

Welcome to fourth year!

We have compiled the following information to help you plan your fourth year in medical school. Apart from short Career Exploration courses, this is the first time you have the opportunity to choose classes. As is on everyone's mind, selecting a specialty and applying to residency will dictate many of the decisions you make in setting up your fourth-year schedule.

The following information is provided in the late Fall of the M3 year in order to help students choose a specialty, access advice and mentors, and schedule the courses needed to graduate. Many variables are at play, and the schedules that students select lie on a large spectrum depending on the student and her decided specialty. The fourth year is flexible and has option blocks built in for you to take Step 2, complete away rotations, and interview for residency programs.

The major variables under consideration when planning your fourth year:

- What is required to graduate?
- What should I specialize in?
- Away rotations – Do I need to do aways? When? How many?
- Step 2 CK and CS – When should I take these exams?
- When do I apply for residency, and when are interviews?
- [How do I apply for residency? – ***This information comes later.***]

With this in mind, the following guide contains:

- M4 At-a-Glance
- Glossary
- Quick Master Calendar and Planning document
- Example Schedules
- Specialty Advisor
- What should I ask my advisor?
- Residency Guide (information from UT Program Directors and Dept Chairs)
- When should I take Step 2?
- Other Resources for Fourth-Year Students
- Contact Information

You should actively seek advice from the Office of the Dean of Students, mentors and advisors in the specialties you are considering, current fourth year students, and residents that you may know. We have provided some of that contact information in this packet.

Warmly,

Phillip Link, M4
President, Class of 2020

Andrew McBride, M4
President, MSEC

Fourth Year At-a-Glance

13 four-week blocks: Block 5 2020 through Block 5 2021.

UTHSC COM Requirements

2 Junior Internships

4 Electives

1 Geriatrics-Palliative Care

1 Capstone

5 Option Blocks

* (2 option blocks must be taken consecutively in Blocks 11, 12, or 1, during interview season)

USMLE Step 2 CK/ CS

- UT Institutional Deadline: October 31
- Cost Estimates (will come from third-year budget)
 - Step 2 CK: \$600
 - Step 2 CS: \$1,300 + airfare/gas + lodging
- Additional information:
 - <https://www.nbme.org/students/planning.html>
 - <https://www.csecassessments.org/test-centers/>

Important Dates

September 15: ERAS opens to program directors at 9am Eastern (should submit ERAS before).

October 1: MSPE available to program directors

October – February: Interviews (timing depends on specialty)

***December 15:** Submit Rank List to San Francisco Match (Ophtho) and Urology Match

***January 15:** San Francisco and Urology Match Day

***February 26:** Submit Rank List to NRMP

March 19: MATCH DAY 2021

May 28: Graduation (Memphis, Tennessee)

**These are approximations.*

***Dates subject to change*

Useful Links

ERAS: [Electronic Residency Application Service®](#) is the centralized online application service used to deliver residency applications to programs.

NRMP Match: [National Resident Matching Program](#) places students into residency programs based on their preferences using a Nobel Prize-winning [algorithm](#).

Glossary

Capstone	Course that focuses on everything you need to know about being a doctor apart from the science of medicine. Required. No patient care experience.
Elective	Any course selected in fourth year that is not a JI. Completing away rotations counts as an elective at UT with proper approval and documentation.
ERAS	Electronic Residency Application Service provided by AAMC. This is the equivalent of the centralized AMCAS that you used to apply to medical school.
Geri-Palli	Geriatrics and Palliative Care rotation completed during fourth year. Required for all students before graduation. Has weekly lecture series and patient care experience.
Junior Internship	"JI" for short. One-block-long (four-week) rotation where students are the acting intern on service. (At other institutions, can be referred to as Acting Internship or Sub-Internship)
LoR	Letter of Recommendation. From Faculty members that know you well. These are uploaded to ERAS.
MSPE	Medical Student Performance Evaluation. Formerly, "Dean's Letter." Completed by members of the Office of the Dean of Students. (Dr. Womack, Dr. Cross, Dr. Presbury in Memphis)
NRMP	National Residency Matching Program. "The Match." This organization completes the matching process for residency positions.
San Francisco Match	Program to Match Ophthalmology and some Plastic Surgery programs.
SOAP	Supplemental Offer and Acceptance Program. Formerly and informally, "the Scramble." Completed between Monday and Friday of Match Days for those students who go unmatched.
Urology Match	Separate match for students matching into Urology.
VSAS	Visiting Student Application Service
VSLO	Visiting Student Learning Opportunities

Quick Master Calendar

Block	Start/End	Important Dates	Planning Space
5 (2020)	May 4, 2020 May 29, 2020		
6	June 1, 2020 June 26, 2020		
7	June 29, 2020 July 24, 2020		
8	July 27, 2020 August 21, 2020		
9	August 24, 2020 Sept 18, 2020	Sept 15: Submit ERAS	
10	Sept 21, 2020 Oct 16, 2020	October 1: MSPE release	
11	Oct 19, 2020 Nov 13, 2020	October 31: Step 2 complete <i>(Interview block)</i>	
12	Nov 16, 2020 Dec 18, 2020	Nov 21-29: Thanksgiving <i>(Interview block)</i>	
1	Jan 4, 2021 Jan 29, 2021	EARLY MATCH <i>(Interview block)</i>	
2	Feb 1, 2021 Feb 26, 2021		
3	March 1, 2021 March 26, 2021	March 19: MATCH DAY	
4	April 5, 2021 April 30, 2021	Mar 27 – Apr 4: Spring Break	
5 (2021)	May 3, 2021 May 28, 2021		
Graduation May 28, 2021			

Block	Example 1	Example 2	Example 3
	<i>Applying Internal Med</i>	<i>Applying Orthopedics</i>	<i>Applying ENT</i>
5 (2020)	JI – Internal Medicine	Option – Step 2	JI – Otolaryngology
6	Option – Step 2	Elective Orthopedics UT	Away ENT
7	Elective ID Medicine	Away Orthopedics	Elective Research Block
8	JI – Critical Care Med	Away Orthopedics	Away ENT
9	Geri-Palli	Away Orthopedics	Option – Step 2
10	Elective Diagnostic Rads	JI – Internal Medicine	Elective Peds Allergy
11	Option – Interviews	Geri-Palli	Elective Peds ID
12	Option – Interviews	Option – Interviews	Option – Interviews
1	Capstone	Option – Interviews	Option – Interviews
2	Elective Cardiology	JI – Trauma ICU (Surgery)	Capstone
3	Elective Dermatology	Capstone	Option
4	Option	Option	JI – Surgical Oncology
5 (2021)	Option	Option	Geri-Palli

Block	Example 4	Example 5
	<i>Applying Ophtho</i>	<i>Applying Urology</i>
4 (2020)	Elective Ophtho	<i>Finish Clerkships</i>
5 (2020)	<i>Finish 4-wk Clerkship</i>	Option – Step 2
6	Away Ophtho	JI – Urology UT
7	Away Ophtho	Away Urology
8	Elective Research	Away Urology
9	JI – Neuro Ophtho	Elective Research Block
10	Capstone	Elective Gynecology
11	Option – Interviews	Option – Interviews
12	Option – Interviews	Option – Interviews
1	JI – Internal Medicine	Geri-Palli
2	Geri-Palli	JI – Trauma ICU (Surgery)
3	Elective International	Capstone
4	Option	Option
5 (2021)	Option	Option

If you are applying to ophthalmology or urology, you will match early. You need to talk to Dr. Womack and specialty advisors about this process. Many students also take Step 2 later in block 9. In the past, Dr. Jameson has granted some students flexibility in the blocks from third to fourth year in order to facilitate this match process.

Things to consider when looking at these schedules:

- For example, ENT and Orthopedics generally interview later (blocks 12 and 1), and students put elective courses before interview season where they can leave for an early interview if needed
 - [Program Directors Survey](#): This resource has great info about what program directors are looking for when they interview and rank candidates. It also helps show when different programs will interview candidates.
- Letters of Recommendation come from faculty in the early blocks of your fourth year. For internal medicine, this student will get letters from JI faculty. In ENT and orthopedics, they will get letters from their home specialty and away specialty faculty.

Specialty Advisor:

By the end of January 2020, you have to fill out a Specialty Choice Review Form. Below, there is a screenshot of what the form looked like for the Class of 2020. This serves as a great launch point for questions to ask an advisor or mentor now. If you are on the fence about specialties or trying to figure out if you need to apply to alternate specialties, this may help.

SPECIALTY CHOICE REVIEW FORM

Please return completed form to Dr. Susan Brewer, Associate Dean for Student Affairs and Admissions (sbrewer@uthsc.edu) or Courtney Cook (ccook51@uthsc.edu), Office of Student Affairs, 910 Plaza Room 1031.

Student Name: _____ Date: _____

Specialty Choice: _____ Specialty Advisor Name: _____

What was your Step 1 score? _____ Any failures or repeats? _____ What is your current GPA? _____

Thinking about your performance during your first two years and during your clerkships, how confident are you that you will match into the specialty you have chosen? Not very confident Somewhat confident Confident

What factors were important to you when choosing your specialty? _____

What type of program are you looking for? Where do you plan to apply? _____

What unique qualities and strengths do you feel would make you a good candidate for this specialty? _____

What concerns, if any, do you have about your competitiveness for the specialty you have selected? _____

What is your parallel plan if you fail to match into this specialty or preferred program? _____

Please list your planned M4 electives, where you plan to take them (UT or Away) and in which block?

- _____
- _____
- _____
- _____

.....

The following section must be completed and signed by your specialty advisor.
(This is only advice; the student must take responsibility for ALL aspects of his/her application and Match process.)

I have reviewed this student's profile and have discussed his/her concerns & competitiveness for matching. YES NO

I have discussed this student's plan for M4 electives in his/her specialty and have the following suggestions: _____

Based on your discussions with this student about his/her career decision, what can he/she do to improve his/her chances for matching into their chosen specialty? (check all that apply)?

_____ This student is a good fit for this specialty	_____ Needs to have another specialty/sub specialty parallel plan
_____ Away rotations in the specialty	_____ Rank preliminary year in chosen field
_____ Research	_____ Discuss alternative career options with Dean of Student Affairs

This form is not a contract or a guarantee of an outcome for this student. It is merely my opinion based on my experience as a faculty member in this specialty. It is not the Chair's nor Program Director's opinion.

Student Signature: _____ Specialty Advisor Signature: _____

Date: _____

Revdh10292018

We have compiled some questions to ask on the next page.

Questions to ask your specialty advisor:

- Ask about whatever you think is important in your life and if it lines up with the specialty
 - Lifestyle, work environment, time spent in the hospital or clinic
 - Options after residency
 - Demographics of the specialty
 - Procedures and surgeries
 - Salary
- Ask about if you are competitive to match in the specialty (and where)
 - Step 1 and Step 2 scores
 - Failing Step? (Failing Step 2 CS?)
 - GPA
 - Failures/Repeats of courses
 - M3 grades and evaluations
 - What attention is given to MSPE?
- Where do I plan to apply?
 - Academic programs vs community programs
 - Career goals and the selected programs
 - Big city vs more rural
 - Which cities?
- Do I need to do an away?
 - Why?
 - How many?
 - Where?
 - Do I need a letter from those away rotations?
- Do I need to do research?
 - Have I done enough?
 - Do I need to do more?
- How do letters of recommendation work?
 - Whom should I ask?
 - When?
 - Away rotations?
- Should I apply to an alternate residency?
 - Should I have a back-up?
 - How do I do that?
 - What is my back-up?
 - Courses in both specialties? Letters?
- Should I look into prelim programs?
- Should I discuss alternate career options with the Dean of Students?

Appendix 1

Residency Guide

Advice from the Experts

Introduction:

Residency program directors and/or chairs from a wide range of specialties were contacted. They answered a series of questions for you:

- Step 1 and 2 scores. What's important?
- Acceptable GPA
- Research?
- Away rotations?
- What are they looking for in an ideal residency candidate?
- What 4th year electives are helpful to prepare students for internship in various specialties?

The information provided below is not uniform across all specialties but reflects the feedback and responses we have received from UT Program Directors. This information was gathered by Dr. Cross and Dr. Womack.

Programs listed below:

Anesthesia

Dermatology

Emergency Medicine

Family Medicine

General Surgery

Internal Medicine

Medicine-Pediatrics

Neurology

Ophthalmology

Otolaryngology (ENT)

Pediatrics

Plastic Surgery

Radiology

Information not available at this time:

Obstetrics and Gynecology – no response yet

Psychiatry – no response yet

Child Neurology

Child Psychiatry

Interventional Radiology

Neurological Surgery

Orthopedic Surgery

Pathology

Physical Medicine and Rehabilitation

Radiation Oncology

****Other combined programs are not listed (e.g. Med-Psych, Med-Neuro, Med-Derm, Vascular surgery combined, Thoracic surgery combined).***

Anesthesia

Step 1	No information from director
Step 2	No information from director
GPA	The higher the better. Anesthesia is becoming more competitive. That being said, candidates are evaluated for the totality of their applications (eg. Some students experience hardships etc.). Perfect GPA vs. lower GPA: lower GPA may be a better fit.
Research	Not an absolute requirement however solid research is highly desirable.
Away Rotations	Not required but desirable. Candidates will see how differently anesthesia departments function and they may see “best practices” from other institutions.
Ideal Candidate	Maturity; ability to correct knowledge deficits; self-possessed, comfortable admitting what they do not know. Solid knowledge base; eagerness and hard work; compassion; humanity; concern for the patient, team and colleagues.
M4 rotations	Cardiology; pulmonary; EM; General IM; Critical care; Gen Surg; Radiology

Dermatology

Step 1	bare minimum 240. Like to see 245+
Step 2	not required for interview, like to see 250s.
GPA	4.0, at least around 3.7 or higher.
Research	nothing is required however you need to have done something in the field to make your CV better. Case report is enough.
Away Rotations	not required but increases chance of matching. If you don't do an away that raises a red flag – you're not organized enough or motivated enough to schedule and plan an away.
Ideal Candidate	Good with procedures; good with hands; people person; enjoys faster pace; some interest in pathology; honesty; hard work; do the right thing.
M4 rotations	Surgery, Rheum, ID.

Emergency Medicine

Step 1	Residency program here does NOT publish or release criteria used for selection of EM residents and would not comment on scores. They refer you to: https://www.nrmp.org/wp-content/uploads/2018/06/Charting-Outcomes-in-the-Match-2018-Seniors.pdf
Step 2	See above
GPA	Not given
Research	No but looked upon favorably
Away Rotations	An SLOE (standard letter of evaluation) is required for almost all/all EM residencies and can only be obtained by rotating at an EM program (here or away). The generally accepted wisdom is to do 2 EM rotations, one at a home program and one away at another program.
Ideal Candidate	Not commented on
M4 rotations	Any ICU or EM rotation; MICU is a very good rotation in the UT system.

Family Medicine

Step 1	Prefer 200 minimum but will accept lower if Step II score is significantly higher
Step 2	209 minimum but will look at overall application if score is lower. Step II score is required.
GPA	Above 3.0. They do look at grades, retakes or remediation on courses
Research	is not required but it would be great if the student had done their summer research program with them (the FM department)
Away Rotations	No away rotation required; would be great if student does a JI with them
Ideal Candidate	Commitment to Family Medicine (not using FM as a back up plan) <ul style="list-style-type: none"> • Good fit for the program, team player • Professionalism, strong work ethic, patient-centered care, intellectual curiosity, eagerness to learn
M4 rotations	FM with the residency program; Internal Medicine; Pediatrics; Ob/Gyn; Ambulatory

General Surgery

Step 1	220-230 to get invited to interview. UTHSC matched applicant scores Step 1 avg: 244.
Step 2	Step 2 is not required for interview but it is best to have it in the application. UTHSC matched applicant score Step 2 avg: 249.
GPA	Steady high marks preferred. 3.0 minimum. Looking for at least one honors in clinical rotations especially Surgery or Medicine.
Research	It is not required but preferred. The more competitive a program you are interested in the greater the demand for the experience. Publication not necessary but the interest and the work is important. Showing dedication to something that is important to the student is great if research not done
Away Rotations	Not required
Ideal Candidate	hard-working, resilient, caring person who wants to take care of a diverse population.
M4 rotations	Don't just do surgery; try not to lose too much of what you've learned. Better yourself as an all-around physician. Don't just do surgery rotations. Suggest ICU, cardiology, pulmonology, practice technical skills, 2-hand tying!

Internal Medicine

Step 1	very wide range depending on the program from passing to 240. Many programs participate in holistic review and look at all data points.
Step 2	Similar to Step 1. Low Step 1 and higher Step 2 obviously helps. Step II score not required but may help if program on the fence about offering you an interview. "The most important thing to know about for internal medicine is what types of programs to apply to within this specialty for a given student"
GPA	Very wide range and also not that reliable. At UTHSC GPAs are not looked at closely. They are more looking at the student's MSPE and class grade distribution in clinical rotations.
Research	To match, no. To have a competitive application at top programs, yes. And everything in between.
Away Rotations	No. PD here discourages them because of the expense and lack of overall utility. However if a student has a very compelling reason to match at one particular program, away rotation as an audition rotation is reasonable.
Ideal Candidate	Growth mindset, kindness, empathy, patient centeredness, work ethic, depth of personality, meaningful impact in at least one extracurricular area during medical school, e.g. something they are passionate about that they poured themselves into.
M4 rotations	JI Medicine wards; 1 rotation in a field that you are considering for future career; then 2 or 3 medicine subspecialties that you aren't good at or feel like you need work in; common and great options: ID, cardiology, nephrology, endocrine;

Medicine – Pediatrics

Step 1	average over last 4 years is 233; Minimum Step 1 210
Step 2	average 244. No minimum for Step II. Step II is not required. If Step I is low, an improved Step II helps significantly
GPA	GPA's are unreliable. MSPE is used to help understand what scores mean. They do look at clinical scores and like to see how students compare to peers on specific rotations
Research	None required
Away Rotations	None required
Ideal Candidate	They look for fit more than anything. Dinner with residents, interaction with residents plays a huge part. Does the candidate fit in? Also: composure, adaptability, evidence of internal motivation, evidence of cultural sensitivity, evidence of strong work ethic, passion for underserved care.
M4 rotations	Peds and IM infectious diseases, ECG, Peds GI, Acid/base with Dr. Wall; Radiology (but actually showing up to learn how to read CXRs).
Other info	**UT students are always offered interviews and their applications are assessed "differently"

Neurology

Step 1	No minimum but some programs have cutoffs ranging from 220-260 for both Step 1 and Step 2
Step 2	Ideally most applicants should have a Step 2 score
GPA	Variable
Research	No but beneficial
Away Rotations	Not required but recommended if possible
Ideal Candidate	good grades; good personality; leadership/community work will enhance the application
M4 rotations	JI in neuro and any neuro elective.
Other info	All candidate should do the following: <ul style="list-style-type: none"> • Meet with the program director • Experience neurology in at least 2 venues each with different faculty

Ophthalmology

Step 1	National average for matched residents is 244. Below about 230 makes it difficult to match but still possible
Step 2	Most programs only look at Step II if Step I is low. Step II not required to interview.
GPA	GPA is not looked at usually. Class rank and AOA are assessed. AOA is quite important for matching.
Research	No but it does help to show interest in the field and is great for making contacts for letters (of recommendation I assume)
Away Rotations	Not required. They do a second look at students who have rotated at UT, but interview and match a lot who to not. It is a great way to be known to a program however and get letters of recommendation.
Ideal Candidate	Responsible person who can be taught and who is a good match.
M4 rotations	Ophtho rotation; other surgical subspecialties

Otolaryngology (ENT)

Step 1	cutoff 231 this year; next year 240 but will review applications with 235-239. Prefer 245+.
Step 2	They are not looking at Step 2 this year but will next year. Prefer 245+ also. Step II not required for interview.
GPA	does not matter much but like to see 3.5 or better. Clerkships matter more. If a student has straight "passes" on clerkships but a Step I of 270? He/she will probably not get an interview.
Research	VERY helpful especially if Step I score is on the lower end.
Away Rotations	not required. Know yourself! Away rotation may help but it may hurt. If you are not the easiest person to get along with and have a difficult personality, you can't fool someone for a whole month. You can for 30 minutes during an interview though.
Ideal Candidate	They take a hard look at the comments on the MSPE. They love to see "team player, hard worker, easy to get along with". Smart, excellent LOR, commitment to scholarship.
M4 rotations	suture heavy rotations such as CT surgery. Suture tech is great idea too. ICU, ER, Medicine, Infectious diseases, Cardiology, anesthesia.

Pediatrics

Step 1	They screen at 220 but will interview students with lower scores (all UT students are interviewed who pass Step 1) <ul style="list-style-type: none"> • Top programs such as CHOP, Cincinnati: Step I 250.
Step 2	Not required for interview
GPA	Around 3.0 however this is not important given the unreliability and differences depending on the schools. Don't flunk anything. Top places: 3.8.
Research	Not required
Away Rotations	Not required. If you want to go somewhere competitive and your scores are not great, consider an away.
Ideal Candidate	Good people who can carry on a conversation; team player; nurses like them; excel in clinical years.
M4 rotations	NICU, PICU, Peds ID, Peds GI, Peds nephrology, Radiology, Anesthesia, ER

Plastic Surgery

Step 1	240+
Step 2	Not required for interview
GPA	3.5+
Research	Usually required
Away Rotations	Yes
Ideal Candidate	Work ethic, energy, leadership
M4 rotations	Surgery

Radiology

Step 1	Last year: 233, 239 and 246 were 25 th , 50 th , and 75 th percentiles respectively nationwide.
Step 2	240, 247, and 253 are same percentile cutoffs as above. Step 2 is not required to interview but it can help bolster a weaker step I score.
GPA	GPA is difficult because many schools calculate it differently or not at all. They look at actual grades. For UTHSC students they do look at GPA because they know how to gauge it. No hard cutoff but 3.6 or above is considered a positive.
Research	completely institution-dependent. Not required at Baptist but may be required at larger academic centers. Would seem off if a student had zero research activities. # of research experiences of matched applicants nationally is 3.
Away Rotations	Not required. They match several candidates each year who have not rotated with them. However, spending a rotation with them is the best way for them to get to know you and can be a huge advantage (or disadvantage?).
Ideal Candidate	Whole picture including grades, board scores, ties to the area, positive attitude, team player, strong work ethic.
M4 rotations	If you are looking at Baptist, go to Baptist to rotate! They routinely match students who have rotated with them.

Appendix 2

(Previously distributed by Ramie Mansberg)

When should I take Step 2 CK and CS?

The official answer is that you must take both exams before October 31st of your M4 year.

The actual advice is much more complex. It depends a great deal on your individual situation, past examination performance, desired specialty, and specific program requirements. Compounding these factors is the tendency of programs to alter their requirements and preferences over time. This can be difficult to track and even predict. With the help of multiple clerkship directors and students, we have compiled these **GENERAL** recommendations. However, each situation can vary and must be taken in context. We hope these will give you a springboard to bounce off of as you plan your fourth-year schedule. You will receive the best guidance on when to take both parts of Step 2 from a specialty advisor.

Most students choose to take CK and CS at a time that ensures that their score is included on their ERAS application in mid- September.

It is important to note the price of these exams, which are subject to change (increase):

- Step 2 CK: around \$650
- Step CS: around \$1300

You did well on Step 1, have an excellent academic record and don't anticipate any issue with CS.

- Ideally, sign up for CS as soon as possible because there are a limited number of spots that fill up quickly. Oftentimes, you will need to register 6 months or more in advance to ensure your desired date. Students can take CS during spring break, CE option blocks, and as an excused absence on Mondays during required clerkships or JIs. CK requires all core rotations to be completed before taking the exam. If you opt to take CS during your fourth year, you may have to accommodate other rotations to your CS date.
- Set aside some time to prepare for Step 2 CS, which can be limited during the more time-intensive rotations. For example, if you plan CS for the Monday of spring break or directly following a junior internship, your preparation time must be divided between the prior rotation, Shelf studying, travel, etc. You might not necessarily have dedicated time, so spread out studying well ahead of time for optimal chances of success.
- Don't take CS for granted. We occasionally get surprised by an otherwise excellent student failing the CS exam. While we are not privy to exactly why a student fails, Dr. Choby's opinion is that the following issues contribute: disorganized history, disorganized or too targeted PE; incorrect technique on PE, not being able to discuss plans with the patient, and issues with patient-centered communication. It's been noted that some students who failed hadn't done any clinical work for several months

before the exam and were probably rusty. The best guard against this is participating in Step Prep and allotting time to study a preparation material.

You did fine on Step 1, but you always hated SPEDs and still feel uncomfortable in high-pressure patient situations.

- If you fall into this category, talk to a specialty advisor about your application and if you should take CS later in the summer or fall of your M4 year. Arranging your schedule this way could allow you to complete a junior internship to further develop your patient interaction skills. Additionally, you can block off extra time in your schedule to prepare for Step 2 CS and attend the Step Prep sessions. You can gather feedback from the PCM practice situations and have time to incorporate their feedback. In the unfortunate situation that you do not pass on your first attempt, the score will not be a part of your ERAS application and you will still have enough time to retake the exam.

You did fine on Step 1 but you've had some trouble with the shelf exams, not scoring as well as you feel you should have.

- We require students to take Step 2 CK after clerkships because these are the best means of studying for the exam. The information you learn on the wards and studying for Shelf exams compose most of the testing content. By the time you reach the end of your third year, we would hope you have passed through many of the questions once and your dedicated Step 2 CK study can be more of a review.
- Not all residencies require a Step 2 CK score to offer an interview. This is specialty/program dependent. It is imperative that you speak to a specialty advisor if you are considering holding off on taking Step 2CK. However, many programs do not offer interviews without seeing a passing Step 2 CK score. There are many factors involved in this decision and are completely based on the preferences of the residency of your choice. We HIGHLY RECOMMEND talking with your specialty advisor, mentors, and M4s to make a well-informed decision based on your specific application. You can also consider seeking specialty specific websites for further information.

You had trouble with Step 1 but have done well on all the shelf exams and the CK practice test. (Step 1 scores do not predict CK performance.)

- If you feel confident that you will do well on Step 2 CK, taking it and sending in a great score will make residencies more confident with your future ability to pass their boards and more likely to offer you an interview. This has been known to “make up for” a lower Step 1 score in the past and grant otherwise average applicants greater numbers of interviews.

You're a great clinician but MCQT's aren't your thing.

- You should talk to a specialty advisor to discuss the strengths and weaknesses of your application. In many cases, it is still in students' best interest to have a passing Step 2 CK score on their application.

Why is there an October 31st deadline?

- For students who are unsuccessful on CK, they need to have time for further study, to repeat the test and get the result back in time to submit a passing grade to residencies as they begin their rank order process in late January. If they are unsuccessful a second time, they will need time to study, retake and submit a passing score before graduation.

How do I request a scheduling permit for Step 2 CK/CS?

- Log into your NBME account (<https://apps.nbme.org/nlesweb/#/login>). The permit request will typically be processed by the Office of Medical Education within 24 business hours. For assistance with any issues concerning applying for your permit or scheduling your exam(s), please contact NMBE via the link provided.

Each year ninety-something percent of our seniors do well on both these exams. Use every patient experience on your clerkships as an opportunity to direct your reading and studying so that these examinations end up being more of an exercise in accessing and extrapolating from personal memory, rather than dredging up lecture material or U-world questions.

Appendix 3 Other Resources

Resources from the AAMC

If you are having trouble choosing a specialty:

Careers in Medicine (CiM) Tools and Resources available on www.aamc.org/cim

- Medical specialties information
- Compare specialties tool
- Medical Specialty Preference Inventory—Revised Edition (MSPI-R)
- Physician Values in Practice Scale (PVIPS)
- Clinical Rotation Evaluation Specialty Indecision Scale (SIS)
- CiM Program Search and AMA’s FREIDA database
- CV samples
- Match Timeline

Applying to residency:

- [Creating a parallel plan](#)
- [Electronic Residency Application Service](#)
- [Writing a curriculum vitae](#)
- [Writing your personal statement](#)
- [An MSPE primer](#)
- [Securing letters of recommendation](#)
- [Polishing your digital image](#)
- [8 things you should know about applying for residency but were afraid to ask](#)
- [Strategies to help avoid going unmatched](#)

More information about cost:

<https://students-residents.aamc.org/applying-residency/apply-smart-residency/>

Residency Explorer:

Residency Explorer will allow you to explore and compare residency programs in 11 specialties and compare your profile to applicants who matched at each program. Residency Explorer is a **working prototype**, which means that not all the features and functions are fully developed. We encourage you to consult with a trusted advisor or mentor as you research programs.

***WARNING* - you can only input scores three times!**

<https://www.residencyexplorer.org/Account/Login?ReturnUrl=%2F>

Included specialties:

Anesthesia
Dermatology
Emergency Medicine
Family Medicine
Internal Medicine*
Obstetrics and Gynecology

Orthopedic Surgery
Pediatrics
Psychiatry
Radiology (Diagnostic)
Surgery (General)*

Resources from the NRMP

Charting outcomes in Match: There are several documents on this site which contain statistical information for the main Match by specialty and program.

- [Interactive version](#) of the same data from the NRMP.

How the Matching Algorithm Works: A quick, easy video on how the algorithm to match you to residency works

Program Directors Survey: Results from a survey of Program Directors to provide insight into criteria that program directors use to make interview and ranking decisions.

**This is a great resource to see when different residency programs interview.*

Texas STAR

Database created by UT Southwestern Medical Students who have collected data from recently matched M4s from numerous medical schools to provide more specific information surrounding applicant characteristics who match at different programs.

- Information and access to this database will be emailed in May, after data from the 2020 Match is collected.

Contact Information:

Authors

Phillip Link (Class of 2020)
President, Class of 2020
plink@uthsc.edu
(770) 337-9820
Applying Internal Medicine

Andrew McBride (Class of 2020)
President, MSEC
amcbrid9@uthsc.edu
(901) 828-1662
Applying Internal Medicine

Office of the Dean of Students

Dr. Catherine Womack, MD
Associate Dean Student Affairs and
Admissions
cwomack@uthsc.edu

Dr. Sara Cross, MD
Assistant Dean Student Affairs
scross11@utshc.edu

Current M4s volunteering to be points of contact

Jordan Luttrell (Class of 2020)
CUME Representative
jbeale1@uthsc.edu
Applying Otolaryngology

David Wallace (Class of 2020)
CUME Representative
dwalla24@utshc.edu
Applying Neurosurgery

Link to other fourth years:

https://docs.google.com/document/d/1Ue-NZeutjxshilCar2_HuPPy7W-a0D2TegKRf7fq880/edit?usp=sharing