

Section H

THE APPLICATION PROCESS

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This section provides a broad introduction to what CaRMS is all about and will orient you to the process. Furthermore, it takes you through your medical school years, providing some advice on what you can do to maximize your chances of matching to the residency of your choice.

It also takes you through the application process step by step. It provides detailed information on each component of the application process, including:

- › *Transcripts*
- › *Dean's report*
- › *Reference letters*
- › *Personal statement letters*
- › *Curriculum vitae*
- › *The interview*

This information will give you guidelines on how to put your best foot forward, including how to:

- › *Provide great references*
- › *Write the "perfect" personal letter*
- › *Provide a clear and concise curriculum vitae that highlights your strengths*
- › *Impress the panel of interviewers at your personal interview*



What Is CaRMS?

CaRMS is a not-for-profit, fee-for-service corporation that works in close cooperation with medical schools and students to provide a computer match for entry into postgraduate medical training. A board of directors governs CaRMS and represents all stakeholders in Canadian medical education.

Member organizations on the Board of Directors include:

- The Association of Faculties of Medicine in Canada
- The Royal College of Physicians and Surgeons of Canada
- Canadian Medical Association
- Federation of Medical Regulatory Authorities of Canada
- Canadian Federation of Medical Students
- Canadian Association of Interns and Residents
- Association of Canadian Teaching Hospitals
- The College of Family Physicians of Canada

CaRMS provides an efficient way for applicants to decide where to train, and allows Program Directors to decide which applicants they wish to enroll in postgraduate medical training.

The matching system guarantees that decisions about residency selection will be made by both applicants and Program Directors by a specific date without pressure being placed on applicants to make decisions before exploring all options.

The CaRMS website, contains information for students registering for the match. It covers eligibility, procedures, statistics on the previous year's match, CaRMS policies, and the timetable for the current year (see <http://www.carms.ca>).

How CaRMS Works

The following is an outline of the information that can be found on the CaRMS website (www.carms.ca)

Eligibility for the Match

- › Basis for eligibility
- › Students graduating from Canadian medical schools
- › Students graduating from medical schools in the United States
- › Physicians who graduated prior to the current Match year in Canada and the United States
- › Physicians who have graduated from international medical schools
- › National Resident Matching Program (NRMP) applicants
- › Applicants to Obstetrics/Gynecology programs in the United States

First Iteration of the Match

- › Timetable for the first iteration of the match
- › Registering with CaRMS (including students funded by National Defence and couples)
- › CaRMS Applicant Match Contract
- › Application for postgraduate medical training

- › Applicant's Designation List
- › Curriculum vitae
- › Fees
- › Late application
- › Supporting documents
- › Medical school transcript
- › Dean's letter/report
- › Reference letters
- › Personal statement letters
- › Interviews
- › Applicant's Rank Order List
- › Confirmation of rankings on computer
- › Address changes
- › Withdrawal from CaRMS
- › Match-results delivery system
- › Matched applicants
- › Unmatched applicants
- › Additional services
- › Education receipts
- › Important addresses
- › CaRMS policies
- › Statistics of the previous matches
- › The computer matching process explained

General Information on Postgraduate Training

Postgraduate graduate training is the training you receive after you have received your MD. Residencies range from two to six years and are university-based (compared with U.S. residency programs, which are hospital-based). After residency, you can go for further training by completing a research or clinical fellowship in a specific area (one to two years). There are several ways to find places to do your postgraduate training.

In Canada:

1. via the Canadian Residents Matching Service (CaRMS) — largest
2. via the Department of National Defence (DND) — for Family Medicine only
3. via Les Universités francophones au Québec

In the U.S.:

1. via the National Resident Matching Program (NRMP)
2. via positions found outside of this service

We focus on the CaRMS pathway because it is the one most frequently followed.

The CaRMS Application Timeline

(Sample only — may change from year to year)

The CaRMS application calendar begins in July of your third year.

August

- › Update your CV and start working on your personal letters.
- › Consult resident and staff physicians for tips.
- › Contact referees about writing you a reference letter.

September

- › Ensure all references have been contacted and finalize your CV.
- › CaRMS tokens are distributed.

September 30 — Deadline

- › Application form and CV must be sent to CaRMS.

End of October

- › Required documents ((Medical Student Performance Record (MSRP), transcripts, extra documents, CV) must be sent to CaRMS.

Late November

- › Online application (AWS), personal letters, and reference letters are due to CaRMS.

November 1 — Deadline

- › Transcripts are forwarded by Student Affairs Office to CaRMS with Dean's report.

December

- › CaRMS mails your file to programs.

January

- › Start arranging interviews (most programs will contact you).

November — February

- › Interviews (most occur during the first three weeks in January).

February

- › Interviews.
- › Begin thinking hard and carefully about the order you will rank programs.

Late-February — Deadline

- › Deadline for Rank Order Lists.
- › Deadline for withdrawal from CaRMS.

Mid-March

- › Match Day (note: there is no unmatched day).

April

- › Second Match Day (for the second iteration).

Mid-May

- › LMCC Part I Exam.

Mid-June

- › Convocation for graduates.

July 1

- › Residency begins!

H-2

ELECTIVES

The Basics

It's commonplace to hear first- and second-year medical students talk excitedly about their “elective” experience during their summer months or school year. Their experiences often involve shadowing a physician around the wards in the early hours of the morning, attending noon rounds with the hospital residents, and staying up in the late hours with the team that's on call. While these medical students have had valuable experiences, it cannot be stated that they have done an elective. What these students did, in fact, was an “observership.” So, what exactly is an elective?

By definition, an elective is a rotation during clerkship whereby the student has the choice of learning about a particular field of medicine (Research, Rural Medicine, Emergency, Surgery, etc.). The number of elective rotations and the total number of weeks dedicated to electives can vary between medical schools. During this time, the student will undergo an evaluation of his/her knowledge, skills, and behaviour similar to that in the core clerkship blocks and, thus, obtain credit for their work, which will be recorded on their academic transcript.

Maximizing Elective Experience

When Should I Do an Elective?

It is a matter of personal choice when one does medical electives. In making this choice, keep several things in mind in order to make an accurate and complete decision. Some people

like to start their electives after completing many of their core rotations. The advantage of this decision is that they have more experience in different areas of medicine prior to choosing an elective interest. However, some students argue that it is better to choose an elective earlier on in the year just after summer break, when they have more energy. Again, it is a personal decision. The approach to making elective choices, both in timing and in type, depends upon what information the student hopes to obtain from the elective. Is the elective for career sampling or is it to make contacts in a specific discipline? Would having more clinical skills and confidence work to the student's benefit in a specific elective?

In What Should I Do an Elective?

This can be a difficult decision. Some students take the elective as an opportunity to learn about a field of medicine that differs from their core clerkship rotations, such as Neurology or Anesthesia. Other students feel compelled to take on an elective in their field of interest as proof to residency directors of their interest and commitment to their specialty. Other students are more interested in academic careers and may decide to complete a research elective. Again, choose a rotation that you are interested in.

With Whom Should I Do My Elective?

Many students, unfortunately, do not give this much priority when deciding their elective of choice. Your elective supervisor can very often determine the quality of your experience from the

elective. Common sense states that one should ask the physician who has the time to teach and enjoys teaching. The best advice on finding an excellent teacher who is not too busy would come from students and residents who have done electives with various supervisors. Some students decide that teaching quality is not so important as the position of their teacher. Staff on the residency program committees are often popular choices for elective teachers. Again, what you look for in an elective teacher really depends on your priorities.

Where Should I Do My Elective Rotation?

This depends on what you are looking for. If you are interested in learning about a foreign culture, then an international medical elective would be ideal. If your interest are in rural Canadian medicine, then perhaps one of the Northern Medical Electives might be the right choice.

What if I Want To Do a Rural Elective?

A variety of opportunities are available for medical students to experience medicine in northern rural communities. Medical practice in the north is quite different than the south due to extreme distances from larger medical centres. A medical student who has not done core clinical rotations in Internal Medicine, Pediatrics, Obstetrics, and Family Practice is not likely to be able to obtain maximum learning from well-planned electives.

The Northwestern Ontario Medical Programme (NOMP) was developed in 1972 as a collaborative venture by the Thunder Bay Medical Society, the Northwestern Ontario Medical Society, the Ontario Ministry of Health, and McMaster University. The main objective of NOMP is to provide a variety of northern urban, rural, and remote clinical education opportunities in Northwestern Ontario for undergraduate medical students, interns, and residents in settings ranging from Wawa on the east to Kenora on the west.

NOMP — Health Sciences North

955 Oliver Rd., Thunder Bay ON P7B 5E1
Tel: (807) 343-2101, Fax: (807) 343-2104

The Northeastern Ontario Electives Program (NEP) was developed in 1995 as a collaborative venture among the Northeastern Ontario Family Medicine Program (NOFM), the University of Ottawa, the Ministry of Health, and the Ministry of Northern Development and Mines. NEP has similar objectives as NOMP. Sites for elective range from Hearst to Parry Sound. For information regarding this program, contact the

Northeastern Ontario Electives Program

1942 Regent Street South, Unit G, Suite 127,
Sudbury ON P3E 3Z9
Tel: (705) 688-0200, Toll Free: (800) 461-8777, Fax: (705) 671-1688
Email: nofm@nofm.laurentian.ca

H-3

THE MASTER APPLICATION

This next section gives tips, suggestions, and examples on how to create the most effective application.

There are five components of the CaRMS application. The interview will be covered separately in the next chapter.

- › Transcripts
- › Dean's letter/report
- › Reference letters
- › Personal statement letters
- › Curriculum vitae

Transcripts

The Office of Student Affairs (Registrarial Section) will automatically forward your transcript to CaRMS. The transcript is not automatically forwarded to NRMP in the United States. Students will need to complete a Document Order Form (see your Medical Education Dept.) to request that a transcript is forwarded directly to the Program Directors at the medical schools you indicate.

Dean's Letter/Report

The Dean's letter/report is a combination of transcript information and comments from the evaluations of your clerkship rotations and electives. It is automatically forwarded by the Undergraduate Medical Education Office to CaRMS.

Prior to forwarding to CaRMS, a copy is provided to each student to check for errors. If errors are found, students must make them known to the Clerkship Administrator.

1. Make sure you have proofread the Dean's report carefully and corrected all factual or spelling mistakes.
2. Depending on what you are applying for, you may not want certain comments included, even if they are positive. (e.g., three of six comments state you are an excellent Surgery candidate when you are applying to Psychiatry).
3. If you have kept your evaluations you will be able to choose other comments and confirm the correctness of the comments already included.

Reference Letters

As the CaRMS website outlines, obtaining letters of reference and all follow-up is the responsibility of the applicant. CaRMS is not involved in collecting, tracking, or copying your reference letters.

CaRMS has developed guidelines for referees on the content of a good reference. CaRMS advises that applicants provide each referee with a set of preprinted mailing labels to assist in the preparation and accurate delivery of your reference letters. Many students use Express post services with tracking numbers to ensure their letters have been mailed and received at CaRMS by the deadlines.

Applicants should refer to individual programs in the CaRMS Program Directory to determine specific requirements, such as the number of letters of reference required, who is qualified to write a reference, what qualities the referee should comment on, and when references should be at the program office. This program-specific information can be found under the headings "Reference Letters" and "Selection Criteria" on each program description page.

After reading the program requests regarding referees, choose a referee who has supervised your clinical performance for not less than three or four weeks.

Referees send the letters directly to the programs you specify, using the labels or the pre-addressed envelopes you provide. The reference letters must arrive at the programs by their individually set deadlines.

Who to Ask: The Ideal Reference

- › According to the Program Directors Survey, letters that carry the most weight are from Clinicians that the program knows and respects. This includes experts in the specialty but also the Clinicians who are working in the program you are applying to. You will need at least one letter from a Clinician in the specialty.
- › Don't forget about asking other credible references who think you are a superstar, no matter what specialty or research background they are from. The people you ask will depend on the program(s) that you are applying to and any unique attributes that you bring to the table. No Program Director would hold this against you and it may help "round out your application" in about 40% of programs. If you have done formal training in research and your research supervisor can attest to your scientific genius, ambition, and determination, then this is also helpful. Just remember to get the core references from the physicians in the specialty you are applying to.
- › Ensure that you follow the directions regarding reference letters outlined by each Program.
- › People who are not credible references may detract from your application (e.g., friends, relatives).
- › If you are applying to several specialties, strategize on the specificity of your referee letters. You may decide to send certain letters of reference only to certain programs. It is essential in these cases that you make time to meet with your referees and talk with them about your career plans. You want to avoid general statements like "John is destined to become a superior academic surgeon" if you are also sending this reference to Internal Medicine programs.
- › One option is to request that referees individualize each letter for specific programs. Another option is to inform the referee that you are applying to more than one specialty and that you would appreciate it if they refrained from making specific recommendations about certain specialties or programs.

When to Ask

Don't be afraid! If you want a letter from a particular individual, ask for one. But ask for it at the right time and in the right way. If you are on a clinical service with the individual, ask while you are on the service, or soon afterwards. No matter how wonderful you are, the faculty member's memory of you will fade. Ask if the letter can be drafted now and say that later you will give him or her the list of programs it should be sent to.

How to Ask

Ask for the letter directly. However, make sure you phrase your request in such a way that you will not be saddled with a negative or neutral letter. One way of doing this is asking the individual if he or she would feel comfortable writing you a strong letter of support. If the answer is anything but a strong yes, go elsewhere.

What to Give Them

- › Give your reference person some information to make the task easier.
- › Areas the letter should address
- › Past evaluations
- › Curriculum vitae
- › Personal statement
- › Deadline of when the letters have to be submitted
- › List of names and addresses that the letters need to be sent to

What They Should Say

Below are some suggestions about what your referees should include. After they have agreed to write a letter of reference for you, send them a letter with the above information, thanking them again for the reference, and asking them if in their letter they could also address the following points.

The specific points that you want emphasized will depend on the reason that you have asked this person to be a referee and the specialty you have applied to. Some ideas are listed below. You now know from your research of the specialty exactly which attributes they are looking for and on which ones this referee will be best able to comment. Keep a copy of the formal evaluations that you get after your electives and rotations — they can be very helpful for predicting who will be best at singing your praises.

Guidelines for Referees

In general, reference letters should include

- › The type and duration of the referee's contact with the individual student
- › Whether or not the student has seen or will receive a copy of the letter
- › Appropriate comment on the student's
 - cognitive skills and knowledge
 - problem-solving and patient management
 - behaviour and attitudinal skills
 - communication skills and working relationships
 - ability to work in a team

If the referee is unable to comment on a specific component of the student's performance in any of the above categories, he/she is asked to indicate that he/she did not observe or have knowledge of that particular component. Referees are encouraged to comment on any special qualities they noted or unique contributions of the applicant.

Areas to address in a letter of reference: Tips from other schools:*

A) Scholastic Record

- › Standing in graduate class
- › Honours/commendations in courses
- › Other honours

B) Medical Abilities

- › Interaction with patients
- › Diagnostic ability
- › Physical examination ability
- › Laboratory use and interpretation
- › Use of pharmacological agents
- › Clarity/completeness of charts

- › Clarity/completeness of oral presentations
- › Knowledge of medical literature

*From “The CaRMS Process Explained,” Faculty of Medicine, University of Ottawa.

C) Personal Characteristics

- › Relations with peers, faculty, ancillary staff
- › Willingness to assume responsibility
- › Dependability
- › Integrity—moral and ethical qualities
- › Industriousness
- › Initiative
- › Motivation
- › Interest
- › Maturity
- › Flexibility
- › Sense of humour

Personal Statement Letter

Introduction

Different programs have different requirements for personal letters. It may be necessary to write a different personal letter for each program, depending on the selection criteria. Most of the programs state that the personal letter is an important factor in their choice of candidates. Your letter may get you an interview, and it can work to confirm the impression you make in the interview. For maximum impact, write clearly. Keep the letter to the maximum length stated in the program-specific instructions.

The Six Key Components of a Good Letter

BE FOCUSED. Don't waste the readers' time. Take your first cue from the program self-description in the CaRMS Program Directory. Study the specifications for the personal letter, and look also at the rest of the page, reading between the lines as necessary. Does the program stress public service, research, or breadth? Does the main requisite seem to be maturity, interpersonal skills, and/or academic ability? Does the text suggest concern about level of commitment, ability to handle pressure, communication skills? Decide accordingly what main overall point you want to make — that you are a potential researcher, that you are eager to gain broad experience, that you work well on a team, and/or that you have special sensitivity to patients' needs.

BE LOGICAL. In the letter format, the opening and the conclusion can briefly express polite sentiments of gratitude, hope, enthusiasm, etc. But the body of the letter needs to support the key point: I'm the right person for your program. To meet the inevitable resistance in the readers' minds, the most logical structure will state the inclusive answer succinctly (as above), and then give evidence in a set of paragraphs. Choose the aspects you discuss according to your analysis of the program; then set out evidence from your past experience to develop each point.

BE COHERENT. Being “together” is a quality of writing as well as of character. Be sure that all of your ideas relate to your overall point, and that you show their relationship to each other. A key editing tactic is to check the topic sentences of each paragraph to see that they signal steps along the overall path. At the sentence level, don't rely on vague linking words such as “also,” “however,” and “thus.” More precise subordinating terms like “because” and “although” give a firmer sense of internal logic. Take the time to work out exact relationships. Ask a friend or mentor to give you an opinion on the quality of your letter.

BE INTERPRETIVE. You need to make a clear impression of yourself, so don't use your letter just to repeat the facts set out in the CV and transcript. Provide explicit answers for the question that arises in the mind of any reader facing a pile of similar documents: “So what?” Use nouns and adjectives that name desirable qualities (sensitive, flexible, mature) and verbs that show relevant actions (coordinated, investigated, maintained). Start with the words in the program description, and then find more exact terms to fit the evidence you are offering. Be specific. There's no point making claims unless you can back them up. Refer to the fact listed in other parts of your application (“as my academic record shows”), but be sure to offer enough examples in your letter that it can stand on its own. Say that they are just instances, not your whole proof (“An incident from my Pediatrics elective is an example....”). The concrete language you use for these specific references will also balance the generalizing words of your interpretive points. Beware of overworked and unconvincing openers such as “I have always wanted to be a pathologist” or “When I had the measles, I realized I should become a pediatrician.” Select only the most relevant aspects of the stories, and make sure they are clearly related to the analytic point about your suitability for the program.

BE PERSONAL. Your letter is a preliminary interview. In effect, the readers have asked you to tell stories, mention details, and expand on facts they already know. They want to know that you are strong enough to look at yourself analytically. You can mention things you might not have put into the rest of the application — your family circumstances, ethnic background, or political interests. Don't be afraid to mention problems or difficulties; stress how you overcame them. Use “I” rather than stuffy phrases like “this writer” or “my experience” or “was experienced by me.” To avoid monotony, start some sentences with a subordinate clause such as “While I washed test tubes” or “Because of my difficulties” — then go on to “I did” or “I learned.”

STYLE. Don't give your readers any excuses to eliminate your letter. Be concise — don't dilute your effects. Proofread carefully for missing details, as well as errors in grammar or punctuation. Get other people to check, too. Aim for clarity and logic of sentence structure. Avoid overloading the prose with jargon or pretentious words — your letter should demonstrate your ability to communicate with patients as well as colleagues. To sound dynamic, use active verbs (“I want to treat patients”) rather than passive verbs or abstract nouns (“My wish is to be engaged in the treatment of patients”).

Food for Thought

Prior to entering medical school your autobiographical letter required information from you about the following topics:

- › What have you done? Why? What have you gotten out of it?
- › Who are you?
- › Where are you going? How are you going to get there?

Now that you are about to finish medical school, your personal letter may be similar in style. Think about yourself as the medical student looking back at the overall accomplishments of your life experiences.

Clearly State Your Objectives

- › Think about your attributes, experiences, contributions, and strengths over the years, and particularly in medical school — creativity, challenge, research work (if any), problem-solving and/or analytical skills, strengths, etc.

- › Speak about your personal qualities as a well-rounded student who enjoys life and academics.
- › Go through the directory and review and outline each institution's unique requirements and goals.
- › Follow all pertinent deadlines as outlined in the CaRMS Handbook.
- › Organize your thoughts based on the requirements outlined by each program.
- › Build a database of program-specific requirements.

Curriculum Vitae

Developing a CV

While you may not yet have had the experience of preparing a formal curriculum vitae (“course of life”), you are already familiar with its function and the type of information needed from your applications for employment, college or, for that matter, medical school. Indeed, one of the primary functions of a CV is to provide a succinct chronicle of your past experiences and training.

In a sense, a CV is a multipurpose, personal application form for employment, educational opportunities, honours and awards, or membership or participation in an organization.

Learning to prepare a good CV now will aid you throughout your professional life. It is a living, not static, document that needs to be updated continually as new experiences or accomplishments are completed. Despite its multiple purposes, your CV must be restructured and rewritten, or at least reviewed, for each specific purpose for which it is to be used. It might be entirely inappropriate to include a lengthy list of publications in a CV you are submitting as application for membership in a volunteer organization. On the other hand, it might be imperative to include this information, if not in the body of, at least as an appendix to, a CV you are submitting to obtain an academic position.

Some experts recommend maintaining two versions of your CV — one, a short summary of your training and experience, and the other, a longer version with more detailed information about your publications and presentations. In general, however, no CV should be lengthy. No matter how many accomplishments you list, you won't impress anyone who can't quickly pick out two or three good reasons to choose you over someone else. Let your CV help you put your best foot forward.

When applying to residency training programs, a chronological format is very appropriate for most medical students. Here are some tips to help you get started:

General Tips

- › A chronological CV should be arranged in reverse chronological order. It should be immediately apparent where you are presently. It may be difficult to decide at first what is appropriate to include in your CV. It may seem that the residency application forms have already captured everything you have to say about yourself. Try to remember that an application form is limited to the few things that a particular institution wants to know about everybody. A CV lets you give information that is unique to you. Try putting in everything you can think of at first. Pull it out later if it doesn't seem pertinent.
- › The appearance of your CV is extremely important. When you have finished designing the content and format, consider having it reproduced by a commercial printing service using an offset printing method. Alternatively, you can produce it yourself providing you have an excellent letter-quality printer.

Use standard size 8½ by 11-inch paper in a white or very lightly coloured stock.

- › The language of a CV is abbreviated and succinct. Resist the temptation to append explanatory sentences or language that will distract the reader from the basic information being presented. When applying for residency training, you will have the opportunity to express yourself in a personal or biographical statement. In the future, when applying for a job or some other type of position, you will want to include an appropriate cover letter with your CV to explain your particular qualifications and strengths for the position.
- › Everybody's CV is different. Even using the same format suggested in this section, your CV will not look the same as others around you because it doesn't have the same content. Don't despair if you discover that your CV is not done in the same way as a friend's applying to the same residency program. There is enough variation in format that no Residency Program Director is looking for a specific style.
- › Be honest. If you haven't accomplished anything in a particular category, then leave it out. Don't create things to fill in the spaces. You can be specific about your level of participation in a project or activity, but don't be misleading.

Basic CV Outline

Personal Data

Give your full name. Make sure you can be reached at the address, telephone number, and email address that you list. You should check each on a frequent basis. Include hospital paging phone numbers, if appropriate. Indicate if there are certain dates when you can be reached at other locations. You may include some personal information, such as date of birth and marital status, at the beginning of your CV, or you may summarize it all in one section, if you choose to add it at all.

Keep in mind that, by federal law, employers are prohibited from discriminating on the basis of age, race, sex, religion, national origin, or handicap status. Therefore, you do not have to provide this information. Discrimination on the basis of sex includes discrimination on the basis of child-rearing plans (i.e., number of children or plans to have children).

Although the following items appear quite frequently, they are probably not necessary and may be unwise to include in a CV. These items include social insurance numbers, license numbers, and examination scores. If this information is pertinent to your candidacy, it will be asked for on the application or at some later point in the application process.

Education

List your education in reverse chronological order, starting with your current place of learning. Include the name of the institution, the degree sought or completed, and the date of completion or date of expected completion. Remember to include medical school, graduate education, and undergraduate education. Omit high school. Later, you will add separate categories for “Postgraduate Training” (includes residencies and fellowships), “Practice Experience,” “Academic Appointments,” and “Certification and Licensure.”

Honours and Awards

Any academic, organizational, or community awards are appropriate, but use your own judgment as to whether an achievement that you value would be valuable to the person reading your CV.

Professional Society Memberships

List any professional organizations to which you belong and the years of your membership. Include leadership positions held, if any.

Employment Experience

List the position, organization, and dates of employment for each work experience. Try to confine this list to those experiences that are medically related (med tech, nurse's aide, research assistant, etc.) or that show breadth in your work experience (high school teacher, communications manager, etc.).

Extracurricular Activities

List your outside interests or extracurricular activities. It will help to develop a broader picture of your personality and character. Also, any special talents or qualifications that have not been given due recognition in other parts of the CV should be highlighted here or in a separate section. For example, you'll want to include things like fluency in other languages, or a certification, such as a private pilot's licence.

Publications/Presentations

List any papers published or presented by title, place, and date of publication or presentation. If this list is very lengthy, you may want to append it separately or note "Provided Upon Request."

References

You may be asked to provide both personal and professional references. These names may be included in the CV, appended as part of a cover letter or application form, or noted "Provided Upon Request."

What Program Directors Want and Don't See Enough of in CVs

- › Include all academic and non-academic (music, sports, etc.) accomplishments.
- › Do it in reverse chronological order — last activities highlighted first.
- › Don't embellish your resume.
- › Avoid gaps — periods of time on your resume when the reader will not be sure what you were doing.
- › Include community work, research, hobbies, teaching experience, etc.
- › Include previous medical experience, electives, subspecialties, publications, etc.

Example #1 of a successful CV

Jane Doe

21 Major Street
Toronto, Ontario
M5S 2G6
(416) 515-9494 (home)
(416) 790-0776 (pager)
jane.doe@utoronto.ca

EDUCATION

- 2003–present **Doctor of Medicine**, University of Toronto
- 2001–2003 **Master of Science in Aquatic Ecology**, University of Toronto
- 1996–2000 **Honours Bachelor of Science in Ecology**, University of Toronto

AWARDS, HONOURS

- 2003–present **Honours Standing, Years I, II, III**, Faculty of Medicine, University of Toronto
- 2003 **Alex G. Climans Scholarship**
High academic standing on admission to medical school
- 2001–2003 **NSERC Postgraduate Scholarship**, NSERC
Research funding awarded to high-calibre graduate students
- 2000 **High distinction**, University of Toronto Graduation
- 1998–2000 **Later Life Learning Scholarship**, University of Toronto
Awarded to Innis College students for outstanding academic performance
- 1999 **Edward Murton Walker Scholarship**, University of Toronto
Awarded to a Zoology student in recognition of academic achievement
- 1999 **NSERC Undergraduate Summer Research Award**, NSERC
- 1998 **John D. Schultz Scholarship**, Ontario Heart and Stroke Foundation
Awarded based on academic performance and research potential in cardiology

MEDICAL ELECTIVES

- 2007 **Rotating Primary Care and HIV/AIDS** (5 weeks, proposed)
Dr. Larry Gelmon, Nairobi, Kenya
- 2006 **Rural Obstetrics and Gynecology** (4 weeks)
Ambulatory Community Selective
Dr. Sharon Laval, Timmins, Ontario
- 2006 **Rural Family Medicine** (2 weeks)
Dr. James Noiles, Medical Associates Clinic, Nelson, British Columbia
- 2006 **General Internal Medicine** (2 weeks)
Dr. Herbert Ho Ping Kong, Toronto Western Hospital, Toronto, Ontario
- 2006 **Internal Medicine Consults** (2 weeks)
Dr. Valerie Palda, St. Michael's Hospital, Toronto, Ontario
- 2006 **Family Medicine** (3 weeks)
Dr. Naveed Nawab, Parkdale Community Health Centre, Toronto, Ontario
- 2006 **Emergency Medicine** (3 weeks)
Dr. Laura Hans, St. Michael's Hospital, Toronto, Ontario

RESEARCH

- 2004–2005 **Assessing need and follow up for STI testing and ongoing contraception in users of emergency contraception.**
Dr. Sheila Dunn, The Bay Centre for Birth Control, Toronto, Ontario
- 2001–2003 **Minimizing the influence of sampling variation in ordination and in the field for lake fish communities.**
Dr. Donald Jackson, Department of Zoology, University of Toronto
- 1999–2000 **Benthic carbohydrates and proteins as a potential food source in the littoral zone of freshwater lakes.**
Dr. Helene Cyr, Department of Zoology, University of Toronto.
- 1999 **Sediment mixing patterns in the littoral zone of freshwater lakes.**
Dr. Helene Cyr, Department of Zoology, University of Toronto
- 1998 **Effect of a sodium-hydrogen exchange inhibitor on cardiac recovery.**
Dr. Morris Karmazyn, Department of Physiology, University of Western Ontario

PUBLICATIONS

Doe J, Jackson DA. Multivariate community ecology: interactions between sampling error, gradient length, and ordination method (submitted to Ecology)

Haist JV, **Doe J**, Karmazyn M. 2003. NHE-1 inhibitor cariporide exerts full cardioprotection under ischemic preconditioning blockade. American Journal of Physiology Heart and Circulatory Physiology 284: H798-H803.

Doe J, Cyr H, Jordan IA. 2003. Distribution of exopolymeric substances in the littoral sediments of an oligotrophic lake. Microbial Ecology 46(1):22-32.

Karmazyn M., **Doe J**, Haist JV. 2000. Na⁺-H⁺ exchange inhibition is superior to ischemic preconditioning and fully protects the ischemic reperfused rat heart under preconditioning blockade. Circulation supp 102(18): II-137.

PRESENTATIONS

Doe J, Jackson DA. 2003. Optimizing sampling methods in lakefish communities. Presentation at the 56th annual meeting of the Canadian Conference for Fisheries Research (CCFR), Ottawa, Canada.

Doe J, Jackson DA. 2002. Improving sampling protocol for nearshore lakefish communities. Presentation at the 132nd annual meeting of the American Fisheries Society (AFS), Baltimore, U.S.A.

Doe J, Cyr H. 2000. Exopolymeric substances in the benthic zone of freshwater lakes. Presentation at the 10th annual meeting of the Great Lakes Research Consortium (GLRC), Syracuse, U.S.A.

LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

2005 **Interviewer** for medical school applicants, University of Toronto.

2004–2005 **Coordinator**, Books With Wings project, Faculty of Medicine.
Directed an initiative that sent >1,800 medical textbooks and laboratory equipment to Al-Beeruny Medical School in Gul Bahar, Afghanistan.

2003–2005 **Program Director** and **Mentor**, the St. Felix Mentorship Program, University of Toronto
A program coordinated by medical students to mentor underprivileged children in the Alexandra Park housing project. Encouraged self-confidence and self-esteem through fun and activities, and facilitated positive one-on-one and group interactions.

2004 **HIV/AIDS Clinic Volunteer**, Familias Saludables, Roatan, Honduras
A non-government agency that offers HIV education, testing and counseling, as well as support for HIV positive individuals, in Honduras' Bay Islands.

2003–2004 **Therapeutic Listener**, Therapeutic Communications Program, University of Toronto
A Department of Psychiatry program where a medical student joins in weekly sessions with someone from the community who wants to discuss an issue in his/her life.

2001–2003 **Telephone Volunteer**, Toronto Distress Centre
Provided emotional support, crisis intervention, and suicide prevention to people who called in requesting help.

2000–2002 **Teaching Assistant**, Departments of Zoology and Statistics, University of Toronto
Worked as a teacher, laboratory demonstrator, and evaluator in three courses and was commended as an outstanding instructor, based on student reviews.

2000–2002 **Volunteer**, "Out of the Cold" program, Calvary Church, Toronto
A volunteer service that prepares and serves meals to the homeless and under-housed.

HOBBIES AND INTERESTS

Cycling Street cycling, and an enthusiastic beginner on trails.

Aquatics Long-distance swimming, and scuba diving with PADI open water certification.

Gardening Particularly keen on herbs, heritage vegetables, and organic methods.

Spanish Speak intermediate-level Spanish.

Backpacking Peru, Ecuador, Honduras, El Salvador, Guatemala, Mexico, Europe, and others

John Doe

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john.doe@utoronto.ca

(416) 978-0164

EDUCATION

- 2003–2005** **Enrolled in the Doctor of Medicine program**, University of Toronto.
Expected graduation: May 2007
- 2002–2003** **Enrolled in the Doctor of Optometry program**, University of Waterloo.
Withdrew to pursue medical studies
- 1998–2002** **Bachelor of Science**, Queen's University.
Honours Life Sciences

CLINICAL ELECTIVES

- 2007** **Nephrology**, Sunnybrook Health Sciences Centre, Toronto, Ontario (proposed)
Supervisor: Dr. Sheldon Tobe
- 2006** **Critical Care**, Toronto Western Hospital, Toronto, Ontario (proposed)
Supervisor: Dr. G. McGuire
- 2006** **Emergency Medicine**, University Health Network, Toronto, Ontario (proposed)
Supervisor: Dr. Peter Glazier
- 2006** **Anesthesia**, St. Michael's Hospital, Toronto, Ontario (2 weeks)
Supervisor: Dr. Ken Lin
- 2006** **Geriatric Medicine**, Vancouver General Hospital, Vancouver, British Columbia (3 weeks)
Supervisor: Dr. Roger Wong
- 2006** **Anesthesia**, Vancouver General Hospital, Vancouver, British Columbia (3 weeks)
Supervisor: Dr. Jon Harper
- 2006** **Anesthesia**, Ottawa Civic Hospital, Ottawa, Ontario (2 weeks)
Supervisor: Dr. Desiree Persaud
- 2006** **Anesthesia**, Victoria Hospital, London, Ontario (2 weeks)
Supervisor: Dr. Rooney Gverzdys
- 2005** **Anesthesia**, St Joseph's Health Centre, London, Ontario (3 weeks)
Supervisor: Dr. John Parkin
- 2005** **Intensive Care**, University Hospital, London, Ontario (1 week)
Supervisor: Dr. Jeff Granton
- 2004** **Rural Family Medicine**, New Liskard, Ontario (4 weeks)
Supervisor: Dr. Peter Hutton-Czapski

HONOUR AND AWARDS

- 2003–2006** **Honours Standing, Years I, II, III**
Faculty of Medicine, University of Toronto.
- 2005–2006** **Class of 1999 James Paul Marois Memorial Award.** Faculty of Medicine, University of Toronto.
Awarded for academic excellence and promotion of social justice, humanitarianism, and community involvement.
- 2002** **First Class Honours,** Faculty of Arts and Sciences. Queen's University.
Convocation.
- 1998–2002** **Dean's Honours List,** Faculty of Arts and Sciences. Queen's University.

RESEARCH

- 2003** **Research Assistant, Department of Vision Science, University of Toronto**
Supervisor: Dr. John Flanagan
"The role of NOS-2 in the development of glaucoma: an in-vitro stretch model."
- 2002** **Research Assistant, Joslin Diabetes Center, Harvard University**
Supervisor: Dr. Jake Kushner
"The relationship between PTEN and insulin growth factor in regulating pancreatic islet function using a knock-out mouse diabetic model."
- 2001** **Research Assistant, St Joseph's Health Centre, UWO**
Supervisor: Dr. Tom McDonald
"Database development for a thyroid cancer registry."

PRESENTATIONS

- Do J.** Therapy for weight loss in olanzapine treatment of schizophrenia. University of Toronto Family Medicine Clerkship Presentations. March 22, 2006. St. Michael's Hospital.
- Do J,** Nyhof-Young, J, Halpin P. Evaluation of a medication safety pamphlet at the University Health Network. Determinants of Community Health 2 Project Presentations. April 21, 2004. Toronto General Hospital.
- Do J,** MacIntosh B. Why the Ontario government should ban block fees: presentation to The Standing Committee on Justice and Social Policy. Monday February 23, 2004. Legislative Assembly of Ontario. Toronto, Ontario.
- Do J.** PTEN knockout rescues pancreatic islet function in IRS-2 deficient mice. Joslin Diabetes Center Laboratory Presentations. August 9, 2002. Harvard University. Boston, Massachusetts.

COMMUNITY INVOLVEMENT AND LEADERSHIP***A) Faculty of Medicine, University of Toronto***

- 2005–2006** **Elected representative**, Financial Aid Committee, Faculty of Medicine. Class of 2007 representative to committee that investigates current guidelines of bursary allocation
- 2005** **Speaker**, Faculty of Medicine, Wightman-Berris Academy Clerkship Information Session
- 2003–2006** **Chair and Founder**, Student Medical Reform Group, University of Toronto
Founded organization to promote social justice within the framework of the Canadian healthcare system
- 2004–2005** **Volunteer researcher**, Medical Students for Injured Workers
Investigated medical claims for a legal aid law firm
- 2004–2005** **Director for Medicine**, Student Administrative Council, Board of Directors
Represented the Faculty of Medicine to the SAC at the University of Toronto
- 2004** **Reviewer**, Admission Selection Committee, Faculty of Medicine
- 2004** **Student Representative**, Ontario Medical Association, Queen's Park Medical Day

B) Miscellaneous

- 2005** **Medical student volunteer**, Buduburam refugee camp, Ghana, West Africa.
Performed vision assessment and ocular pathology screening for 6 weeks
- 2004–2005** **Volunteer**, Out of the Cold Program, Faculty of Medicine. A service organized by medical students to prepare and deliver food to the homeless in downtown Toronto
- 2004** **Volunteer**, The Great Sleepout, Queen's Park Legislature. Program to raise awareness about homelessness in Ontario
- 2003–2006** **Steering committee member**, Medical Reform Group of Ontario. Physician organization that promotes health equity and policy on a national level
- 2002–2003** **Class president**, Optometry, University of Waterloo
- 2001–2002** **Volunteer**, Martha's Table Community Soup Kitchen, Kingston. Biweekly preparation of meals for those in need
- 1998–2002** **Executive Member**, Queen's Amnesty International. Involved in organization and administration of Kingston chapter of Amnesty International
- 1998–2002** **Mentor**, Kaleidoscope Child Mentoring Program. Academic and non-academic guidance for children from disadvantaged background
- 1997–1998** **Volunteer**, Mt Hope Hospital and Home. Recreational program for geriatric inpatients
- 1995–1996** **Volunteer**, Dept. of Radiology, St. Joseph's Healthcare Centre

INTERESTS AND ATHLETICS

- 2005** **Ottawa Marathon**
- 2005** **Hamilton 30 Km Around the Bay run**
- 2004–2006** **Rock Climbing**
- 2004** **Forest City Half-Marathon**
- 2004** **Medgames Participant**, University of Montreal
- 2003, 2006** **World Crokinole Championships**, participant. Tavistock, Ontario
- 1996–2006** **Scuba Diving**. PADI certified. Various locations including Caribbean, Red Sea, Southeast Asia
- 1996–2006** **Travel**. Various locations including Thailand, Cambodia, Vietnam, Laos, Spain, England, Italy, Ghana, Israel, Jordan

Example #3 of a successful CV

Peter Piper
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Toronto, Ontario
M5G 2H4
416-352-7195
peter.piper@utoronto.ca

Education

- 2003–2007** **Doctor of Medicine**, University of Toronto
(Expected)
- 2000–2003** **Bachelor of Science with Distinction in Life Sciences**
Queen's University, Kingston, Ontario

Awards and Honors

- 2006** **Elected to the Alpha Omega Alpha Honor Medical Society**, University of Toronto. In recognition of academic excellence
- 2005, 2006** **Dr. C.S. Wainwright Memorial Scholarship**, University of Toronto. High academic standing in each of the second and third years of medical school

2004	Walter F. Watkin Scholarship , University of Toronto High academic standing in the first year of medical school
2004	Summer Student Research Scholarship , University of Toronto. Funding for medical student summer research in the medical sciences
2003	Drs. Ann and Carl Witus Award , University of Toronto Awarded to students with high academic standing in their premedical studies
2003	John D. Schultz Science Student Scholarship , Heart and Stroke Foundation of Ontario. Summer research funding awarded to students with high academic standing
2001–2003	Dean's Honor List with Distinction , Queen's University Recognizing students ranking in the top 3% of the Faculty of Arts and Science
2002	Queen's Appeal Undergraduate Scholarship , Queen's University. Awarded for academic excellence
2001, 2002	James H. Rattray Scholarship in Science , Queen's University. In recognition for high academic standing in a science program

Medical Electives

2007	Nephrology (3 weeks – proposed) Dr. Sheldon Tobe, St. Michael's Hospital, Toronto, Ontario
2007	Internal Medicine (3 weeks – proposed) University of Western Ontario, London, Ontario
2006	Gastroenterology (2 weeks) Dr. Robert Goodacre, St. Joseph's Hospital, Hamilton, Ontario
2006	General Internal Medicine (2 weeks) Dr. Herbert Ho Ping Kong, Toronto Western Hospital, Toronto, Ontario
2006	Family Medicine (2 weeks) Dr. Audrey Karlinsky, Wellpoint Family Practice, Toronto, Ontario
2006	Emergency Medicine (3 weeks) Dr. Dan Cass, St. Michael's Hospital, Toronto, Ontario
2006	Internal Medicine – Consultation Service (3 weeks) Dr. Yuna Lee, Dr. Ophyr Mourad and Dr. Peter Kopplin St. Michael's Hospital, Toronto, Ontario
2005	Team Internal Medicine (3 weeks) Dr. Kumanan Wilson, Toronto General Hospital, Toronto, Ontario
2005	Neurology – Inpatient/Consultation Service (2 weeks) Dr. Marika Hohol, St. Michael's Hospital, Toronto, Ontario

Research Experience

- 2005–Present **The attitudes of physicians and medical students towards working through a respiratory tract infection.**
Role: Primary Researcher
Supervisor: Dr. Allan Detsky, Physician-in-Chief, Mount Sinai Hospital, Toronto, Ontario
- 2004–2005 **The barriers to stroke survivors accessing ambulatory stroke rehabilitation services in the greater Toronto area.**
Role: Determinants of Community Health 2 Project
Supervisor: Mary-Ann Neary, Clinical Director, Krembil Neuroscience Program, University Health Network, Toronto, Ontario
- 2004 **The role of toll-like receptor convergence signaling proteins MYD-88 and IRAK-4 in viral myocarditis leading to heart failure.**
Role: Summer Medical Student Researcher
Supervisor: Dr. Peter Liu, Division of Cardiology, Toronto General Hospital Research Institute, Heart and Stroke/Richard Lewar Centre of Excellence, Toronto, Ontario
- 2003 **Development of a candidate polyvalent DNA vaccine against Coxsackievirus B induced myocarditis.**
Role: Summer Student Researcher
Supervisor: Dr. Peter Liu, Division of Cardiology, Toronto General Hospital Research Institute, Heart and Stroke/Richard Lewar Centre of Excellence, Toronto, Ontario

Abstracts and Presentations

Piper P, Fuse K, Liu Y, Chan G, Liu P. The role of toll-like receptor convergence signaling proteins MYD-88 and IRAK-4 in viral myocarditis leading to heart failure (abstract). University of Toronto Medical Journal 2005; 82:S15

- *Poster presented at Medical Student Research Day, University of Toronto, 2005*
- *Poster presented at the AHA Scientific Session, New Orleans, Louisiana, 2004*

Fuse K, Liu Y, **Piper P**, Wen WH, Chen M, Richardson C, Liu P. Protection of mice against Coxsackievirus B3 myocarditis by priming with polyvalent DNA-based vaccine followed by boosting with killed vaccine (abstract). Journal of Cardiac Failure 2004; 10(S1): S55

- *Poster presented at the AHA Scientific Session, New Orleans, Louisiana, 2004*

Piper P, Neary MA, Willems J. The barriers to stroke survivors accessing ambulatory stroke rehabilitation services in the greater Toronto area (presentation). SCRIPT Oversight Committee. Toronto Rehabilitation Institute. Toronto, Ontario. April 26, 2005

Publications

Fuse K, Liu Y, Chan G, **Piper P**, Chen M, Wen CY, Husain M, Sakira B, Liu P. Myeloid differentiation factor-88 plays a crucial role in the pathogenesis of Coxsackievirus B3 induced myocarditis and influences type I interferon production. Circulation 2005; 112: 2276-85

Other Employment Experience

2002–2004	Instructor , Standard First Aid with CPR 'C' Canadian Lifesaving Society
2002–2004	Instructor , Basic Cardiac Life Support Heart and Stroke Foundation
2000–2004	Aquatic Supervisor Town of Richmond Hill
1998–2004	Lifeguard/Swimming Instructor Town of Richmond Hill

Leadership and Community Involvement

2005	Director , Cardiovascular Seminars, UofT Summer Mentorship Program
2005	Director , Saturday Program Medical Workshops, University of Toronto
2004, 2005	Mentor/PBL Leader , Summer Mentorship Program, University of Toronto
2004, 2005	Tutor , Saturday Program, University of Toronto
2004, 2005	Volunteer , Mini-Med School, University of Toronto
2003, 2004	Volunteer , Daily Bread Food Bank
2003, 2004	Volunteer , Toronto International Heart Failure Summit
2004	Volunteer Guest Teacher , Glamorgan Junior Public School. Led a session for grade 5 students on the human body, health and medicine
2004	Interview Group Leader , University of Toronto
2000–2004	Volunteer Examiner , Canadian Lifesaving Society
2003	Charity Runner , Salvation Army Christmas Charity Run

Athletics and Interests

Aquatics

- Captain, Division 1 Intramural Waterpolo Team, 2004 and 2005
- Championship team in 2004 and 2005
- Competitor, Lifeguard Competitions, Canadian Lifesaving Society, 2000–2002
- Competitive Swimmer, North York Aquatic Club, 1989–1999

Intramurals and Clubs

- Captain, Division 2 Intramural Football Team, 2004
- Division 2 Intramural Soccer Team, 2004
- Rock Climbing Club, 2003–2004
- Vice-President and Member, Queen's University Tae Kwon Do Club, 2000–2003

Other Sports

- Avid golfer and tennis player

Arts

- Principal Cast Member, “The Foreigner” Stage Production, 1999
- Piano, Royal Conservatory of Music, 1990–1999

Travel

- United Kingdom, France, Italy, Austria, Germany, Trinidad

H-4**PREPARING FOR THE INTERVIEW**

Most interviews will be held in late January and early February over a three week time span. Some programs interview applicants from within their province at times different from out-of-province applicants. Most programs will contact you in January. Some may contact you by phone so it is important to have an answering machine at that time. Other programs may contact you by email or by mail.

Goals of the Interview

The residency interview is a critical stage in the process of residency selection. All the months of tedious paperwork and preparation finally reward you with the chance to find out how the programs on your list actually compare with one another.

The purpose of the interview from the perspectives of both the residency candidate and interviewer(s) is multi-fold:

- › You are attempting to assess how compatible you are with the program, how comfortable you feel, and how well the program meets your stated goals.
- › You are also trying to convey your sense of compatibility with the program to your interviewers. This goes beyond just making a good impression. In a sense, during your interview you are “trying the program on” or demonstrating to the faculty and residents of the program that you would be a welcome addition to their ranks. Indeed, you may want to think of your interview as an exercise in role-playing, with you in the role of a recently matched resident in that program.
- › Role-playing is not the same as acting. In your eagerness to charm and impress your interviewers, you must be careful to avoid insincerity. Your interviewers want to find out who you really are. It doesn’t serve anyone’s purpose for you to leave a false impression. It simply makes the interview a waste of everyone’s time, including yours.

- › You are also trying to assess the program’s relative strong points and weak points so that you will be able to structure a well-founded Rank Order List for the Match. Be careful not to let your attention to this last purpose obscure the need to attend to the first two. The residency candidate who has completed all three purposes has had a very successful interview.
- › Your interviewers also have several purposes in mind during the course of an interview. They seek to confirm and expand on the information you provided in your application. They are also trying to determine how compatible you would be with the residents and faculty in the program. Just as you are trying to put your best foot forward, the representatives of the residency program want to show you their program in the best possible light. However, again, it is ultimately not in the best interest of the program to paint a misleading picture. Lastly, like you, your interviewers are attempting to develop some criteria or create a Rank Order List of their candidates for the Match.

In short, the residency interview is a delicate and complicated interaction that adds substance to the selection process for both the candidates and programs.

Interview “Musts”

Your CV and cover letter got you an interview. Now what? If you’re lucky, you’ll have some time to prepare, but even if you only have a few hours before the interview, don’t panic! Reduced to the essentials, interview preparation consists of just three things:

- 1. Know yourself. Know what you have to offer.** Your education, your interests, and your experiences have given you a wide range of skills. Be able to articulate the skills you have, how you developed them, and how you have used them.
- 2. Know the position you are interviewing for.** Be able to relate your skills to the duties and responsibilities of the job.

3. Know the organization. Research! Research! Research! Try to go beyond the obvious, easy-to-find information about the organization and its needs. Here are some guidelines to help you in your research:

- › What options does the hospital offer?
- › What have they done? (get a sense of its history)
- › Where are they headed? (objectives, strategy)
- › How would this hospital define success?
- › What are the organization's values? (look for their mission statement)
- › What is the outlook for the future?
- › What things affect the practice of medicine?

Once you have done the research, prepare for the interview by anticipating the sorts of questions you may be asked and rehearsing your responses.

Interview Preparation Pearls

Just before the interview, take the time again to review the information you've received from the program and any material you may have gathered from other sources.

Write down the "facts" that you want to double-check as well as any initial impressions you may have formed based on the written material. Pay special attention to the names and positions of people you are likely to meet. You can actually find out a fair amount about the surrounding community before you arrive by checking some resources in your current location such as your local library. Newspapers from that community can tell you about job opportunities for your spouse/significant other, cultural offerings, the housing market, community problems, etc.

Remind yourself of the specific questions you had about this program and write them down in a convenient place so that you will be sure to ask them. It's a good idea to have some interesting questions prepared ahead of time to let your interviewers know that you've really given some thought to the qualities of their particular program. Interviewers get tired of answering the same questions, just as you do, so try to think of a few that reflect your own special interests.

You may have already formulated a list of standard questions that you want to ask every program for comparison, or you may have developed a checklist of program characteristics to fill out in each interview.

Format of the Interview

Interviews don't come in one standard format. There are panel interviews, stress interviews, interviews over meals, telephone interviews. Ask what format your interview will follow and who will be conducting it. In most interviews, however, regardless of the format, there is a common underlying structure and the questions you may be asked tend to fall into one of several general categories. It's not possible to list all potential interview questions, but here are some examples of the types of questions you may encounter:

A) The Icebreaker and Introduction

Good interviewers want you to be comfortable and relaxed. To establish this sort of atmosphere, they will ask you a few rapport-building or "small talk" questions (the weather, parking

difficulties, current events in the news). For example, "Did you have any trouble finding our offices?"

B) Questions About You

You will be asked general questions about your skills and experiences. For example:

- › How would you describe yourself?
- › Why did you choose this specialty?
- › Why did you apply to this residency program?
- › What are your major strengths/weaknesses?
- › What kind of environment do you work best in?
- › Where did you do your electives and why?
- › What did you like best about your summer job at XYZ Company?
- › What are your career goals?
- › What do you think it takes to be successful in a job?
- › Do you work well under pressure?
- › Why are you interested in doing your residency here?
- › Do you consider yourself a team player? Give us an example.
- › What do you do in your spare time?
- › How do you feel the present political situation will affect your future?
- › What skills do you have that will contribute to this program?
- › What will you do if you don't get into...?

C) Actual Interview Questions

(* = most frequently asked)

1. *Why do you want to go into this specialty?
2. *Why did you become a doctor?
3. *Tell me/us about yourself. *How would you describe yourself?
4. Describe your personal interests.
5. *How would your friends describe you?
6. *List your strengths.
7. *List your weaknesses.
8. *Tell us about your research.
9. Tell us about a situation in which you overcame adversity.
10. *Tell us about an interesting case you have seen.
11. *Describe a patient who influenced you in school/a patient you learned the most from.
12. What is your inspiration?
13. *Whom do you depend upon for support?
14. *Why are you interested in this program?
15. *Why did you not rotate here?
16. *Tell me/us a joke.
17. *What are your overall career goals/where do you see yourself in 10 years?
18. Do you think this particular field is overloaded?
19. What are the negative/positive features of this specialty? Challenges faced by the specialty?
20. *What do you think you can contribute to this program?
21. *What do you want to know about this program?
22. *What do you do in your spare time?

23. What was the last book you read that wasn't a medical book?
24. How will you balance your professional/personal life? Do you perceive any problems?
25. *Why should we pick you?
26. *Do you want to do research? A fellowship?
27. What is one event you are proudest of in your life?
28. How would you redesign the health-care system?
29. What do you think is the future of medicine?
30. Be prepared to discuss ethical issues/political issues/evidence-based issues (i.e., you are on call and your attending, who is scrubbing in, is drunk)
31. How will you deal with the possibility of being sued?
32. What was your most difficult situation in medical school?

D) Questions to Ask During Interviews

1. What paths have most of your recent graduates taken following completion of their training?
2. What are you looking for in a candidate (and how might I fit into your program)?
3. Do you feel that the volume of patients seen on the inpatient and outpatient basis provides an appropriate load per resident?
4. Can you describe the structure of your clinics and the residents' role?
5. How did your residents do on this year's in-service examination?
6. What major changes are anticipated in the department and/or medical centre, and in what direction is the program headed?
7. How would you assess the level of camaraderie among the residents?
8. What elective opportunities are available to your residents?

The bottom line in the interview is that you have to sell yourself. Key personality traits sought by interviewers to keep in mind: drive, motivation, communication skills, energy, determination, confidence, reliability, honesty/integrity, pride, dedication, analytical skills, listening skills. You can include these “key words” in your personal statement and in your responses during the interview.

Before you answer each question, take a moment to compose yourself and think about what skills the interviewer is really looking for (they may not always ask direct questions). When you answer the question, try to offer an example of a situation in which you have had to use or develop that skill. If you lack direct experience, think of other situations in which you have had to use related skills. No one expects a recent graduate to know it all. Demonstrating related experience you can draw from and build on will leave a good impression.

Remember, interviewers are also looking for things such as confidence and poise, personality traits, presentation, the ability to think quickly, level of energy and drive, resourcefulness, and so on. Those other critical aspects will help them determine your suitability or “fit” with the organization.

A very easy way to convey your interest in the program is to say so. Program Directors who are told that you want to come to their program rank you favourably. Reinforcing your interest and suitability for the program puts you in even better stead.

E) Behavioural Questions

This type of question is asked more frequently in interviews. Interviewers will want to determine how you react in certain situations—situations that could occur in the position you are interviewing for. As more and more organizations move toward employees working together in teams, you likely also will be asked to describe situations in which you have developed or used teamwork skills.

You can be certain to encounter one or two of these types of questions. Sometimes whole interviews revolve around this style of questioning.

F) Closure

After the interviewers have asked all of their questions, they will give you a chance to ask some of your own. This is your chance to ask thoughtful, intelligent questions that involve the interviewers in discussion and reflect how in-depth your research has been, and a further opportunity to articulate why you are the best person for the position. Be sure to have some questions in mind before the interview in case you can't think of one during the interview.

Structure and Content

Often, the residency program will have prepared an itinerary for you listing the names of the people you are going to talk to and how much time is allotted for each person, which is generally 20 to 30 minutes. In addition to the Program Director, you want to have a chance to talk with other faculty members, residents from different levels of training, and any other individual with whom you would have significant contact as a resident in that program. In terms of location, you want to have a chance to see both the hospital and clinic facilities during your interview. If there is free time, it would be in your best interest to spend it in places where there are residents, so you can get a better feel for the actual working environment.

Decide ahead of time which questions you want to ask of which type of person (e.g., a question about the details of the call schedule might be reserved for the chief resident). On the other hand, there may be some questions you will want to ask of everyone to see if there is any discrepancy, such as a question about the attending and resident interactions.

Avoid dominating the conversation, but try to be an active participant in the interviewing process so that your interviewer will have a sense of your interest in the program and your ability to formulate good questions. Be prepared for different interviewing styles and adjust accordingly.

Prohibited Questions

There are certain questions that you do not have to answer by protection of federal law. It is illegal to make employment decisions on the basis of race, colour, sex, age, religion, national origin, or disability. To avoid charges of discrimination based on any of these protected classes, many employers do not ask questions during an employment interview that would elicit this type of information.

Discussion of Parental Leave, Pregnancy, and Child-Rearing Plans

A frequent area of concern during the interview process is questions related to parental leave, pregnancy and child-rearing plans. The prohibition against discrimination on the basis of sex includes discrimination on the basis of pregnancy and

child-rearing plans. You do not have to answer questions related to marital status, number of children, or plans to have children, but you may want to prompt a discussion of the provisions for maternity/paternity leave and/or child care responsibilities in the residency program.

Scheduling

You will hear some differences of opinion as to whether it is better to be one of the first candidates a program sees, in the middle, or one of the last. Since there is no reliable data to conclude that interviewing order makes a difference, and since you don't have complete control over when you interview, try not to worry about it.

There is general agreement, however, that you should schedule the interview for your most highly valued program after you have had some experience with one or two interviews in other programs.

Generally speaking, an interview will take one full day. If your travel schedule permits, try to allow some time to tour the community outside the program and/or spend some informal time with residents or faculty.

If your spouse or significant other will be accompanying you on your interviews, you may want to schedule additional time to assess other aspects of the program and community important to him/her. In general, spouses and significant others are welcome to participate in the interview process, but you should clarify this with the program ahead of time so that the schedule can be structured to accommodate this. Some programs specifically provide for the participation of spouses and significant others with organized tours of the community, etc.

Attitude

Try to keep in mind your goals for the interview in order to establish the right frame of mind. Again, you want to project a positive, confident, and enthusiastic demeanour without being overbearing or insincere.

If you keep in mind that the interviewers have their own agendas to fulfill, you won't be dismayed or intimidated by the tougher questions that try to find out more about you. In fact, if you've thought about what the interviewers are trying to get out of the interview, you will have already anticipated their questions and have a well-thought-out answer ready.

Try to be open and honest. It's okay to be nervous, just don't let your nervousness hide your personality.

Other Tips

- › In terms of appearance, the general advice is to be neat and comfortable. Use your own judgment as to whether an expensive suit would add to your confidence level or compete with your personality.
- › Be on time. Better yet, be early. Allow yourself time for finding a parking space, getting to know your surroundings, catching your breath, and arriving in place before the appointed hour.
- › Before you leave the house, make sure you have everything you need for the interview, such as your notes, paper and pen, and an extra copy of your CV, personal letter, etc.

- › Do a practice interview first with someone you know acting as the interviewer. This will give you a chance to rehearse possible answers.
- › During the interview, you will be judged on your presentation skills and how effectively you communicate. Make frequent eye contact, smile, and dress appropriately.
- › Talk with residents at various institutions about the programs. Here are some key topics to ask them questions about.
 - Would you choose this program again?
 - Level of spirit and camaraderie? Competition among residents?
 - Faculty?
 - Is conference leave funded, is there support for research, etc.?
- › Have questions to ask them at the end of your interview, such as:
 - What are the strengths and weaknesses of this program?
 - What path do the majority of your graduates take after their training: Urban? Rural? Academic?
 - What changes do you anticipate in the next five years?
 - What are the opportunities for research?
 - Is there protected academic time (a Royal College requirement)?
 - What is the size, diversity of case mix, and type of patient population?
- › Remember to send thank-you letters to the directors within 48 hours. Keep them business-like and brief. Some suggest sending a picture with the card. Add any relevant information that you forgot to mention in the interview.
- › In order for you to rank the institution best suited to you, take notes of the strengths and weaknesses of the programs and what impressed you. Would you enjoy spending two to five years there? You will find your notes helpful in completing your ranking for the Match.

About the Match

The matching process (both Canadian and American) is a comparison — using a computer program — of applicants' ranked choices of programs and Program Directors' ranked choices of candidates. The ranking forms are the only determinants of offers and acceptances of postgraduate year 1 (PGY1) spaces. Each registrant submits a list of preferred programs, while each Program Director submits a list of preferred candidates. These lists are entered into the Canadian Residency Match (CaRMS) or the National Residency Match Program (NRMP) computer in the United States, which perform "the Match" based on a mathematical algorithm. There are some American positions that fall out of the Match, and we will provide you with further information later in this chapter.

An applicant may be matched with the highest choice on his/her Final Ranking Form, provided the program also chooses that applicant before its spaces are filled by applicants whom it ranked higher.

The results of the matching process are released by mail to applicants and Program Directors in March. All rankings submitted by applicants and programs are confidential.

Applicants who remain unmatched after the first iteration of the Match are eligible to be registered in the second iteration at no charge. However, applications to the second iteration programs must be resubmitted when the positions available are announced.

In early June, the Office of Student Affairs will provide you with application material for the Canadian Residency Match forwarded by CaRMS to all medical schools. Student Affairs will also request information on the NRMP Match for those interested in applying to the United States. About 10% of students apply to both matches, as a back-up plan for competitive programs such as Dermatology, Neurology, Ophthalmology, and Surgery specialties that offer one to three spots in their programs.

Common Mistakes

Common mistakes that students make when going through the Match process include the following:

- › Not understanding the details of the Match for a particular specialty
- › Starting the application process too late
- › Applying to or ranking too few programs to ensure a match
- › Letting the application paperwork overwhelm you
- › Not paying attention to deadlines
- › Submitting a weak personal statement and CV
- › Not knowing what to look for in a residency training program
- › Preparing inadequately for residency interviews
- › Ranking programs on the basis of probability of acceptance rather than desirability
- › Panicking after failing to match, rather than strategizing during the second iteration

Principles of the Match

The following example illustrates how the Match may best be used by all parties to prepare Rank Order Lists, and how the matching algorithm works.

Applicants' Rank Order Lists

Eight applicants are applying to four programs. After considering the relative desirability of each program, the applicants submit the following Rank Order Lists to CaRMS or NRMP:

Anderson	1. City	
Brown	1. City	2. Mercy
Carpenter	1. City	2. Mercy
Davis	1. City	2. Mercy
	3. General	4. State
Eastman	1. City	2. Mercy
	3. State	4. General

Ford	1. City	2. General
	3. Mercy	4. State
Goodman	1. City	2. Mercy
	3. State	4. General
Higgins	1. State	2. City
	3. Mercy	4. General

Applicant Anderson makes only a single choice, City, because he is under the impression from remarks made by the Program Director that he would be ranked very highly, and he had in turn assured the director that he would rank City number one. It is acceptable for programs to express a high level of interest in applicants to recruit them into their program and for applicants to say that they prefer one program to others. The applicant, however, should not consider such expressions as commitments.

Applicant Brown ranks only the two programs that were desired by every applicant — Mercy and City. He is considered top of his class, and feels that he is a most desirable applicant. However, he has not been assured of a match with either of these programs. Applicants should consider ranking all programs that they are willing to attend to reduce the likelihood of not being matched. It is better to accept a less desirable choice and match to it in the first round than take your chances of being unmatched and then have to pick from what's left over for the second Match. What's more, you will be competing for those leftovers with foreign students and re-entry applicants. If, however, you are also applying to the NRMP, then only ranking those programs you really want to go to and "falling back" on the U.S. Match is an appropriate strategy.

Applicant Carpenter ranks City, which she prefers, and Mercy. Standing first in her class in her junior year, she knows that she is a desirable applicant, and she has been assured by the Program Director at Mercy that she will be ranked first. She is certain Mercy will, in fact, rank her first, and therefore believes there is little risk of her being left unmatched even if she does not rank additional programs. Again, although she is certain, there is little risk to ranking programs that she still finds acceptable unless she has better programs ranked in the United States.

Applicant Ford would be very pleased to be at State, where she had a very good clerkship, and feels that they will rank her high on their list. Although she does not think she has much of a chance, she prefers City, General, or Mercy, so she ranks them higher. There is no risk ranking programs that you want most at the top of your list, even though you feel you may not have an excellent chance. You will be ranked to the highest ranked program that also has a position for you.

Applicant Higgins is equally sure he will be offered a position at State, but he prefers the other programs. He ranks State first because he is afraid that State might fill its positions with others if he does not place it first on his list. Applicants should rank programs in order of preference. Their choices should not be influenced by speculations about whether a program will rank them high, low, or not at all. The position of a program on an applicant's Rank Order List will not affect the applicant's position on the program's Rank Order List, and therefore it will

not affect the likelihood of the applicant's receiving an offer from the program. During the Matching process, an applicant who receives an offer from a program that the applicant has ranked is removed from that program's roster of filled positions only if a match to a program higher on the applicant's Rank Order List becomes available. Therefore, rank number one should be the applicant's most preferred choice.

Applicants Davis, Eastman, and Goodman have interviewed at the same programs. Like the other applicants, they desire a position at City or Mercy and rank these programs either first or second, depending on preference. However, since they are not assured of a match to either of these desirable programs, these applicants also list State and General, which they are willing to attend if matched, lower on their Rank Order Lists. They are using the computer match well.

Programs' Rank Order Lists

Two positions are available at each program. The four programs, having determined their preferences for the eight applicants, also submit Rank Order Lists to CaRMS or NRMP.

The Program Director at Mercy Hospital ranks only two applicants, Carpenter and Goodman, for his two positions, although several more are acceptable. He has insisted that all applicants tell him exactly how they will rank his program, and both of these applicants have assured him they will rank his program very highly. He delights in telling his peers at national meetings that he never has to "go far down his Rank Order List" to fill his positions. The advantage of a matching program is that decisions about reference can be made in private and without pressure. Both applicants and programs may try to influence decisions in their favour, but neither can force the other to make a binding commitment before the Match. The final preferences of Program Directors and applicants as reflected on the submitted Rank Order Lists will determine the offering of positions and the placement of applicants.

Mercy	City	General	State
1. Carpenter	1. Goodman	1. Brown	1. Brown
2. Goodman	2. Higgins	2. Eastman	2. Eastman
	3. Eastman	3. Higgins	3. Anderson
	4. Anderson	4. Anderson	4. Carpenter
	5. Brown	5. Carpenter	5. Higgins
	6. Carpenter	6. Davis	6. Ford
	7. Davis	7. Goodman	7. Davis
	8. Ford		8. Goodman

The Program Director at State feels that his program is not most desirable to most of the applicants, but that he has a good chance of matching Ford and Higgins. Instead of ranking these two applicants at the top of his list, however, he ranks other applicants higher. He also ranks all of the acceptable applicants to his program. He is using the Match well.

The Program Directors at City and General have participated in the matching process before. They include all acceptable applicants on their Rank Order Lists with the most preferred ranked highest. These Program Directors are not concerned about filling their available positions within the first two ranks. They prefer to try to match with the strongest, most desirable candidates. They are using the Match to maximum advantage.

The Matching Algorithm

The matching algorithm simulates the offer and acceptance process based on the Rank Order Lists submitted by programs and applicants. Each program first makes offers to the applicants

ranked as most preferred on the program's list, up to the number of positions available in each program. If the applicant also ranks the program on his or her Rank Order List, a "tentative" match is made. Any applicant who receives multiple offers is tentatively matched to the offering program ranked as most preferred on the applicant's list, and any offers from less preferred programs are rejected. Any programs that receive such rejections then make a corresponding number of additional offers to applicants, in the order of preference indicated on the program's Rank Order List, to fill available positions. Again, applicants with more than one offer tentatively accept the most preferred offer and reject any less preferred. The process repeats until all positions are filled (there are no rejections) or all offers have been made. Each program thus offers positions "down" its Rank Order List until its positions are filled or there are no more acceptable applicants. Each applicant accepts positions "up" his or her Rank Order List until the applicant is matched to the most preferred program that offers him or her a position.

Through matching, applicants would match into the program listed highest on their lists that had available positions. The positions in each program are first offered to those applicants with the highest rank.

Match Strategies

- › It is possible not to get the position you want; however, there is an excellent chance that you will get one of your top three choices. In 2000, over 80% of Canadians were matched to one of their top three choices of programs. It is possible not to match after the Match (6% of Canadian grads), but there are some simple guidelines that can help to ensure the best possible match for you.
- › Don't overestimate yourself. No matter how sure you are that you will match with your top choice, you cannot be penalized for listing additional programs. Those applicants who list only one or two programs are much more likely not to match.
- › Don't underestimate yourself. Again, you are not penalized for listing programs that you consider a long shot. Even if you don't think you have much of a chance, if you really want to go somewhere, go ahead and rank it first.
- › Remember, when first weighing the programs in terms of your preference, some may seem fairly equivalent to you. If you take the time to evaluate these carefully, you may discover reasons why you should rank one program over another. The Match computer is fair, but it is also ruthless. If you rank one program above another, it will put you in the first program it can without stopping to consider that maybe geographic location is more important to you than a higher faculty-to-resident ratio.
- › Program Directors violate residency rules if they coerce students to rank a program first or attempt to force the signing of a contract prior to the release of Match results.
- › Failure to list enough choices on the Rank Order List is by far the most common reason why a student will fail to match. Do not accept oral statements from programs that they will rank you highly as proof that you will match to them. They may have more highly competitive candidates than they have slots to fill. Take all such pre-Match assurances from programs with a grain of salt. The question of whether or not you will match is usually on the minds of all senior medical students until Match day. The following information is provided in the event that this should happen.
- › Written offers are sometimes made. It contravenes CaRMS rules to make such an offer for Ministry of Health-funded

positions, but sometimes spots can be specially funded by external bodies, such as Cancer Care Ontario for a Radiation Oncology position. This circumstance is certainly an exception

and you should take whatever steps necessary to protect yourself. Have your lawyer review the contract to ensure that it is legally binding before you pull yourself from the Match.

H-6 THE COUPLES' MATCH

This information is helpful to couples applying to CaRMS or the NRMP.

Applicants who wish to match to the same geographic location can link their program choices together as a couple so that they can be matched into a combination of programs suited to their needs. In creating pairs of program choices on their Rank Order Lists, couples can mix specialties and geographic locations.

Applicants should seriously consider the career implications of submitting a couple's Rank Order List before signing the couples contract. By pairing their choices, couples are restricting their individual chances of a successful match to their career preferences by making it conditional on their partners' Match results.

The Couples' Match is a useful strategy that any two people, like Lindsey and Rob from Case 1, can use to try to match to the same location.

Applicants notify CaRMS that they are participating as a couple by completing the reverse side of both partners' Student Agreement. The decision to participate as a couple need not be made until the time of the submission of the Rank Order List; however, both parties must contact CaRMS to get the appropriate instructions and Rank Order List by February 1. Whether applicants are applying as a couple may not influence the selection decisions made by Program Directors. Neither CaRMS nor NRMP will identify couples to Program Directors.

Each member of the couple signs up for the Match individually, but instead of submitting a Rank Order List in March with single entries on it, the couple submits a "Paired Choice List" with the preferences of each partner tied together. This way, the couple can correlate their preferences; both partners' first choices can be in Halifax, their second choices in Toronto, and so on. In order for the couple to match successfully, both partners' preferences have to match. For example, if "Partner A" of the couple matches with her first choice program but "Partner B" does not, the computer program throws out the couple's first-choice grouping and moves down the paired list to the next ranked grouping. This process continues until both partners match.

Some couples try to match for the same geographical area, some for the same hospital, and some even for the same specialty. This need not only be restricted to couples who are married but anyone who wants to link up with someone else. This may include friends, kin, or others in serious relationships.

The first step is to decide to what programs you and your partner want to apply. If one of you is more or less competitive for your respective specialty choice than the other, then this must be taken into account, especially when applying to the more competitive residency programs. You should also apply to a greater-than-average number of programs, both to increase

your chances of finding the perfect residency, and your chances of matching. Keep in mind that with a larger number of programs to choose from, it may be easier for you to find a place acceptable to both you and your partner.

Arranging for an interview for two can be a difficult, expensive hassle, but it does not have to be. Ideally, you should both have obtained a list of interview dates offered by your respective programs. Some programs have no specific date, and you can arrange a visit on any day within a specific time frame. Interviews can be arranged so that you can interview at institutions at the same time, thereby saving money. You may have to visit some programs separately. If your respective programs do not have the same interview dates, call the program secretary and try to set up a special interview date that coincides with your partner's. Some will allow this, while others may not. It does not hurt to try, and it could save you some money.

Talk to the program secretary and make sure that she/he is aware you are in the couple's Match. You should also let your interviewers know that your partner is applying to a residency at the same institution. If a program wants you, being in the couple's Match should not affect their ranking of you one way or another. In fact, if you are a desirable candidate, the Program Director will sometimes put in a good word to the director of your partner's program, giving you both a better chance of selection.

Further Thoughts

- › Check out the contract in your package for the Couples' Match.
- › Apply individually to the program you are both interested in. You complete separate applications, with separate resumes, etc.
- › To obtain your match as a couple you both have to apply to your respective specialties. You naturally will have to be accepted into each program to make it through the Match.
- › It gets trickier if you are both applying within the same specialty because the various programs rank you as a couple for their program differently. The CaRMS/NRMP computers enter your Rank Order Lists, and you both have to make the cut-off to get one of your choices. You rank the programs and the programs rank who they want. The computer then figures out the highest combination. This is where you end up being matched. But the programs can shuffle around how they rank the two of you to suit their needs before they submit their rank list of candidates to CaRMS. For example, if the University of Toronto Pediatrics wants the two of you in their program, they take the lower of the two candidates and raise their score/rank up to that of the higher partner.
- › Don't turn down interview invitations because both of you did not get an interview at a particular medical school.

National Defense – The U.S. Independent Match

CaRMS matches applicants funded by National Defense through the regular matching process. Students who have a contractual arrangement with National Defense must identify themselves on the Application for Postgraduate Medical Training. Applicants who are funded through the Medical Officer Training Plan or the Military Medical Training Plan can apply only to Family Medicine programs that are listed on the Applicant's Designation List as being for National Defense-funded applicants only.

Earlier Matches in the United States

For U.S. programs, several fields select residents in January. These fields are Neurology, Neurosurgery, Ophthalmology, Otolaryngology, and Urology. The surgical subspecialties are highly competitive; therefore, a large percentage of applicants go unmatched. However, because the deadline for applications through the National Residency Matching Program is not until February, there is still time for the unmatched applicant to obtain a position through the NRMP.

Early matches for U.S. programs in Neurology, Neurosurgery, Ophthalmology, and Otolaryngology are coordinated by a single agency in California. Your careful attention to deadlines is a must, as they differ from program to program.

The category of “independent applicants” includes several different groups: non-sponsored U.S. graduates, Canadian students/graduates, osteopathic students/graduates, and international medical graduates (IMGs). For information, contact the NRMP at (202) 828-0566 during the summer before the Match to receive the *NRMP Handbook for Independent Applicants*. To enrol, submit a completed Independent Applicant Agreement to the NRMP. The NRMP might also independently verify or request your credentials in order to approve your Match eligibility status. For example, some schools require results of the USMLE steps 1 and 2.

Following registration, you will be assigned an NRMP Applicant Code, which you will use to identify yourself on residency applications and in correspondence. You will also receive a confidential personal identification number (PIN). If you match at a program, your PIN will appear in the *USA Today* newspaper on Unmatch Day (the day before Match Day). The registration deadline is in October before Match Day. Consult the current edition of the *NRMP Handbook for Independent Applicants* for further details.

Like the *NRMP Handbook for Students*, this publication from the NRMP is a must-read for independent applicants. You can get a copy by calling the NRMP at (202) 828-0566. The version for independent applicants covers the same topics as the general student handbook. In addition, the *NRMP Handbook for Independent Applicants* contains guidelines for verification of credentials for Match eligibility, a NRMP publication order form, and match dates for specialties covered in the NRMP's Specialties Matching Services (e.g., Dermatology). The *NRMP Directory* is a catalogue of residency programs, participating

in the Match. Part I of the directory organizes the programs by hospital. Use this section to see what other specialty training programs are offered at the hospitals you're interested in. Part II lists programs by specialty type and is much more useful. You should receive the edition for the previous Match at no cost on registration. You will also receive a revised edition for your Match late in the fall.

Going Unmatched

This is a devastating and anxious time of a student's academic career, so please choose your specialties wisely to avoid the heartache of being unmatched.

Every year, there are a small number of students who do not match. If this happens to you, don't panic. It doesn't mean that you'll never be accepted to a residency program. As you probably read earlier, there could be many reasons you didn't match and, frankly, you'll never know what they are so it's not worth dwelling on. You do have to take immediate action, though.

If your Canadian selections don't match, you'll be notified on “Unmatch Day,” around Monday of the second week in March. Students will be paged to meet with the Associate Deans from Student Affairs and Postgraduate Medical Education. In the case of the U.S. Match, the results come out around the third week in March. The Office of Student Affairs will notify you if you are unmatched.

With the aid of the faculty, the student will receive a list of unmatched positions and will begin to apply to the Match (think of yourself as a brand new applicant; students will have the opportunity to update their CVs, reference letters, and personal statements). You may choose to include old references sent by CaRMS to the Office of Student Affairs. Interviews are normally conducted between March 9 and 18. You may interview on the phone or meet the interviewer in person, giving you an opportunity to sell yourself.

In the case of the U.S. match, the unfilled lists will be sent to the Office of Student Affairs, and students begin to contact the programs directly. After some deliberation, a program will normally accept a student over the phone. Most students are matched within 24 hours of the starting time. It is rare that a student remains unmatched unless he/she chooses.

The CaRMS application files of all students not matched in the first iteration are sent to the Office of Student Affairs. Students not matched in the first iteration are automatically registered (without cost) in the second iteration. To help students consider their choices and apply for the second iteration, CaRMS will send each student, through the school, a list of vacancies available in the second iteration and a Rank Order List for the second iteration.

Rank the programs you have contacted and to which you would like to be matched. They must be listed in order of priority, as you painstakingly did in the first iteration.

Switching Residency

You may not have made the right career choice or not have matched to your preferred choice of specialty. Relax. There is room to make switches once the Match is over.

The first thing you need to do is contact the Postgraduate Office at the respective university you matched to. Note that counseling is held strictly confidential. Each school arranges for both internal matches (within the university) and external matches (Canada-wide). Check with the postgraduate office for respective deadlines.

In a survey on transfer options in postgraduate training, CaRMS identified that all 16 schools have official procedures at the postgraduate office to allow residents to transfer between residency programs. Twelve of the 16 medical schools also offer to arrange transfer to other medical schools. Saskatchewan and three of the Quebec schools (other than McGill) declared that they had no procedures to transfer residents to other medical schools.

Medical schools will try to accommodate transfers between disciplines at any training level. Ottawa, Queen's, and Toronto restrict transfers to PGY1 or PGY2 levels where possible. Manitoba also offers transfers to PGY1 or PGY2.