

## Recap: 2018 NRMP Main Residency Match

Friday, March 16, 2018 was a momentous occasion for residency applicants. And there was plenty to celebrate with 94.3 percent of U.S. MD seniors matching. U.S. MD seniors made up 18,818 of the 29,040 applicants who successfully matched into a first-year residency position. Of the applicants who matched, 77.3 percent of U.S. MD seniors matched into one of their top three choices and 51.1 percent matched to their first choice.

"Similar to last year, the overall 2018 match results for U.S. MD seniors are favorable," says Geoffrey H. Young, PhD, senior director for Student Affairs and Programs at the AAMC. "The results in part reflect the collaborative efforts of our students and their student affairs deans and advisors as they all work together to use school and national resources, like CiM, to facilitate successful match outcomes."

### Match rate

The 2018 match rate varied by applicant groups, according to the [National Resident Matching Program](#)® (NRMP®). Previous graduates of U.S. MD schools made up 1,511 of the applicants, 662 of whom matched into a first-year residency position for a 43.8 percent match rate, down 2.2 percent from last year. Of the 4,617 U.S. DO applicants, 3,771 matched for a match rate of 81.7 percent, remaining steady from last year. And of the 7,067 non-U.S. citizen international medical graduates (IMGs) who submitted rank order lists, 3,962 matched to a first-year residency position, a match rate of 56.1 percent and an increase of 3.7 percent over last year. The number of U.S. citizen IMGs who matched to a first-year residency position increased by 123 (to 2,900) over last year, but their match rate of 57.1 percent increased by 2.3 percent.

Overall, the number of applicants submitting rank order lists in the match increased by 1,134 over last year to 37,103. And the number of first-year positions increased by 1,383 to 30,232, which is an all-time high. Most of the additional positions occurred in primary care, with most in internal medicine and family medicine.

The most competitive specialties in this year's match were diagnostic radiology, integrated interventional radiology, neurological surgery, physical medicine and rehabilitation, and thoracic surgery, which filled all of their available first-year positions. Closely following these specialties in competitiveness were categorical surgery, emergency medicine, obstetrics and gynecology, orthopaedic surgery, integrated plastic surgery, and psychiatry — each with 99 percent of their positions filled.

### SOAP

After the match algorithm was processed, 1,078 U.S. MD seniors were unmatched to a first-year residency position (an increase of 19 from 2017) and 1,192 first-year positions were unfilled. Of the total number of unfilled positions, 1,171 of the 1,268 were entered into the [Supplemental Offer and Acceptance Program](#)™ (SOAP™). Developed by the NRMP in partnership with the AAMC, SOAP streamlines and automates the process for students who do not initially match to a residency position. Further data on this year's SOAP outcomes is not yet available, but class sizes continue to expand and new medical schools continue to open for both MD and DO schools, outpacing the growth in residency positions. This numerical reality requires applicants make a wise specialty choice and apply smart for residency.

### References

- 1 National Resident Matching Program (2018). [Advance Data Tables: 2018 Main Residency Match](#). Washington, D.C.: National Resident Matching Program.
- 2 Thousands of Resident Physician Applicants Celebrate NRMP Match Results [news release]. Washington, DC: National Resident Matching Program; March 16, 2018. <http://www.nrmp.org/press-release-thousands-resident-physician-applicants-celebrate-nrmp-match-results/>. Accessed March 16, 2018.

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### Match Timeline



To eventually participate in the match, you must apply to, interview with, and rank programs — and each of these phases involves many steps. Here's a timeline by year and month to help you manage the process and ultimately accomplish every step.

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## Letters of recommendation

Surveys of residency program directors in many different medical specialties have illustrated that, generally, PDs consider letters of recommendation (LoR) a significant part of the application process. In contrast to a transcript and USMLE or COMLEX scores, LoR reveal qualitative rather than quantitative information regarding your personal and professional characteristics. So it's important you secure strong letters to support your candidacy and plan early to ensure you receive helpful submissions.

### Whom to ask for letters

Anticipate whom you'll ask for letters by strategizing who your strongest advocates will be. Get to know the faculty and clerkship directors on your rotations, and let them get to know you before asking the favor. Letters should generally be written by physicians who know you well. Generally, avoid soliciting letters from residents, pre-clinical faculty, and non-physicians.

Your letter writers should have experienced working with you in a clinical setting. They should be able to describe in detail your clinical abilities as well as your personal attributes, such as being a team player or a good problem-solver.

A. Gerson Greenburg, M.D., Ph.D., department of surgery at Brown University School of Medicine and The Miriam Hospital in Providence, R.I., wrote " ... Students need to select someone whom they feel knows them and their performance well, and who is concerned and committed enough to the student's career to write a well thought out, detailed, and positive appraisal of them. We have seen that some letters, written on behalf of excellent applicants, did not do them justice because their authors were brief, vague, and/or non-committal ... "

Answer these questions to determine your advocates:

- How well did I perform in the rotation?
- Did I develop a close working relationship with the potential letter writer?
- Did this person think highly of my clinical skills and overall performance?
- Does this person care about my plans for the future?
- Does this person have good communication skills that will be reflected my letter?



Once you've identified potential letter writers, discuss your list with your advisor or students affairs dean so they can help you decide who may be best to ask in your particular field or situation.

Then, confirm your cheerleaders by asking if they'd feel comfortable writing you a strong letter of support. If not, this gives the potential letter writer an easy out. If their answer is anything other than a strong affirmative, look elsewhere.

Additionally, ensure each letter writer is familiar with what's required in a letter of recommendation for a residency training program application. Both of these steps will minimize the likelihood you'll receive a negative or neutral letter or one that's too brief or generic, which will do little to help your candidacy and, in fact, may detract from an otherwise competitive application.

Aim for two letters written by physicians in your chosen specialty who can attest to your interest and fit. Since most clerkship directors work closely with their students, you may want to obtain a letter from the clerkship director or department chair in that specialty.

In fact, some specialties require a LoR from a department chair in the specialty and, further, from that chair at your medical school. And students should do their best to comply. If you cannot secure a LoR from a department chair (e.g., your school lacks a department in your chosen specialty), ensure the letter is instead written by a faculty member you worked with in an elective or sub-internship in the specialty. A solid letter from a faculty member who knows you well will, in most instances, outweigh a chairperson's lukewarm letter about a student he or she hardly knows.

Your remaining LoR can reflect your performance in other specialties (to which you're not applying), as programs greatly value well-rounded students. Research mentors and faculty from away rotations and extra-curricular activities are also good options for writing you letters.

You may be surprised at how willing faculty members are to write you a LoR. Keep in mind they've probably written many during their tenure, and it's part of their job to perform this important function.

### When to ask for letters

Request as many LoR as possible from your third-year and early fourth-year rotations. The more LoR you receive early, the more opportunity you have to select the people you feel know you well enough to write a strong letter on your behalf and choose those letters to submit to the [Electronic Residency Application Service \(ERAS\)](#) or [other application service](#), as appropriate.

Whenever possible, ask potential letter writers if they're willing to assist as you complete your rotations when your work ethic, personality, performance, and accomplishments are recent—rather than distant—memories. Don't wait till you begin completing your ERAS application to make all of these requests.

At the very least, ask potential letter writers a minimum of four weeks prior to the date by which you want or need them to submit their letter. If the deadline for a letter occurs more than six months after the rotation, follow up with a formal request closer to the submission date.

### How to ask for letters

Even though they might be happy to comply, recognize your letter writers are doing you a favor, so ask politely.

Preferably, request the letter directly and in person. If you must make your request in writing, also suggest a face-to-face meeting so the writer can put your name and face together as he or she will have seen many students during the course of the year.

Provide the letter writer clear and specific instructions for the content of the letter and the process for submitting as well as all deadlines. ERAS provides a letter request form you should use once you've finalized your LoR authors that assists your letter writer with submission, including how to access and use the ERAS Letter of Recommendation Portal.

Also provide your letter writers with as much information about yourself as possible. This packet should include a copy of your CV, your personal statement, and a copy of your evaluations, as well as stamped, addressed envelopes.

Diligently track whom you've asked for a letter, when you asked them, as well as the deadline for submission. Then follow up with your letter writers to ensure they're submitting your letters on time. Touch base often with your student affairs or dean's office since they help collect and submit your letters of recommendation and other supporting documents.

After your letter writers have submitted their LoR, send each physician a thank you note to express your appreciation for their time and effort on your behalf.

## How many letters to submit

Most programs require a minimum of three letters of recommendation from each applicant. While ERAS allows you to store an unlimited number of letters and to designate different letters for each program, you're limited to sending up to four letters to an individual program. To determine whether to send three or four letters to a program when given the option, send only the number of letters you need to fulfill the program requirements.

## Waiving your right to see your letters

Many persons involved in the resident selection process wish to know whether an applicant has waived his or her right to see the content of a letter written on his or her behalf, since some believe letters to which the right of access has been waived provide more reliable, valid, and straightforward information. ERAS and other residency application services ask you to indicate whether you waive your right to see each LoR. Residency directors expect you to do so. We recommend you do so. And most applicants comply.

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**Leonard B. Goldstein, D.D.S., Ph.D.**

Director of Clerkship Education

New York College of Osteopathic Medicine of New York Institute of Technology

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#### Match Timeline



To eventually participate in the match, you must apply to, interview with, and rank programs — and each of these phases involves many steps. Here's a timeline by year and month to help you manage the process and ultimately accomplish every step.

## Securing letters of recommendation

We know you have questions, so we went to the experts for answers. This column features experienced faculty advisors and student affairs professionals answering questions about choosing a specialty, applying for residency, and any other career-related concerns you may have.

Dear Advisor,

**How many letters of recommendation do I need to apply for residency, and who should I ask for letters? Should most of my letters be from faculty in my chosen specialty?**

Letters of recommendation (LoR) serve as the "expert testimony" that help residency programs make better informed decisions about applicants. While not the most important factor used in selecting residents, LoR can make the difference between being passed over for and scoring an interview, especially for applicants who are less than stellar.

A strong letter also cements a residency program's decision to interview an applicant with excellent academic credentials. So, choose wisely who you ask to create these very important documents.

I advise my students to assign three or four LoR to each residency program they apply to through the Electronic Residency Application Service (ERAS). Most programs require applicants submit a minimum of three current letters, and ERAS allows you to assign up to four letters per program.



At least half of your LoR should come from physicians in the specialty to which you're applying. Your remaining LoR can reflect your performance in other specialties (to which you're not applying), as programs greatly value students who are well rounded.

For example, a student applying to general surgery programs should secure at least two LoR from surgeons. The student can then fill the remaining one or two LoR (depending on whether the student submits a total three or four letters) with strong letters from other specialties like internal medicine or Ob-Gyn.

Given their importance, consider who you want to write letters for you as you navigate your third-year clerkships and early fourth-year electives. Obtain a letter from a faculty member in a program where you completed an elective or sub-internship who can speak highly of your work.

Some specialties require an LoR from a chairperson, and students applying to those specialties should do their best to comply. If this is not possible (e.g., your school lacks a department in your chosen specialty), ensure this letter is instead written by a faculty member you worked with in an elective or sub-internship in the specialty. A solid letter from a faculty member who knows you well will, in most instances, outweigh a chairperson's lukewarm letter about a student he or she hardly knows.

Since most clerkship directors work closely with their students, you may want to obtain a letter from the clerkship director of your chosen specialty. Your goal is an outstanding letter from a clinical faculty member who can attest to your medical knowledge, clinical acumen, work ethic, and professionalism.

How do you request such letters? First, ask a faculty member who is at least somewhat familiar with your work. Then, ask your potential writer if they can write a strong letter of recommendation for you. If they hesitate at all, ask someone else.

It's imperative you also ask for this favor in writing (i.e., e-mail), even if you've already approached the letter writer in person. This allows you to provide additional information about your background and aspirations in the form of a CV and, preferably, a personal statement. If you did not first approach the faculty member in person, suggest meeting to review your qualifications and career goals.

Since the faculty members writing your letters are likely writing for multiple students, give them a timeline for when the letter is needed and follow up if you don't receive the letter by the agreed upon deadline. Also include an ERAS cover sheet, which directs the writer where to forward the LoR as well as other pertinent information such as your AAMC ID number and whether you've waived your right to see the letter.

And, don't forget to say thanks. After your letter is ready, write a short thank you note (e-mail or a card) for their support.

Have a question you want our panel of experts to address? Send your queries to [careersinmedicine@aamc.org](mailto:careersinmedicine@aamc.org) and put "Ask the Advisor" in the subject line.

**Ngazi F. Anachebe, Pharm.D, M.D., F.A.C.O.G**

Assistant Dean for Admissions & Student Affairs  
Assistant Professor of Clinical Obstetrics and Gynecology  
Morehouse School of Medicine

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## Overview: Applying to residency

You're probably experiencing a mixture of excitement and anxiety as you begin the application process. That's normal. Once you've applied and been selected by a residency program, you'll know more about the direction of your life and career, at least for the next several years.

Applying for residency programs involves developing and assembling your residency application and supporting documents. Your goal: presenting your best self through your application.

Your chosen specialty(ies) and programs will affect the **types** and **number** of positions you'll apply to as well as the application services you must use and the matching program(s) you must participate in.

### Developing and assembling your application

Applications generally include these components:

- application information/curriculum vitae (CV)
- Personal Statement
- Letter(s) of Recommendation (LoRs)
- USMLE Transcript (optional)
- COMLEX-USA Transcript (optional)
- Medical Student Performance Evaluation (MSPE or "Dean's Letter")
- Medical School Transcript
- Photo (optional)
- ECFMG Status Report (International Medical Graduates only)
- Postgraduate Training Authorization Letter (PTAL or "California Letter") (International Medical Graduates only)

You are responsible for creating or assembling the first three components. Your medical school is responsible for either providing or uploading the remainder to the application services. Your school will provide its process for developing the MSPE and ensuring your documents are uploaded.

### Application timeline

Begin preparing your residency application(s) in the summer between your third and fourth year. The Electronic Residency Application Service (ERAS), the most widely used application service, opens in late May-early June for students to begin working on their MyERAS applications. Writing a good personal statement and securing your letters of recommendation take time — so start early. Consult our [timeline](#) for when to address each element of the residency application process as well as your school, should they offer further timelines or guidance.



Submit applications by mid-August of your fourth year for "early Match" specialties (i.e., ophthalmology and urology) or mid-September for all other specialties. More programs select students for interviews using the "first come, first served" policy, so the sooner you submit your application, the better.

During the fall of your fourth year, you'll take the USMLE Step 2 exam, which includes both a clinical knowledge written assessment and a clinical skills assessment. Most U.S. medical schools require students at least to take, if not also to pass, Step 2 prior to graduation. Increasingly, residency training programs are interested in students' Step 2 scores.

As you prepare your application materials, remain as organized as possible. Maintain good records of deadlines as well as who you've asked to proofread your materials and when. Also, when a deadline is approaching, send a friendly reminder to those who are helping you.

### The cost of applying

Each application service charges students, based on the number of applications an applicant submits. For more details about the cost of residency applications, review FIRST's fact sheet [The Cost of Applying for Residency](#).

### Before applying

It's possible at least one person at each residency program will search the Internet for you prior to offering you the opportunity to interview. These people will likely draw inferences — correctly or incorrectly — about you based on your online presence. To avoid misconceptions about you and unnecessary rejections for interviews, review your online presence and [clean up or lock down](#) any content that does not promote the image of a successful, mature physician.

Once you send your application and supporting materials to your designated programs, the interview process begins.

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## Polishing your digital image

The *New York Times* covered it. So did CNN, CBS News, and Time magazine. The headlines were all variations on a theme: Medical students post unprofessional content online.

The attention over medical students' unprofessional online behavior was sparked by a [study conducted by faculty at George Washington University in Washington, and Johns Hopkins University in Baltimore](#), and published in the September 23/30, 2009 edition of the *Journal of the American Medical Association*. The researchers surveyed 130 medical schools and found, of the 78 who responded, 60% of the schools reported incidents of their students posting unprofessional content online. The incidents included

- postings that violated patient confidentiality (13% of schools)
- postings containing profanity (52% of schools)
- postings containing discriminatory language (48% of schools)
- depictions and photos of intoxication (39% of schools)
- sexually suggestive material (38% of schools)

Few of the incidents violated patient confidentiality. Rather, most of the incidents were potentially detrimental to the student's career. The possibility a program director is searching residency candidates online and finding their unprofessional content should give every student pause.

Entering the medical profession requires you wear the mantle of professionalism at all times, and your digital image is no exception. As we enter residency interview season, it's in your best interest to examine whether your digital image projects the professional you're training to be.

There are no overarching guidelines for medical students (or physicians) that define (un)professional online behavior. But in the wake of the JAMA article, many schools are drafting policies so check with your school for any applicable guidance.

Defining appropriate online conduct can be blurry regardless of whether your school has a policy in place. So how can you ensure future program directors find only the best "you" online?

**Consider carefully what you're posting.** Participating in networking and sharing sites like Facebook, LinkedIn, Flickr, and Twitter or writing a blog are wonderful tools for connecting with friends, family, and even colleagues. But pages laced with profanity, critiques of your school or hospital, or depictions of drunken weekend escapades are a no-no.

**Avoid posting patient stories.** Even without names, there's often enough identifying information in a blog entry, wall post, or other anecdote to identify a patient. If you do discuss patient encounters, change all identifying details (e.g., dates, times, conditions, sex, age) of any training tales you choose to share.

**Periodically search yourself.** What others post on your page can also reflect poorly on you. So be vigilant about checking others' posts for offensive or otherwise inappropriate elements.

Also, enter your name into a search engine and see what surfaces and whether it's positive. Remove unprofessional posts, and monitor your profile going forward.

**Check the photos in which you're "tagged."** Ensure they're appropriate, and un-tag yourself from any embarrassing or unprofessional photos. Better yet, skip tagging photos altogether.

**Define funny.** Humor can be hard to interpret when conveyed in writing. And what you consider as a funny, harmless anecdote or sarcastic comment may be understood differently by others.

**Choose your friends carefully.** Avoid online interactions with patients, and carefully consider "friending" residents, faculty, and colleagues. Depending on how you utilize your online network, it may be inappropriate to include in your personal web sphere people who may supervise your work.

**Restrict your privacy settings.** You could block potential supervisors and the general public from certain content, but don't rely on that alone! Privacy settings can help you continue enjoying your online connections, but those setting options can be changed by site owners without your prior knowledge. In which case, aspects of your profile or other content you've restricted may suddenly be available for all eyes to see.

Last, remember two critical points: 1) you have no control over what's forwarded by others, and most importantly, 2) what's on the web can live forever.



### Jeanette L. Calli, M.S.

Jeanette, formerly the program manager for Careers in Medicine, is director of match operations at the National Resident Matching Program® (NRMP®).

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## Top 8 things you need to know about applying for residency

You can just imagine the scene: a conference room full of teaching faculty and the program director, everyone swilling murky coffee and avoiding the day-old doughnuts as they consider the fate of residency applicants they want to rank in the Match. The debate begins over who would make the best residents for their program — who interviewed well, who has the best credentials on paper, who seemed arrogant or uptight, who's the diamond in the rough that can truly shine given the chance?

Just as you want to find a residency that's right for you, program directors and faculty want residents who'll fit in with their training environment and faculty. The application and interview process is all about evaluating that fit so you can thrive in your training.

CIM staff attended a student affairs professional development conference that focused on the transition to residency. We listened to program director panels, heard horror and success stories of students going through the Match, and participated in sessions designed to impart the best wisdom and current practices in preparing for the application and residency process. Without further ado, we present the eight things you should know about applying for residency but were afraid to ask:



1. **Do your homework regarding how competitive you are.** Ensure you review all the Match and residency applicant data available to ensure you're competitive for the specialty you're considering. Talk with your specialty-specific advisors about programs you're considering since they'll have a better grasp on program characteristics.

Your school may also have specific information on where past classes have matched. This data can help you gauge how competitive you are at the specialty and program level.

2. **If you're interested in a competitive specialty, cast your net widely and create a parallel plan.** It's no secret that specialties like dermatology, plastic surgery, anesthesiology, otolaryngology, radiology, ophthalmology, and a few others are especially competitive. If you've chosen an especially competitive specialty, plan to apply to more programs to help ensure you'll be successful on Match day. You may also consider a parallel plan, so meet with your advisor early to discuss your individual situation.

3. **Avoid getting too creative with your personal statement.** Programs aren't looking for the next *New Yorker* columnist. They want a simple, one-page statement that describes who you are and why you want to enter their specialty.

Your personal statement provides the chance to highlight your strengths, outline why you're a good match for your chosen specialty, and indicate how their residency program can help you meet your career goals. As one program director panelist said, "Spell well, use good grammar, and get out!"

4. **Your letters of recommendation are important in the screening process, so secure good ones.** Whom do you ask? Someone who knows you and your work. You want at least one and preferably two (out of three or four letters) from someone in your chosen specialty.

To ensure getting a good letter, ask your potential letter-writers if they feel like they know you and your work well enough to write you a strong letter. If there's any hesitation, ask someone else.

5. **Programs review applications early, so submit yours as soon as you can.** Many programs begin reviewing applications as soon as the Electronic Residency Application Service (ERAS) opens in September, and some begin offering interviews in October. It's to your advantage to plan well in advance for the application process and prepare your materials early.

6. **The interview is a two-way street.** Keep in mind that interviews are critical for both the program and the applicant. While it certainly is your time to shine, it's also your opportunity to [assess the program itself](#) and your fit with its residents, faculty, institution, and community. They want you to learn about them as much as they want to learn about you.

Preparation is key, so practice answering [common interview questions](#). You should also consider what characteristics are most important to you in a program so you can formulate questions to ask your interviewers.

7. **Most programs include numerous, different people in their selection process.** A review committee can include faculty, residents, chief residents, program coordinators, and of course the program director. So know people are reviewing your application packet from numerous, different backgrounds and perspectives. You never know what may stand out for one person or be a red flag for others. Being a well-rounded student who's a good fit with the program (see No. 1) can take you far in this process.

8. **The more programs you rank, the better your chance of matching, to a degree.** The National Resident Matching Program® (NRMP®) has collected data on the relationship between the length of an applicant's rank order list and whether they match. The data have consistently shown matched applicants average longer rank order lists than unmatched applicants. In the 2016 main residency Match, U.S. seniors who matched ranked an average of 10.6 programs, while unmatched applicants ranked only 4.7 programs. However, new research from the AAMC finds there are limits to that approach.

The residency application, interview, and match process can be grueling. Use the services your school offers — including advising, workshops, panels, specialty groups, and other resources — to help you stay on track and secure a position in a training program that's right for you.

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## Transitioning to internship: Why you need to pay full attention during your first year of residency

Many residents must complete a year of general medical training, called internship, prior to specialty training. This Internship is called a preliminary year or a transitional year, depending on the details of the planned rotations. A preliminary year generally occurs in pediatrics, internal medicine, or general surgery. A transitional year is usually a combination of internal medicine and general surgery.

Some residents consider this year a break because the position is temporary and the next step is defined: onto the specialty and program where they matched. In a way, preliminary and transitional interns lack the pressure experienced by categorical interns — those who will finish their residency training in pediatrics, internal medicine, or general surgery and are already worrying about applying to fellowship.

But rather than coast through this experience, maximize this period of training by paying attention and learning as much as you can. Here's what to do and why:

**Learn how to take care of patients.** While medical students complete specific tasks that support patient care, residents provide true patient care. And before you learn to consider, diagnose, and treat the single aspect of your patient that is your specialty (e.g., skin, eyes, reproductive organs), you must first become a general doctor. (Hence, the primary reason for preliminary and transitional years.)

For example, if your patient has medical problems aside from the rash you're diagnosing, that's important to know. He may take medications that preclude your planned treatment or be unable to attend appointments as planned.

What's more, one of the most important skills you can learn as an intern — no matter your specialty — is how to identify a really sick patient. Because even as an ophthalmologist, if one of your patients is scheduled to see you for an eye exam, you must be able to diagnose that the patient is unwell and should be sent to the emergency room. Good patient care means you never forget the whole picture.

**Be proactive and get things done.** Managing inpatients well requires good time management skills. Since you don't know when your next admission will be (likely soon!) you must plan ahead and get things done.

For example, are you waiting for a pathology report before you can plan a patient's next step? Go to the pathology department and discuss the report in person. Is your patient's discharge planning taking long? Expedite the process by speaking to the patient's family and social worker. The more efficient intern you are, the more competent you'll be as a senior resident, even in a different field.

**Network.** Your internship and the remainder of your residency are likely in different hospitals. Take the opportunity at your current hospital to make professional connections with other physicians. In your career as a resident and attending, you'll often meet patients who request or require referrals to see other doctors. By broadening your network early, you'll develop a comprehensive list of options that much sooner.

What's more, you may want to return to work at the hospital where you complete your internship. So make a good impression even though a job interview may seem far away.

**Analyze this new (to you) workplace.** Every hospital is different, with different missions, processes, cultures, and people. Actively observe the various aspects of this hospital and consider what you like and don't about working there. For example, notice how the emergency room, inpatient admissions and discharges, hospital and voluntary staff, electronic medical record system, and other aspects work.

Also consider the hospital's characteristics and environment. Is the hospital private or public? Urban, suburban, or rural? Your internship year is an opportunity to learn what type of environment you prefer for your future medical practice.

**Ask questions.** Everything you learn as an intern will help you become a better doctor. Asking questions sharpens your mind and fine-tunes the way you consider medicine.

Especially if you don't understand something, make sure you ask someone right away. Does the patient's medication list seem confusing? Is your resident asking you to submit an order you're unsure about? Don't merely follow orders, and don't assume you must be the one who's mistaken. You're a valuable member of your current team and always responsible for your patients, regardless of your future specialty.

Overall in your residency training, do your due diligence and do your best no matter what. Ultimately, your goal is to take the best possible care of your patients.



### Miriam A. Knoll, M.D.

Miriam A. Knoll, M.D., graduated from New York University Medical School in 2011. She completed her internship at Mount Sinai Medical Center in New York and Englewood Hospital and Medical Center in Englewood, N.J., and is currently a radiation oncology resident at Mount Sinai Medical Center. Her interests include medical education, oncology, radiation medicine, and social media in medicine. Follow her on Twitter @MKnoll\_MD

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