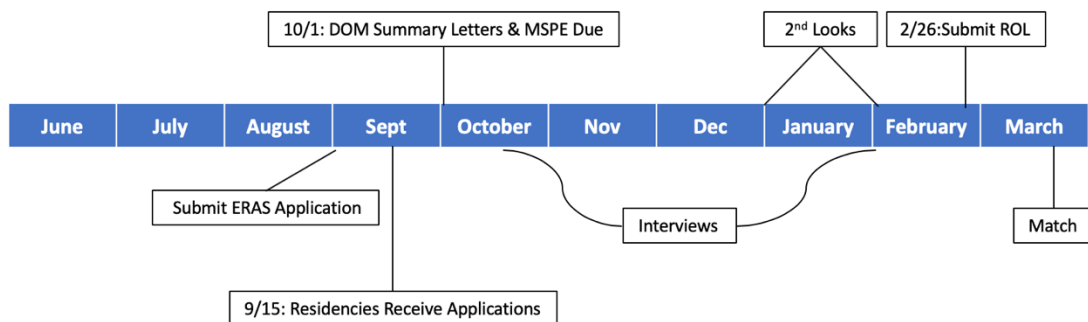


Primer for Applying to Internal Medicine Residency Programs

A) Fourth-Year Schedule:

- Ideally, schedule the internal medicine sub-internship during July or August in order to procure a letter of recommendation (if needed).
- Alternative clinical experiences to consider in place of the sub-internship include:
 - Away rotations:
 - Away rotations are **NOT** required for IM. The majority of students applying to IM across the country do not partake in visiting rotations. Visiting rotations are most helpful if students demonstrate a significant interest in a particular program or location.
 - Away rotations may increase the chance of an invitation to interview at the hosting institution, but this is **NOT** guaranteed.
 - Visiting subspecialty electives are preferred over visiting sub-internships, which require strong institutional systems knowledge to optimize clinical performance.
 - Critical Care Clerkship
 - Subspecialty Rotations at Cooper
- IM residency interviews often start in mid-October and extend to the end of January with the majority of interviews occurring in November and December. Therefore, plan accordingly.
- Schedule a more rigorous clinical experience in the spring to enhance clinical skills prior to graduation in preparation for residency.

B) Timeline:



C) Curriculum Vitae & ERAS Application:

- Timeline: Should include all longitudinal, meaningful experiences from the first day of college until present day.

- Experience Boxes:
 - **Research Experience:**
 - Include all meaningful research at both the undergraduate and medical school level regardless of outcome, as posters, presentations, and publications are not necessary for inclusion. However, the candidate must be able to describe the purpose of the project and their level of involvement in significant detail.
 - If research has led to a poster, presentation, or publication, candidates may “double dip” by utilizing an experience box to outline the details of the project and then subsequently listing the project under the appropriately designated boxes for posters, presentations, and publications later in the application.
 - **Work Experience:**
 - Include all meaningful employment from the first day of college until present day. A candidate should ensure that there are no gaps in the experience continuum. Moreover, some programs may place a priority on “real life experience” as the roles and responsibilities of an employee is much different than those of a student.
 - **Volunteer Experience:**
 - In general, candidates can divide volunteer experience into the following subcategories:
 - a. **Community Service**
 - b. **Leadership:** If a candidate held different leadership titles with distinct responsibilities within the same group/organization, each role deserves a separate experience box.
 - c. **Teaching & Education:** Includes unpaid tutor, unpaid teaching assistant, member of the curriculum or admissions committee, course or clerkship representative or liaison, tour guide, student ambassador, etc.

D) Letters of Recommendation:

- Students require **four** letters (in addition to the MSPE) when applying to IM residency programs:
 - **Three Letters of Recommendation:** These letters will be important after a candidate is selected to interview at a program. Rarely are they considered during the initial selection process.
 - At least **two** should be from internal medicine with at least one from the third-year clerkship. Additional IM letters may be based on the following clinical experiences:
 - a. Sub-internship
 - b. Critical care clerkship

- c. CLIC
 - d. Student clinic
 - e. Subspecialty rotation (in-house)
 - f. Away rotation
- One letter can be considered a **“wild card.”** This letter could come from an IM experience, but could also be based on the following experiences:
 - a. Other specialty clinical experience (surgery, pediatrics, etc.)
 - b. Research mentor
 - c. ALG facilitator
- **One Letter of Reference (Department of Medicine Summary Letter or “Chairman’s Letter):**
 - This letter is written by the IM Clerkship Director and co-signed by the Chair of Medicine, Associate Clerkship Director, and IM Sub-internship Director.
 - This letter reports a student’s relative performance in the third-year clerkship and fourth-year subinternship (if available) by providing the grades for each experience, their relative rank in the clerkship by quartile, the NBME shelf examination score, relevant narrative from each clinical experience, and an overall ranking in all IM-sponsored clinical rotations by quartile.

E) Personal Statement:

- The purpose of the personal statement is to provide some additional insight into the motivations of the candidate for applying to internal medicine. This personal statement is not typically used in the initial interview selection process but will play a more prominent role during the actual interview day. As a whole, the personal statement has a minor overall impact on a student’s candidacy (unless damaging information is included in the statement). Overall, programs will use the personal statement to obtain a more holistic view of the candidate, assess the meticulousness of the candidate (are there a significant number of misspellings or grammatical errors), and evaluate the student’s ability to communicate via the written word.
- Typical framework for the personal statement:
 - Start with a clinical anecdote, personal experience (if appropriate), or quote to gain the attention of the reader and segue nicely into answering the following questions:
 - Why are you interested in internal medicine?
 - Why will you become a good internist? What skills, attributes, or personal characteristics will allow you to flourish in the field? This is where a candidate can incorporate previous experiences that molded these behaviors or skills. However, this is difficult as the

student must “sell themselves” without appearing pompous or pretentious.

- What are you looking for in a program?
- Where do you see yourself in 5-10 years?

F) Application Process:

- The interview process should be viewed as an exciting experience. It is imperative to understand that this process requires firsthand experience of multiple programs in order to be an informed consumer. Unfortunately, there are no great, independent resources available to compare and contrast programs and those that are available (FREIDA Residency Program Database, Doximity Residency Program Rankings, Student Doctor Forum) are either incomplete or fraught with biases. As such, candidates must interview at multiple programs in order to make well-informed decisions during the ranking process. This requires an open mind, as a “bigger name program” is not necessarily better than a “less prestigious” institution because the more prestigious legacy programs often do not need to invest significant equity into a resident’s education and professional development to ensure the recruitment of high caliber students. It is important that students possess strong self-knowledge in regard to their learning style to ensure that they match into a compatible program that will optimize their personal development.
- All programs use filters on the ERAS program to essentially place patients into 3 piles:
 - Definite Yes
 - Definite No
 - Borderline
- This decision is often done without a deep review of each individual candidate’s application due to manpower constraints (the CMSRU IM Residency Program receives 4,000-5,000 applications per year for essentially 19 spots). However, Program Directors, Associate Program Directors, and Program Administrators often perform a more intensive review of the borderline pile to further stratify the candidate’s competitiveness to finalize the interview pool. This is where the MSPE, DOM summary letter, and personal letters of recommendation may become important.
- Evaluating the relative strength of individual residency programs: This is largely a personal journey, as there is not one universally best program out there for everyone. However, there is one best program out there for each individual. This requires a student to interview widely and focus on the “Big 3” characteristics of a program:
 - **Location & People:**
 - Geographic location

- Urban, suburban, or rural?
 - Degree of patient diversity
 - Size of the program: Large or moderate?
 - Compatibility with the personality and culture of the program
- **Education:**
 - University vs. Community
 - Board pass rate
 - Schedule: Traditional Block Schedule vs. “X+Y” Schedule
 - Program’s commitment to bedside clinical teaching
 - Approach to didactics:
 - a. Daily Didactic Sessions vs. Academic Half-Days
 - b. Active vs. Passive Instructional Strategies
- **Opportunity:**
 - Career:
 - a. Fellowship match (however, do not think of IM residency as a three-year preliminary experience!)
 - b. Job placement for general internal medicine
 - Professional development opportunities:
 - a. Specific tracks (primary care, etc.)
 - b. Research & quality improvement opportunities
 - c. Teaching & leadership opportunities
 - d. Advanced degrees
 - e. Other educational opportunities (global health, addiction medicine)
- Goals of the process:
 - Apply to the proper distribution of competitively tiered programs based on the student’s academic performance:
 - “Sure thing”
 - “Good shot”
 - “Reach”
 - Go on 12-15 interviews
 - Rank 10
 - Match into one of your top 3 programs!