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Who We Are

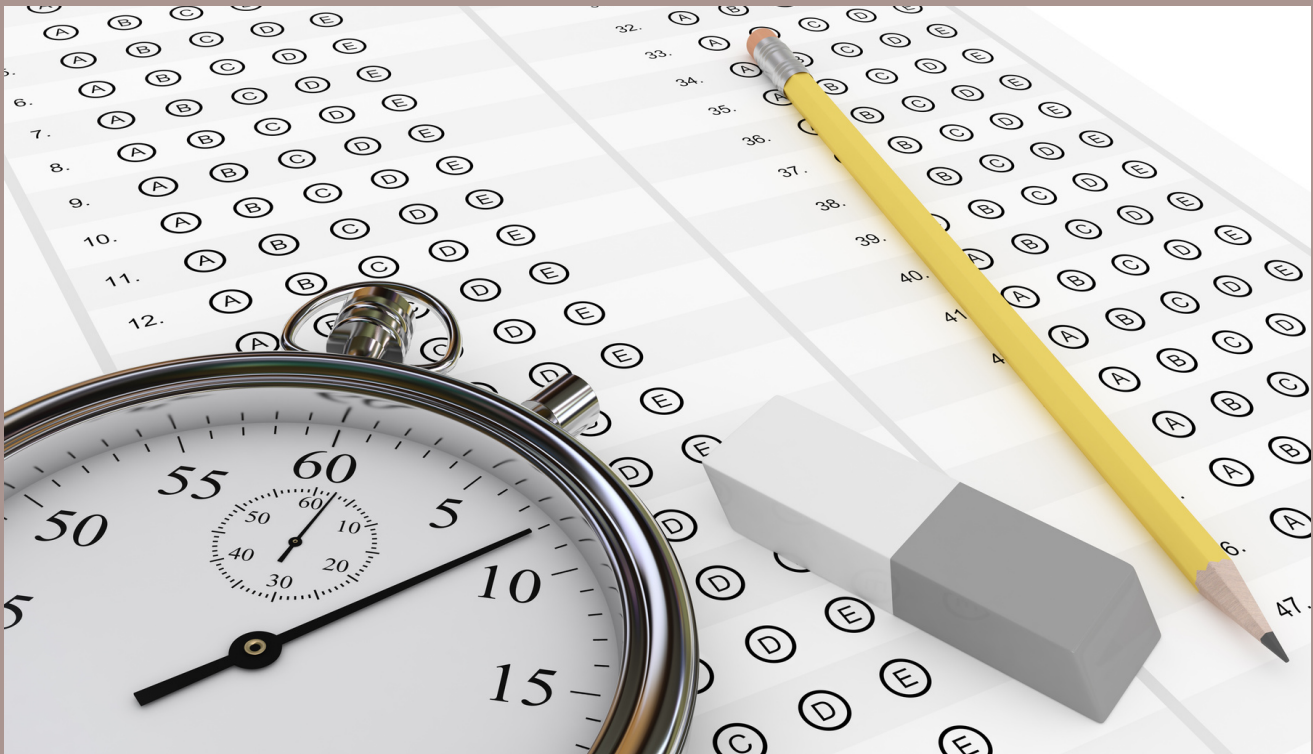
We are Siva and Vino, an Engineer-Doctor couple from India. Siva is currently a software engineer in Silicon Valley and Vino completed her Internal Medicine residency training in Florida in 2022. She now works at UCSF as a hospitalist. We went through the match process during 2018-2019. The content published here was first created as a blog series on Medium in hopes that it would be helpful for others on their journey. When we started, we had very little information and resources from which to gather what we were looking for. We have included everything that we accrued during our journey, so that someone might find it comprehensive and useful. We have updated it more recently with the help of the American Medical Women's Association to reflect new information and updated guidelines on exams, but please always check the ECFMG website for the most up-to-date information. At the very least, we hope that you will share this resource with your connections to help prospective IMGs who are also looking to pursue residency in the United States.

--Siva and Vino, 2022





PART ONE: USMLE EXAMS



Beginning the Journey

Residency training is the path to become a licensed doctor in the United States. Even if you have completed residency in your own country, international medical graduates (IMGs) must complete an ACGME accredited residency to procure a license that allows you to practice in the U.S. To apply for a residency position, you first need to be ECFMG certified. An international medical student / graduate (IMG) should begin the ECFMG Certification process by first confirming that their medical school meets ECFMG requirements. Once an IMG confirms that students/graduates of their medical school are eligible to apply to ECFMG for ECFMG Certification and examination, they can apply for a USMLE / ECFMG Identification Number. Once an IMG has obtained this number, they can use it to complete the Application for ECFMG Certification. Once the Application for ECFMG Certification, including the notarized Certification of Identification Form (Form 186), has been accepted by ECFMG, the IMG may then apply for examination.

ECFMG Certification

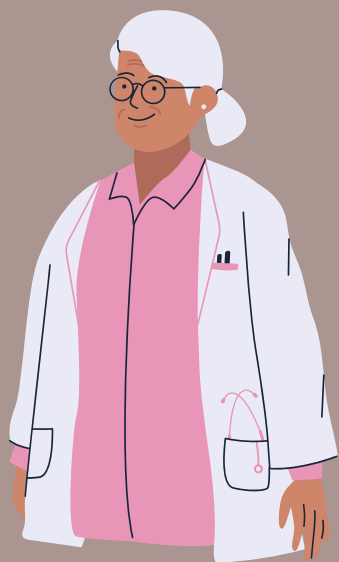
In order to be ECFMG certified, applicants must have graduated from a medical school that meets the ECFMG certification requirements, complete USMLE Step 1 and Step 2 CK, and complete one of the ECFMG pathways, all of which include the Occupational English Test (OET) Medicine. The USMLE tests for ECFMG certification must be completed within a seven year period, so once you pass one USMLE test, you have seven years to complete the other step exams required for ECFMG certification.

Strictly speaking, these tests are not required until the time of ranking, but as an IMG, these exam scores can become important factors to help secure interview invitations. So try to complete these exams before you apply for residency, because these are requirements to get ECFMG certified, which, in turn, is a necessity for a program to rank you. Brief details about each of these exams are covered below. USMLE Step 3 must be completed in order to be licensed, but it is not mandatory to apply for residency. You can choose to take this exam during your residency as well.



Scores

With USMLE Step 1 becoming a Pass / Fail exam, Step 2 CK scores are incredibly important. We can't emphasize this enough. It is best to have scores that are above the cut off set by most programs. The minimum passing score for Step 2 CK is 209 and for Step 3 is 198. Having an observership or research will add to your profile, but the USMLE Step scores give a good impression. It makes your profile competitive.





USMLE Step 1

The USMLE Step 1 exam tests your basic science knowledge -- anatomy and embryology, histology and cell biology, physiology, biochemistry and nutrition, microbiology, immunology, pathology, pharmacology, genetics, and behavioral sciences. This exam lasts 8 hours with 7 blocks of 1 hour, each with 40 questions. You have 45 minutes of break, which you are open to take in between blocks as you wish. For example, after completing two blocks, you can take 10 minutes. And then you can take two more blocks, followed by 15 minutes for lunch. Then another two blocks and then 10 minutes break and then one last block. In case of an emergency, you can take a break during a block as well, but the timer (for the block) will continue. Therefore, it is wise to take breaks in between the blocks. Step 1 can be given in any prometric center, so you can choose to take it in your own country or in the U.S. Please check with your test center regarding any updated changes to this format.

If you know during your medical school years that you want to do a residency in the U.S., you can start preparing early on, so that you can plan to finish all three exams by the end of your medical school years. Preparation roughly takes anywhere from 6 - 10 months, if you start preparing after medical school, and if you put in approximately 10 hours a day. But this may vary depending on how serious one is with preparation. Preparing for USMLE Step 1 will be exhausting compared to the other exams. Don't worry, everyone goes through the same phase. You will definitely get through it. Just keep working towards it with determination.

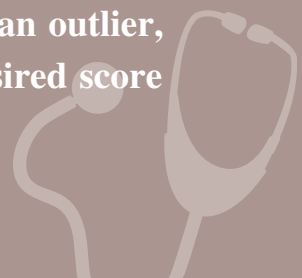
USMLE Step 2 CK

As the name suggests, USMLE Step 2 CK tests your knowledge in clinical subjects--surgery, medicine, obstetrics and gynecology, pediatrics, and psychiatry. The total duration of this exam is 9 hours. There are 8 one hour blocks with no more than 40 questions per block. There are an allowed 45 minutes for breaks and a 15-minute optional tutorial. It is advisable to take the USMLE Step 2 CK immediately after Step 1, in which case three months of preparation may be sufficient. But if you take a break, then plan on taking 5-7 months to prepare for this exam.

Note: One major catch with the USMLE Step exams is that you have only one attempt for the most part. If you fail, you can retake the exam, but if you pass, you are locked with that score for seven years. In any case, all the attempts and scores go into your transcript, even if you leave a gap of seven years. So be sure that you are getting your desired scores in your practice exams before you take the actual exam. It is not uncommon for individuals to postpone the exam, if they feel they are not prepared to take it. The most important factor is that you should feel confident and comfortable about taking the exam. You can reschedule the exam during your designated 3-month block (fees may apply if less than 30 days in advance), but you may move your testing block forward only once. For example, if you have booked your exam period as January, February, and March, you could postpone it to April, May, and June. After that, you must reapply by submitting a new application and paying the entire application fee.

Practice Exams

There are a lot of practice exams that you can take that will help you gauge your preparedness and train your mind so that you are not fatigued by the long exam. If you are getting desired scores in these practice exams, you may be ready to take the actual exam. But do remember that some of these practice exams may be easier or harder than the real exam. Please pace your practice exams wisely so that you have one to take before your final exam to assess your level of preparedness. Beware that one good score on a practice exam may be an outlier, so make sure that your average scores towards the end are in your desired score range for the final exam.



USMLE Step 3

USMLE Step 3 is an exam that must be completed during the course of residency (the deadline differs for different programs). It is recommended to get Step 3 done if you have some time to spare before beginning residency, especially since Step 1 is becoming pass/fail. There are two parts of the exam:

Day 1 – Step 3 Foundations of Independent Practice (FIP) consists of 232 multiple-choice questions divided into six 60-minute blocks, each with 38-39 items. There are seven hours in the test session, with 45 minutes of break time and a 5-minute optional tutorial.

Day 2 – Step 3 Advanced Clinical Medicine (ACM) consists of 180 multiple-choice questions, divided into six 45-minute blocks, each with 30 items. There are 9 hours in the test session, with 45 minutes of break time and a 7-minute tutorial. This is followed by 13 case simulations, each given over 10-20 minutes.

Finishing USMLE Step 3 will allow you to take care of patients unsupervised (but not while in a residency program). This test is optional for residency applications. If you end up taking USMLE Step 3 before your application, it can be a double-edged sword. If you score well, you are fine, but if not, this may be a strike against your profile. Because of this, many individuals will not take USMLE Step 3 before residency. This exam, however, is mandatory for most programs that sponsor H1B visas. If you wish to join a residency program with a H1B visa, you will have to complete your USMLE Step 3 beforehand. But in general, you are required to complete this exam during your PGY1 or PGY2 years, as it is a requirement to be licensed to practice medicine on your own and to appear for the Board exam.

Specialty

The first step towards doing a residency is to decide your interest in a particular specialty. It could be internal medicine, pediatrics, family medicine, psychiatry, pathology, neurology, or radiology, which are considered by some to be IMG friendly specialties, compared to surgery or orthopedics or Obstetrics and Gynecology which are harder to get into, but not impossible



PART TWO: ELECTIVES, OBSERVERSHIP, AND RESEARCH





USCE

USCE is U.S. Clinical Experience which is a major requirement for most programs. It's definitely nice to have this on your CV as it gives you an upper hand over those who don't have this experience, since you will already have an idea about how U.S. hospitals function. There are different kinds of USCE like electives / clerkships, observerships and externships. Some even consider medical scribing for clinical experience. It is always good to have these experiences from academic, university hospitals (inpatient better than outpatient), rather than a small community hospital. This is because these rotations will give you a potential opportunity to procure a letter of recommendation, and an academic letter may give you an edge. Let's discuss this in more detail.

Electives / Clerkships

Electives are an USCE which you gain while you are a student enrolled in medical school. You can't apply for electives after you graduate. You will function like a visiting student and will have opportunities to perform history and physical examination, present their clinical case, and discuss the plan. It is considered a hands-on experience. Most institutions require a Step 1 score, though there are a few who don't require it. Generally, you will have to send in a formal application which may also include a transcript, immunizations records, and a prioritized list of rotations. Most commonly you will get placed into one of the subspecialty departments, but if you have an opportunity to do a sub-internship in medicine, definitely opt for it since it will provide greater exposure to the hospital's medicine team and potential opportunities for an interview during residency applications. It will also help you to have a first-hand experience of the life of a medical resident and also to cement your decision to complete residency in the United States. If you are given this opportunity, utilize it to the fullest and try to get wonderful, personalized letters of recommendation from your attendings. Be proactive and speak with them to know what their expectations are from day one. Impress them with your desire to learn and present cases. Be on time and grasp every opportunity.



Observership

This is clinical experience which you can gain after graduating from medical school, but this essentially just allows you to shadow a physician without any hands-on experience. Hence, it is not as useful for getting clinical experience. Even though this is not as impactful as electives, it is the most common type of USCE that everyone goes for, since other options may not work out for various reasons. See the dedicated chapter on observerships which will give you a thorough idea of how to approach this humongous process.

Externship

Externships are hands-on clinical experiences which you can gain after you graduate from medical school. But externships are extremely hard to find and usually only available through the third-party groups like Americlerkships, medclerkship, etc. These options can be expensive and they don't usually provide the inpatient experience of an elective. If you can reach out to someone and find a way to do this, that's ideal. You may also be able to get this experience while working as a clinical research assistant in a large university hospital. Be mindful, however, that externships are often not allowed in California.





Research

Research definitely improves your CV. But again, these opportunities can be extremely hard to find. If you know where and whom to reach out to, it becomes easier. Target large, academic universities first, because they are usually well-funded and have active research going on to provide you with opportunities. Search every hospital for research opportunities. Do a Pubmed search to see who is actively publishing. If you are looking at basic science/bench research, be mindful of the nature of the research. It is time-consuming and may take a long while before the work gets published. The average number of emails you need to send to get replies back is around 100 at a minimum. So, if you don't receive any replies, don't give up. Just keep pursuing it. Your destined door will certainly open for you. This journey to residency requires you to be hard-working, persevering, determined, and blessed with a certain amount of luck.

Once you are given a position, after a few weeks, you might also ask your mentor if you can shadow them in the clinic. This way, you might be introduced to other potential mentors and make your way through the system to gain clinical experience. When you are applying, enlist the help of your mentor to build your CV. Having a mentor is a huge plus in applying to residency in general. If they have been on an admissions committee, it is even more beneficial. They will have the lens of the admissions committee and can guide you on the entire application process. Be mindful of their time, however, and be strategic with how much time you ask of them. Try to leverage their guidance as effectively as possible.





PART THREE: PERSONAL STATEMENT AND LETTERS OF RECOMMENDATION





Personal Statement

One of the most important factors that might determine how many interviews you are offered is your personal statement. This document should talk about you, your interest in the specialty you are applying for, your clinical experience, research experience, and so on. Also, speak about your career goals and what you expect out of the program. Don't take the personal statement for granted. Begin at least two to three months ahead of time and prepare to have three or four iterations based on feedback from seniors and mentors. Try your best to keep it to one page. Some words of advice to consider while writing your personal statement: (1) Why did you choose a particular specialty? (2) Is there any experience that sparked your interest? (3) Show, don't tell. In other words, don't try to state your qualities. Try to substantiate it with a story that illustrates your character traits. For example, instead of saying you are compassionate with patients, give an example where you showed your compassion.

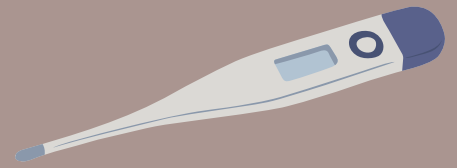
Similarly, try to showcase your attributes to advocate why you are a good fit for the program and why you want to pursue residency in your desired field. Try to come up with a cohesive story. For instance, if you can close your personal statement with something that resonates with what you have stated in the first paragraph, it could leave a lasting impression. Some recommend not looking at other personal statements before you write yours, so that yours will be authentic. But we beg to differ. First, you need to know what constitutes a personal statement and how to share a unique and engaging story. So do look at samples that you can find online. Try to gauge the framework used and learn how to convey a story in a compelling manner, how to write a concise version, etc. Apart from content, the way you express yourself in the personal statement matters a lot. So, if your English isn't proficient, engage someone who is good at it. Again, do not take the personal statement for granted. It is an important part of your application. And make sure that you reflect your individuality in your personal statement. Please don't plagiarize, it will jeopardize your chances or even more, your career.

Letter of Recommendation (LOR)

The letter of recommendation (LOR) is another important factor that might get you interviews, particularly if you have stellar letters of recommendation. Each program generally requires you to attach 3-4 LORs at the maximum. Try to choose doctors and mentors whom you have worked with closely. Getting LORs from doctors who are practicing in the U.S. is always better than someone from your home country unless they are internationally known. That's where the USCE comes in handy as we discussed earlier. You can get LORs from doctors with whom you worked during electives, observerships or research. You can have any number of LORs in ERAS and choose which ones to attach for each program while applying. In order to secure a strong letter, make sure that you and your mentor are always on the same page by getting feedback from them from time to time. Well before the application deadline by around the end of June, tokens are issued for ERAS application. Get it and register yourself as soon as possible. Then you can generate a LOR request and give ample time for the professors to upload their letter without putting them on a time crunch. They would really appreciate that. Again, if someone doesn't reply, don't assume they are not interested in writing you a letter. It may be because they are busy. So be patient, follow up with them, and most likely, they will get back to you.



Visas



In general, international graduates take up a J-1 or H-1B visa to do their residency. Each program has their own policy about visa sponsorship. Some may accept both, some may accept just the J-1, some may not accept any visa. H1B needs to be sponsored by the employer. So do check out each program's visa policy while applying. The major difference between J-1 and H-1B status is that the J-1 visa requires a waiver before you can convert it to a H-1B visa. For example, after you complete residency, you are expected to do a J-1 waiver job in a remote location for three years to get your H-1B status. If you already have a H-1B visa, you are allowed to work anywhere once you complete residency as long as the employer can sponsor the H1B. This is an important factor which many don't realize while applying for residency, but regret post residency. If you are married by the time you enter residency, you and your spouse are likely doing long distance. So, you would definitely be looking to stay together after residency. But if you are on a J1 visa, you must do a waiver job in some remote location (by remote, it could even mean a place where the nearest airport is three hours away) before you can get your H1B and move to a job that you have always wanted. So, it will be yet another three years of long distance if your spouse can't move to your location immediately. So, do think carefully before taking up a J-1 visa for residency training.

Those with H4 visas may apply for an Application for Employment Authorization (EAD). The H4 EAD is accepted in some of the programs and hence you can apply without a visa requirement.

Medical Student Performance Evaluation (MSPE)

An MSPE is a summary letter of evaluation to provide residency program directors information about the student. It may not be of much importance for IMGs but is submitted as part of the application package. American medical graduates (AMGs), are often evaluated relative to their class and hence the MSPE is very useful.



Programs

In general, programs are categorized into 3 types: university programs, university-affiliated community programs, and community programs. Once you have chosen your specialty, start thinking about the different programs you would like to apply to. To filter through the many programs, use your own filters like score requirements, visa sponsorship, percentage of IMGs accepted, job opportunities for your partner, etc. FRIEDA and Doximity give you a good list of all the programs and their respective information for preliminary filtering. I would suggest that you visit every program's website and complete your research before applying. This filtering is required if you are conservative. If you are liberal enough and money is not an issue, you could go all in and apply to as many as possible. But make sure you have an idea of what you are getting yourself into. In addition, each program gives you multiple tracks, depending on the hospital, like preliminary (where you do one month of IM and move on from next year to do a different specialty like Radiology or Neurology) and Categorical. There are also primary care and research tracks which you can explore if you are qualified and interested. If you have a stellar profile and end up applying to 250+ programs, what if you get 25 or so interviews, including those that may not be ones you want to attend? You may not be able to attend so many interviews within the interview season, and you'll have to reject some. So doing some good research ahead of time will ensure that you get invites from the programs that interest you.





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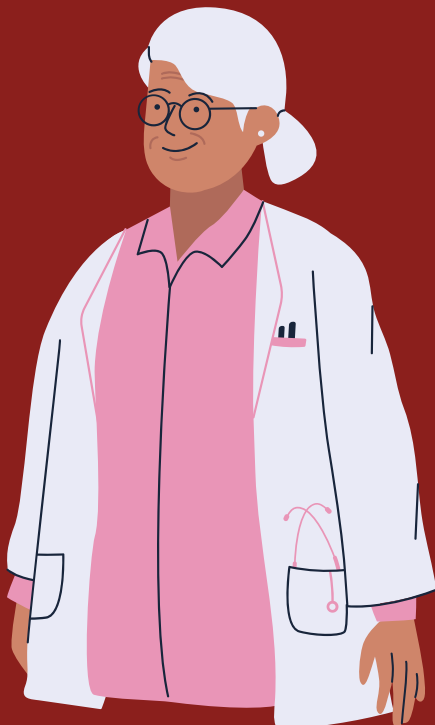
The photograph in your ERAS application is equally important. Don't just wing it but take the time to do it in a proper studio with a decent photographer.

Deadlines

Every year, September 15 is around when the application opens. IMGs usually try to get their applications completed on the 15th itself. You could take a week to apply as well as apply later during the last week of September or the first week of October. But remember that some programs download the applicant information early in the process (for example on September 20), so applying early is always good. University programs usually download applications by the Oct 1st deadline since the AMGs receive their MSPE by Oct 1. But the community programs don't have this consideration.



PART FOUR: INTERVIEWS, SCHEDULING, AND LOGISTICS





Programs

There are roughly 582 IM residency programs in the U.S., and you can choose to apply to any number of programs of your choice. Do watch out for the visa and IMG policy for each program before applying. It's not costly to apply to many programs in general. For instance, it might cost you around \$6500 to apply to 250 programs. From what we have seen, usually IMGs apply to 150+ programs. A good candidate might get 15+ interviews if they applied to a good number of programs. Again, you could be ambitious and apply to very few programs (around 50), or be liberal and apply to a plethora of programs (250+). It all depends on what you want and on your criteria for applying -- budget, location or visa constraints, etc.

Interviews

Once you submit your applications, the next step is to wait for your interview invites. Each program may send out interviews as per their own convenience. You can expect interviews on any weekday during business hours. But on rare occasions I have heard interview invites after 5 pm and on weekends too. Once you get the invite, you are expected to book an interview slot through their interview calendar or pick a date from the choices given to you via the Email. Most often you might find open slots to book for an interview, but there are chances that there are no slots available, and you might have to enter a waitlist for different dates and book once any spots become available. You might get an email notification when a spot becomes available or might automatically get booked for the slot that opened up that you had, depending on each program's policy. So, you must keep watching your emails for interview invites. If you don't act quickly, most likely you might be pushed to a waitlist.

Scheduling and Logistics

If you get more than 20 interview invitations, choose your programs wisely. Also, you can reschedule your interview with any program that you have scheduled previously, as you get more interviews. But just be cautious not to reschedule too many times for the same program. Also, the chances of having an open slot to reschedule might be minimal. Interview season starts roughly by mid-October and ends by the last week of January with some exceptions. Interviews have been virtual for the most part in recent times because of COVID regulations but in person interviews might resume soon. Candidates need to fly in or drive for the face-to-face interview for each program. Travel and accommodation expenses are on you. Some programs might sponsor a one-night stay if they have pre-interview dinner. Since all the expenses are on you, try to use Amtrak and greyhound as much as possible. Also, for flights, try to use Southwest since they allow free rescheduling and free check-in bags. Usually IMGs get a lot of interview calls on the East Coast, so they may choose to stay at a designated place during the entire interview season on the East Coast and then fly or drive to each interview location, returning to the designated base in between interviews. Our case was different as we were on the West Coast (San Francisco Bay Area). And so, we had to schedule all our East Coast interviews close to each other. We ended up making one trip to the East Coast for a month and got them all done with one go. We then scheduled West Coast interviews before and after the East Coast trip. Otherwise, we would have incurred unnecessary expenses making multiple East Coast trips. For US IMGs doing rotations during the interview season, this might not be feasible. Some extra trips to the same state might be unavoidable.

Preparation Regarding the Program

Before going to any program's interview, make sure you have read their website thoroughly and taken notes of important things and also the meaningful questions you would want to ask. That will help you out on the interview day and make you come across as someone who is smart and interested in the program. But don't over question anyone when you tour the hospital or attend the information session.

Document Everything

I can't emphasize this enough. Please take notes of everything about your interview day. Literally anything and everything. Since you might end up attending 10+ interviews, when you sit down to rank your programs by the first week of February, you may not remember nitty gritty details about the interviews you had during the last week of October. So, once the interview is over, the same night or before the next interview, do take notes of everything you learned about the program. Document what you read on their website. How did residents answer your questions? What were the questions and answers during the pre-interview session or during the interview day? What did you like about the program? What didn't you like? What percentage of residents went on to fellowships? How well did programs help residents in preparing them for fellowships? How was the schedule - was it one day off every week or two days every two weeks? Did the residents inspire you? Were the residents happy with the program and program director? Do the residents care for each other? What's your take on your fellow candidates (future colleagues)? Did the interviewer do their homework about you and ask personal questions from your personal statement or resume during your interview? How is the climate? How is the neighborhood? How are the program staff? The list goes on and on. Bottom line, document A to Z about each program so that you can refer back to these notes during the ranking process.

Interview Day

Interviews last roughly 6 to 7 hours on a single day. Some may start by 7 am, some may start by 11am. The day before the interview, some programs might have a pre-interview dinner where all candidates are invited to a nearby restaurant and get to meet a few residents. This is a chance for you to mingle with some fellow residents and get to know the program better, since interview day might be more formal and you may not get to meet everyone or ask casual questions. To give you an idea of the interview format, it usually starts with a presentation by the program director about the program followed by group discussions with a few residents, two rounds of one on one with a faculty (program director / assistant program director) and chief resident or another resident, and a tour of the program and ends with a lunch. This is just a rough idea of what you can expect on an interview day. Every program, though, will have their own interview format.

Ask questions about the program since these details will later help you rank the program. For example, how is the program doing? How are the didactics? What is the fellowship match rate? Does the program help out in the fellowship application process or are the residents on their own? Are there research opportunities? How are call days? Do they allow away electives? How many weeks are allotted for electives? Do they have electives in your area of interest? I have also covered a few other questions in the section on taking notes about each program.

Matching / Ranking

The admissions process is not like engineering where each university admits individually, and you get to choose where you want to join. Here in the U.S., the admissions process is called the “match process.” Once you are done with all your interviews, you are expected to submit a rank order of the programs you have interviewed with the order of your choice. Similarly, each program will get to rank the candidates they interviewed for their program. Both these are run through a merging algorithm which would spit out two outputs for each candidate: whether the candidate has matched, and if so, which program they are matched into. In simple terms, let’s say you have ranked 10 programs. If your 1st ranked program says yes to you, then you are matched and it is the first program. If not, they will check with the 2nd program. If not, the 3rd and so on. So, the algorithm runs until either a yes or the list is exhausted in which case you are not matched this year and you need to apply the following year. Disclaimer: The actual algorithm is more complex than what I have described here. I just wanted to give you an idea of how the matching process works. For example, if a program has 10 spots and if they have ranked you as their 20th candidate, it doesn’t mean that you won’t get matched with the program. You still have a chance if 10 candidates ahead of you match elsewhere.

Pre-match

Some programs may not participate in match. After the interview (in a week or two), they might offer you pre-match. This comes with a clause though, which is, you need to forgo any other interviews and should accept their offer within the time given (usually one or two weeks). If you really like the program and don't want to get into the hassle of interviewing with many programs and ranking and waiting for March madness to know your fate, you can go for pre-match. If not, you can choose to reject their offer and proceed on with the other interviews and go with the matching process. By the way, you don't need to rank all programs you interviewed with. Only those programs which you feel would be a good fit for you. If not, do not rank them. If you get matched at some X program and later you realize it's not somewhere you want to spend your next three years, then that breaks the agreement you made with NRMP. To waive that, you have to appeal to NRMP with valid reason, and only if they feel the reason is good enough, will they either let you participate in next year's match or find an off-cycle spot. If you choose to breach the contract, then I believe you can't apply for residency for the next three years, and it will be a big black mark in your profile. So be cautious when ranking programs. Don't rank all the programs and later regret it if you get matched in your last few programs. Any program that you rank has an equal probability of matching you. Be aware of that.

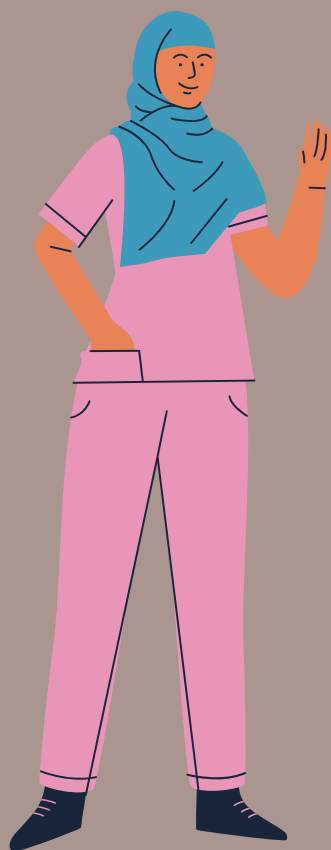
SOAP

Once the initial matching process is complete, some programs may not have fully filled their spots. These programs enter a stage called SOAP, but the vacant spots might be few. Referral plays a major part here. If you are an American graduate who hasn't matched, and if someone you know knows the program director or faculty, they will refer you and could get you a spot with those connections, in case you haven't matched. It's hard for IMGs, since few know any program directors or faculty members personally who could vouch for you. That being said, it's not impossible. Something to keep in mind.

Results

By Monday of the second week in March, everyone will get notified whether they got matched for the season or not. And after a week, on Friday, they will find out where they have matched.

PART 5: RANKING PROGRAMS





Ranking is one of the most important aspects in the MATCH process. All the blood and sweat you have put in for the past 3 - 4 years boils down to one major process called ranking.

Ranking is a process in which every residency applicant ranks the programs where they interviewed at. Similar to this, every program will rank the candidates which they interviewed. A software algorithm merges these two and spits out two outputs for each candidate: a) If a candidate is matched or not and b) Which program they matched into. Ranking is submitted in February. Whether a candidate matched or not (a) will be announced by the Monday of the 3rd week of March and which program they matched in (b) will be announced by the Friday of the 3rd week of March.

Before we get into the factors to consider for ranking, I wish to go over something that is very important before you start your ranking.

I can't emphasize this enough. It is very important when you interview with N number of programs that you take notes. Let's say you get 12+ interview invitations. It is not easy to remember every nitty gritty detail about every program at the end of three months. Maybe you can remember good details about a program that you interviewed in January but not with so much detail about a program that you interviewed in late October. So the first important thing to do is to write down notes about every program where you interview, a day or two after you are done with the interview. Please note down every tiny detail like their vacation policy, scut work, work life balance, if any residents did / didn't show much enthusiasm about their work, if the program director or residents beat around the bush for any questions asked, if you felt inclusive or not, if anyone remembered your name upfront, etc. Do note down all the questions and answers discussed during the interview day. The Q&A would tend to cover a range of topics from fellowship match rates, research opportunities, vacation policies, ability of the program to mold you and help you achieve your career aspirations (hospitalist / fellowship / primary care), diversity of clinical cases, visa requirements (if relevant), call schedules, and more. Consider asking these questions during the Q & A, if you don't know the answers. Do take notes about your travel experience. How did you feel about the place (and neighborhood) in general, collegiality and camaraderie among residents, and the relationship between resident and the program director / faculty, and the emphasis given to teaching, etc.

Assuming you are done with all the interviews and have taken religious notes about every program, let's dive into the factors to consider for ranking the program. We basically chose important ones from this AAMC guide which we felt was good enough for us. Feel free to choose those factors that you feel are important for you in your ranking process.

- Autonomy
- Board pass rate
- Diversity of clinical cases
- Reputation
- Nursing and ancillary staff
- House-staff morale
- Program size
- Quality of program director
- Quality of residents
- Hospital facilities
- Fellowship match rates
- In house fellowship opportunities
- Career roadmap of past residents
- Opportunity to conduct research
- Work life balance
- Support for conference
- Geographic location
- Vacation
- Opportunities for spouse
- Social and recreational



Once we made the list, we ranked every program for each of these factors. Some information could be found in each program's website, but for some you need to gauge on the interview day. Prepare an excel sheet with all these factors in the first column and list every program across the top row. Rank every program on a scale of 1 to 5 and find the final average score for every program. I would recommend not finding the average score before filling in the scores for all the programs to avoid any bias. Once you rated all programs, find the final ranking. This will give you a good sense of how each program stands from your perspective.

After the first iteration, we realized that not every factor has the same weight. So, we did a weighted average giving higher weights to some of the factors. For instance, let's say two programs have equal numbers for all factors except fellowship match rates and geographic location. Program 1 is rated with 4 and 2 for these two factors whereas, program 2 is rated with 2 and 4. If given equal weightage, then these two programs would turn out to be in the same spot, which may not be the case. So, we added weights to each factor. In this case, fellowship match rate had higher weight compared to geographic location. So, with weighted average, program 1 was ranked higher compared to program 2. Overall, we had multiple rankings, one with all factors, one with a subset of the most important factors with a weighted average and so on. Having all of these helped us rank the programs.

We are just giving you one flavor of ranking. We are not claiming that this is the perfect methodology or that this is the right way to go about (in fact, we came up with this idea by ourselves). But it is something you might want to consider if you are confused as to how to rank programs. Most of the candidates rank programs based on verbal conversations with colleagues and seniors and based on articles and posts online. While that is effective in its own way, we felt it may not be comprehensive. For instance, one may suggest that you rank program 1 higher than program 2 just based on the fellowship match rate, but if program 1 doesn't have good house staff morale, and if the neighborhood is not that safe compared to program 2 (the person who suggested that you rank program 1 higher than program 2 may not have firsthand experience to be aware of these factors), then you might want to rethink how to rank them.

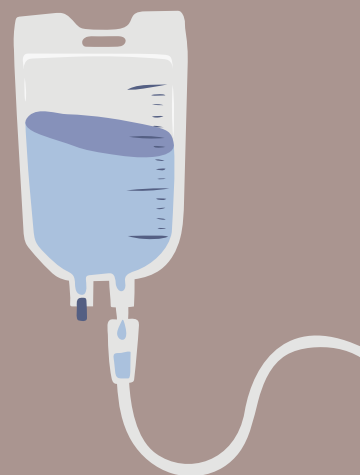
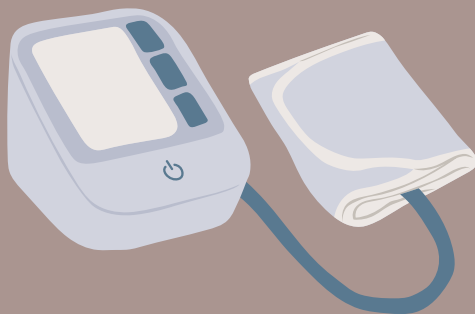
In Engineering, we don't need such a thorough process, because you apply to 5 to 10 programs and you will have multiple admits. Once you get admitted, you can then choose which one to go to. Deciding after having admits is reasonably easy, but that is not the case with residency. You don't want to get matched into a program which you don't feel like going to, and thus the ranking process is very, very important. You can't reject the admission after getting matched.

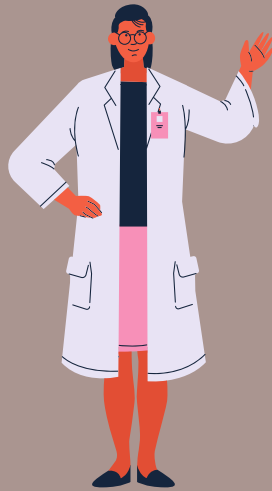


Is it okay to not rank a program? Yes, it is totally okay not to rank a program. My wife got 17 interview invites, and she attended 16 of them. Among them, we ranked only 13 programs. Here are a couple of reasons as to why you need not rank every program just because you interviewed. (I do understand, residency is a lengthy process and most are exhausted by the time you are near your ranking process. And you definitely don't want to go through the same process for another year. Having said all this, you get to do your residency only once in your lifetime--in most cases).

You are going to be in the hospital day in and day out for the next 3 years, so having a bad set of colleagues might affect your morale. Or you might feel you can't keep up with the east coast climate during winters with late night commutes and early morning commutes (my wife's day during floors starts by 4:30 to 5 in the morning). Try to think through the drawbacks you have documented about each program, whether some of them are manageable and fixable. Watch out for major red flags. Don't penalize programs for silly reasons. At the end of the day, we want to get matched in a good program.

The most learning in your career is going to be during residency and fellowship. And the friends and family you make during your residency will come a long way in your life. The network you make during your residency will also be helpful in the future. So as you consider programs, also think about diversity and the opportunities to access a wider network for help during research or fellowship years.





In our case, my wife was doing research at Stanford, and for every program she considered, we asked ourselves, would she be happy doing residency here or should we continue to do research and reapply next year? Will we regret if we get matched in this particular program, or do we feel okay even if we don't get matched (i.e. if we don't rank this program) and continue with research? So, if you are already doing research somewhere and if you are on a good track to get few abstracts and one to two papers published in another six months, you may not want to rank every program just because you want to get matched, because your profile will be stronger next year even considering the depreciation due to the time from your year of graduation. But, if you are not well positioned or if you don't have a research position, then it's going to be tough. Finding a good research position might take a good two to three months, and generally, you can produce something worth publishing only after six months or so of research. So see what your situation is and act accordingly. Even if you are in research, there are a lot of other factors to consider, like the number of interview invitations you have received, family priorities (if you can afford to wait another year), kids' and / or spouse's situation, your interest in research, etc. So, you might have to think holistically before deciding not to rank a particular program.

We have heard instances where applicants with three interview invites got matched and instances where a candidate with 10 interviews did not get matched. So, a lot of factors go into play, like your scores, your LORs, your interpersonal and communication skills, etc.

Once you have submitted your ranking, don't ruminate over the results. I know it is hard not to do that, but try to make use of the time you have. You have done your best and the rest is going to happen irrespective of whether you sweat it out or not. Enjoy your time until you get your results, because you never know what the future holds for you. Whatever the result may be, you have a lot of work ahead of you. If you get admitted, you will have a lot of paperwork from your program. You might want to wrap up your research work or make a trip to visit your family before you start residency, begin looking for colleagues who are also starting your program, begin browsing for apartments, etc. If the news doesn't happen to be what you expected, it is not the end of the world. Just take it in the positive sense, work two to three times harder for the next six months. Perhaps you are destined to get into a better program next year, or you are destined to publish a good research paper, or the timing just isn't right.

My wife matched into a program in Florida. Being in the San Francisco Bay Area at the time, we totally underestimated the geographical location. We came to realization after match that long distance is going to be taxing. But once you have submitted your ranking, you can't change it. You have to accept it and move on to what's next. There is no point in brooding over something that can't be changed. Being in the software industry, one positive thing from COVID for us was that I could work from home and so we were able to spend more time together than we initially expected. My wife loves her program, and the weather is awesome. We became accustomed to our way of life. We believe in the saying "Everything happens for a reason" and that keeps us afloat and keeps us going.





PART 6: GUIDE TO OBSERVERSHIP SEARCH IN THE U.S. FOR IMGs



After spending close to three months in the search for an observership, we thought we should share our experiences so that others can benefit. Since my wife was fully occupied in preparing for her USMLE Step exams, I thought I could help her out. So here is a compilation of how we went about this process.

Observerships

Observerships are a way to gain clinical experience in the United States, though it doesn't allow you to have a hands-on experience. This will essentially allow you to shadow a physician practicing in the country. Now, a lot of you might wonder if it's okay to shadow someone from your own country. As far as I am concerned, that is absolutely fine, as long as they are board certified and are willing to allow you to shadow them.

Different Types of Observerships

Most observerships fall under two categories. Those that have official observership programs and those that don't.

Official Observerships

Some programs have official observership programs which means that they have a formal application process which you submit to the program / department coordinator. Some programs might have a first come first serve basis, so that you need to apply as early as possible (like 4 to 6 months ahead, for example, Cleveland Clinic). Some programs will have deadlines for each period and after the deadline they will consider all applicants and choose some of them based on the number of vacant spots.

A few programs might have an official observership program but will require you to find a faculty sponsor, the way for which is described in detail below.



Non-official Observership

Most programs may not have any official observership program, which means that there is no formal application process and you have to find a faculty sponsor (doctor) to obtain a observership spot. This is more time-consuming and exhausting compared to the first one, but it has its own advantages, which I have listed below.

Note: Some programs will have clear information on their website that they do provide observerships, but the first step is to find a faculty sponsor. Other programs may not have any information online pertaining to observerships. In such cases, send an email to the elective coordinator or residency coordinator asking for the right POC (Person of Contact) to inquire about the observership if you can't find the POC for an observership program.

P.S: I have seen cases where the coordinator will respond that they don't offer any observerships, but we know someone from our network who has done an observership in that program or is currently doing one. Our understanding is that you need to know the doctor personally or through strong connections in order to be given a position. Emailing them may not cut it.

Mediatories

There are agencies and other mediatories who assist you in getting an observership at some cost (minimum \$2000). We didn't explore that option since we didn't see very good programs being offered through such agencies, and we felt like we should have control over where we wanted to do the observership and not just take something that is assigned to us.

Let me list the differences between the first two options

Note: Acronyms used in this section. OOP: Official observership program, NOOP: Non official observership program

Program Fees

OOP: Most official programs will have some fees associated with the program, somewhere around \$500 to > \$3000 for a one-week observership.

NOOP: Most non-official observership programs may not have fees associated with them, but I have seen programs requesting fees in this category too.

Application Fee

OOP: For some programs, you have to pay an application fee, so choose carefully. If you don't get the offer, that application fee is gone.

NOOP: Since the first step is to find a faculty sponsor, you are sure to have a position when you proceed with next steps. Either there is no application fee, or it's bundled with program fees. I mean, at least the fees you pay won't go wasted like in the other case.

Availability

OOP: Since it's officially offered, they will have a fixed number of spots for every month in various departments as per each program's policy. Some of them are first come first served and some have deadlines, so it's better to apply early. Just know that you have to pay in most cases.

NOOP: Since you have to reach out to doctors directly, availability is scanty and finding the right doctor at the right time depends on luck. Some doctors might have openings but they might not align with your timelines.



Finding a Faculty Sponsor

OOP: Mostly coordinated by the program coordinator. So generally you don't need to find a faculty sponsor by yourself, but there may be some exceptions.

NOOP: As mentioned above, finding a faculty sponsor will be the first step, and it's your responsibility to find one.

Letters of Recommendation (LOR)

OOP: In my opinion (from what I heard from my sources), even if they give you a LOR, mostly it will be templated since they have way too many individuals coming in for observerships from time to time. Getting a personalized LOR is tough but not entirely impossible. It depends on the program, the doctor you work with, and the efforts you put in.

NOOP: Assuming, the doctor whom you work with agrees to give you a LOR, it will be personalized since you are the only one working for them.

Time and Effort Required

OOP: The time and effort to get the observership is less than with a NOOP, since it's just about applying and paying the fees.

NOOP: Getting an observership is time consuming and exhausting. Finding the right doctor at the right time is hard to align. Mostly no one responds which is totally understandable from their busy schedule. In some cases, finding the emails of doctors is not straightforward. So be prepared to spend at least 2 to 3 hours per program (assuming you are reaching out to 50+ doctors per program).



What's Best for You

It mostly boils down to a) how much time you have to spend in observership search, b) When do you plan to do observership (1 month from now, or 6 months from now), and c) How much money you are willing to shell out for your observership.

For example,

Case 1: You are an IMG, looking to apply for residency later this year by September. You have taken your USMLE Step 1 exam and you have Step 2 CK scheduled for the end of July. You are looking for an observership for the month of August. As your step scores are the most important in residency applications, you don't want to jeopardize your chances, so it's better not to spend too much time searching for a faculty sponsor. You'll be better off paying some money if you can afford it and going with an official observership program, so that you can have peace of mind by securing a spot and have a fully focused Step 2 CK preparation.

Case 2: You are an IMG, who is done with USMLE Step 1 and Step 2 CK by May. You have 3 months before you apply for your residency in September. You could spend the entire month of June for your observership search to find a spot in July and August. Since you can spend your entire time in searching for an observership, you could afford to spend more time reaching out to doctors directly.

Duration of Observerships

Typical observership durations are 4 weeks. But sometimes you are given more options too. But in general, I have read that it is not good to do more than 3 months of observerships (good enough to gain the required letters). If you have more time, try to find research opportunities.

Requirements for Applying

I will try to list the most common requirements, but again each program might have some specific requirements for their program.

- Need to be a medical graduate (if you are a student, obviously go for electives).
- TOEFL might be a requirement in some programs. Chances are that it will be waived if you have taken any USMLE Step exam.
- B1/B2 visa. If you have an H4 visa, you are good with that. But if you are going to apply for a visa, do ensure that you have sufficient time to go about applying for the visa before your observership starts.
- Vaccination : PPD, MMR, varicella, Hep B
- LOR from your medical school in some cases.
- Some places like the Cleveland Clinic might even require an ECFMG certificate.

When to Start Applying

I have gone over this with some example scenarios above. It all depends on your timeline. For official observerships, prepare to apply 4 - 6 months ahead. For faculty sponsor types, apply at least two months ahead. If you know someone personally, these time frames don't matter as much.



Best Way to Reach Out

For official programs, the contact information will be right there on the same page. But for non official programs, as I have mentioned before, some programs may not have any information about observerships. So, you have to reach out to the elective coordinator / residency coordinator to find the program policy for observerships and the right point of contact (POC). Sometimes, if they don't respond in a few days (4 to 5 days), don't hesitate to give them a call. Very likely they have too many emails from out of network email domains and may not respond to such requests. For the observership search in general, I would highly recommend that you use your contacts before jumping into the wild ocean. Please contact your seniors and connections who are currently doing residency or who recently graduated from residency. Don't be hesitant if you haven't talked to them before. Also, if they don't respond, don't feel that they are not willing to help. Everyone in the medical field is so busy, and it's likely they have forgotten to respond to you. Please send a gentle reminder after 3 to 4 days, if they don't respond. But don't pester them after that if they don't seem interested in helping you out.

List of Programs Offering Observerships for IMGs

We couldn't find a good source in general that listed observership programs. Some programs we reached out to were based on information from our connections. We did come across this link that has a list of programs that offer observerships for IMGs. By no means is this a comprehensive list but just to give you a head start. <https://forum.facmedicine.com/threads/35-us-medical-schools-that-accept-imgs-for-electives-and-observerships-2018.33086/>

Note: We haven't verified that all programs listed offer observerships to IMGs. In fact we did hear from some of the programs that they don't offer it. But if you are looking for a place to get started, this list might be handy.



Document Your Progress!

I can't stress this enough. I had to remind my wife time and again about documenting our progress. Please prepare a document as to what programs you are reaching out, whom you have reached out to, what's their policy, etc. Here is the template that we used during our search, and it did help us a lot to know where we were and what was to be done next.

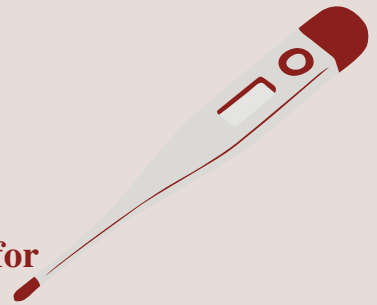
- Program Name, City
- Source from which we got to this program
- Do they offer observerships for IMGs?
- Requirements (ECFMG certified / hard deadlines, need to be a physician, etc)
- Cost
- LOR info (friendly / not known / do not give)
- Observership coordinator / Email faculty directly
- Coordinator email ID(s) to reach out in case observership is coordinated by one person and their position
- Date at which we have emailed the coordinator or doctors (to assist in follow-ups)
- Link to a document that has the list of doctors to reach out to (to find faculty sponsor)
- Link to program site that talks about observership program
- Link to program site to find doctors

We maintained an excel spreadsheet with this information all throughout our search. This helped us track our progress from time to time. Please don't forget to make entries of programs that don't offer observerships for IMGs (if it was in your target list when you get started). Because after 2 weeks, you might forget the policy for some program and again do the research for another 30 mins to an hour to find out that you are not eligible to apply for X program. For some programs, it is not easy to find out their policy regarding observerships. In fact, we realized the importance of this after experiencing it by ourselves when we duplicated our efforts for some programs. So document and avoid duplicating your efforts. In general, this document will help you track those programs for which you have sent emails and are awaiting responses, so that you can send a follow up email after one week.

Google Keywords

For some programs, a simple Google search will fetch the direct link to the observership program page and all information will be clearly laid out. But for some programs, we had a tough time on finding information on observerships. So, we had to use many different keywords for our search. Here are some of the key phrases that we used during our search. Let's say we are trying to reach out to "Univ of X."

- "Univ of X observership"
- "Univ of X observership for IMG"
- "Univ of X observership for FMG"
- "Univ of X observership for international medical"
- "Univ of X observership for foreign medical"
- "Univ of X Internal Medicine observership"
- Same as above (FMG, etc) with "Dept" you are looking for
- "Univ of X observer program"
- "Univ of X international observer program"
- How to structure your email



One of the important components in reaching out for observerships is how you structure your email. Let me illustrate a simple example:

Email 1

Hi Sir/ Madam,

I am an international graduate from India (college name) graduated in 2016. I am interested in applying for an observership program in your program, in internal medicine, for 1 month anytime during the months of June/July 2017. I have attached my resume along with this email for your consideration. Let me know if you need any further information.

Email 2

// Your background info

This is <your name> reaching out for an observership/shadowing opportunity. I am from India and graduated in <year of graduation>from <College name>. I am currently in the process of getting ECFMG certified (finished Step 1 and Step 2 CS<replace as per your requirement>). I will be applying to <your choice of residency> this September. I am currently on a H4 (with EAD) visa here in the US. <Call out your visa if you feel you might have an edge over others. If not, better to ignore it. This might make a huge difference, especially for research reach out>

I came across this <link to site page that talks about observership> which talks about the process involved in applying for an observership. The first step is to find a faculty sponsor, and hence I am writing to you asking if you can sponsor me or if you have a position to offer.

//Talk about any experiences you have in the US, which department you are interested in, your availability, your electives / observership / externship detail if any. Tell them why you are interested in doing an observership. Ask them politely if there are any steps that need to be done for doing the same and if they could help you out in any other way possible with regards to this.

I am attaching my CV and Personal Statement for your reference. Please let me know if you need any further information.

I hope you have an idea of what I am trying to convey with these two email templates. We used something like the 2nd one. With regards to “residing city,” since we are in the US, we thought that would imply we don’t need a visa and hence it’s an easy choice for them to take us in. The first email is concise and does convey the information, but we felt that the second one had all the required elements to highlight from our side. Do add details about the program or department that you are interested in, your experiences (especially in the US), your visa (if you feel that might give an upper hand) in your email. Since the email is tailor made (to some extent) and not just copied and pasted to N number of programs, it gives a sense of the efforts we have put in to reach out to them. For IMGs, even simple efforts that we put into compiling an email speaks to how meticulous, planned and detail oriented we are. So, please try to emphasize and bold any phrases that you feel might give you an upper hand compared to others who are trying for the same position.

How to Find a Faculty Sponsor for a Program

Finding a faculty sponsor is one of the most time-consuming processes. For some programs, finding the doctors and their email addresses is straightforward. But for most programs, an email may not be readily available in the doctor's profile. For such cases, during those early days, we had a tough time finding the emails. Our strategy was to find the coordinator email and curate the doctors' email ids.

Follow Ups

Please do keep in mind that all doctors and program coordinators are busy. So, if you don't get any responses, don't be disappointed. It's bound to happen -- be prepared to face it. Do send a gentle reminder email after a week or 10 days. But don't pester them with emails every week. Twice is more than enough. We had a 2% response rate without any follow ups, but around 5 to 6% response rates with follow ups. Even though most of them were negative, at least we got responses. Some of them responded that they didn't have any positions, but they reached out to others in their department. At least we felt good compared to getting no responses. And believe me, there are a lot of people out there who are willing to help.



Things to Clarify Before You Take Up an Offer

I know that most of us may not be in a position to demand anything from an observership, but if your major intention to do an observership is to get a LOR, get appropriate information on that end. Do check if there is a LOR policy. Some programs have a policy of not giving any LORs. Maybe you don't want to apply for such programs, if that matters to you. So don't hesitate to check their LOR policy before accepting the offer. If you are in a waiting stage after applying, do ask them when you can expect the results and what are your chances of getting the position. If there is a fierce competition, consider accepting the offer you are given. If not, and you are trying at other places, you might ask them for a few days to accept the offer. Do phase your applications for different programs such that your dream programs are earlier in your search compared to others. Once you get a position in your dream program, you can stop your search. After you exhaust your dream programs, you can go all out for the rest of the programs.

Tools to Assist

Many of our contacts suggested that we email doctors around 9:30 – 11:00 am on weekdays when trying for observerships, as the chances of the email getting read then is higher. So we had to use two tools to assist us. One was an email scheduler. Obviously, you can't be compiling and sending emails by 9:30 am on a weekday if you are working full time. So the night or weekend before, I would compile all the emails that needed to be sent out the next day or the next week and schedule it appropriately to be sent out by 9:30 am on a weekday. Another tool that we used is mail merge in gmail. For those who are not familiar with mail merge, it's a feature which helps you send bulk emails. You can define an email template with some words that can be tailored for each TO address. You can list all the TO addresses in an excel spreadsheet along with the words to replace the tailor made words (like department, program, doctor name) in the email. You can prepare all these the previous night or weekend and then hit send at the appropriate time. We used both these on different occasions during our search.

Conclusion

We have compiled all the information we gathered and used during our journey leading to the residency match. Being in the same shoes not so long ago, we can understand how taxing and exhausting this process can be. We want to take a minute to say that you are going to be okay and you got this. We strongly believe in giving back to the community and this article is a small effort towards that. Hopefully, you or someone you know find this useful. All the best on your journey to residency!

