Vulcan Scholarship, U of M College of Engineering, 2005

## Certification

I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the attached policy (PDF); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC Web Site Terms and Conditions and to the AAMC Privacy Statement and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data (attached policy, PDF) and to these AAMC’s collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.

Certified by: ____________________________ Date: 09/15/2012
Interviewed at These Programs:
- University of Michigan  
- Vanderbilt  
- Johns Hopkins  
- Massachusetts General Hospital  
- Washington University in St. Louis  
- University of Washington  
- University of Pittsburgh  
- UCSF  
- Stanford  
- UCLA  
- UT Southwestern  
- University of Wisconsin  
- University of Alabama at Birmingham  
- Mayo Clinic in Rochester

General Advice:

1. You must establish mentor relationships with several faculty at different levels (senior and junior level faculty). Consult them early and frequently about any questions you have. They are your BEST source of information since they are actually involved in deciding how applicants are ranked.

2. Have your priorities and career goals in mind early (community vs. academic, geographic restrictions, specialty interests, research interests)

3. Be yourself, but be your BEST self

4. Do EVERYTHING as early as possible (asking for letters, submitting ERAS, taking step 2). Delays will only hurt you.

5. When preparing or practicing for anything (personal statement, application, interviews), you can do whatever you want, but you MUST prepare and practice in some way. You also MUST get input from faculty mentors (they know what will be expected)

6. It’s OK to freak out, but if you are, make sure you DO something about it. The best way to start this is by talking to faculty mentors about your concerns (not getting interviews, interviews not going well, etc)
## General Information

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## MyERAS Application Form

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Fax #:

Military Service          No
Obligation/Deferment?

Other Service          No
Obligation?

Misdemeanor Conviction?          No
Felony Conviction?         No
Limitations?          No

Examinations

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Medical Licensure

ACLS:
PALS:
DEA Reg. #:

Board Certification:          No
Medical Licensure SUSPENDED/REVOKED/VOLUNTARILY TERMINATED:  
Ever named in a Malpractice Suit?          No
Past History?          No

State Medical Licenses

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Educational Commission for Foreign Medical Graduates Certification

Are you certified by the ECFMG?          No

Medical Education

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<th>Institution &amp; Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Date of Degree</th>
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<td>University of Michigan Medical School Ann Arbor, Michigan</td>
<td>08/2008 - 04/2012</td>
<td>M.D.</td>
<td>05/2012</td>
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Medical Education/Training Extended or          No
Interrupted?

Medical School Honors/Awards

University of Michigan Medical School: Alan and Aileen Sedman Memorial Scholarship Award
- Awarded to a "student who has shown exceptional promise at continuing the University of Michigan Medical School's 153-year history of academic excellence."
- Certificate of Research Excellence
- Awarded for participation in the Student Biomedical Research Project.
- Emergency Medicine Interest Group (EMIG) Appreciation Award
- Awarded for leadership with the Wilderness Medicine Interest Group (WMIG).

Membership in Honorary/Professional Societies

American Medical Association (AMA)
American College of Surgeons (ACS)

Education

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<th>Institution &amp; Location</th>
<th>Dates Attended</th>
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<td>08/2004 - 04/2008</td>
<td>B.S.</td>
<td>05/2008</td>
<td>Biochemistry</td>
</tr>
</tbody>
</table>

Current/Prior Training

None

Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer</td>
<td>U of M Medical School: Medbuddies Program, Ann Arbor, Michigan</td>
<td>Volunteer</td>
<td>10/2010 - 12/2010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description

Medbuddies is a program at the University of Michigan Health System that was designed to help pediatric patients and their families through difficult circumstances – particularly on occasions in which a child may be hospitalized for an extended period of time. The program pairs hospitalized children of all ages with a medical or nursing student to be a friend to the child throughout his or her stay in the hospital. The "Medbuddy" is there to give support, encouragement, comfort and companionship to the patient; and to help the family in whichever way is most beneficial. During October through December of 2010, I was a Medbuddy to a 7-month-old boy named Jacob.

Reason for Leaving:

| Volunteer  | Latin American Native American Medical Association, Ann Arbor, Michigan | Volunteer | 03/2010 - 03/2010 | | |

Description
Every year, the U of M Chapter of the Latin American Native American Medical Association (LANAMA) conducts a free health fair targeted for Hispanic patients in Washtenaw County. The health fair is a full day of educational workshops that focus on primary prevention of disease. It is also a venue for Hispanic patients to ask doctors “en español” about important health practices and health maintenance issues. I participated as a volunteer for this event. My main responsibilities were providing transportation for various props and for entertaining the children while the adults were enjoying the health fair.

Reason for Leaving:

Volunteer  
U of M Medical School: Medical Education, Ann Arbor, Michigan  
Multi-Disciplinary Conference Coordinator  
02/2010 - 02/2010  
Rebecca Van Dyke, M.D.

Description

In our pre-clinical years, approximately once a month, various members of our faculty would organize and conduct “Multi-Disciplinary Conferences” or MDCs. MDCs are large lectures for the 1st and 2nd year medical students that focus on a particular disease (e.g. Rheumatoid Arthritis) which is usually related to a topic that is being studied simultaneously (e.g. Musculoskeletal System or Immunology). The thing that makes MDC lectures special, however, is that there is always a patient volunteer who sits in front of the class and answers questions for the students about physical, psychosocial, and socioeconomic stressors which occur with the disease (hence, multi-disciplinary). During February of my 2nd year, I helped implement an MDC on Inflammatory Bowel Disease for the 2nd year class. I did not serve on the panel as a patient but I recruited the panelists from CCSI (see UM Support Group for Students with IBD below).

Reason for Leaving:

Volunteer  
Project H, Wayne County, Michigan  
Clinical Student Volunteer  
10/2009

Description

Project H is a program that was started by U of M Medical Students in 1999. Its mission is twofold: 1) to improve the mental, social, and physical health of homeless families living at the Wayne County Family Center (WCFC) in Detroit, MI, and 2) to prepare future healthcare professionals to work with under-served populations. Approximately once every 4 months, I would go with a group of students on a Wednesday evening to work in a free clinic at the WCFC. My fellow students and I would see patients, formulate a plan, and present to an attending as if we were in a normal outpatient clinic. I found this to be a very valuable and fulfilling experience. It has helped confirm for me that I would like to spend a portion of my professional career treating the under-served.

Reason for Leaving:

Research  
U of M Department of Rheumatology, Ann Arbor  
Student Researcher  
05/2009 - 08/2009  
Steven Lundy, Ph.D.
Arbor, Michigan and David Fox, M.D.

Description

During the spring, summer, and fall of 2009, I helped conduct basic science research in the Department of Rheumatology. I chose my research due to my interests in immunology and autoimmunity. Specifically, our study was based on the two-hit hypothesis of autoimmunity, e.g. (1) There is an individual with a genetic predisposition to develop autoimmunity and (2) at some point that individual is exposed to some stimulus that sets-off the autoimmunity which feeds itself in a positive feedback mechanism. Our research model was a mouse model of Rheumatoid Arthritis. The experimental group was homozygous DR-4 transgenic mice (genetics) immunized with adjuvant and citrullinated peptides (stimulus). The control group was DR-4 transgenic mice immunized with adjuvant. We followed the mice for several weeks at a time and we monitored them for the development of arthritis. We also sacrificed mice at various time intervals, collected T and B Cells from their spleens, and monitored supernatants for levels of IL-17.

Reason for Leaving:

I left the laboratory in the fall when our experiment was over and when my research funding ran out. The results of our study were inconclusive, however, these results were corroborated by several other groups across the country who had been conducting the same experiment. We did not see a difference in cytokine activity between the two groups of mice and no mice developed arthritis. Since departing the laboratory, I have kept in close contact with Dr. Fox and Dr. Lundy.

Volunteer

U of M Medical School: Galens Medical Society, Ann Arbor, Michigan

Volunteer 01/2009

Description

The University of Michigan Medical School Galens Medical Society is the oldest student group in school history (founded in 1914). The Galens Medical Society mission is twofold: 1) to promote the overall well-being of Michigan medical students through camaraderie and 2) to raise funds for children’s health programs in Washtenaw county. My experience with Galens began in January of 2009 when I participated as a volunteer for “Tag Days.” Every year in Ann Arbor, hundreds of U of M medical students take to the streets with buckets collecting money for various children’s health programs in Washtenaw county. In return for donations, patrons are provided with a tag that they can wear proudly on their jacket signaling that they supported Galens Medical Society (hence, tag days). In addition to these activities, this upcoming year, I also plan on participating in the Galens “Smoker” - which is a yearly show that the medical students create for the faculty (proceeds also going to children's health).

Reason for Leaving:

Volunteer

U of M Wilderness Medicine Interest Group (WMIG), Ann Arbor, Michigan

Co-President / Group Leader 11/2008 - 03/2010 Daniel Wachtler, M.D.

Description
The Wilderness Medicine Interest Group (WMIG) was formed for students with an interest in “backcountry medicine.” Particularly, this group was designed to be a forum to discuss and simulate medical care in low resource environments. In the fall and spring, WMIG has informal meetings to discuss real scenarios of medical emergencies in the backcountry and we talk about the proper steps to limit negative outcomes in such situations. In addition, there are bi-annual events (WM Days) where students and faculty travel to a local forest and simulate real wilderness emergencies with limited resources (e.g. carrying nothing more than what would be carried on a 1 day hiking trip). Educational scenarios include: Hypothermia, closed fracture and traction splinting, gurney building, and search and rescue. I served as a WMIG co-president from November of 2008 through March of 2010. My main responsibilities included planning and acquiring supplies for the WM Days.

Reason for Leaving:

Volunteer  
Biorhythms: Health Sciences Dance Show, Ann Arbor, Michigan  
Participant  
10/2008

Description

Biorhythms is a student-run dance performance that occurs twice a year at the University of Michigan (students are generally from health care specialties; e.g. medicine, dentistry, nursing, and public health). The various dance performances at each Biorhythms show are student designed and choreographed, and most focus on a particular culture or era. I have participated in Biorhythms three times. The performances I have participated in are as follows: Swing Dance (Jump, Jive, and Wail), Waltz (theme music from Pirates of the Caribbean), and Lindy Hop (Rock Around the Clock Tonight).

Reason for Leaving:

Volunteer  
American Medical Association, Ann Arbor, Michigan  
AMA Member  
/ UM Delegate to the MSMS  
09/2008

Description

In the beginning months of my first year of medical school, I became interested in the American Medical Association (AMA) because it seemed to afford the opportunity for students, residents, and physicians to make their voices heard in local, state, and national governments. I had always been interested in politics and health care policy, and the AMA seemed like a great way to learn and experience more. Thus, I decided to run for one of the five AMA delegate positions allocated to UMMS for the Michigan State Medical Society (MSMS) conference. I was fortunate enough to be elected to this position and I am truly grateful because it proved to be a very interesting and educational experience. I was able to sit as a member of the house of delegates (HOD) for the MSMS and vote on resolutions that would affect health care policy in Michigan. Since my term as a delegate has ended, I have continued my membership with the AMA and I have attended two national HOD conferences in Chicago.

Reason for Leaving:
Volunteer | U of M Medical School: Admissions Committee | Robert Ruiz and Steven Gay, M.D.
Office of Admissions, Ann Arbor, Michigan | Member | 08/2008

Description

During my first and second years of medical school, I was an active volunteer for the Office of Admissions. Some of my responsibilities included: conducting tours on interview days, serving as a panelist for prospective student Q&A, and planning and implementing the medical schools “second-look weekend.” Now that I am a fourth year student, I have been given the opportunity to serve on the admissions committee. Presently, I have the responsibility to interview five candidates daily on five separate interview days throughout this interview season. I feel humbled and honored to be able to offer my opinion on these impressive candidates and I intend to take this role very seriously.

Reason for Leaving:

Work | U of M Department of Anesthesiology, Ann Arbor, Michigan | Anesthesia Tech | Larry Stump, CRNA
05/2007 | 10-16

Description

In May of 2007, I was offered a new position as an Anesthesia Tech at the University of Michigan Hospital. I was thrilled to have this opportunity because I had always been interested in seeing and participating-in acute surgical care. A limited list of my responsibilities include: construction of A-line transducers, calibration of anesthesia machines, management of airway equipment (including fiber optic scopes), arterial blood gas and complete blood count measurement, checking of blood products, measurement of PT, INR, PTT, assistance in the placement of arterial lines and central venous catheters, setup and use of Cell-Savers and Rapid Infusers, and critical patient transport to the ICU.

Reason for Leaving:

Volunteer | CCSU - U of M Support Group for Students with IBD, Ann Arbor, Michigan | Mentor at C.S. Mott Childrens Hospital / Member / Volunteer | Ellen Zimmermann, M.D.
09/2006

Description

In October of 2004, I was diagnosed with Ulcerative Colitis. For the following two years, as I adjusted, I had a growing desire to offer support to patients who might be struggling with Inflammatory Bowel Disease (IBD). Then, in September of 2006, Dr. Ellen Zimmermann introduced me to the U of M support group for students with IBD – cleverly called – the Crohn’s and Colitis Student Initiative (CCSI). Dr. Zimmermann stated that rather than calling it a “support group;” they wanted to name it something with a more positive sound. Moreover, they did not want the function of this group to be solely for support, but it was also to be a group taking initiative to improve awareness of IBD in the community. I have attended meetings regularly since 2006 to offer my support. In 2007, a fellow student and I expanded the CCSI to include an organized mentorship program for IBD patients in the C.S. Mott Children’s Hospital. Today, nearly half a dozen newly diagnosed IBD patients have
been matched with CCSI mentors.

Reason for Leaving:

<table>
<thead>
<tr>
<th>Work</th>
<th>Cayman Chemical</th>
<th>Laboratory Intern</th>
<th>01/2006 - 01/2007</th>
</tr>
</thead>
</table>

Description

Cayman Chemical Company is a small chemical company just outside of Ann Arbor, MI. Cayman specializes in the organic synthesis of prostaglandin derivatives - which may be packaged and sold for use in clinical or basic science research. From early 2006 to early 2007, I worked at Cayman Chemical – 2 days a week as a laboratory intern. My main responsibilities included: 1) performing organic separations via gel and thin layer chromatography and 2) assisting with laboratory maintenance.

Reason for Leaving:

<table>
<thead>
<tr>
<th>Work</th>
<th>U of M Post-Anesthesia Care Unit (PACU), Ann Arbor, Michigan</th>
<th>Student Nursing Assistant / Patient Transporter</th>
<th>08/2005 - 04/2007</th>
<th>Beverly Smith, BSN, RN</th>
<th>10-16</th>
</tr>
</thead>
</table>

Description

At the beginning of my sophomore year of undergraduate college, I started a job as a Student Nursing Assistant and Patient Transporter in the University of Michigan Hospital Post-Anesthesia Care Unit (PACU). Some of my daily responsibilities included: immediate assessment of vital signs for patients entering the recovery room, having equipment and supplies ready for the anesthesiologist in the event of an airway emergency, d/c-ing A-lines, IV’s, and Foley catheters, and patient transport to radiology, the psychiatric ward, the floor, or the ICU.

Reason for Leaving:

I left my job as a Student Nursing Assistant and Patient Transporter in order to start my new job as an Anesthesia Tech.

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>University of Michigan Relay for Life, Ann Arbor, Michigan</th>
<th>Volunteer Fundraiser</th>
<th>03/2005 - 03/2008</th>
</tr>
</thead>
</table>

Description

Every year, like many other universities throughout the United States, the University of Michigan hosts Relay for Life. Between 2005 and 2008, I participated as part of a team that routinely met its quota. In addition, in 2007 and 2008 our team won “Best On-Site Fundraiser” for raising $3,100 and $4,600, respectively, during each 24 hour period.

Reason for Leaving:
Publications

Poster Presentation


Language Fluency (Other than English)

Some French (4 semesters of Collegiate Education);
Some Spanish

Hobbies & Interests

Some of my interests and hobbies include: competitive sports, skiing, hiking, traveling, and scuba diving. I am certified by the Professional Association of Diving Instructors (PADI) to dive with enriched air (>21% oxygen) to achieve longer bottom times. In regards to traveling, I have visited the following countries: the United Kingdom, the Netherlands, France, Italy, Monaco, Canada, Mexico, the Cayman Islands, Jamaica, Guatemala, Colombia, Ecuador, and the Galapagos Islands.

Other Awards/Accomplishments

University of Michigan Hospitals and Health Centers
2006 - Nominated for Employee of the Month for "outstanding work-ethic in the Post-Anesthesia Care Unit (PACU)."

US Reserve Officer Training Corps (ROTC)
2004 - Full-ride academic scholarship for U of M

US House of Representatives - Congressional Nomination
2003 - United States Naval Academy
Annapolis, Maryland

Certification

I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the attached policy (PDF); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the AAMC Web Site Terms and Conditions and to the AAMC Privacy Statement and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data (attached policy, PDF) and to these AAMC’s collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.

Certified by: [signature]

Date: 09/01/2011
Michigan Medical Student - 2012

General Information

Name: [Redacted]
Previous Last Name: [Redacted]
Preferred Name: [Redacted]
School: University of Michigan Medical School

E-mail: [Redacted]
Gender: [Redacted]
Birth Date: [Redacted]
Birth Place: [Redacted]
SSN: [Redacted]
SIN: [Redacted]
Citizenship: U.S. Citizen

Current Visa/Employment Authorization Status: [Redacted]
Visa Sponsorship Needed: [Redacted]
Expected Visa/Employment Authorization Status(s): [Redacted]
Race: White
Ethnicity: Not Spanish/Hispanic/Latino/Latina

Present Mailing Address: [Redacted]
Alternate Phone #: [Redacted]
Mobile Phone #: [Redacted]
Pager #: [Redacted]

Permanent Mailing Address: [Redacted]
Phone #: [Redacted]
Fax #:

Military Service Obligation/Deferment? No

Other Service Obligation? No

Misdemeanor Conviction? No
Felony Conviction? No
Limitations? No

Examinations

<table>
<thead>
<tr>
<th>Examination</th>
<th>Status</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 2 CS (Clinical Skills)</td>
<td>Will Take</td>
<td>09/2011</td>
</tr>
<tr>
<td>USMLE Step 2 CK (Clinical Knowledge)</td>
<td>Passed</td>
<td>07/2011</td>
</tr>
<tr>
<td>USMLE Step 1</td>
<td>Passed</td>
<td>04/2009</td>
</tr>
</tbody>
</table>

Medical Licensure

ACLS:
PALS:
DEA Reg. #:

Board Certification: No
Medical Licensure No
Suspended/Revoked/Voluntarily Terminated:

Ever named in a Malpractice Suit? No
Past History? No

State Medical Licenses

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>State</th>
<th>Exp. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

Educational Commission for Foreign Medical Graduates Certification

Are you certified by the ECFMG? No
Medical Education

<table>
<thead>
<tr>
<th>Institution &amp; Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Date of Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Michigan Medical School</td>
<td>08/2007</td>
<td>M.D.</td>
<td>05/2012</td>
</tr>
<tr>
<td>Ann Arbor, Michigan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Education/Training Extended or</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interrupted?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation: *I took a one-year leave of absence in order to obtain a Masters of Public Health degree.*

Medical School Honors/Awards

- Dr. Patrick & Susan Jewell Scholarship
- Dr. Alexander Vida Scholarship

Membership in Honorary/Professional Societies

None

Education

<table>
<thead>
<tr>
<th>Education</th>
<th>Institution &amp; Location</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Date</th>
<th>Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate</td>
<td>Johns Hopkins Bloomberg School of Public Health</td>
<td>06/2010 - 05/2011</td>
<td>M.P.H.</td>
<td>05/2011</td>
<td>Public Health</td>
</tr>
<tr>
<td>Undergraduate</td>
<td>University of Michigan Ann Arbor</td>
<td>08/2000 - 05/2004</td>
<td>B.A.</td>
<td>05/2004</td>
<td>Philosophy</td>
</tr>
</tbody>
</table>

Current/Prior Training

None

Experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Organization &amp; Location</th>
<th>Position</th>
<th>Dates</th>
<th>Supervisor</th>
<th>Average Hours/Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland</td>
<td>Research Assistant</td>
<td>07/2010</td>
<td>Timothy Baker</td>
<td>10</td>
</tr>
</tbody>
</table>

Description
• Analyzed historical and present-day trauma data in Russia to identify and advocate against risk factors of unnecessary injury-related deaths.
• Investigated the cost of becoming a physician to further the current national dialogue regarding physician compensation.

Reason for Leaving:

*I completed my degree program at Johns Hopkins Bloomberg School of Public Health and have submitted for publication the second manuscript to result from my research with Dr. Baker, which includes the remainder of our findings.*

<table>
<thead>
<tr>
<th>Research</th>
<th>Johns Hopkins Hospital, Research Assistant</th>
<th>07/2010 - 05/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adil Haider</td>
<td>5</td>
</tr>
</tbody>
</table>

Description

• Explored the relative value, predictive ability, and perceptions of injury severity scoring metrics in order to improve benchmarking and comparisons between trauma systems.
• Participated in the Surgical Faculty Mentoring Program for Bloomberg School of Public Health students, a program within The Center for Surgical Trials and Outcomes Research at Johns Hopkins Hospital.

Reason for Leaving:

*I finished the Masters of Public Health degree at that institution.*

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>University of Michigan Surgical Education Assistant</th>
<th>06/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adil Haider</td>
<td>2</td>
</tr>
</tbody>
</table>

Description

• Designed a survey to assess medical student satisfaction on the required third-year surgical clerkship.
• Assisted in the design of three interventions targeted towards student satisfaction and measured the impact of the interventions via quantitative and qualitative survey methods.

Reason for Leaving:

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>University of Michigan Admissions Committee Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adil Haider</td>
</tr>
</tbody>
</table>

Description

• Evaluated medical school applicants and made recommendations regarding their candidacy for medical school admission based on their written applications and the in-person interviews that I conducted.

Reason for Leaving:

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>University of Michigan Chair of the Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adil Haider</td>
</tr>
</tbody>
</table>

Michigan Surgery Residency Application Guidebook
Arbor, Michigan  

**Symposium**

Description

* Spearheaded a week-long series of lunch talks that augments the medical school curriculum with information about minority health issues.
* Guided the symposium team in choosing speakers and topics and in advertising the event to fellow medical students.

Reason for Leaving:

_We successfully completed the event._

<table>
<thead>
<tr>
<th>Research</th>
<th>World Health Intern</th>
<th>06/2008</th>
<th>Gerald Dziekan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization, Geneva, Switzerland</td>
<td>08/2008</td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

Description

* Reviewed literature on interventions against the emergence and spread of antimicrobial resistance and concluded that while many novel interventions exist, additional research and comprehensive mapping are needed to form lasting solutions.
* Authored a sixty-page internal document summarizing the efficacy of non-medical and medical efforts to control antimicrobial resistance that was intended to serve as background information for the WHO Third Global Patient Safety Challenge.
* Conferenced with over twenty Geneva-based health professionals in order to gain a strong foundation for a career in global health policy.
* Participated in an intensive, weeklong course that presented a cross-disciplinary analysis of current global policy issues and provided interns with an inside perspective of present-day global health challenges and potential solutions.
* Analyzed global agencies and researched careers that are available to physicians upon completion of a medical residency.

Reason for Leaving:

_The internship was intended to last two months._

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>Bisexuals, Gays, Lesbians, and Allies in Medicine, Ann Arbor, Michigan Co-Chair and Member</th>
<th>08/2007</th>
<th>5</th>
</tr>
</thead>
</table>

Description

* Co-chaired a medical school student group whose goals are to advocate for the inclusion of LGBT health issues within the medical school curriculum and to serve as a safe space for lesbian, gay, bisexual, transgender, and allied individuals within the medical school.
* Discussed LGBT health curriculum issues with faculty members, organized health education talks, and led monthly meetings for group members.

Reason for Leaving:

| --- | --- | --- | --- |

102 Michigan Surgery Residency Application Guidebook
Leading Our
World

Description

- Directed the day-to-day operations at a Peace Corps-supported retreat in Nairobi for 30 women ages 15-19 with rural backgrounds in order to encourage gender empowerment and success in their personal and professional environments.
- Developed a participatory curriculum and recruited speakers involved in gender development work to focus on the retreat’s goal of gender empowerment.
- Created a Take Our Daughters to Work Day that supplemented the women’s experiences and provided them with a first-hand look at the life of a career woman.

Reason for Leaving:

The retreat was successfully completed.

Volunteer

Peace Corps, Nairobi, Kenya
Chair of the AIDS Resource Committee
04/2005 - 04/2006

Description

- Coordinated the streamlining and dissemination of HIV/AIDS related resources for Peace Corps Health Educators to use in their work.

Reason for Leaving:

The chair was a one-year elected position.

Work

Peace Corps, Turasha, Kenya
Community Health Educator
08/2004 - 10/2006

Description

- Developed and led 10-hour HIV/AIDS seminars for teachers at rural Kenyan primary and secondary schools in order to increase their personal awareness, promote behavioral change, and enable them to educate students about HIV-related issues.
- Taught comprehensive health education courses that focused on HIV awareness, decision-making skills, healthy relationships, and self-esteem enhancement to 200 students at Turasha Secondary School.
- Founded and directed a counseling department at Turasha Secondary School, creating a previously unavailable comfortable and private forum for students.
- Created and facilitated 12-hour HIV/AIDS seminars for community members to equip them with the knowledge and skills needed to be AIDS activists in their local villages.
- Collaborated with self-help groups to develop innovative strategies to create AIDS awareness and promote behavioral change in the community.

Reason for Leaving:

I completed my service commitment to the Peace Corps.

Work

Occupational Safety and Environmental Laboratory, Ann Arbor, Michigan
Laboratory Technician
08/2001 - 04/2004

Michigan Surgery Residency Application Guidebook
Description

• Chemically processed soil, water, and solid matrix samples in order to measure the levels of environmental contaminants such as metals, semi-volatile organic compounds, PCBs, pesticides, chlorides, and phenolics.
• Analyzed data and prepared clients' reports to equip them with information on managing their materials and waste.

Reason for Leaving:

I completed my undergraduate degree and pursued full-time employment with the Peace Corps.

Publications

Peer Reviewed Journal Articles/Abstracts


Peer Reviewed Journal Articles/Abstracts(Other than Published)


Poster Presentation


Non Peer Reviewed Online Publication


Language Fluency (Other than English)

• Limited Spanish and German
• Intermediate Swahili

Hobbies & Interests

• Racquetball, squash, and running
• Environmental issues
• Injury prevention

Other Awards/Accomplishments

• International Institution Individual Fellowship
Interviewed:

University of California San Francisco (East Bay) Program, Oakland, CA  Surgery-General
University of Hawaii Program, Honolulu, HI
University of Iowa Hospitals and Clinics Program, Iowa City, IA
Johns Hopkins University Program, Baltimore, MD
University of Maryland Program, Baltimore, MD
University of Michigan Program, Ann Arbor, MI
University of Minnesota Program, Minneapolis, MN
University of New Mexico Program, Albuquerque, NM
University of Rochester Program, Rochester, NY
Cleveland Clinic Foundation Program, Cleveland, OH
University of Utah Program, Salt Lake City, UT ➡️ MATCHED

Advice:

1) I recommend that you do some soul-searching and talk to a variety of surgeons to best identify what type of career you aspire to have. I originally thought that I would definitely want to pursue an academic career in surgery because all of my mentors were academic surgeons, and at UM, academic surgery is more highly valued than other career paths. However, my idea changed when I interviewed at a variety of programs, some of which had residents who all wanted to go into academics and some of which had residents with more diverse goals (private practice, fellowship, global practice).

2) I realized that while I like academics, I also have other interests (like global health) that do not fit as well into the academic surgery model. Thus, if I had to do it all over again, I would have sought out a wider variety of surgeons to discuss my career goals with and would have done an away rotation in a practice setting different than UM early in the M4 year. This may have allowed me to think about other career paths earlier in the process, which I could have articulated in what I wrote in my personal statement and in the programs that I applied to.

3) Along these lines, the best programs also vary by individual. I wish that when I had spoken with residents and faculty about where to apply, I had been able to identify my goals better, as this would have allowed them to make better recommendations as to which programs would offer me the best fit.
My first encounter with surgery occurred when I was in sixth grade. One afternoon in February, I developed back pain that rapidly worsened over the next several hours. My parents took me to the emergency room, where a pediatric surgeon was consulted and brought up the possibility of necrotizing fasciitis. Exploratory surgery confirmed the diagnosis. Postoperatively, I developed septic shock and went back to the operating room twice for further debridement and wound closure. Although I was only eleven at the time, the experience sparked my interest in surgery. Later in college, as I considered pursuing a career in medicine, I often thought of the doctor who had performed the surgeries and managed my care. These efforts allowed me to make a complete recovery. My family and I were able to return to our normal lives. I wanted to have this kind of impact on the lives of others, and that was my motivation for pursuing a career in medicine.

Once I entered medical school and began considering different specialties, surgery seemed like a natural place to start. Not surprisingly, I was initially drawn to how surgeons treated the most critically ill patients, and the potential impact they could make on the lives of these patients and their families. During my clinical rotations, I was also impressed by how surgeons took ownership of patient care, from preoperative evaluation to performing surgery and managing postoperative care. Having trained as an engineer during my undergraduate studies, I was also drawn to the methodical, data-driven, and results-oriented approach of surgery. The strongest impression, however, was made after I reflected on the diversity of surgeries I had scrubbed during my clinical rotations: laparoscopic appendectomies, below-the-knee amputations, liver transplants, Whipple procedures. General surgery was the only residency program that would provide me with such a broad base of clinical training while allowing me to visualize pathology with my own eyes and correct it with my own hands. At this point, I already knew I wanted to work with critically ill patients – now I knew this was the way I wanted to do it.

Throughout my clinical rotations and research, I found that my undergraduate training in chemical engineering has been one of my greatest strengths. It provided me with a strong foundation in leveraging scientific fundamentals and statistics to objectively inform decision-making. As with surgery, engineering was also team-based and results-oriented with a focus on effective communication. From a research perspective, I was able to utilize this foundation throughout the research process, whether it was coordinating and training a team of my peers to collect data, drafting manuscripts and responding to reviewer feedback, or presenting findings at surgical conferences. I look forward to continuing to build on this foundation at the next level of training.

Looking towards the future, my goal is to become a specialized surgeon-scientist at an academic center with an active role in clinical practice, research, and teaching. Ultimately, I hope to make the most of my career in surgery, whether it’s providing care to patients, improving clinical practice through research, or training the next generation of physicians.
At one time in my life I was absolutely certain I would become an engineer. It was a logical conclusion built on years of experiences. I constructed a model of an internal combustion engine in the fifth grade. I completed my third semester of college calculus as a high school junior. And above all, I truly enjoyed the problem solving, challenges, and innovation that permeate the field of engineering. I was right on track, headed for a career in industry as a chemical engineer, yet something crucial was missing. I lacked the passion for a career in the corporate engineering world—the kind of inner calling that makes me eager to go to work every morning, perform not an inch short of my absolute best, and even after the most difficult and challenging days, want to wake up the next morning and do it all over again. Fortunately, at the beginning of my freshman year of college, I discovered this passion in Surgery.

It was during that year that I observed an operation for the first time. It was ten degrees and pitch black outside the morning that I walked from my dormitory to the VA hospital, eagerly anticipating my first shadowing session with an academic surgeon. I remember standing in the operating room, staring speechlessly just a few feet away from an open abdomen. As I watched the surgeon meticulously and precisely weave the needle driver one suture at a time, I had a flashback to my life in eighth grade. I had literally spent thousands of hours standing in front of a stand of music in my room, preparing concerto after concerto. Time stood still in those days, my focus unwavering as I tenaciously pursued perfection. Over the last 16 years of playing the violin, ingrained in me is much more than the dexterity of a concert violinist—I have also acquired the discipline, patience, and perseverance that is necessary to become a great surgeon.

Since that day I had an enormous drive to go to medical school. I attended summer school to train and work as an Emergency Medical Technician for a local ambulance company in Pontiac, Michigan, an impoverished urban city. I also attended a competitive summer program at the University of Cincinnati Medical School for students interested in Cardiothoracic Surgery. During the school year I shadowed several surgeons in their operating rooms and clinics at the University of Michigan. Additionally, I spent six semesters volunteering at the hospital, joined an active research team devoted to general transplantation, and became published in multiple medical journals. After matriculating to medical school I was eager to expand my interests in surgical research. I met Dr. Robert Bartlett and immediately began participating in ECMO research including a project involving a novel ventricular assist device.

I very soon realized that Surgery demands structured problem solving, analytical minds, and most importantly, an incessant desire to pursue advancements that would ultimately and directly benefit a multitude of lives. It became clear to me that I possessed not only the acumen to participate in innovative research, but also the engineering mindset that would enable me to find pioneering solutions to complex surgical problems. And this revelation confirmed my decision to devote my career to academic Surgery. In essence, I now view Surgery as the ultimate convergence of engineering and medicine.

I am thrilled to see my skills and talents combine in a manner that will allow me to become a technically proficient and innovative surgeon. As of today I have a substantial interest in cardiac, pediatric, and trauma surgery, and I am eager to participate in the many other niches within General Surgery that I have yet to encounter. Throughout this journey, however, I will never forget the one aspect that makes my career at all worthwhile. And that is the patient. I have had incredible exchanges with people even this early in my training. My ability to see a patient eye to eye and show him or her genuine compassion is something I cannot calculate in the lab or read in a book but is the final attribute of mine that will allow me to excel in this field. I believe our patients touch our lives just as profoundly as we alter the courses of their health. And for that I am grateful for the opportunity and responsibility to be a great engineer and an even greater surgeon.
ERAS
Personal Statement

When I started as an undergraduate freshman at the University of Michigan, I never would have guessed that eight years later I would be graduating from medical school. At that time, I was a young ambitious student with an interest in political science; and I had the intention, upon graduation, of serving my country as an officer in the military through the Reserve Officer Training Corps (ROTC). Unfortunately, as chance would have it, three months later I would be dealt the diagnosis of ulcerative colitis (UC) – rendering me incompatible with military service. Devastated and feeling robbed of purpose, I had encountered my first real taste of adversity. While the weeks pressed on, as I struggled with my new diagnosis, I also struggled to rediscover my identity.

Some months later, as I lay resting on a stretcher in the university hospital emergency room, I was approached by a young surgery resident who had apparently recognized that I was lamenting my situation. She said, “Hey, look, I know you must have been struggling the last few months, I know it must be difficult for you, but I wanted to say that... from what I have seen... there are two types of people with chronic illness. 1) There are those who focus on their disease and they allow it to get the best of them; and 2) there are those who resist... they attempt to play over their disease and they only allow it to strengthen them.” It was a bold statement, but it was also a true statement. In a moment of distress, that resident somehow managed to legitimize my suffering – while at the same time – she called me to arms. I didn’t realize it at the time, and for some weeks afterward, but in the end I strongly believe that this statement helped to change my life.

An anonymous author once wrote, “convert adversity into opportunity, for adversity is a divine surgery planned to make you better.” I couldn’t agree more. Suddenly, I had a keen interest in medicine as a viable and fulfilling career goal and I wanted to explore it. In a matter of months, through a series of fortunate and what seemed like fated events, I managed to secure a job as a patient transporter and a nursing assistant in the recovery room. Each patient that I helped seemed to reaffirm my interest in a career in medicine, and particularly, a career in the care of the most vulnerable patients. Like I had been on that day in the ER, helpless and at my wits’ end, while working in the recovery room I saw and aided in the care of literally thousands of patients who had similar or more awful stories than my own. I had found my calling and I was going to pursue it.

During my last year of undergraduate and my first two years of medical school, I was fortunate enough to be given a new job at the university hospital as an anesthesia tech. This new role gave me exposure to the operating room and it provided me with additional opportunities to participate in the direct care of patients through a more critical environment. Then, further along in my third year, I realized that I was most happy when I was physically or directly helping patients – similar to how I had done as a tech. Moreover, I kept returning to that desire to serve the most severely ill, injured, or helpless patients; and when I participated in my rotations in general surgery, I was awestruck by the trust that must exist between a patient and their surgeon. I found
ERAS
Personal Statement

myself longing to earn the honor and the privilege of that essential relationship. Finally, in attending the Death and Complications conferences each Thursday morning, it was impossible for me to miss the mutual respect, discipline, teamwork, integrity, and accountability that is shared among surgeons. I suddenly realized that these principles are the same core principles that I originally intended to embody in my service of the United States Military. When my third year of medical school was over, it was clear to me – I am destined to be a general surgeon.

I understand that a program in general surgery will be a challenge, and I welcome it. Primarily and most importantly, I am looking for a program that will train me to be an excellent surgeon. However, as I have done in medical school, I am also looking for a program that will allow me to continue to explore clinical and basic science research. Additionally, if at all possible, I would also like to continue to mentor students and patients as I have done at Michigan. I am quite sure that mentoring has made me a better person and a better student, and I anticipate that it will make me a better resident.

In return, I intend to be a strong asset to my residency program. Given my history of UC, one may find that I have a huge supply of perspective and enthusiasm. On the flip side of that argument, I have not missed a day of class or clinic due to my UC since starting medical school. Also, given my years of work in the lower echelons of one of the largest surgical suites in the country, one may find that I have experience in the everyday sense-of-urgency, communication, composure, and demeanor that is required for a busy and thriving operating room. To finish, I would like to say that I am not afraid to ask for feedback and constructive criticism. Moving my way through medical school has been humbling. The more I learn, the more I understand that becoming a physician is a lifelong endeavor – one where there will be many highs and lows and there is always room for improvement. It is my hope that, in being attentive to my own successes and failures, I may continually strive to be better.
“Biostatistics is all around us,” explained my professor Dr. Diener-West. She has won numerous teaching awards, been promoted to dean, and shown up daily to a full lecture hall, all with a warm smile on her face. The reason behind her success is clear: it’s her passion for what she does. That passion is contagious, and while I do not notice the biostatistical applications in all of the daily events that she does, I do aim to emulate the joy that she takes from her field. At the heart of my desire to pursue a General Surgery residency is the conviction that I will be passionate in my daily work. Passion leads to dedication, enthusiasm, and tenacity, and possessing such traits will enable me to excel in patient care, research, and education.

My enthusiasm for Surgery is multi-faceted. More than anything, I simply enjoy being in the O.R. and working with my hands to solve the immediate challenge in front of me. As a medical student, I have not yet had the opportunity to direct the path of an operation, carefully choosing which steps must be taken, but I appreciate the principle of performing only the steps necessary to achieve a desired outcome, and I find thinking in this efficient manner to be a fun and useful challenge. It is a manner of thinking that I eagerly anticipate being able to apply to my surgical work.

Beyond the O.R., the potential for Public Health applications within Surgery also appeals to me. While pursuing a Masters in Public Health degree at Johns Hopkins Bloomberg School of Public Health, I focused on trauma and injury prevention. My research centered around the fact that in regards to trauma, the word accident is often a misnomer, as many injuries and deaths are preventable. Lowering a speed limit, minimizing the sharp edges on cars’ dashboards, and improving the quality of driver’s education courses are just a few of the reasons that vehicle crashes have decreased over the years. Interventions like these are limited only by human ingenuity, which provides an opportunity that fascinates me. Drawing upon the skills that I gained from my coursework and research, I aim to design and implement injury prevention mechanisms in an academic setting that provides the opportunities and resources to work within the fields of both Public Health and Surgery.

As much as I look forward to time in the operating room and applying Public Health principles to Surgery, I know that my success as a surgeon is also tied to my
ability to listen carefully to patients and collaborate effectively with colleagues. As a Health Education Specialist, I spent two years reflecting upon this point while living and working in a rural Kenyan village. Differences in language, culture, and access to resources were barriers to communication, but these differences provided me opportunities to sharpen my listening skills and reflect upon how my words were perceived. As a result, I always try to be cognizant of the many verbal and non-verbal cues occurring in any given interaction, with these cues being especially important during an emotional time like the period surrounding one’s surgery. Although my environment has changed from a rural Kenyan village to an American academic hospital, I still recognize and aim to practice the communication skills that I honed during my time in Kenya, both with patients and within a medical team.

Communication will also be essential to sharing my enthusiasm for Surgery with others. I am a better biostatistician because my instructor’s joy was contagious. Likewise, I will consider myself successful when I am not only able to be passionate in my own endeavors, but also am able to transmit this enthusiasm to others. I look forward to working within an academic environment because it will enable me to collaborate with, learn from, and teach others during my career. This collaboration, along with the opportunity to train as a clinician, researcher, teacher, and public health professional, is something that I look forward to waking up to each morning. I believe my zeal for Surgery would please Dr. Diener-West, because although I did not find biostatistics to be my calling, I did learn the importance of passion through her teaching; this is a lesson that I will carry with me throughout my surgical career.
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