



Match Frenzy

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Please sit in mixed tables: Residency and Fellowship Leadership

Coordinators

APDs/AFDs

PDs/FDs

Additional Educators



Disclosures

- The authors do not have anything to disclose



Objectives

- To describe why medical students are applying to so many programs
- To identify ways we can improve the interview process for medical students and for residents



Agenda

- **Medical Students Applying to Residency**
 - (1) Why are medical students now applying to so many programs? What is the student perspective?
 - (2) What makes a good letter of recommendation? Are Chair/Dept Letters needed?

- **Residents Applying to Fellowship**
 - (1) Difficulty with match timing? Problems with numbers of applicants?
 - (2) Infrastructure for advising residents about fellowships/fellowship application process?



Medical Students Applying to Residencies



Why are medical students now applying to so many programs? What is the student perspective?

Bob Vinci, MD

Chair, Boston Medical Center

Sherilyn Smith, MD

COMSEP Past President



Pediatric Match Frenzy: Are We Contributing to the Problem?

Report from the AMSPDC Education Committee and the
AMSPDC-COMSEP Working Group

Robert Vinci, MD
Chair of Pediatrics
Boston University School of Medicine

Sherilyn Smith, MD
Professor of Pediatrics
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COMSEP
Better Health for All Patients
Through Pediatric Education



Our Goals for Today

- Provide an update on the NRMP Residency Match
- Discuss factors contributing to Match Frenzy
- Describe characteristics of unmatched students
- Provide a set of recommendations for medical educators who are advising and/or working with medical students interested in careers in Pediatrics



A Match Story

- In the 2015 Match a BU student told our clerkship director that she has been offered an interview at one of her top Pediatric programs. She was working on a clinical rotation and did not see the email until the end of the day.
- Once aware of the offer, she called immediately but was told there were no more slots left for interviews. She was placed on the waiting list.
- We knew the Program Director well and after calling him/her the student was then given an interview slot.
- She ended up matching in that Pediatric program.



Another Match Story

- In the 2016 Match, I was asked to provide some advice for a outstanding BU student who wanted to focus her interviews in a certain geographic area.
- After advising her to apply to 8 total programs, the Dean of the OSA at BU contacted me and told me she disagreed with my advice. She told the student to apply to at least 15 to 20 programs.
- The student ended up getting interviews at 16 of the 17 programs she applied to and matched at her #1 choice



The Match Data for Pediatrics

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
# Programs	202	208	209	188	190	191	194	196	199	204
Programs unfilled	40	29	24	17	12	6	4	7	8	13
# positions	2382	2392	2428	2482	2475	2616	2640	2668	2689	2738
US Seniors	1790	1870	1892	1951	1918	2035	2065	2126	2071	2056
Matched US	1610	1682	1711	1768	1732	1837	1818	1889	1829	1849
Matched Total	2295	2326	2383	2437	2443	2606	2627	2654	2675	2693
Positions Unfilled	87	66	45	45	32	10	13	14	14	45



Who Is Filling Pediatric Slots?

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
US Seniors	1610	1682	1711	1768	1732	1837	1818	1889	1829	1849
US Grads	30	20	33	33	27	30	43	32	41	24
DO	213	190	200	226	254	254	290	303	353	361
US IMG	134	125	147	151	187	192	195	174	201	204
Non-US IMG	296	299	286	256	242	290	280	254	250	253
Total	2295	2326	2383	2437	2443	2606	2627	2654	2675	2693



What Does This Mean For The Pediatric Match

- In 2017, Pediatrics filled 98.4% of their slots
- In 2016, Pediatrics filled 99.5% of their slots – highest rate ever
- Rising numbers of unmatched applicants, many who only wanted to pursue Pediatric training
 - Unmatched applicants exceeded available post match (SOAP) PGY-1 positions for the first time in 2013 and this trend continues
 - Some graduating students will be unable to secure pediatric residency

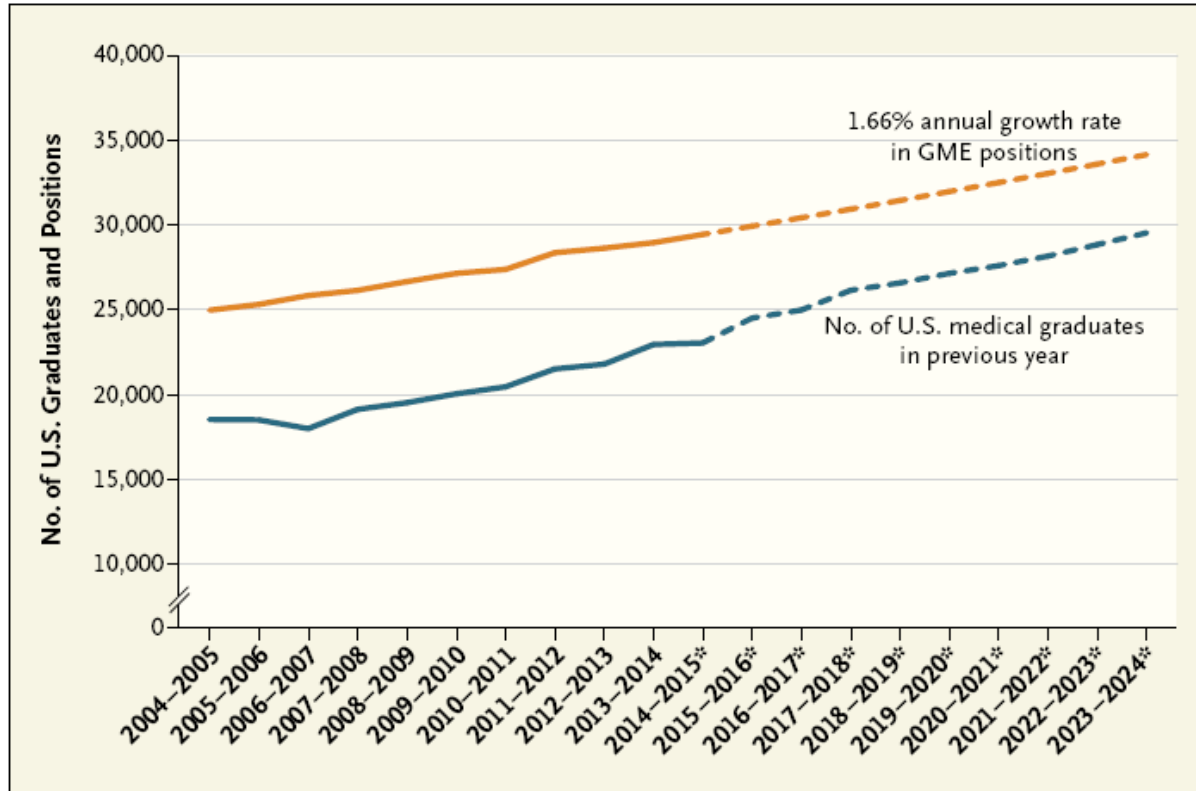


The NEW ENGLAND JOURNAL *of* MEDICINE

Why a GME Squeeze Is Unlikely

Fitzhugh Mullan, M.D., Edward Salsberg, M.P.A., and Katie Weider, M.P.H.

N Engl J Med 2015; 373:2397-2399



Actual and Projected Growth in Numbers of U.S. Medical School Graduates and Graduate Medical Education (GME) Entrants, Based on 1.66% Annual Growth in GME Positions.

Asterisks indicate projections. Data are from the ACGME, the AAMC, and the AACOM.



Outcome for US Seniors: Those Ranking *Only* Pediatrics

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total	1703	1719	1799	1697	1826	1826	1896	1824	1819
Not Matched	28	43	45	25	43	54	57	43	41
Percent Unmatched	1.6%	2.5%	2.5%	1.5%	2.4%	3%	3%	2.4%	2.3%



Who are these Unmatched Students?

- Unmatched students can be identified and the Dean's offices are worried about them before they enter the Match
- Tend to compete poorly against larger pool of applicants
- *Key attributes of unmatched students:*
 - Poor academic performance
 - Failed USMLE Exams
 - Poor communication skills
 - Class ranking bottom 25%

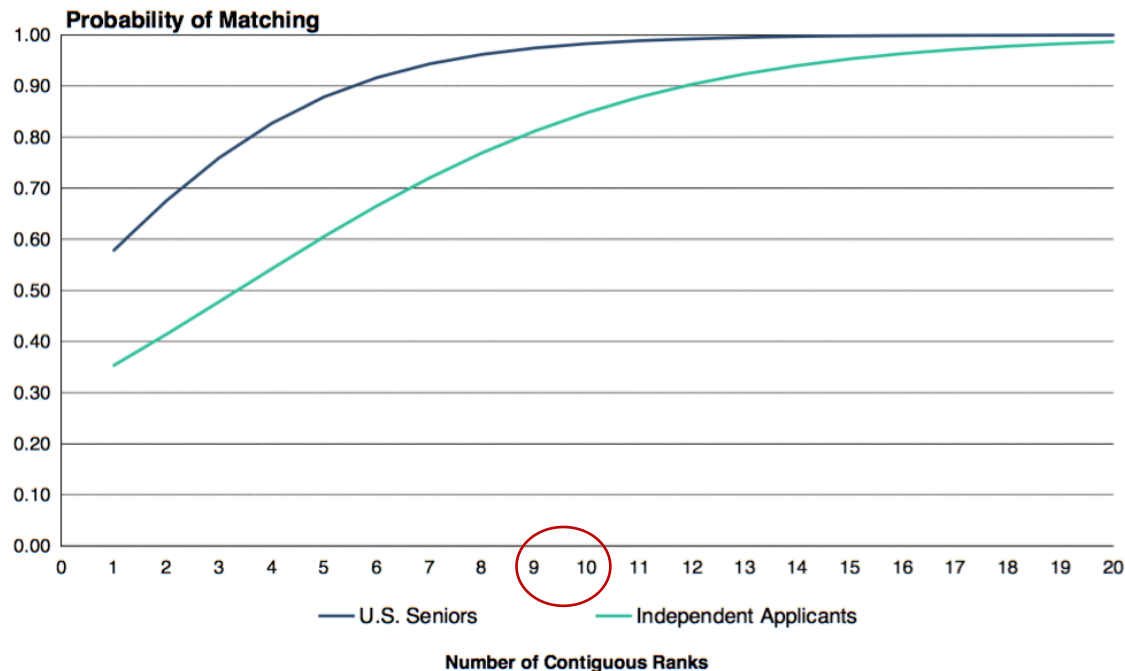


Factors Contributing to Match Frenzy

- Fewer unfilled Pediatric programs post match
 - *Pediatric programs are matching at the highest rates ever*
- More students not matching into pediatrics
- Fewer options for matching in SOAP
 - *Not enough positions in SOAP for those who want Peds*
- More applicants successfully competing for PG-1 positions
- Students are being told to apply to significantly more programs than in previous years



Probability of Matching Number of Programs Ranked?



Source: National Resident Matching Program, *Charting Outcomes in the Match, 2014*



The Student Voice

- One stop “shopping” to compare and contrast programs and find specific information about the unique aspects of your residency programs
- Increased transparency about how decision making is made for each program (with regard to interview offers)
- Is it realistic to apply to a pediatric residency program if I have “red” flags?



Where Do We Begin?

- The OSA Deans do not want to have any unmatched students.
- The majority of our students will match into Pediatrics
- We can use this data to identify the “at-risk” student while reassuring other students.
- We are creating the stress that students are experiencing during the application process
- We must work with our Clerkship Directors, PD’s, medical school Dean’s to develop a systematic approach to advising our medical students



Small Group Activity 1

- Please work in small groups to answer the questions on the provided worksheet or electronically at
- <https://tinyurl.com/matchfrenzy1>
- Design a resource for students to search for unique aspects offered by residency programs.
- What types of information would you be willing to “provide” about your interview decision making process?
- What do you recommend for those “at risk students”?



Recommendations – Residency Programs

- Students who are offered interviews should not be put on a waiting list
 - Match interviews invites with actual interview slots
- For the immediate future we may need to adjust for the increasing number of applicants and work with APPD
 - Ask for more interview slots
 - Develop a timeline for offering interview offers



Recommendations – Clerkship Directors

- Assist OSA to identify “at-risk” students
 - Low class ranking
 - Academic difficulty
 - Poor performance or failures on USMLE Exams.
- Ensure that faculty advisors are aware of data:
 - 79% of students match in their top three programs
 - 8 or 9 programs on a match list for students without academic difficulty almost guarantees a successful match
- Tailor recommendations to the individual student



Recommendations – OSA

- Work with clerkship directors to identify “at-risk” students
- Develop parallel plans for these students (other specialty)
- Develop “back up” plans for these students
 - Splitting 4th year rather than graduating without residency slot
 - Pursue opportunity to improve their application
 - Alternative approach to their career
- Be thoughtful about recommendations; adjust program list



Recommendations – OSA

- Strong medical students
 - Revise recommendations on number of programs
 - 79% of students get one of their top 3 programs
 - Aim for 8 to 9 interviews
- Develop guidelines for cancelling interviews
 - Cancel these interview early in the interview season



Recommendations – Chairs

- Review this topic with our medical education leaders and the Deans in our Offices of Student Affairs
- Match Frenzy is real but our schools and advising systems have contributed to this by not understanding this data.
- While medical schools want to avoid having unmatched students, they can identify those “at-risk”
- Make the point that we have produced this system and while Peds is very competitive, unmatched students have significant academic challenges.



Summary

- Effective career advisors should be familiar with the current residency application landscape
 - It is very different than what it was only 5 - 7 years ago
- High risk students can be identified & predicted
 - We can use this data to reassure many of our students
 - Tailor recommendations to the individual qualifications of a medical student
 - Students must be strategic & realistic in residency program application and ranking
- Reassurance and good counsel based on data can limit applicant frenzy but will require careful discussion



Next Steps

- AMSPDC and COMSEP are working together on this project, and we have had discussions with APPD
- Recommendations are being written for academic publication
- Role for an APPD-COMSEP working group
- AAMC is very interested in our work and wants to extend this to other clinical disciplines



Brought To You By The AMSPDC Education Committee

- Alice Ackerman
- John Duby
- Patty Emmanuel
- Lewis First (CHAIR)
- Joe Neglia
- Gerry Rabalais
- Jerry Sterling
- Bob Vinci
- Ellen Wald



Thank You to the COMSEP Collaborative Group

- Harold Bland
- Kathleen Gibbs
- David Levine
- Len Levine
- Gwen McIntosh
- Sandy Sanguino
- Sherilyn Smith



Questions?



Extra Data Slides



Characteristics of Students Who Went Unmatched in Pediatrics

	<u>2015</u>	<u>2016</u>
Failed course work in Preclinical Years	42%	55%
Failed USMLE 1 CK Exam	43%	27%
Failed USMLE 2 CK Exam	32%	55%
Failed USMLE Step 2 CS Exam	23%	9%
Failed their medical school's CSA/COSCE Exam	12%	9%



Characteristics of Students Who Went Unmatched in Pediatrics

Class ranking <25% (bottom quartile)	<u>2015</u> 93%	<u>2016</u> 80%
Required extension of medical school training	40%	70%
Regardless of reason, the student had an approved Leave of Absence	34%	45%



Characteristics of Students Who Went Unmatched in Pediatrics

Failed 3 rd year pediatric clerkship	<u>2015</u> 3%	<u>2016</u> 0%
Failed other 3 rd year clerkships	22%	36%
Had other academic difficulty during Medical School	36%	36%



Characteristics of Students Who Went Unmatched in Pediatrics

	<u>2015</u>	<u>2016</u>
Poor interview or communication skills	36%	27%
Lapse of professionalism during Medical School	8%	0%
Mental health challenge	13%	9%
Physical health challenge	12%	18%



Can we predict who is at risk?

Level of Concern about Match Risk for Students Who then Went Unmatched

Not at all concerned	<u>2015</u> 22.5%	<u>2016</u> 0%
Somewhat concerned	30%	18%
Very concerned	47.5%	82%



Current Practices in Advising Students

Weakly Competitive Student	>30 Programs	2015 46%	2016 33%
Average Student	21-30 Programs	2015 43%	2016 33%
Highly Competitive Student	10-20 Programs	2015 65%	2016 76%



All the Letters

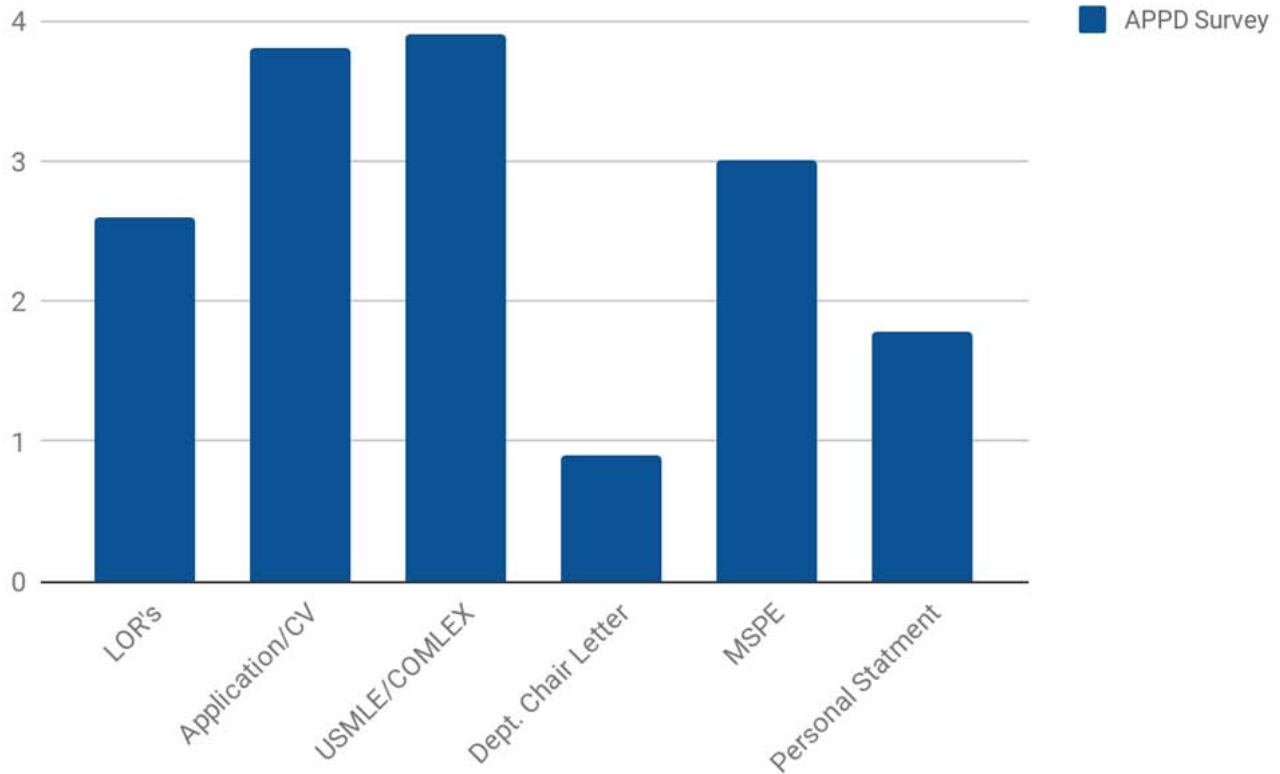
Amy Gaug

Senior Residency Program Administrator

University of Minnesota

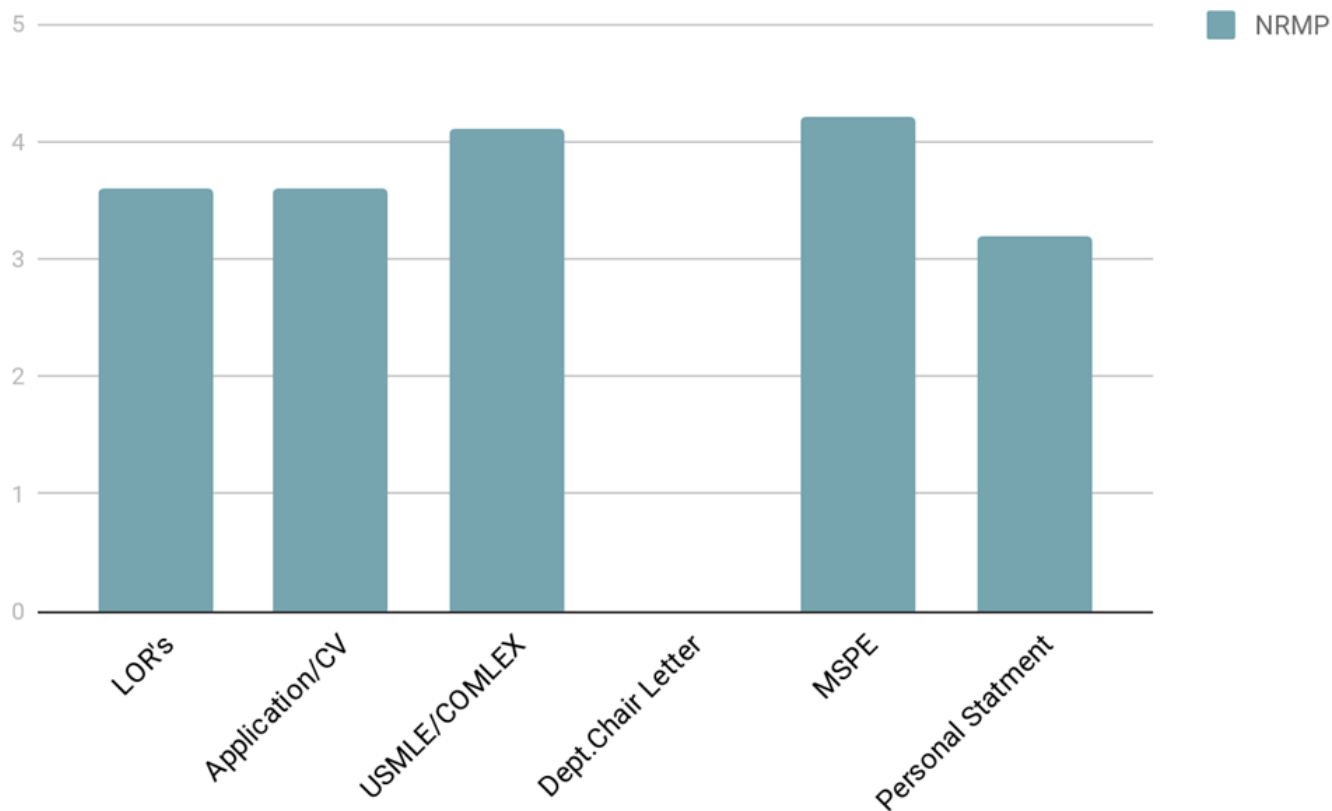


APPD - Interview Criteria



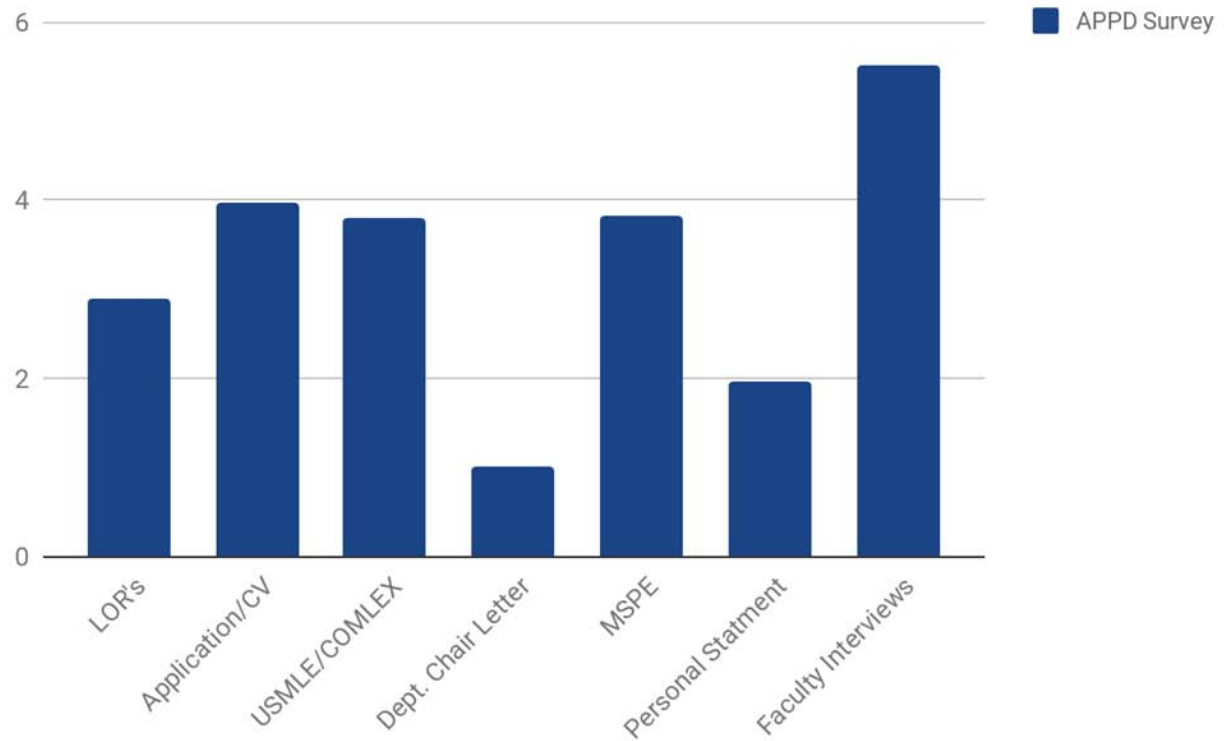


NRMP - Interview Criteria



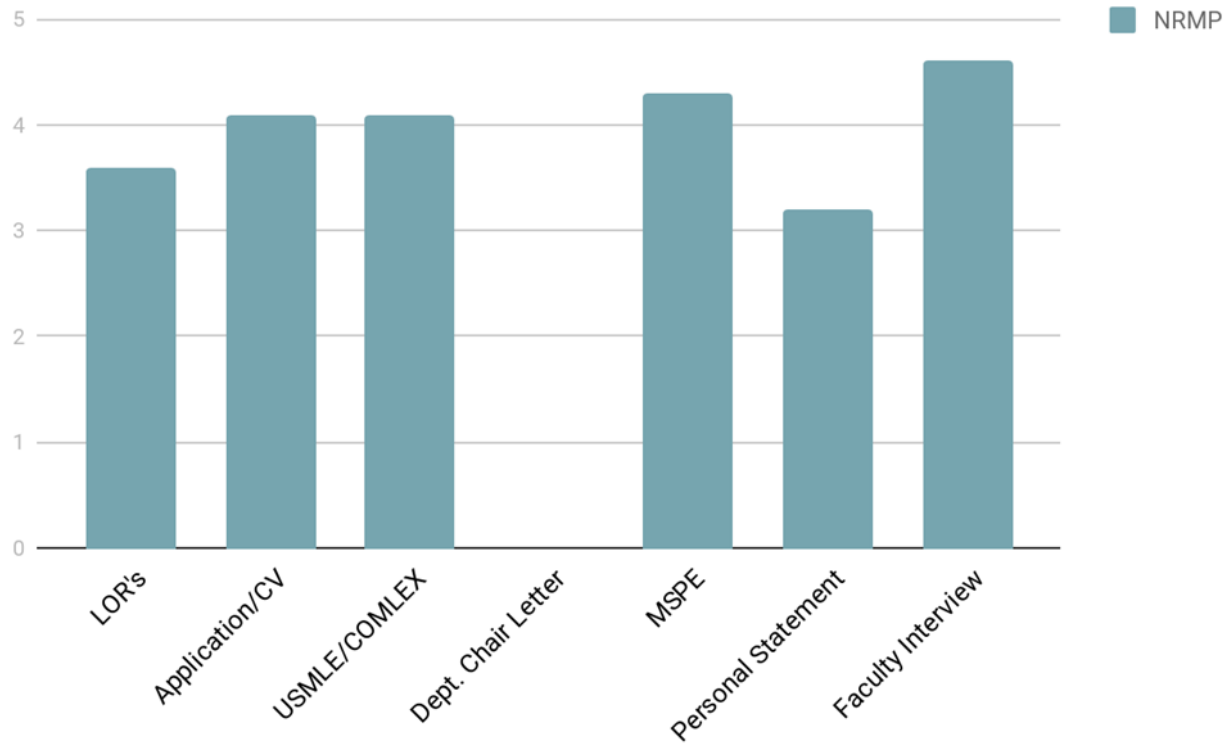


APPD - Ranking Criteria





NRMP - Ranking Criteria





Interview & Ranking Criteria

What did we miss?



Additional Criteria

- Interactions with others
- Specifically - AOA, GHHS
- Visiting rotation feedback
- Local ties
- Transcript
- Being on time/following instructions
- Distance traveled (not literal, but in life)
- Unexplained gaps
- Medical School Prestige and Location, Type of Degree (MD vs. DO), J1, IMG, Citizenship



Letters of Recommendation

What makes an effective letter of recommendation?



Letters of Recommendation

Is standardization an option?

Print Form

Pediatric Cardiology Fellowship Evaluation Form

Name of Applicant Date

Relationship to Applicant

Program Director
 Dept/Division Chair
 Advisor
 Clinical Preceptor
 Research Preceptor
 Other

Compared to other residents at a similar level going on to sub-specialty training that you have supervised and have been the preceptor over the past five years, how would you rate this applicant? Please check the boxes that most closely represent your opinion of the applicant.

Skill	Below Average (Lower 50%)	Average (Upper 50%)	Very Good (Upper 20%)	Outstanding (Upper 10%)	Superlative (Upper 5%)	Unable to Judge <i>Comment Below</i>
Overall Clinical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Clinical Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

Click to Insert Signature (If Available)
or Print and Sign

Signature
 Name (Print)
 Title



Department Chair Letter

Are these needed?



Medical Student Performance Evaluation (MSPE) or Dean's Letter

The MSPE is a summary letter of evaluation intended to provide residency program directors an honest and objective summary of a student's salient experiences, attributes, and academic performance.
-AAMC



Small Group Activity 2

- Please work in small groups to answer the questions on the provided worksheet or electronically at
- <https://tinyurl.com/matchfrenzy2>
- What is of most value to program directors/selection committees?
- Is a Chair/Dept Letter needed anymore?
- Other advice about letters?
- Can we standardize what letters are needed across programs?



Questions



Residents Applying to Fellowships



Difficulty with Fellowship Match Timing? and Problems with numbers of applicants: Too many or too few?

Brian Lurie, MD, MPH

Director, Ambulatory Academic General Pediatric Division
Medical Director, Myers Park Pediatrics,
Levine Children's Hospital, Carolinas HealthCare System

Christine Barron, MD

Fellowship Director, Child Abuse Pediatrics, Brown



Specialty	Nov 2006	Dec 2006	Jan 2007	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec 2007	Jan 2008	Jul 2008
Adolescent Medicine																1
Allergy/Immunology*			10				23									1
Cardiology			17					13								1
Child Abuse																1
Child Psych*											6				10	1
Critical Care									5				8			1
Dermatology																1
Developmental-Behavioral																1
Emergency Medicine										2				20		1
Endocrinology																1
Genetics																1
GI			17					13								1
Heme-Onc	29						9									1
Infectious Disease																1
Neonatology#		1										1				1
Nephrology																1
Neurology																1
Pulmonology																1
Rheumatology		6				25										1

Match Day
Interview Season WITHOUT ERAS
Interview Season WITH ERAS
ERAS Closed (unavailable for data; system purged from previous cycle); Re-opens for candidates to upload July 1; Program info July 15
Start of Fellowship
* Note: Child and Adolescent Psychiatry & Allergy/Immunology are not an ABP sub-board
Dates for Neonatology are to start for 2009 season; Neonatology did not participate in the 2008 match, but is listed here for comparison to all other programs.: will use ERAS until May 31, then written application for later applicants.



History

2006: 4 subspecialties used ERAS and 6 subspecialties participated in a match

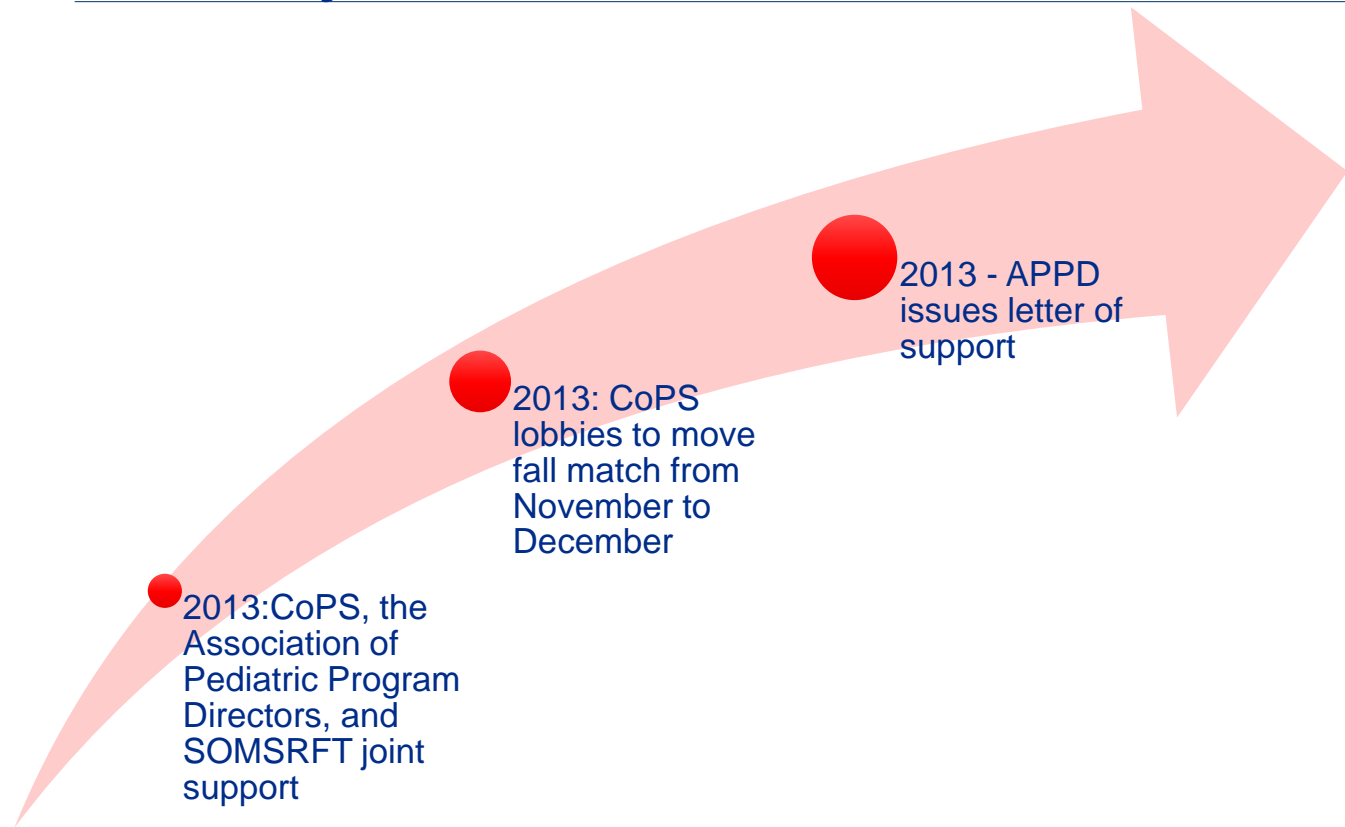
2007

By 2011: 14 subspecialties were using ERAS, with an even distribution between the 2 recommended match dates

The Pediatric Subspecialty Match: Past, Present, and Future
Renno, Markus S. et al.
The Journal of Pediatrics , Volume 173 , 4 - 5



History





What were the issues

- The later the better - Was a priority for residents
 - With duty hours restriction many residents may not get exposure until the 3rd year.
 - Letters of recommendation based solely on internship performance
 - Challenges in coordinating research endeavors during residency with their eventual career paths.
 - Matches on the same day can use couples match



2014: The Candidates spoke....

- Surveyed SOMSRFT summer 2014 Asked simple questions about where they stand related to the decision and application process
 - 1117 respondents (Resident: 81.0%; Fellow: 18.8%, Unspecified:0.2%)
- When would you prefer a fellowship match date?
 - 89.5% In December of 3rd year vs 7.3% in June of 2nd year
- Do you support having a common fellowship match date for all pediatric subspecialties?
 - Yes 90.1% vs No 9.9%
- Do you think you would be more likely to join a subspecialty if you had more time during residency to make your decision about whether or not to pursue a fellowship?
 - Yes 77.8% vs No 22.2



Who were the holdouts?

2016 Appointment Year	2017 Appointment Year
Cardiology	Cardiology
Hematology-Oncology	Hematology-Oncology
GI	
Pulmonary	



Pediatric Cardiology is moving to a Fall Match!

- Through a vote facilitated by the Society of Pediatric Cardiology Training Program Directors (SPCTPD), program directors recently voted to move from the spring to a fall match, with >80% of programs voting for the change. We join virtually all other pediatric subspecialty fellowships who have gradually moved to a fall match. This move is in response to recommendations from the Council of Pediatric Subspecialties, APPD, and most importantly after a recent survey of our applicants through ERAS showed >80% of residents would prefer a fall match.
 - David W. Brown MD, SPCTPD President on behalf of the SPCTPD board



2018 Holdouts - None



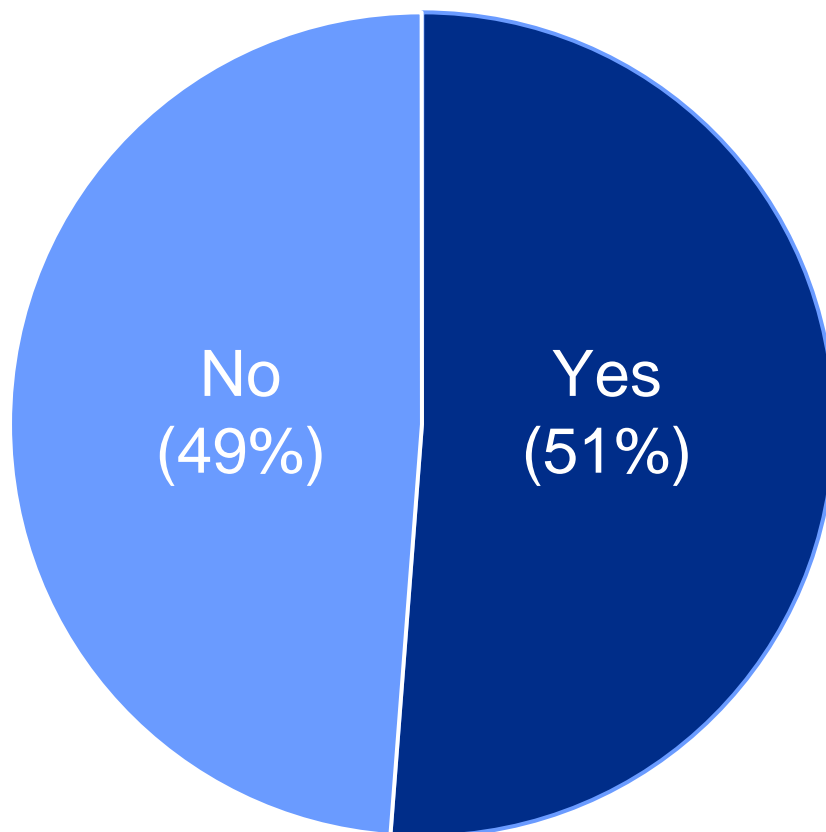


Consequences



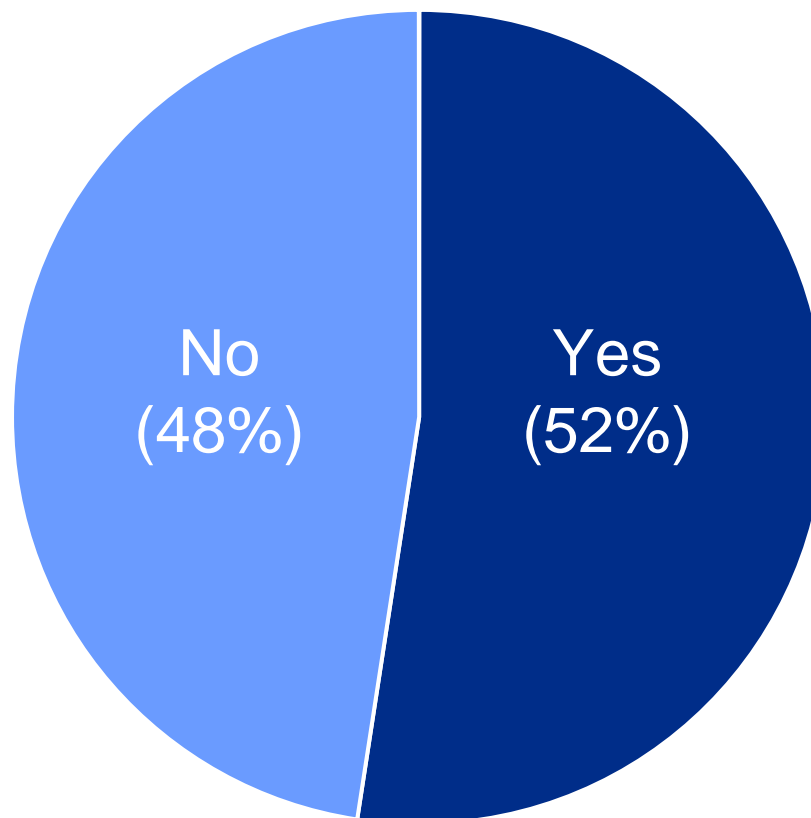


Difficulty with Block Scheduling for PGY3



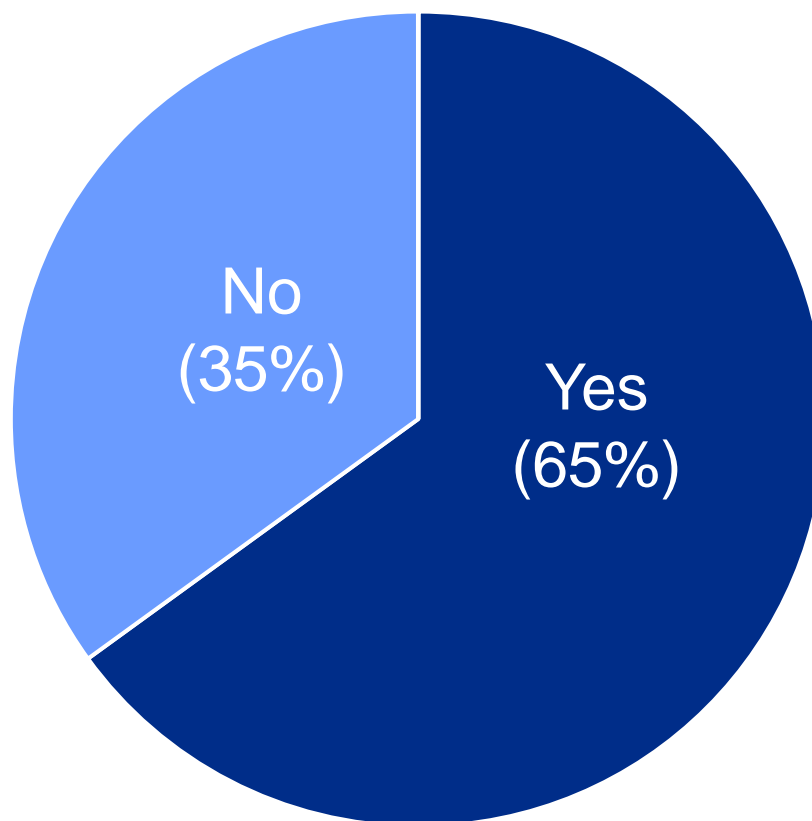


Difficulty with Maintaining an Equitable Number of Days Off



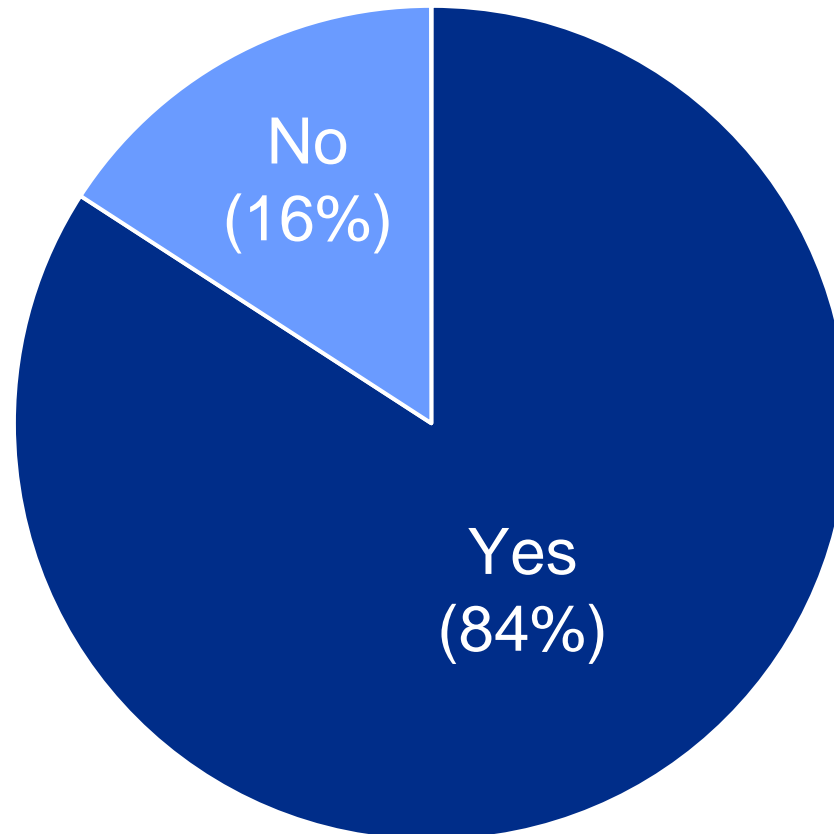


Difficulty with Maintaining an Equitable Number of Days Off



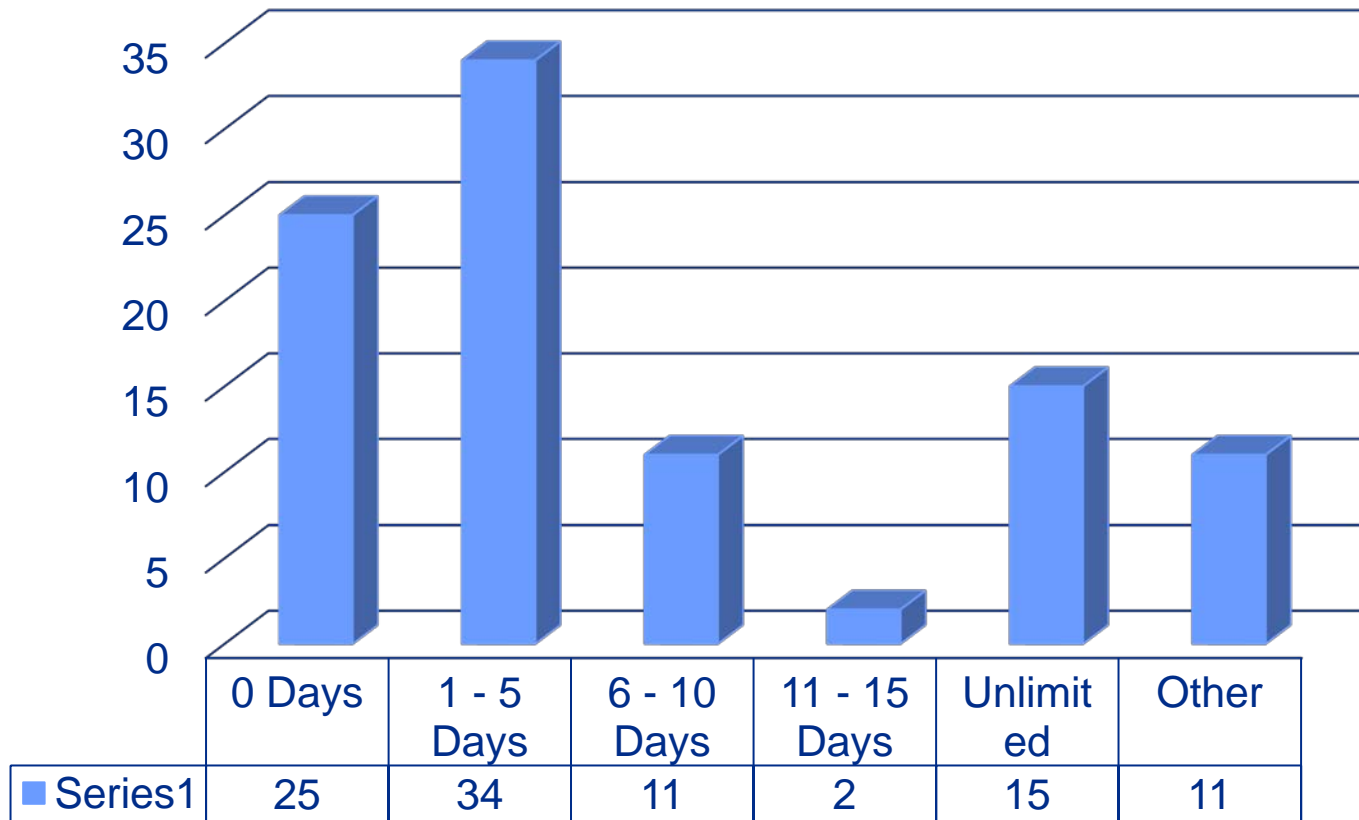


Difficulty with Flexibility of Fellowship Interview Dates





Number of Days Off to Interview





Are there any other challenges that your program faces regarding the fellowship match in the fall that we did not mention above?

- Having adequate coverage for clinical areas where PL2 are not ready to assume the responsibility of a PL2 so early in the academic year.
- Admin resources for program coordinators running multiple interview seasons simultaneously. Interview fatigue for faculty who may be asked to interview in more than one program.
- Writing letters of recommendation will now all fall in the same time of year.
- Fellowships are rigid about the days available to interview
- Time taken away from the residents training for interviews, and total time now away for other things- meetings, retreats, illness, vacation, parental leave etc. At some point, the amount of time needed to successfully complete a residency needs assessment, definition and enforcement.



Are there any innovative solutions that your program has found to address any of these challenges regarding the fall fellowship match?

- We allow 5 days for interviews. All other days taken must be made up by covering urgent care evening shifts or weekend shifts in urgent care, nursery, NICU, or inpatient units (of course without violating duty hours)
- Restricting the number of days off per block
- A 5 day "fellowship elective" that can be incorporated into one of their months of individualized curriculum. This allows for travel to interviews (in addition to academic days/ vacation) if needed. They are expected to produce a product--overview of programs they interviewed at for future applicants, a work force study for their chosen sub-specialty, etc.
- We have instituted a float/coverage month to cover anticipated absences (including interviews).
- We will attempt this year to identify 2nd year residents interested in applying for fellowship by this winter so that we can make a master schedule in the spring for their 3rd year that allows them to have rotations (electives, non-inpatient) or vacation time during interview season so not to interfere with inpatient care.
- We make them find their own switches to go



Residents Entering Fellowship Programs

ABP Pediatric Physicians Workforce Data Book 2016-2017

<https://www.abp.org/sites/abp/files/pdf/pediatricphysiciansworkforcebook2016-2017.pdf>

Table 4.3. Yearly Count of All Pediatric Subspecialty First-Year (Level 1) Fellows in Training since 2001 by ABP Subspecialty

ABP Subspecialty	Years															
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Adolescent Medicine	27	25	26	24	19	21	24	28	23	28	23	35	23	28	35	34
Pediatric Cardiology	68	91	104	110	100	115	110	125	127	141	140	139	141	145	149	152
Child Abuse Pediatrics	0	0	0	0	0	0	11	11	9	11	8	11	12	13	16	7
Pediatric Critical Care Medicine	92	91	99	114	114	138	127	120	148	139	147	153	167	171	179	179
Developmental-Behavioral	17	24	20	24	25	25	19	30	26	36	31	31	37	32	40	30
Pediatric Emergency Medicine	80	90	82	94	115	108	118	116	124	143	143	155	168	168	168	187
Pediatric Endocrinology	49	69	73	65	70	76	75	89	75	92	87	88	84	85	88	81
Pediatric Gastroenterology	45	54	58	65	68	72	74	82	84	87	91	93	95	94	102	101
Pediatric Hematology-Oncology	87	108	105	119	118	118	134	138	143	153	150	158	167	171	169	168
Pediatric Infectious Diseases	48	53	59	56	52	61	55	62	59	63	59	61	56	66	50	58
Neonatal-Perinatal Medicine	166	181	194	192	187	207	211	237	222	218	240	235	243	257	261	261
Pediatric Nephrology	22	28	39	36	36	31	44	39	46	47	41	42	35	41	33	36
Pediatric Pulmonology	36	31	47	42	38	42	52	47	50	58	52	58	56	58	54	60
Pediatric Rheumatology	14	12	15	19	26	27	21	31	27	23	27	25	23	32	25	29
Total	751	857	921	960	968	1,041	1,075	1,155	1,163	1,239	1,239	1,284	1,307	1,361	1,369	1,383

Source: ABP Certification Management System. Tracking data submitted annually by program directors.

Sample: Level 1 fellows enrolled in ACGME-accredited training programs in the US and Puerto Rico since 2001.

Response Rate: Not applicable.

Missing Data: None.

Considerations for Interpretation: Only level 1 fellows are shown for ease of comparison across subspecialty area. Detailed information can be found for each of the subspecialties in Section 5. Adolescent Medicine and Emergency Medicine tracking data are included in this table. The Adolescent Medicine tracking data primarily include diplomates from the ABP and may include diplomates from the American Board of Family Medicine and the American Board of Internal Medicine. Similarly, Emergency Medicine tracking data primarily include diplomates from the ABP and may include diplomates from the American Board of Emergency Medicine.



Fellowship Programs: Small vs Large

- Workforce Challenges
 - Would like to fill all fellowship positions
 - Geography
 - Funding
- Large Programs
 - Too many applicants
 - Total number of interviews
- Small Programs
 - Too few applicants
 - Unfilled positions





Sample of Fellowship Applicants vs Positions

SMALL PROGRAMS

SUBSPECIALITY	2016		2017	
	Applicants	Positions	Applicants	Positions
Child Abuse	5	19	14	26
Pediatric Rheumatology	29	37	31	40

LARGE PROGRAMS

	Applicants	Positions	Applicants	Positions
Pediatric Critical Care	186	175	188	187
Pediatric Hematology/ Oncology	201	164	188	166

Results and Data Specialties Matching Service, 2017:

<http://www.nrmp.org/wp-content/uploads/2017/02/Results-and-Data-SMS-2017.pdf>



Fellowship Programs

- Fall Match
 - Positive change
 - Require some planning
- Planning
 - Residents missing elective time to interview
 - Faculty summer vacations affect interview dates
 - July-November (September-November)
 - Coordinators/Super Coordinators
 - Responsible for more than one program interviewing at the same time



Small Group Activity 3

- Please work in small groups to answer the questions on the provided worksheet or electronically at
- <https://tinyurl.com/matchfrenzy3>
- Are there different solutions based upon the size of the residency program?
 - Scheduling:
 - Number of days off for interviewing





Small Group Activity 3 continued

- Please work in small groups to answer the questions on the provided worksheet or electronically at
- <https://tinyurl.com/matchfrenzy3>
- Now that all programs are Fall Match, are there ways we can plan for particular subspecialty interviews in particular months?
- Are there ways fellowship programs can be flexible with interview dates?



Infrastructure for Advising Residents about Fellowships/Fellowship Application Process?

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What resources would residency programs like for advising residents for fellowship?

- CV writing
- More guidance for Individualized Curriculum recommendations
- More information re: what incoming fellows are deficient in (so we can tailor our residency electives)
- What fellowships are looking for?
 - What conferences should residents attend?
 - Where should residents present?
 - Who should write letters of rec?



Small Group Activity 4

- Please work in small groups to answer the questions on the provided worksheet or electronically at
- <https://tinyurl.com/matchfrenzy4>
- What is helpful to counsel residents about?
- What resources do PDs/advisors need?



Take Home Points

- Work is continuing to take place to improve the Match Frenzy students are experiencing
 - As residency programs, we can:
 - Ensure all invited residents can attend an interview date
 - Consider offering more interview dates
 - Create a schedule so students know when interviews will be offered
- New opportunities and stresses now that all fellowship interviews are in PGY3 Fall
 - Residency Programs, be flexible with residents
 - Fellowships, be flexible in offering interview spots



Questions
