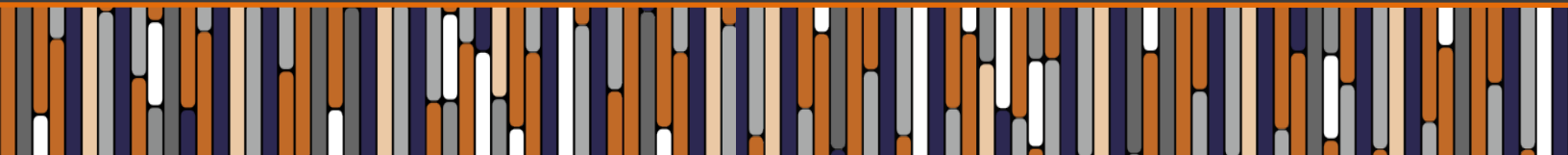


# Career Counseling Guide

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## **ANESTHESIOLOGY**

### ***Thumbnail sketch for this specialty:***

Anesthesiology is primarily hospital-based because services are concentrated in the operating room setting and the intensive care unit. The Department of Anesthesiology has primary responsibility for all anesthetic services in Memorial Hermann Hospital, which has 39 operating rooms, including 5 Cardiac Surgery suites, as well as additional outside locations (e.g., Interventional Radiology, Digestive Disease Center, and MRI Suite) and completes roughly 25,000 cases annually. The majority of patients (60 percent) are outpatients who come into the hospital through the Day Surgery Unit, whereas 40 percent are inpatients. The Anesthesiology Department's Pain Center provides care for both inpatient (acute) pain and outpatient (acute and chronic) pain management.

Hemodynamic maintenance and management of the patient during surgery is the primary responsibility of the anesthesiologist. Anesthesiology is a procedure-oriented specialty. We perform intravenous and arterial cannulation for infusion of drugs and monitoring purposes. We specialize in both routine and difficulty airway management. We administer neuraxial and regional blocks for pain relief, in both the obstetric and general patient population. Diagnostic fiberoptic endoscopy, bronchial lavage and line placement or changes are performed routinely in an intensive care setting.

### ***How competitive is this Specialty?***

Since 2000, Anesthesiology has become quite competitive. We have seen a 30 percent increase in graduating seniors entering anesthesiology from U.S. allopathic medical schools in the last 5-7 years (nadir in 1997). Last year, we were the second highest matched specialty in the NRMP match, with a 98.5 percent match rate. 897 U.S. graduating MS IVs entered the field of anesthesiology in 2004, representing 5.85 percent of the 15,327 U.S. MS IVs in the match (a slight decrease from 2003).

### ***How competitive is this Program?***

Our Anesthesiology program continues to be competitive in both the national and local arena. Out of all anesthesiology residency training programs in the country, less than 25 percent filled in 1997. We were the only Anesthesiology program in Texas to fill in 1998, and we have continued to fill our classes to date. The University of Texas-Houston Anesthesiology Program has been recognized by the American Society of Anesthesiology (ASA) for having a top five ranking in terms of recruitment of medical students into the specialty and top NRMP 'filled' national programs. We also recruit physicians from higher levels of training into our program and have maintained our number of residents.

### ***What are program directors in your field looking for in residency applicants?***

We are looking for well-qualified individuals with strong educational backgrounds who are interested in our specialty. Outgoing personalities with exceptional people skills are definitely a plus. We look at medical school grades, USMLE scores, National Board scores, and clinical evaluations during third and fourth years of medical school in our screening and final evaluation process. Although not necessary, clinical and research experience in anesthesiology is viewed very positively and encouraged for those applying to our specialty.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

We require three letters of recommendation when applying for a position in our training program. We highly encourage (as do most programs) that one letter be from the Anesthesiology Program Director of your medical school. Additional letters may be from faculty of any rank. Of the remaining two letters, we suggest that one be from a faculty member in the surgical and/or intensive care field, while the other is from a faculty member in any field that knows you WELL, knows your work ethic, academic skills, spirit and suitability for our field of expertise. A chairman's letter is no longer required.

***What time frame is the norm or recommendation for the application process in this specialty?***

We recommend that applications be submitted along with letters of recommendations and transcripts in the fall of the academic year (September – November). All applications should be completed by the time you interview. We usually begin the interview process in mid-November/early December each year.

***Are audition electives commonly required or strongly recommended by programs in this specialty?***

We do strongly recommend that applicants take an anesthesiology and/or ICU elective for one or two months early in their senior year if they are interested in our specialty, so that we have a chance to work them and letters of recommendation can be requested from our faculty. We take less MS IVs in the months of July and August, since we start our new residents these months and a great deal of attention is given to them at this time. Additionally, in these months fewer procedures and complicated cases are available for our senior medical students and we want to ensure them an excellent and comprehensive rotation.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

I advise medical students to be honest and candid in their personal statement and specifically address their reasons for choosing anesthesiology as a specialty. The curriculum vitae (CVs) should be organized, concise and typewritten. Applications simply appear more professional when presented in this fashion. The Residency Office has sample personal statements and CVs accessible to students.

***What advice would you give student about interviewing?***

The interview process is designed to be a two-way process of exchange in information. Not only do we learn about the medical students, but also hope that they are very interested in our program and want to learn about us. Students should behave professionally, dress appropriately, and act interested and enthusiastic. Also, applicants are encouraged to have a list of three to five questions which they may ask of the interviewers. Residency education (curriculum), clinical training (number of cases, clinical rotations), and daily work schedule are appropriate topics of discussion. If interested in the program, students should try to formulate a relationship with a faculty member or anesthesiology resident in order to obtain a better understanding of our training program.

***Other:***

Residents in training receive three weeks of vacation and one week of meeting time annually, as with most training programs. A travel allowance in the amount of \$500 is given to each resident in order to attend scientific courses. Course syllabi and various textbooks, review books and reference books are distributed throughout their training. On a daily basis, residents are taught clinical skills and attend formal didactic sessions. Residents are also taught informally in the operating room setting. Specialty Board review, incorporating both the written and oral examination process, is emphasized on a regular schedule throughout the year.

In our department, we have an enthusiastic group of young and experienced faculty with an expressed commitment to research and teaching. In addition, several senior faculty members with established national reputations and a number of full-time basic scientists lead the department's academic activities.

## DERMATOLOGY

### ***Thumbnail sketch of this specialty:***

Dermatologists serve as primary care givers or tertiary consultants for any cutaneous disease, any disorder affecting the hair and nails, and any mucous membrane condition. Most of our patients are seen in the outpatient setting, although our dermatology program has a very active consultation service at Hermann Hospital, M.D. Anderson Cancer Center, and LBJ General Hospital. Dermatologists perform numerous surgical procedures, particularly for skin cancer and cosmetic reasons, most of which are performed in the outpatient clinic setting. Patients of all ages are seen. Although sometimes stereotyped as mostly acne and warts, dermatologists actually see a wider range of different unusual diseases than most specialists. Dermatology subspecialties include pediatric dermatology, internal medicine-dermatology, dermatologic surgery, dermatopathology, lasers, and basic and clinical research. Fellowships are available in all of these.

### ***How competitive is this specialty?***

Dermatology remains one of the most competitive of residency programs. There are only about 100 programs in the U.S., most of which are at universities rather than community hospitals. All departments receive more than 100 applications per position, but because many applicants are applying to 30-50 programs nowadays, actually about 30-40 percent of applicants from American medical schools are successful. There is currently a nationwide shortage of dermatologists, and the job market is excellent.

### ***How competitive is this program?***

Our program at The University of Texas-Houston is exceedingly competitive, receiving more than 400 applicants each year for our 5 positions. Typically only about 30 are granted interviews. Many of our residents are AOA or highly ranked in their class, community leaders, have done research, and have published during their medical school training. These requirements, however, are not absolutely mandatory to be accepted into this residency training program. Many of our residents go on to fellowship training, and a significant number of graduates are in academic careers.

### ***What are program directors in your field looking for in residency applicants?***

Whether they go into private or academic practice, we are looking for candidates who will do great things that make us proud. We are committed to taking residents who are seeking academic excellence in their training program, and who are fully committed to training three years at our institution. We seek team players who get along well with others and develop excellent patient rapport. It is helpful for applicants to have done research and to have had direct supervision by academic dermatologists, with letters from these dermatologists stating a favorable evaluation of that individual student. We look very critically at the letters from the applicant's previous teachers and mentors.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

We generally recommend at least three letters, plus one dean's letter. If a dermatology applicant has worked closely with a faculty member in another department in any area of research, this research can be detailed in a letter of recommendation; many programs like to

see research activity. At least one and preferably two of the letters of recommendation should be from dermatologists.

***What time frame is the norm or recommended for the application process in this specialty?***

Most programs, like ours, require that students apply via ERAS. A few programs do not participate in ERAS. Most programs, like ours, participate in the NRMP match, but this varies from year to year, and you should check with individual programs. Dermatology is a three-year program beginning in PGY-2 following an internship that is most commonly a one year internal medicine year, but transitional years or training in some other clinical internships is acceptable. During the regular March match that is used for most other specialties, dermatology candidates match for a PGY-2 dermatology position in the same match in which they simultaneously select a PGY-1 internship. A few programs will match for four years of dermatology as a PGY-1 position. The deadline for receipt of all documents, including transcripts and letters of recommendation, is typically in October of the senior year of medical school, but a few programs have earlier deadlines. Transcripts from both the medical school and the undergraduate institution are required in our program. Interviews typically occur in November through early February.

***Are “audition electives” commonly required or strongly recommended by programs in this specialty?***

Audition electives are not routinely required, but some students have found it helpful to do outside electives at various institutions to gain an understanding of other programs and to enhance their visibility as a candidate at those programs. Some students have done up to two outside electives, sometimes in the dermatology subspecialties mentioned previously, to avoid repeating a general clinical dermatology elective. Sometimes doing an away elective can backfire in the event an applicant looks better on paper than they do in person, particularly if you don't look knowledgeable about how things work at the outside school, so away electives can be a double-edged sword. Any resident interested in applying for dermatology should have completed at least one month of clinical dermatology, and have done extremely well on that rotation prior to considering a career in dermatology.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

We recommend that the applicant's personal statement be no longer than a single page. It is helpful to provide meaningful information about your background or credentials that helps the interviewer, rather than providing an essay, philosophy, anecdote, or a description of what is so great about dermatology. The *curriculum vitae* should also include the student's name, address, e-mail address and telephone number, and carefully detail any community service that has been performed, regardless of when it was performed during the student's lifetime.

***What advice would you give the student about interviewing?***

Applicants should arrive in a timely fashion and be dressed appropriately (business suit). It is helpful to have checked the website of the program so that you will already know about the strengths and weaknesses of the residency. It is fair to ask about program weaknesses, but dwelling upon that can be a turn-off for the interviewer. The best applicants impress the interviewers by asking questions that make it apparent that they have been interested enough to do their homework about the program and individual faculty interests. One tactic is to

review the publications of individual faculty and bring that information to the interview. Applicants often ask about the day-to-day operations of the programs, program strengths and weaknesses, potential upcoming changes in the programs, board exam pass rates. Beware of programs that don't let you meet their residents. When faculty are not present, it is helpful to question residents about a program. Programs often ask applicants about their future plans (private practice vs. academic careers) and research experiences. It is often wise to avoid offering detailed answers to queries about controversial topics. Applicants who are excessively shy or arrogant tend to be downgraded by most programs.

***Other:***

Students interested in a career in dermatology should seek a dermatology elective early in their senior medical school year (July through September). Contact with residents and faculty for mentoring or research opportunities prior to that time may also be extremely helpful.

## EMERGENCY MEDICINE

### ***Thumbnail sketch of this specialty:***

Emergency Medicine is a specialty that encompasses all aspects of medical and surgical care. The philosophy is based on a broad knowledge of acute illness and injury with special competence in relevant procedural skills. Emergency departments in the U.S. also serve as a primary source of medical care for a varied population. Often the emergency physician is the only care provider available to patients on a timely basis, and the specialty has come to serve as the “safety net” for society providing round the clock primary care. The specialty provides primary care, acute care and intensive critical care. Physicians entering this field must be aware of these characteristics, as well as the lack of continuous, longitudinal care relationships.

### ***How competitive is this specialty?***

The specialty has become one of the fastest growing and most competitive residencies. The programs are becoming more competitive due to the increased awareness of the specialty, its unique characteristics, and the attractive remuneration and scheduling opportunities.

### ***How competitive is this program?***

The UT-EM program is moderately competitive and is getting more so each year. We receive about 600 applications, interview about 80 candidates, and “fill” well below that number for our ten positions.

### ***What are program directors in your field looking for in residency applicants?***

Most program directors are in search of bright, enthusiastic applicants with a desire to devote themselves to a lifelong practice in the emergency department setting. Medical school grades, USMLE scores and other academic awards greatly help the applicant stand out, yet personality and ability to translate knowledge into competent acute care is paramount. Those applicants who demonstrate this ability often have an advantage over those students with “better credentials.” For applicants with middle rank grades, a rotation to demonstrate this ability is advised. Research is not required for applying but it does demonstrate a deeper interest and understanding of the field. Demonstration of the applicant’s devotion and self-motivation to academic pursuits is desirable.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Recommendation letters are probably the most carefully read portion of the application. At least three or four letters of recommendation are needed. Two of those letters should come from Board-certified emergency physicians. It is preferable that the two letters are from academic faculty affiliated with an EM training program. The positions of chairman, residency director, and assistant residency director or medical student coordinator are recognizable to other directors even if the names of those individuals are not. If a student does a rotation in emergency medicine affiliated with an EM residency, typically, the type of letter generated is a standardized one designed by the Council of Residency Directors for Emergency Medicine (CORD). There is usually one faculty member designated to write the standardized letter (SLOR), and that faculty member is most often the Medical Student Director. The author of the standardized letter typically includes input from faculty and

resident who worked with the student. A good letter from anyone is still a good letter; it just should not be the sole basis of your recommendations. Those writing letters should also be politically correct when discussing the specialty and not use terms such as “ER Doctor.” The other one or two letters can be from any specialty.

***What time frame is the norm or recommended for the application process in this specialty?***

Applications should be complete and submitted by late October. Letters of recommendation should be sent at this time as well. Even though the Dean’s Letter does not arrive until November, many programs already have several interview slots filled. Our program usually does not offer interviews until after the Dean’s Letter has been read. Applications received after November 15 would be considered late, and applicants are less likely to be interviewed. Plan on interviewing in November, December, and January.

***Are “audition electives” commonly required or strongly recommended by programs in this specialty?***

For those students strongly interested in a particular program, audition electives are suggested but not required. For those with less than stellar grades, it is often mandatory for consideration of the applicant. Any EM elective in which the student has performed well should have an evaluation form mailed to accompany the applicant’s file.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should be brief and to the point. Do not resubmit your “Why I want to be a doctor”, statement which you used for medical school admission. Prior experiences in emergency medicine, EMS, rescue, or other related fields should be touched upon. Try to impress upon the Director your appropriateness for this field. DO NOT modify a sample personal statement found in books on applying to residency to fit you. Write your own personal statement. The *curriculum vitae* should include the appropriate honors. Also desirable: research background or assistance, involvement in organized emergency medicine (ACEP, SAEM, TCEP or school EM organizations) especially if leadership roles were assumed. Do not spend time or paper stating how much you like your free time, but it is important to present yourself as well balanced, with a demonstration of interest in activities outside of medicine.

***What advice would you give the student about interviewing?***

Without interviewing, no position will be offered. Be sure to respond quickly to interview offers and give them any information requested. Show up neat and on time. Be courteous to anyone who might answer a phone, show you the restroom, or give directions. If you must cancel an interview, be sure to give proper notice and don’t be a “no-show.” Bad impressions travel fast and far. In the interview, you are demonstrating what type of personality you have and how it would be to work with you. EM relies upon teamwork, energy and an outstanding work ethic—exude this in the interview. Try to make as many interviews in different EM residencies as your time and budget will possible allow.

***Other:***

Although competitive, emergency medicine is a “Matchable” choice for those who have made an informed decision. Be prepared by doing the necessary groundwork, ask questions of those involved in an accredited training program, and present any flaws in the most

optimistic light. Spur-of-the-moment decisions to enter this specialty usually do not meet with success.

Information about residencies in emergency medicine, including ours at UT is available online at the Society for Academic Emergency Medicine website at [www.saem.org](http://www.saem.org) then click on Residency Catalog. Information about our residency in Emergency medicine at UT-Houston is also available at [http://oac.hsc.uth.tmc.edu/uth\\_orgs/emer\\_med/](http://oac.hsc.uth.tmc.edu/uth_orgs/emer_med/). More information about our specialty is available at the American College of Emergency Physicians at [www.acep.org](http://www.acep.org) and the American Academy of Emergency Medicine at [www.AAEM.org](http://www.AAEM.org). Also, there is an excellent website about choosing a specialty developed by the Association of American Medical Colleges.

## FAMILY AND COMMUNITY MEDICINE

There is one family practice residency that is directly administered by the Department of Family and Community Medicine at The University of Texas-Houston Medical School. This is The University of Texas Medical School at Houston Family and Community Medicine Residency Program.

There is also a fellowship available within the Department, for further training after residency. A two-year Primary Care Fellowship is offered to graduates of internal medicine, pediatrics or family practice residencies. In addition to strengthening primary care, administrative, research, educator, and leadership skills, the fellows obtain a Masters in Public Health.

Please note: The American Academy of Family Physicians (AAFP) has a publication available for student members, *Strolling Through the Match*, that gives pointers in many areas described below, including the standard format for a curriculum vitae, letters of reference, and what to anticipate on interview day. Please locate the AAFP web page, or contact the president of the Family Medicine Interest Group here at UT-Houston or a staff member in the Pre-doctoral Division of the Department of Family and Community Medicine to find out how to obtain a copy.

### **UT-Houston Family and Community Medicine Residency**

Inpatient hospital training is primarily at Hermann and LBJ General Hospitals. Outpatient training with the resident's private panel of patients, for all three years, is at either the University of Texas Professional Building (Suite 250) or at one of two Harris County Hospital District clinics (Acres Homes or Aldine Clinic).

#### ***Thumbnail sketch of this specialty:***

Family medicine is the primary care specialty for the *entire* family regardless of age, sex or pregnancy status. As a result, it is the most comprehensive of the primary care specialties. In their role, modern family physicians heavily apply an evidence-based approach to healthcare, often utilizing computerized databases. They may also be called upon to act as an advocate for their patients or their community. The family physician acts as a leader for the health care team. They also act in a manner similar to a computer systems analyst, both to improve the efficiency of the health care team and to troubleshoot any difficulties encountered. By nature of their training, family physicians are the best prepared for the primary care specialties to provide comprehensive, continuous preventive care and to promote wellness for individuals, families, and communities.

The majority of patients seen by family physicians are in an outpatient setting. However, family physicians are also fully trained to manage inpatient care, fulfilling the criteria necessary to be a hospitalist. Women's Health, including delivering babies and office gynecology, is an important aspect of the training of family physicians as well as a formal requirement. The care of children in the emergency department, in an inpatient setting as well in the ambulatory setting is also an important aspect of training family physicians. In addition, family practice is the only specialty that has formal requirements to teach residents how to run their future practices or "practice management."

Various fellowships are available for family physicians upon completion of residency. Board-certified family physicians that have completed a one-year fellowship in either Geriatrics or Sports Medicine and pass a national examination are eligible for a Certificate of Added Qualifications (CAQ) in that area. Fellowships are also available in Research, Primary Care, Academic Family Medicine, Rural Family Medicine, Correctional Medicine, Emergency

medicine, International Medicine and Adolescent Medicine. Various pathways exist to become a physician executive, such as obtaining a Masters in Public Health or a Masters in Business Administration.

***How competitive is this specialty?***

Family medicine has become more competitive over the years. Among many factors, market forces such as supply and demand have continued to increase the starting salaries of graduating family physicians. Although increased numbers of physicians are choosing to train in family practice, current national, state and local workforce data strongly indicate there will be additional need for family physicians for many years.

***How competitive is this program?***

Over 320 applications were received in 2005, and over 80 were interviewed to fill 12 PG-1 year positions.

***What are program directors in your field looking for in residency applicants?***

Program directors are looking for students that are academically competitive, possess a high level of personal integrity, are compassionate, mature, and whose personal mission matches that of the residency program. Leadership skills, the ability to work with a team, multicultural skills, and excellent interpersonal skills are important for future family physicians. The ability to understand, explain and apply the latest scientific advances including diagnostic procedures and pharmaceuticals agents, when they become available, is an important trait. The ability to tolerate uncertainty of diagnosis as well as outcome while knowing limitations is important for a family physician. Computer skills and the ability to apply evidence from the medical literature for patients, their families, and their communities are important skills for family physicians.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

We require three letters of recommendation. Preferred letters are those from clinical faculty or private practitioners that have actively supervised the applicant with direct patient care. If many choices are available, letters from physicians practicing in primary care and/or ambulatory settings, especially family physicians, are helpful. Letters from clinical faculty in any specialty that would be supervising the applicant if they came to our program are always helpful. Letters from famous or very well known faculty or persons are only helpful if the applicant is actually recognized and known by that faculty member. Letters describing the applicant's goals, their leadership abilities and/or their community service activities can also be included. These can even be from community leaders involved in professions other than medicine.

***What time frame is the norm or do you recommend for the application process in your specialty?***

We accept applications from October through February. There are a limited number of interview appointments available, and they are from November through the middle of February.

***Are “audition electives” commonly required or strongly recommended by programs in this specialty?***

Audition electives are not required, and the vast majority of individuals on our Match list have not done a rotation with us. However, the best way to get to know the program, our faculty and our residents is to do a rotation in one of our clinics or on one of our inpatient services. Students with any history of academic difficulties can certainly enhance their chances with our program by demonstrating their clinical skills on a rotation with us.

Developing camaraderie with one of our residents on one of their various rotations during the interview process is very important, because our residents have significant input into our Matching and ranking process. Along with the faculty and staff, they will also be available to answer questions later in the interview season. Maintaining this relationship, and/or a second visit to the program will clearly demonstrate the applicant’s interest in our program.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

Personal statements should be very sincere and precise. They should describe the student’s personal mission in life, and why they have chosen family medicine. This should be supported with information describing their background, including times in their lives where they have demonstrated leadership skills and the ability to work as a member of a team. This may be the opportunity for the student to describe any involvement in research or community service, if either is applicable. A description of hobbies or interests outside of medicine also demonstrates balance. Research, community service, hobbies and interests outside of medicine can be listed only on the curriculum vitae if they are not part of the student’s personal mission in life.

Something that is *very* important in the personal statement, as well as in the remainder of the application, is that there should *not* be any spelling or grammatical errors! Most word processors have the ability to screen for these, and such errors might indicate that the student, as a future resident, would not pay close attention to details! Such inability to pay attention to details can be fatal in medicine. Even after using the word processor to screen the application, have someone proofread it for content, grammar, and spelling.

The curriculum vitae should include some personal background, and the entire educational background and employment history. It should be unique, yet follow a standard format. Any prior experience in clinical care, research or publications, even if not in medicine, should be listed. Community service activities should also be listed. Listed again on the vitae, a description of hobbies or interests outside of medicine demonstrates balance.

Note: We suggest consulting the AAFP publication *Strolling Through the Match*, as described above, for a description of the standard format of a curriculum vitae.

# INTERNAL MEDICINE

## *Thumbnail sketch of this specialty:*

It might be helpful to think about internal medicine as a discipline, a career and as a residency.

The discipline of internal medicine encompasses a broad and ever-growing body of knowledge related to the effects of disease on humans. The internist studies causes of disease, pathophysiologic mechanisms, effects of disease on individuals as well as groups and populations, and responses to treatment. This knowledge is rooted in the more fundamental disciplines of biochemistry, molecular biology, neuroscience, microbiology and immunology, behavioral science, pharmacology, pathology, epidemiology and statistics, all of which remain highly pertinent throughout the career of the internist.

As a career, internal medicine is remarkable for the vast number of options available. The internist may work in a rural or urban environment, in an office-based or hospital setting. The internist may be a solo practitioner, a member of a small or large group, a member of a health maintenance organization, or perhaps an employee of the government, a large corporation or a university. Internists may engage in medical practice, teaching or research, to varying degrees. Participation in research may be at the level of clinical observation, studies of clinical physiology and pathophysiology, evaluation of the effects of treatments, or investigations of basic biochemistry, physiology and molecular biology. Internists play major roles on the faculties of medical schools, and in the administration of health-related organizations such as health maintenance organizations, pharmaceutical companies and public health agencies. The work of the internist may be general in scope or highly specialized. The subspecialties of internal medicine include:

clinical pharmacology	clinical epidemiology and community health
allergy and immunology	infectious diseases
pulmonary medicine	critical care medicine
nephrology	cardiovascular medicine (and subspecialties)
endocrinology and metabolism	gastroenterology (and subspecialties thereof)
rheumatology	medical genetics
hematology	medical oncology
geriatrics	preventive medicine
	occupational and environmental medicine

Of all the medical specialties, training in internal medicine forms the foundation for the greatest variety of careers.

The standard model for residency training is a three-year categorical residency. The standard residency includes a mixture of ambulatory and inpatient experiences, in both general internal medicine and the subspecialties listed above. Internal medicine residencies always include a continuity clinic of at least one-half day weekly, experiences in the emergency department, the intensive care unit and/or coronary care unit, and block rotations in ambulatory medicine. At least 24 of the 36 months must consist of “meaningful patient responsibility”, in which the resident takes charge of all aspects of the medical care of his/her patients. This leaves up to 12 months for rotations in which the resident acts as a consultant to primary care physicians. Typically, in the last two years of the program there

will be several rotations in which the resident takes charge of an in-patient service consisting also of first-year residents and medical students.

***How competitive is this specialty?***

Internal medicine has been, for at least the last five years, the most popular specialty among U.S. medical graduates. In 1998, 28percent of U.S. graduates entered categorical training in internal medicine (including medicine-pediatrics, medicine-psychiatry and primary care internal medicine), and another 6.5percent undertook the preliminary PG-1 year. The growth and popularity of medicine-pediatrics is especially striking: over the last five years, the number of U.S. applicants matching to these programs has more than doubled. Nationwide, the number of positions available in internal medicine is greater than the number of U.S. seniors who apply, so a well-qualified senior medical student should be able to find a position in a good program. In 1997, only 2.2percent of U.S. seniors went unmatched in internal medicine. These statistics conceal a large degree of variability in competitiveness among the approximately 400 U.S. residencies in internal medicine. Some highly prestigious institutions have more than 10 to 20 well-qualified applicants for every position available.

***How competitive is this program?***

In 2002-03, 1406 candidates applied (441 preliminary / 965 categorical) and 397 were interviewed (126 preliminary / 271 categorical) for the medicine and medicine-pediatrics positions.

***What are program directors in your field looking for in residency applicants?***

We are looking for applicants who are intelligent, inquisitive, interested in the welfare of their patients, and generally considered to be cooperative individuals who work well with others.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Letters of recommendation should be from faculty who have worked directly with the applicant in a clinical setting. Our application asks, in bold type, for a letter from the chairman and two letters from members of the faculty of internal medicine.

Letters from private physicians or part-time faculty, and letters from residents are generally discounted. Also, letters from faculty of other departments, with the possible exception of departments such as pediatrics or neurology, which are similar in many respects to internal medicine, are totally discounted. Do not send letters from persons who have not worked directly with the applicant in a clinical setting.

Letters from laboratory colleagues or research supervisors can be helpful, to the extent that they illuminate aspects of the applicant's intelligence, resourcefulness, and problem-solving abilities; however, these types of letters should not substitute for one of the required letters from a clinical supervisor.

When a file contains letters only from other departments, the applicant may not be rejected out of hand. The interviewer wonders why the applicant is not better acquainted with the faculty of internal medicine.

***What time frame is the norm or recommended for the application process in this specialty?***

Students must discover this information by communicating directly with directors of the programs in which they are interested. A senior student who is truly interested in a career in

internal medicine will take the time to become acquainted with one of more members of the full time faculty and discuss the application process with the faculty.

With respect to our own residency program, we are happy to receive letters of inquiry at any time. We have our own application form, which is easy to complete. For supporting materials, we ask for a transcript, Dean's letter, and letters of recommendation from the chairman of internal medicine as well as two members of the faculty of internal medicine. Interviews are scheduled from November through mid-January. It would be best if all application materials were received by the end of December.

***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

There is no particular senior elective which will enhance an applicant's chances.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The applicant's personal statement should be concise and straightforward. Tell the program director why you are interested in internal medicine, what your long-term plans are, and why you think you are well qualified to undertake a residency. Avoid extensive personal anecdotes, expansive philosophy, and anything that might be considered cute. You should list non-medical experiences, which form a significant part of your life; for instance, extended periods of volunteer work with underprivileged populations in this country or abroad. Avocational activities, such as enjoyment of fishing or playing the guitar in your spare time, will not influence the interviewer as to whether you are qualified to be a resident in internal medicine.

A *curriculum vitae* (CV), similarly, should be concise and to the point. It should list genuine accomplishments. Publications should be in peer-reviewed journals. The old adage of "less is more" applies especially to CVs; the reader will use the CV to assess your perception of what is important.

***What advice would you give the student about interviewing?***

If you list a research experience, oral presentation, poster or publication, be prepared to talk intelligently about the work. An individual who has completed eight or more years of postgraduate education and is about to embark on a career which involves taking serious responsibility for other people's lives should not have to be told how to behave during an interview.

***Other:***

The preliminary year provides training at the PG-1 level for individuals who are going on to advanced residencies in other specialties. This is a full year of internal medicine, under the educational direction of the chairman and faculty of the department, and should not be confused with a rotating or transitional year. Preliminary years of internal medicine are especially popular among individuals who wish to pursue residency training in dermatology, neurology, physical medicine and rehabilitation, radiation oncology, anesthesiology and psychiatry. Primary care internal medicine residencies offer many of the same curricular elements as the standard residency, but with greater emphasis on rotations in general internal medicine, ambulatory care, and experiences in related disciplines such as non-operative orthopedics, adolescent medicine, otolaryngology, etc. The basic requirements for specialty certification, and the certifying examination, are the same for the standard and the primary care tracks.

Residencies that combine training in internal medicine with other disciplines also may be arranged. The internal medicine-pediatrics residency, which prepares the individual for certification by both specialties in four years of training, is growing rapidly in popularity throughout the U.S. Some institutions offer combined training in internal medicine and psychiatry.

Yet another alternative is the clinical investigator pathway, which combines condensed training in clinical internal medicine, intensive training in biomedical investigation, and clinical subspecialty training into a six-year curriculum.

## COMBINED INTERNAL MEDICINE/PEDIATRICS

### *Thumbnail sketch of this specialty:*

Primary care - 45percent outpatient 55percent inpatient. Lots of procedures

### *How competitive is this specialty?*

More competitive; bigger interest. 106 programs; 436 positions.

### *How competitive is this program?*

Very.

### *What are program directors in your field looking for in residency applicants?*

Combination of grades, USMLE Step 1 and Step 2 scores, National Board subject scores, research experience, etc. We are looking for well rounded, inquisitive, and enthusiastic individuals.

### *How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?*

Two from pediatrics. Two from medicine.

### *What time frame is the norm or recommended for the application process in this specialty?*

Submit applications July thru December. Submit recommendation letters, etc. August thru November. Submit transcripts November thru December. Interviews are November thru January.

### *Are audition electives commonly required or strongly recommended by programs in this specialty?*

No.

### *What advice should be given to the student applying in this field about their personal statement and curriculum vitae?*

Concise and to the point.

### *What advice would you give the student about interviewing?*

Be well dressed, and be inquisitive. Do not ask about salary; that is already in the brochure.

### *Other*

## NEUROLOGY

### ***Thumbnail sketch of this specialty:***

Neurology is the art and science of diagnosing and managing disorders of the human nervous system. We frequently see patients after they have been to other physicians who have been unable to pinpoint a diagnosis. Alzheimer's, epilepsy, multiple sclerosis, strokes, movement disorders, sleep disorders, pediatric neurology, neuro-oncology, cerebrovascular disease, and other neurological problems provide a wide range of identification and treatment challenges. Advances in gene mapping, thrombolytic therapy, new antiepileptic drugs, deep brain stimulation for Parkinson's disease and tremor control, Botox and intrathecal baclofen for spasticity management as well as therapies for diseases previously considered untreatable, place neurology in the midst of a therapeutic explosion.

### ***How competitive is this specialty?***

Residency slots in neurology are increasingly competitive. In addition, there is the upcoming contraction of residency slots in this country for U.S. graduates: 110 positions per 100 U.S. graduates per year is recommended by the AAMC.

### ***How competitive is this program?***

We receive >150-300 applications each year. We interview 20-30 applicants each year for 5 positions.

### ***What are program directors in your field looking for in residency applicants?***

Test scores assume secondary importance. Far more important are letters from physicians—not necessarily neurologically trained that speak to the character, intellectual curiosity, diligence and the passion for neurology of the applicant. These letters should be based on direct observation of the applicant.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Letters of recommendation should come from at least three faculty. Faculty rank is less important than demonstrating in the letter of support an evaluation of performance based on personal supervision. Letters from neurologists are important but they are not absolutely necessary if the applicant shows an adequate interest in neurology.

### ***What time frame is the norm or recommended for the application process in this specialty?***

Two years before planned entrance into PGY-2 resident position.

### ***Are audition electives commonly required or strongly recommended by programs in this specialty?***

No, but direct experience with individuals at the program of interest can be very beneficial for both the candidate and the program. We believe the conclusions and recommendations of the GPEP (General Professional Education of Physicians) report from the AAMC are correct in that excessive specialization is detrimental to a broad medical education. In addition, multiple electives outside the institution in one sub-specialty should be discouraged. At a maximum, students interested in neurology should not have more than one clerkship and externship in neurology at UTMSH and one neurology clerkship outside the institution.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The letter that the applicant writes regarding their desire to be a neurologist is of utmost importance. An epiphany that changes the direction of a medical student's life is clearly of importance for defining that applicant's desire to become a neurologist. Other issues are clearly of importance too, for example general interest in neuroscience and knowledge that neurology is a more cerebral task than others, etc.

***What advice would you give the student about interviewing?***

Express enthusiasm and an interest in neurology. Can you answer the question, "Why do I want to be a neurologist?"

***Other:***

For students interested in neurology, the desired broad medical education would include the cognate areas of internal medicine, pediatrics, neurosurgery, psychiatry, pathology, and neuro-oncology/pain. Research experience, either basic or clinical, is highly desirable. Medical or surgical specialties having less impact on the medical education of students interested in neurology are general surgery, OB/Gyn, dermatology and anesthesia.

## OBSTETRICS/GYNECOLOGY

This department is responsible for two separate residency programs in obstetrics and gynecology. One program is based at Memorial Hermann Hospital and the other at LBJ Hospital. There are cross-rotations between these programs and experience is provided at M.D. Anderson Cancer Center, Memorial-Hermann Southwest Hospital, Memorial-Hermann Southeast Hospital, The Methodist Hospital and Woman's Hospital of Texas.

### **Memorial Hermann Hospital**

#### ***Thumbnail sketch of this specialty:***

Obstetrics/gynecology provides an excellent balance between primary and specialty care. The majority of out patients are initially evaluated in an outpatient setting; however, many are eventually cared for in the inpatient setting, either for obstetrical care labor and delivery or for gynecological surgery.

#### ***How competitive is this specialty?***

Obstetrics/gynecology is very competitive. Approximately 200 applications for PGY-1 positions are received yearly. Seventy-five (75) students are interviewed for 6 first-year positions. It is a four-year residency program. The residency director has the option of accepting a resident at the PGY-2 level following completion of internship in another specialty; however, this represents the exception rather than the rule.

#### ***How competitive is this program?***

Our program is competitive. We rank and match the top students in their class.

#### ***What are program directors in your field looking for in residency applicants?***

Our program is looking for energetic, intelligent, compassionate individuals.

#### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters of recommendation are the norm and should preferably come from obstetrics/gynecology faculty members. A letter from the departmental residency director or chairman is required.

The applicants should request letters of recommendation from faculty members who have worked with them in a clinical setting and who clearly support the applicant's desire to obtain a position in our residency program.

#### ***What time frame is the norm or recommended for the application process in this specialty?***

All applications are received via computer, utilizing the ERAS program. The application procedure is available to the applicants through the Office of Student Affairs. Only one written application needs to be completed. Letters of recommendation are forwarded to the Office of Student Affairs by the faculty, and then sent via computer to the specified residency directors. Applications, transcripts and letters of recommendation are to be received by the department on or before a date specified by the department. Interviews are granted only after the application is complete.

***Are “audition electives” commonly required or strongly recommended by programs in this specialty?***

Although many students choose fourth-year electives, they are not required by the program director. Students who do not perform such electives are not penalized; however, audition electives are a good way for us to get to know candidates better.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should consist of a clear, concise and well-written essay describing the applicant’s motivation in choosing obstetrics/gynecology as a specialty.

The *curriculum vitae* should contain information pertaining to the applicant’s education, prior work experience, honors and awards received, publications, and volunteer experience.

***What advice would you give the student about interviewing?***

The applicant should feel comfortable asking varied questions about the program, e.g.:

- a. Level of training expected.
- b. Research opportunities
- c. Number of patients available for resident education.
- d. Patient demographics.
- e. Anticipated changes in the department/program structure.
- f. Number of residents that proceed to subspecialty training.
- g. Number of residents leaving the program prematurely.
- h. Percent of graduates who pass written and oral American Board examinations.
- I. Average number of procedures performed;  
    i.e., SVD, C/S, TAH, TVH, A&P repair, etc.
- j. Didactic educational opportunities.

The student should refrain from asking the faculty questions regarding call schedule, meals and vacation time. They should pose these questions to residents.

***Other:***

Applicants with above average grades who are motivated, have performed well in obstetrics/gynecology, and are well-liked and respected by the residents and faculty may be offered an opportunity to join the residency program.

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**LBJ General Hospital**

***Thumbnail sketch of this specialty:***

Obstetrics and Gynecology provides the perfect blend of many aspects of medicine: the opportunity to form long term relationships with patients, the technical challenges of surgery, the intellectual stimulation of medicine, and the joy of bringing new life into the world. The residency training will equip the graduating physician with the skills necessary to

enter practice or continue with subspecialty training. Career opportunities are available in solo or group practice, in academics, and public or community health.

***How competitive is this specialty?***

Obstetrics/gynecology is very competitive. Approximately 250 applications for PGY-1 positions are received yearly. Typically, about 75 to 80 students are interviewed for 6 first-year positions. It is a four-year residency program. The residency director has the option of accepting a resident who has training in another field; however, this represents the exception rather than the rule.

***How competitive is this program?***

Our program is competitive. We rank and match the top students in their class.

***What are program directors in your field looking for in residency applicants?***

Our program is looking for men and women who are passionate about caring for women. We seek energetic, intelligent, compassionate individuals who want to be part of a team.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters of recommendation are the norm and most come from obstetrics/gynecology faculty members, though letters from other specialties (surgery, medicine) are welcome. A letter from the residency director or department chairman is required.

The applicants should request letters of recommendation from faculty members who know their work well and who clearly support the applicant's desire to obtain a position in our residency program.

***What time frame is the norm or recommended for the application process in this specialty?***

All applications are received via computer, utilizing the ERAS program. The application procedure is available to the applicants through the Office of Student Affairs. Only one written application needs to be completed. Letters of recommendation are forwarded to the Office of Student Affairs by the faculty, and then sent via computer to the specified residency directors. Applications, transcripts and letters of recommendation are to be received by the department on or before a date specified by the department. Interviews are granted only after the application is complete.

***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

Although many students choose fourth-year electives, they are not required by the program director. Students who do not perform such electives are not penalized; however, audition electives are recommended for students with a borderline academic record.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should consist of a clear, concise and well-written essay describing the applicant's motivation for choosing obstetrics/gynecology as a career.

The *curriculum vitae* should contain information pertaining to the applicant's education, prior work experience, honors and awards received, publications, and volunteer experience.

***What advice would you give the student about interviewing?***

The applicant should feel comfortable asking varied questions about the program, e.g.:

- a. Level of training expected.
- b. Protected didactic educational opportunities.
- c. Number of patients available for resident education.
- d. Patient demographics.
- e. Anticipated changes in the department/program structure.
- f. Number of residents that proceed to subspecialty training.
- g. Number of residents leaving the program prematurely.
- h. Percent of graduates who pass written and oral American Board examinations.
- i. Average number of procedures performed;  
i.e., SVD, C/S, TAH, TVH, A&P repair, etc.
- j. Research opportunities

Questions about the call schedule, meals and vacation time are best directed to the residents.

***Other:***

Exceptional students who are motivated, have performed well in obstetrics/gynecology, and are well liked and respected by the residents, faculty and fellow students may be offered an opportunity to join the residency program.

## OPHTHALMOLOGY

### ***Thumbnail sketch of this specialty:***

Ophthalmology is the specialty of medicine that treats medical and surgical diseases of the eye and its related structures. There are many appealing aspects to this field of study; the physician develops long term relationships with patients, there are a variety of patients to help--young and old, and there are a wide variety of problems encountered. The ophthalmologist's work life is balanced between seeing patients in a clinic setting and treating them in the operating room. Technological advances in refractive surgery and in other operative techniques have made this specialty very rewarding in providing a satisfying outcome for most patients.

### ***How competitive is this specialty?***

Although the numbers of qualified applicants are decreasing, most schools receive several hundred applications for a small number of positions. This program receives over two hundred applications for three positions each year.

### ***How competitive is this program?***

This program is very successful at recruiting highly qualified applicants from all across the country.

### ***What are program directors in your field looking for in residency applicants?***

Outstanding academic achievement, research experience, community involvement or leadership, and excellent communication skills are a few of the qualities most programs in ophthalmology require. Most programs are also looking for a house officer who can get along well with a small health care team.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters from faculty who appear to know the student well are recommended. While one letter from an ophthalmologist in the school's department is desirable, it is not necessary to have all three from ophthalmologists. It is more helpful to have faculty who have worked with the student and really know the student, in order to convey the best possible information about the student to the programs.

### ***What time frame is the norm or recommended for the application process in this specialty?***

As soon as the medical student develops an interest in ophthalmology, the student should seek experience with the faculty and in the department. This will confirm their interest and the student will begin to learn about ophthalmology and can participate in research and conference opportunities. Early in the senior year, interested medical students should participate in a month-long ophthalmology elective. The applications are submitted in early fall, interviews typically occur in November to early December, and in some programs even early January. The match lists are submitted in early January, and the match is shortly after. Match results are posted by mid-January. More information about the application process can be obtained at <http://www.sfmatch.org/>

### ***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

The program takes an active role in facilitating the student in their career choices. In order for the faculty to assist the student in their quest for an ophthalmology career, it is beneficial for the student to take an elective here. The faculty will become familiar with the students' goals,

their strengths and skills, and will be able to recommend them in their applications to other programs.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should address the students' motivation for a career in ophthalmology and their particular strengths and goals. The statement should also point out any accomplishments which are particularly outstanding or which indicate special experiences, either in their academic or personal life.

***What advice would you give the student about interviewing?***

During the interview, the faculty will want to obtain as much information about the student as possible. To facilitate communication, the student should prepare by knowing a little about the program at which they are applying, and may even have a few questions regarding the facility. The student should also be prepared to answer the expected questions about motivation, experience, and future goals. Other information about significant accomplishments that the student feels is important should also be pointed out at the time of the interview.

***Other:***

The interested medical student should gather as much information as possible about ophthalmology as a career choice by talking to faculty, talking to physicians in private practice, reading about current topics in the field, participating in departmental activities such as conferences, by talking to residents and by observing in the outpatient clinics and in surgery.

## ORTHOPAEDIC SURGERY

### ***Thumbnail sketch of this specialty:***

Orthopaedic surgery is a subspecialty care. We provide both operative and non-operative services in an inpatient and outpatient setting for diseases and injuries of the musculoskeletal system. Orthopaedic surgeons usually work in both hospital and clinical settings, with the majority of the work being in the office. There is a significant amount of emergency work because of fractures.

### ***How competitive is this specialty?***

At this time the orthopaedic specialty is very competitive. We receive approximately 250 applications from all over the world for 3 positions in our residency program. The competition seems to be holding its own or perhaps increasing a bit. The reason is not exactly clear in this age of the shift toward primary care medicine.

### ***How competitive is this program?***

Our orthopaedic program is very competitive. We usually have very strong applicants from our own medical school.

### ***What are program directors in your field looking for in residency applicants?***

We are looking for applicants that are bright and personable with good psychomotor skills, good people skills, and good problem-solving skills. We prefer applicants that have performed very well on standardized tests, since taking standardized tests is required to become board-certified in our specialty. Since research is a large part of our program, we are very interested in applicants who have had experience in research. Good grades are always favorably looked upon.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three to four letters of recommendation are required along with the application. They are usually from orthopaedic surgery faculty members who are well familiar with the applicant. Letters should be written by faculty members who actually have supervised the student and who are familiar with both psychomotor and problem solving skills. We recommend that the student personally approach a faculty member and ask if that faculty member could write a favorable letter of recommendation. If the faculty member's response is yes, then the student should provide the faculty member with enough information, including grade transcripts, board scores, and curriculum vitae to allow the faculty member to write a meaningful letter.

### ***What time frame is the norm or recommended for the application process in this specialty?***

We recommend applications, letters of recommendation, transcripts, *curriculum vitae* and personal statements be submitted by the Fall of each year. Interviews are scheduled in December or January of each year.

### ***Are orthopaedic electives commonly required or strongly recommended by programs in this specialty?***

Audition electives are not required, but are helpful.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The applicant should provide a personal statement of clarity and sincerity. The personal statement is read by each of our orthopaedic faculty members, and is considered by our faculty to be a very important part of the application process. It is often used as a point of departure for interviewing the student. The *curriculum vitae* should be in the standard University of Texas Medical School format.

***What advice would you give the student about interviewing?***

General advice about interviewing should include an attempt to present, in a short period of time, a competent, confident, intelligent and personable individual who is sincerely interested in becoming an orthopaedic surgeon. Questions about the hours or perquisites of the program - such as night call, meals, meals on call, vacation and parking should be directed to the residents or the residency coordinator, and not to the faculty interviewers.

***Other***

# OTOLARYNGOLOGY

## ***Thumbnail sketch of this specialty:***

Of the various specialties, otolaryngology might offer more variety than virtually all the others. For most otolaryngologists, their time is split almost evenly between a surgical and an office practice, seeing patients of all ages. The typical otolaryngologist is trained in major head and neck oncologic resections, microsurgical techniques of ear surgery, endoscopic procedures of the upper aero-digestive tract, facial reconstructive and cosmetic surgery, and all types of cases in between. Recognized subspecialty and fellowship training, after residency, is also available for those who wish further training in head and neck oncology, facial plastics and reconstructive surgery, neuro-otology, or pediatric otolaryngology.

Because of the wide range of practice options, one can find dramatic differences in the composition of the individual otolaryngologist's practice: some prefer a more office-based practice, some more surgical; some would like to work with children, others would not; some avoid complex surgical procedures, others emphasize and develop that part of their practice. Whatever he or she chooses for a practice style, the complexity of head and neck anatomy and pathophysiology insures the otolaryngologist an amount of material that will support a fascinating lifetime of study and intellectual pursuit.

## ***How competitive is this specialty?***

Otolaryngology has been among the most competitive program types over the past ten years. The reasons are complex, but include the fact that the specialty has continued to expand (often at the expense of other specialties, such as general surgery and plastic surgery), and that future manpower needs are projected to be on par with current training levels (as opposed to the surpluses predicted for many specialties). With the increasing governmental and institutional emphasis on primary care training, most otolaryngology programs are expecting a decrease in future medical student exposure to the specialty. Most programs receive 150 - 350 applications for 2 to 4 slots per year, and typically interview 20 - 40 of the more promising applicants.

## ***How competitive is this program?***

In terms of competitiveness, the Otolaryngology-Head and Neck residency program here at the University of Texas- Houston is likely to be near the mean. It is a young and rapidly expanding program.

## ***What are program directors in your field looking for in residency applicants?***

Because of the competitiveness of the specialty, few programs look very hard at students unless they are in the top half of their class and exceed standard examination scores. A few of the more competitive programs only grant interviews to those students who have been elected to the AOA and who have conducted research within the specialty. Most programs look for well-rounded, high-energy individuals who appear to function well as part of a small close-knit group.

## ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters of recommendation are typically submitted. Since the specialty is small, the most influential letters describe a student/faculty relationship where the faculty member had an opportunity to carefully evaluate the student. The letters should be from individuals who are personally known to the program to which the student is applying. The most effective means of becoming known to a program is through a senior elective at that institution. Because of the early interview process for the specialty, those electives should be completed

before October so that the student's performance can be considered in his or her selection. Early and aggressive scheduling of these rotations is highly recommended.

***What time frame is the norm or recommended for the application process in this specialty?***

Most applications are obtained and completed by the end of the summer between the third and fourth year. Interviews are usually conducted in November and December. Most programs select residents through the National Resident Matching Program.

***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

Only a minority of the programs require or recommend additional electives.

***What advice should be given to students applying in this field about their personal statement and curriculum vitae?***

Different programs look for different things, but most want evidence of a strong work ethic and a personality that brings cohesiveness--and even fun--to their group.

***What advice would you give the student about interviewing?***

It is probably a good idea to arrange an appointment with the OTO-HNS residency director here at UT-Houston to discuss the interview process.

***Other:***

Because of the variability among programs and the type of individuals they seek, we encourage students to discuss their interest with faculty members and other otolaryngologists, so that they can focus on those programs most likely to match up to their interests and backgrounds

# PATHOLOGY

## ***Thumbnail sketch of this specialty:***

Pathology is a medical specialty that provides the scientific foundation for medical practice. The pathologist works with all other medical specialties to provide information essential to patient management.

Pathology is a very diverse field, incorporating surgical pathology (examination of material removed at surgery) and its many subspecialties (neuropathology, renal pathology, gynecologic pathology, etc.), cytopathology, autopsy and forensic pathology, hematopathology, transfusion medicine, microbiology, immunology, clinical chemistry, cytogenetics, and molecular diagnostics. Many pathologists are generalists concerned with all facets of disease that can be examined in the laboratory. Those who choose to specialize in anatomic pathology concentrate on abnormal histomorphology, whereas those who focus on clinical pathology obtain and interpret laboratory data as needed for diagnosis and patient care. Direct patient contact is much less than in most other specialties; however, pathologists are involved in some procedures such as bone marrow biopsies, fine-needle aspiration biopsies, and pheresis procedures. Pathologists must effectively communicate with other physicians, as well as with patients and their families; therefore, good interpersonal and communication skills are very important in pathology.

## ***How competitive is this specialty?***

Overall, pathology residencies are considered to be moderately competitive. The number of applicants to pathology residencies has been increasing over the last few years as more and more medical students choose a career in pathology.

## ***How competitive is this program?***

Our program has continued to be sought after, and the number of applications has been steadily increasing annually. This past year, we received about 300 applications for our seven first-year positions, and we interviewed about 50 candidates. Several of our positions are filled with our own graduates, both because of our mutual familiarity and positive interactions (we know and like them, they know and like us), as well as our confidence in the strength of their medical school background; however, we do seek a diverse resident group with a variety of educational experiences.

## ***What are program directors in your field looking for in residency applicants?***

In considering applicants for residency positions, programs are looking for motivated individuals who demonstrate an interest in the specialty. Excellent grades and test scores certainly help, but someone with average grades who comes across as enthusiastic and motivated will find a position. The applicant should be able to communicate well. Pathologists are called upon to give many departmental and interdepartmental conferences. They also must have a good knowledge base in general medicine; they will be the source of information for all other specialists.

## ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Our program—and indeed most programs—are interested in getting recommendation letters from any faculty with whom the applicant has worked well. Although letters from pathology faculty are not absolutely necessary, it is recommended that at least one letter be from a pathologist with whom you have worked. A minority of programs may request a letter from the department Chair; applicants will be informed of this when they apply to

those programs. Three letters are sufficient; four is probably the most we receive from U.S. graduates.

***What time frame is the norm or recommended for the application process in this specialty?***

Submit applications in September and October. Recommendations and transcripts should be submitted by November 1. Interview dates are generally November 1 through January 31.

***Are “audition electives” commonly required or strongly recommended by programs in this specialty?***

“Audition electives” are not required or even strongly encouraged. They may be helpful if you are applying to one of the most competitive programs or if you have a particular interest in a specific program.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

A personal statement and *curriculum vitae* should be part of the application. Include research, community service, special interests, and special talents. If you speak more than one language, include this in your application; being bilingual often offers a competitive advantage. These items will give your interviewer a starting point for conversation and may set you apart from others.

***What advice would you give the student about interviewing?***

Students should dress neatly and professionally and always be polite to everyone, not just their interviewers. They should also look and act interested. Any questions are appropriate; however, it is recommended that you not ask about salary or night call as a first question. Always have questions for your interviewer—particularly about curriculum or an applicable area of interest.

***Other:***

Most residents choose to pursue combined training in anatomic and clinical pathology (AP/CP), which is a four-year program, although AP-only and CP-only options (each three years in length) are available in many departments. The majority of pathologists pursue fellowship training for an additional one to two years after completion of their residencies.

## PEDIATRICS

### ***Thumbnail sketch of this specialty:***

Pediatrics is one of the primary care specialties. Children ranging in age from premature infants through adolescence are followed in inpatient and outpatient settings. The average practicing pediatrician spends 90 – 95 percent of his/her time in an outpatient setting. After completing a residency program in Pediatrics, residents may choose to practice primary care or to complete subspecialty training in a number of areas.

### ***How competitive is this specialty?***

Pediatrics had been one of the less competitive specialties with more positions available than there were U.S. graduates to those positions. In 1994 and 1995 the applicant pool significantly increased. Positions have become progressively more competitive. As with all specialties, there are some programs that are very competitive. Students should seek advice from the Residency Program Director in Pediatrics to evaluate how competitive they are with respect to various programs.

### ***How competitive is this program?***

The competitiveness of our program at UT-Houston is average. It has consistently filled in the match, usually from the upper half of our match list.

### ***What are program directors in your field looking for in residency applicants?***

Most program directors are looking for good, solid students who are hard working and pleasant. Grades and clerkship evaluations are generally more important than USMLE and National Board subject scores. Research experience is nice; community service is even better. We're looking for nice people who will relate well to children and their families.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters are generally required. Letters should be from someone who knows you well, and the writer should be at least at an assistant professor level. Do not use residents. It would be preferable to have at least one letter from a senior faculty member. Some programs require a letter from the chairman—review the application to see what the individual program requires. If a prominent faculty member in another department knows you well, solicit a letter from that individual. All of your letters do not need to be from Pediatrics.

### ***What time frame is the norm or recommended for the application process in this specialty?***

Submit applications in September and October. Recommendations and transcripts should be submitted by November 1. Interview dates are generally November 1 through January 31.

### ***Are audition electives commonly required or strongly recommended by programs in this specialty?***

“Audition electives” are not required or even strongly encouraged. They may be helpful if you are applying to one of the most competitive programs. They may also be useful in helping the applicant to decide which program he/she wants to attend.

### ***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

A personal statement and *curriculum vitae* should be part of the application. Include research, community service, special interests and special talents. If you speak more than one language, include this in your application; being bilingual often offers a competitive

advantage. Your personal statement and curriculum vitae will give your interviewer a starting point for conversation and may set you apart from others. Make certain your personal statement is well written. It should be straightforward and honest. Overstating talents, long quotations, and attempts to be cute and/or interesting often have a negative impact.

***What advice would you give the student about interviewing?***

Students should dress neatly, always be polite to everyone—especially the staff—and should look and act interested. Any questions are appropriate; however, I would not ask about salary or night call as my first question. Always have questions for your interviewer, particularly questions about curriculum or questions about a special interest of yours.

***Other:***

Choose the number of programs to which you apply based on the competitiveness of the programs and your own qualifications for competing. If you have *any* questions, make an appointment to speak with the Program Director Dr. Sharon Crandell (713-500-5800). There will be very few after match positions available for scramble, so it is best to “get it right the first time.”

## PHYSICAL MEDICINE AND REHABILITATION

### ***Thumbnail sketch of this specialty:***

Physical medicine and rehabilitation (PM&R), or physiatry, is dedicated to the evaluation, management and rehabilitation of patients with a broad range of disabling condition. Physiatrists deal with the diagnosis and management of problems ranging from neurologic diseases to diseases of the nerves, bones, joints, muscles and other tissues. The types of conditions commonly treated by physiatrists include spinal cord injury, brain injury, amputation, multiple trauma, stroke, burns, acute musculoskeletal pain problems, sports-related injuries and chronic degenerative diseases, such as arthritis. PM&R includes outpatient and inpatient care and features diagnostic and therapeutic procedures.

### ***How competitive is this specialty?***

PM&R residency positions are among the most sought after specialty residency slots. This specialty is not saturated in most areas of the country so job opportunities abound.

### ***How competitive is this program?***

Our program is now combined with the Baylor College of Medicine Department of PM&R. Many applicants seek a position in our program, which is regarded to be one of the best in the country.

### ***What are program directors in your field looking for in residency applicants?***

Excellent academic, clinical, and interpersonal skills, prior experience in PM&R, and a commitment to this field of medicine.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters, preferably from faculty in other PM&R departments.

### ***What time frame is the norm or recommended for the application process in this specialty?***

We have no definite deadline for the submission of applications. We accept applications through ERAS only and observe their schedule for receipt of applications. Our interviews usually begin in November and end in late January or early February.

### ***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

Audition electives are strongly suggested, but not required. It enables us to better assess the student's knowledge, clinical acumen, and interpersonal skills, and potential for personal and professional growth.

### ***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should list the applicant's motive for seeking a career in physiatry. It should reflect their commitment to higher knowledge and gaining clinical skills necessary to become an excellent physician. Similarly, the curriculum vita should reflect the individual's academic record, extra-curricular involvement, and interest in PM&R.

***What advice would you give the student about interviewing?***

Be honest. Be inquisitive about psychiatry. Be curious about the program. Go to the interview with the goal of finding out if a program will be the best “match”, yet keep an open mind about facts that can only be learned only during the interview.

***Other:***

# PSYCHIATRY

## *Thumbnail sketch of this specialty:*

There is a long history of mental illness and the effects of drug and alcohol dependence and abuse but treatments that are effective and not mainly custodial are relatively new. Early treatment for general paralysis of the insane (tertiary syphilis) in this century was the first time that the public became aware that psychotic patients could, in fact, get improved and return home in large numbers. In the late 20's and early 30's, deep coma insulin for schizophrenia and ECT was effective in catatonic patients and depressed patients. This reinforced the concept that psychiatric diseases were "treatable" even when quite severe.

In the early 1950's, the first neuroleptic "thorazine" was within little more than a decade used to treat millions of previously untreatable patients. The rapid increase in the number of psychiatrically effective medications continues at a rapid pace, which, if anything, is becoming more rapid at this point in time. For patients requiring hospitalization and close follow up, either with medication, psychotherapy or both, the psychiatrist is essentially a primary care physician. The concept that the psychiatrist is only treating the affluent "walking well" is a rather erroneous old stereotype.

Employers have recognized treatment of alcoholism and substance abuse is a major influence in making a worker more productive and making the entire family situation a better one which lowers medical costs for companies that carry health insurance for their employees.

## *How competitive is this specialty?*

In spite of the talk of "physician oversupply", it is quite clear that there are far fewer child psychiatrists than are needed in this country and for general psychiatrists there are many unfilled positions in most parts of this country. In addition to the positions that are available, there is increasing recognition that there are many psychiatrically ill for whom treatment is still unavailable.

In Harris County, the MHMRA feels that their funding permits them to take care of about 43% of the primary population they are responsible for. Similarly, in prison systems it is becoming increasingly recognized that many of the prisoners have psychiatric illness and/or addiction and in many states, it is being mandated that the states find ways to bring treatment to these prisoners before they are released from prison.

The three lowest paid specialties are family practice, pediatrics and psychiatry, but psychiatry salaries are certainly adequate and having the time we need to spend to get to know the patient is for many physicians much more enjoyable than specialties that require 5 minute visits and infrequent follow-up.

## *How competitive is this program?*

This program has always had an ability to fill its slots although for a number of years, they were not always filled in the match but were filled after the match.

We are currently taking classes of only eight residents {we always fill that number} and have no plans to decrease that number. We are not taking the 12 we used to take because there are not secure funding lines for ambulatory years of residency (the 3<sup>rd</sup> and 4<sup>th</sup> year). By reducing the number, we can be sure that the Department is generating the money needed to

cover the salaries. If we find better funding sources, we may increase the number again because we do not feel there is an over-supply of psychiatrists at this time and we are approved for classes of 12 by the Residency Review Committee.

***What are program directors in your field looking for in residency applicants?***

At UT-Houston we are looking for good, ethical physicians who enjoy seeing and working with patients. We are looking for people who are academically capable of doing well in their USMLE and PRITE exams. We want people who will do the reading and work necessary to be able to be Board qualified by the end of the residency program and who will be good, caring physicians throughout their psychiatric career.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

We like to have three individual letters of recommendation plus the Dean's Letter on hand before or soon after we interview the new graduating medical student.

***What time frame is the norm or recommended for the application process in this specialty?***

Applications must be put on the Electronic Residency Application System (ERAS) which starts in September.

***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

Electives in psychiatry at UT-Houston are not required nor are they particularly recommended particularly if the student is from UT-Houston.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should be professional and related to the individual's ability to be an outstanding psychiatrist. Life experiences and cute quotes are not necessarily useful unless clearly demonstrating why the student wants to be a psychiatrist and why the student will be a better psychiatrist than a competing medical student.

The *curriculum vitae* with details about the applicant's interests, activities, clubs and participation can be very useful in demonstrating that the candidate is 1) well rounded, 2) a leader and/or 3) showing areas of special expertise that are not held by other applicants. The *curriculum vitae* showing how the applicant is a candidate who might be the best individual and the most energetic, can be a plus. Trying to do this in the personal statement may not be as much of a plus.

***What advice would you give the student about interviewing?***

A medical student interviewing for a position should have, in advance, some idea of what they are looking for in a residency. They should know why they are going into the specialty they have chosen, and they should be prepared to answer these kinds of questions. A serious applicant should have some idea of what they want in a program and should be able to come up with some expectations they have about training.

Interviews are very important; in fact, they are critical. The "good" interview can save someone with the less than perfect application. A "bad" interview cannot always be salvaged by a paper record.

It is not unusual for an applicant to be anxious but to be so anxious they cannot answer questions, make eye contact with the questioner, or cannot coherently talk about their assets and expectations would indicate they may not be good psychiatrists and may not do well in this field.

On the other hand, an anxious applicant who can explain their reasons for wanting to be a psychiatrist or their expectations of how they will contribute to the program, who is concerned about the program's ability to provide them with a learning experience, will come across as interested, sincere, scared perhaps, but otherwise are a potential good trainee will do well.

An applicant who is utterly and totally calm may be perceived as disinterested, but anxiety is not important unless you cannot control it to the point that you cannot explain how important it is for you to get into this field and/or this particular program.

***Other:***

# RADIOLOGY

## ***Thumbnail sketch of this specialty:***

Radiology is an exciting and challenging field, and there are many opportunities for growth. Patients are often admitted or sent home based on the radiologist's readings, and we are brought in on the follow-up care of the patient. Radiologists are not just film readers. There is patient contact and the radiologist is a doer as well as a reader of films. They are consultants and an important part of the decision-making process. Residents must have a sound basis of anatomic, pathologic and physiologic knowledge.

Diagnostic radiology utilizes multiple modalities to make medical diagnoses and in applying therapeutic procedures. These include: transmission of x-rays (plain films, CT, upper GI series, barium enemas, angiography), emission of x-rays or gamma rays (nuclear radiology), transmission of high frequency sound waves (ultrasound), strong magnetic fields (MRI), and positron emissions (PET scanning).

After medical school, a student must do a PGY-1 transitional year or a preliminary year in medicine, surgery, pediatrics, or OB-GYN. Following clinical training, Diagnostic Radiology residents must complete four years of residency training (PGY 2-5). During the second year of training, residents sit for the physics portion of the American Board of Radiology (ABR) examination. In the third year of training, the residents sit for the written (diagnostic) portion of the American Board of Radiology. If the residents pass the physics and the written portions of the examination, they can then take the oral portion of the ABR at the end of their senior year of residency. Certification by the ABR as a specialist in Diagnostic Radiology requires successful completion of an ACGME accredited radiology residency program and passing the entire set of Board examinations.

## ***How competitive is this specialty?***

Radiology is very competitive. It is important that medical students do well in medical school. To be competitive for a residency position in Radiology a student must be in the top one-half of their medical school class and a hard worker with a great work ethic. The applicant must have very good USMLE scores—merely passing is not good enough to be competitive. Our program routinely does not invite anyone with less than a three digit score on the USMLE Step I of 225 to interview.

## ***How competitive is this program?***

Quite competitive; we received over 500 applications this year for 12 residency positions and interviewed approximately 120 applicants for those positions.

## ***What are program directors in your field looking for in residency applicants?***

To be a competitive applicant for a Radiology position, a medical student should be in the top half of his/her medical school class. If rank is not assigned, numerous honors and high passes are helpful. Honors and high passes are especially important in gross anatomy, pathology, physiology, neuroscience and the core clinical rotations of Internal Medicine, Surgery, Pediatrics, and OB-GYN. The three-digit USMLE score should be a score of 225 or higher. If the Step 1 scores were low (but still passing), it is recommended the student study and take USMLE Step 2 in hopes that the Step 2 score will be higher. The student's rationale for selecting radiology must be well thought out and be well intentioned.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters—at least one letter should be from a radiologist who knows you and your work well enough to write a good letter of reference. Letters from clinical services such as Internal Medicine, Surgery, Pediatrics or OB/Gyn are also good. If you can get a letter of reference from a full Professor that letter would be better than one from an Associate or Assistant Professor. However, what is really important is that the letter be from someone who really knows you personally rather than someone of high rank who knows very little about you.

The letter should not parrot what we will normally see on the ERAS application. For example, it should not repeat your grades; those are on your transcript. What the letter should include are your personal traits and characteristics which make you an outstanding applicant. Can the letter writer comment about your work ethic, your helpfulness to others on the medical team, your empathy towards patients?

***What time frame is the norm or recommended for the application process in this specialty?***

All applicants for Radiology must participate in the NRMP Match and must apply through the Electronic Residency Application Service (ERAS). The absolute deadline for receiving applications is November 1 of the student's senior year. Getting your application in early is better than waiting until October 31 to submit your application, because the Program Director and Program Coordinator begin looking at applications as early as September and invitations are sent out on a first come, first serve basis. Interviews are scheduled by invitation only from the first week of November through early February.

***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

No.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

Take time with these statements. They are great clues to your personality as well as your writing and spelling/grammatical skills. Tell us something about yourself. Do not waste space in your personal statement by recounting your school grades. Also, if your education was interrupted for any reason, please explain the discontinuity in your personal statement. We like to have a continuous accounting of all your time since college.

***What advice would you give the student about interviewing?***

Do your homework. The student should know something about the program where he/she is interviewing. Have lots of questions about the program for the interviewer.

***Other:***

If the student has the qualifications to be considered for the most selective radiology residency programs, an elective in radiology at that institution can enhance the candidate's application.

Sandra A. A. Oldham, MD is the Director of Medical Student Education in Radiology as well as the Program Director for the Radiology Residency Training Program. She is available to any medical student seeking career advice in Diagnostic Radiology. Talk with her at your earliest convenience by making an appointment. Call (713) 500-7640 for an appointment. Her office is in the Medical School Building, Suite 2.026 (by the green elevators). The Program Coordinator for Radiology is Ms. Lea Roberts at the same phone number and address.

# SURGERY

## ***Thumbnail sketch of this specialty:***

Certainly as the name implies, general surgery is the most general of the surgical specialties. In most general surgeons' practices, the majority of patients have hernias, breast lumps, gallstones and other lumps, bumps and scabs. Some of us (particularly in academics) try to sub-specialize in GI, endocrine, pancreatic or other diseases. Very few of us, even in academe, are able to completely do so.

Although changes are anticipated in this system in the not too distant future, at this time full training in general surgery is mandatory before subspecialty training in surgical oncology, peripheral vascular surgery, cardiothoracic surgery, colorectal surgery, surgical critical care, laparoscopic surgery, and pediatric surgery. Individuals who have trained in those subspecialty areas generally can limit their practices.

In general surgery, a good deal of time is spent in the outpatient arena. Most of that time is spent seeing patients in the office. Increasingly, though, operations are performed on outpatients (whether the outpatient OR is geographically located within or outside a hospital).

## ***How competitive is this specialty?***

In 2004, there were 1,046 “**categorical**” general surgery residency positions available and 1,044 (*all but two*) of those positions filled through the NRMP “match”. An individual who fills a “categorical” position generally expects to and is expected to complete the full five years of general surgery residency.

Another offering through the match is what are called “preliminary” general surgery residency positions. Individuals who match to preliminary positions generally do not plan to complete five years of general surgery residency. Rather, they plan to complete one year of general surgery en route to some other surgical subspecialty (i.e., neurosurgery or urology) *or* they have chosen to do their clinical base year in surgery before moving to a PGY-2 position in anesthesiology, radiology, pathology, PM&R or some other non-surgical field. Each year, hundreds of such “preliminary” positions in surgery go unfilled in the match. For better or for worse, those preliminary positions are usually combined with the categorical positions when the media publishes percentages of positions filled. This gives the distorted view that numerous residency positions in surgery go unfilled.

## ***How competitive is this program?***

We have 6 categorical slots available. For our 6 positions, we get approximately 450 completed applications each year, of which over 200 are from U.S. graduates.

## ***What are program directors in your field looking for in residency applicants?***

We look at everything: USMLE Step 1 and Step 2 scores, National Board subject scores, research experience, etc.

Grades are important but they are difficult to interpret given grade inflation and different grading systems. The USMLE scores have become an extremely important screening tool because, unlike grades, they can be used to compare one candidate to another regardless of the school the candidate attended. Many University programs screen out those who made less than the 50<sup>th</sup> percentile on USMLE 1. The majority of our candidates have Step 2 scores available at the time of application.

National Board shelf exam scores are helpful but 1) not every school uses them and 2) the scores are influenced by the period during the year in which the tests were taken.

Research experience is certainly a plus for the applicant **IF** they really performed and published the research, and didn't just spend six weeks cleaning up rat dung.

Most of us look very carefully at evidence (in letters of recommendation, CVs, personal statements, etc.) of leadership qualities, character, and teamwork capability.

***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters, in addition to the Dean's Letter, is the norm. It is highly desirable to obtain letters from academic surgeons who are known to the reader. A letter from the chairman is desirable only if the chairman knows the candidate well enough to give a personal evaluation of his/her potential.

***What time frame is the norm or recommended for the application process in this specialty?***

All application materials under the control of the candidate should be submitted simultaneously and as early as possible. The ERAS Post Office typically opens about mid-August and (in my opinion) candidates who have their application materials at that time have a bit of a competitive advantage on getting interviews. By all means candidates should have their complete applications available before November 1.

***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

No and no. At least two studies presented to the Association for Program Directors in Surgery have indicated that audition electives in general surgery are just as likely to harm the chances of the candidate as they are to help. Audition electives are very expensive, time-consuming efforts and, given the above evidence, it would certainly appear that the candidates would better spend their time at home taking meaningful electives (cardiology, nephrology, pulmonary medicine, radiology, etc.) and concentrating on completing their application process.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

Be honest. Be inclusive. Be brief. Be accurate.

***What advice would you give the student about interviewing?***

KNOW the content of the materials received from the program and/or available on the Web. Questions asked about areas that are clearly covered in those materials indicate a lack of preparation. That being said, the candidate should come prepared with questions. It is perfectly legitimate to ask faculty or residents about weaknesses in the program although the candidate should not dwell on these points. It is also reasonable to ask about any major changes anticipated in the program—the leadership, the faculty, and hospital alignments. If the candidate has a particular interest within the field, it is highly appropriate to indicate that interest and begin a dialogue thereon by asking a question about the area.

Formats for interviews vary widely among general surgery programs. We suspect the majority are one-on-one. Many programs, though, have two interviewers for every candidate. This is not designed to intimidate the candidate but to maximize the number of faculty exposed to the candidate during the brief interview visit.

Candidates are requesting that programs accept them to live in the family of that program for a minimum of five years, and for the program to bestow upon them truly awesome responsibility during that time. A residency position is thus one of the most precious gifts that a program can give, and the candidates should approach the interviews accordingly. At the same time, candidates are “offering” to programs a minimum of five years out of their lives. As such, they should expect to be treated with great respect by the programs.

The most important aspect of the personal interview is to learn whether there is a “cultural fit” between the candidate and the program. Accordingly, candidates should spend as much time as possible speaking to as many individuals associated with the program as possible. Most important among those are residents currently enrolled in the program. Faculty are probably second most important but candidates should also take into account their treatment by office personnel and the way in which people at all levels associated with the program treat one another.

***Other:***

Candidates should constantly seek the advice of knowledgeable faculty, residents and classmates in determining to which programs they should apply, in the writing of personal statements, in preparation for interviews, and in ranking programs for the match.

## TRANSITIONAL YEAR

### ***Thumbnail sketch of this specialty:***

The objective of the transitional year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and/or preparation for a specialty. The transitional year is not meant to be a complete graduate education program in preparation for the practice of medicine.

The sponsoring programs are Internal Medicine, Surgery, Obstetrics/Gynecology and Pediatrics; these provide the fundamental clinical rotations. Two non-consecutive months are spent in the Emergency Center. Electives are available in anesthesiology, dermatology, neurology, ophthalmology, pathology, radiology and orthopaedics. One month of ambulatory care experience is required.

The primary teaching sites are the Lyndon B. Johnson General Hospital and the Memorial Hermann Hospital, but some rotations may be served at UT-M.D. Anderson Cancer Center.

### ***How competitive is this specialty?***

The Transitional Year Program is much in demand since it can be the conduit into competitive specialties such as radiology, ophthalmology, dermatology, etc.

### ***How competitive is this program?***

Our transitional year program averages over 500 applications for 13 positions. We have experienced no decline in the number of applications in recent years.

### ***What are program directors in your field looking for in residency applicants?***

The UT-Houston program values physicians who are highly motivated and dedicated to the care of the patient. The program is open to those who have not yet chosen a specialty, to those who have a military obligation, as well as to those who have already determined their future specialty.

### ***How many letters of recommendation are the norm in your specialty? From which departments and what ranks of the faculty should applicants obtain letters?***

Three letters of recommendation are required. These should be written by people who have knowledge of the applicant's clinical ability, or by someone who has served as a mentor to the applicant. A letter written by an assistant professor is not considered to be less significant than one written by a professor.

### ***What time frame is the norm or recommended for the application process in this specialty?***

ERAS (Electronic Residency Application Service) applications are downloaded beginning in August. Application deadline is December 1. Recommendation letters should be submitted at the same time as the application. Transcripts should be received by November 1. Interviews are conducted during December and January.

### ***Are "audition electives" commonly required or strongly recommended by programs in this specialty?***

"Audition electives" are not applicable to the transitional year.

***What advice should be given to the student applying in this field about their personal statement and curriculum vitae?***

The personal statement should explain why the applicant is choosing a transitional year and/or their future specialty. It should give insight into the background, character, experience, and philosophies of the candidate.

***What advice would you give the student about interviewing?***

An interview is mandatory. The interview process allows the program to gain insight into the applicant's character and motivations. An honest presentation by the applicant would serve the goals of both the program and the individual.

***Other:***

All applications must be submitted through ERAS (Electronic Residency Application Service).

# UROLOGY

## ***Thumbnail sketch of this specialty:***

Urology deals with disorders of the kidney, the adrenal, the urethra, bladder, and male sexual organs. Contrary to popular opinion, about 35-45 percent of urology patients are women and Pediatric Urology is an important urologic subspecialty. In addition to pediatric urology, infertility and fertility, female urology, neurourology, vascular surgery and renal transplantation and surgical oncology exist as quasi-separate divisions within urology, particularly in academic centers. These subspecialty areas facilitate development and contribute to the training of the general urology resident who is expected to become proficient in all of these areas. Most urology programs are now 5 years with one year of general surgery and 4 years of urology.

## ***How competitive is this specialty?***

Urology is highly competitive, and has been for some time. The American Urologic Association maintains its own matching process that operates within the framework of the National Matching Program. This “industry wide” match prevents unfair recruitment practices, and insures a fair match. Interestingly, all urology residency slots have been filled by U.S. graduates in the last 3 years.

## ***What do program directors look for in urology applicants?***

Directors are interested in resident candidates who will “fit” into their program. Since an interview is not a perfect way to determine “fit” and because there are numerous applicants for any program’s slots, all information tends to be used to some extent. This includes board scores, grades, the interview, and letters, particularly from individuals known to the interviewing program’s faculty. The overall assessment made by the faculty as a group during the interview process is an important factor. Personal statements are read but are generally not considered as critical to the selection process.

## ***What should the applicant have in his application?***

At least three letters of recommendation based on close personal observation. A letter from an academic urologist who knows the applicant is very important. The personal statement should be short and concise. Some programs like applicants to indicate a preference for an academic career. This program does not.

## ***What is the time frame for the application process?***

The time frame for completion of the application process is approximately eight months.

## ***Are elective rotations recommended?***

Yes, primarily because it enables the applicant to make a more informed decision, and it enables the urology faculty to write a letter of recommendation – the importance of which, in this small specialty, is difficult to overemphasize. Persons who wish to apply for residency training in urology should, at least, contact some member of the urology faculty for advice on programs, etc. These are traditional and historical pathways for University of Texas students into urology training that are important to know about.

***What advice would you give the student about interviewing?***

Come with some knowledge about the program. Ask questions of the residents “on” the service. Ask the faculty about strengths, weaknesses, and expected changes in the program.

***Other:***

Is research important?

Yes, but it is not a critical factor. It demonstrates interest.

Should the applicant contact the program after the interview with a “thank you” card?

Not required and probably not a factor, but does no harm.

***Summary:***

The “program” is generally looking for people who want to be an excellent physician and surgeon. Surgical training programs are somewhat demanding, and somewhat stressful. A perceived ability to tolerate these aspects of surgical training is important—so if you qualify—say so as calmly and directly as possible. The unspoken “contract” between the faculty and the resident is that you (the resident) help me with the day-to-day care of the patients entrusted to us, and I (faculty) will show you everything I know, without reservation. That “contract” requires a great deal of trust on both sides and thus the faculty and the resident applicant have much the same goal—find a good fit. Remember that program “reputations” are generally based on things other than residency training. In other words, a program with an international reputation in some area does not necessarily provide excellent residency training.



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