

OMS III & IV GUIDE TO SUCCESS

A SOMA Professional Development Service

Relax

- Whether you are about to take Level 1 COMLEX or are just recovering from it, **change is coming**.
- Good News:
 - The third and fourth years are **amazing!**

Contents

Rotations

- Mindset
- What to bring
- Question banks
- Medical Apps
- Hard lessons

Prep for the Match Now

- Application Systems
- Letters of Recommendation
- *Curriculum vitae*
- Specialty Selection

Scheduling

- Timeline
- Auditions (VSAS)
- Residency Application (ERAS)
- The Match (AOA / NRMP)

ROTATIONS

Mindset

Mindset

- Be Confident
 - You have learned a lot. No matter how much you have forgotten, you know enough to succeed—right from the start
 - **Most preceptors appreciate confidence**
 - **Own what you do**
 - **Defend what you do with MEDICAL KNOWLEDGE. You have it.**
- Be Prepared
 - Scope out good study sources before your rotations
 - Know where to look up quick facts you may need during the day or right when you get home

Mindset

- Be Resourceful
 - **Start asking questions on day 1:** the medical assistants, scrub nurses, and residents are excellent resources to be tapped *early*
 - Find the department's order sheets and protocols and explore their electronic medical record (EMR) system extensively
- Be Nice
 - Be sincere. It is okay to admit if you are nervous
 - Be kind... to EVERYONE, even that certain team member who may appear to be a real grump

Mindset

- Be Open
 - Whether it's a one month rotation or you think it's your top choice, **treat every specialty as a potential career path.**
 - Reflect the highest possible level of interest throughout every rotation, and never think,

"I don't ever want to do this specialty"...

...unless that is, it is the final day and you have made the fair assessment.

ROTATIONS

What to Bring

What to Bring

- In Your Pocket
 - ❑ Maxwell's Quick Medical Reference is a classic
 - ❑ Tablet, Phablet, or Smartphone (recommended apps listed later)
 - ❑ Best: ask outgoing students which site-specific materials are needed
 - ❑ Consider printing a sample Note (Mini Mental Exam, Delivery, Post-op)
 - Medfools.com "Scutsheets" are a great, free resource.
Some find the IM and ICU Scutsheets to be indispensable
 - ❑ Index cards and/or notepad



What to Bring

- ❑ Physical exam equipment
 - Stethoscope, pen light, reflex hammer (err on the side of too much)
 - Reach out to outgoing students to get specific recommendations



What to Bring

- You *will* have down time, maybe even on day 1
 - LEVEL 2 COMLEX review resource
 - Write notes in it all year (ex: First Aid for Step 2)
 - Rotation-specific text
 - [Case Files](#), [Blueprints](#), [PreTest](#), [StepUp](#), [First Aid](#), and [Secrets](#) are all book series with rotation specific texts. Do not get locked into one series. Buy the best book for each core subject.
 - Search for advice [here](#) on StudentDoctor.net (this premier med student forum was founded by a former SOMA leader, FYI!)
 - ***StepUp to Medicine*** is a commonly sited favorite for medicine

Q-Banks

❑ Question Bank

- Many make Q-bank priority #1, followed by full texts to supplement less familiar topics.
- A classic strategy:
 - ✓ Purchase a year-long subscription
 - ✓ For each core rotation, complete all questions once + complete a 2nd time for missed questions
 - ✓ Re-attempt all questions during the final prep weeks
- [COMQUEST/COMBANK](#) are most like COMLEX, so many choose to build exam familiarity and test-specific content by using these products.
- Schools commonly use either COMAT or NBME for shelf exams
 - ✓ [U-World](#) is arguably the best *teaching* tool, and is also most like the NBME Shelf exams
 - ✓ COMBANK offers very popular [COMAT Question Banks](#), which have been cited as very similar to COMAT shelf exams

Free Medical Apps

- ❑ Load up your tablet (Smart phone, iPad Mini, Google Nexus, other pocket-size devices...)
 1. **AHRQ EPSS**: Agency for Health Research Quality's Electronic Preventive Services Selector | IOS / Android
 - Input a pt's demographics -> instant recommendations for screenings
 2. **Medscape** | IOS / Android
 3. **YouTube** | IOS / Android
 - View procedures prior to assisting. Confidence booster.
 4. **MedCalc** | IOS, or **Medical Calculator & Equations** | IOS / Android
 5. **Eponyms** | IOS / Android
 6. **OMM Guide** | IOS
 7. **AOA**: American Osteopathic Association | IOS / Android
 8. **New England Journal of Medicine (NEJM)** | IOS
 9. **iRadiology** | IOS, or Radiology Tutor | Android

Paid Medical Apps

- ❑ The most established resources are now paid digital apps:
 1. **Epocrates** | IOS / Android and/or **Lexicomp** | IOS / Android
 2. **UpToDate** | IOS / Android
 - Some schools or hospitals provide subscriptions to students or residents
 3. **Sanford Guide to Antimicrobial Therapy** | IOS / Android
 - Terrific infectious disease resource for both rotations and residency
 4. **Tarascon Pharmacopoeia** | IOS / Android
- ❑ Recommended niche resources:
 1. **Diagnosaurus DDX** | IOS / Android
 2. **Due Date Calc OB** | IOS
 3. **Mobile OMT** series | IOS / Android
 4. **Glasgow Coma Scale** | IOS / Android

ROTATIONS

Hard Lessons

Hard Lessons

- It is stressful to start a “new job” every month
- At times you will feel like an idiot
- Sometimes your preceptor/nurse/resident will make you feel like an idiot
- Don't take anything personally
 - Bubble Technique:
Envision yourself surrounded by a protective bubble which deflects a frustrated doc's ranting and thus shields you from its effects.
No one knows why the doc is upset. He/she certainly does not have anything personally against you, so do not listen.
Zone out ranting, yelling, and any hurtful words. *Just ignore it.*
Aggressions are relatively uncommon, but they do happen. Be ready with this approach

Hard Lessons

- Teaching moments are important, but **do not expect your attending to give you personalized, 3-hour lectures**
- Expect them to teach you from their *experience* and to guide you to important *studies*. **You should read the basics on your own time**
- Be grateful for any attending or resident that personally teaches you
- Clinical years are for putting together the big picture on patient care and learning how health care facilities run
- The big picture is key, but a tiny abnormal lab value is vital. Always search for a delicate balance and err on the side of too much information

PREP FOR THE MATCH

Know What is Coming Down the Path

Application Systems

- The below two application systems will be referenced in the slides to come:
 - **VSAS:** “The Visiting Student Application Service (VSAS®) is an AAMC application designed to streamline the application process for senior "away" electives... .. This service requires students to submit just one application for all institutions, effectively reducing paperwork, miscommunication, and time. VSAS also provides a centralized location for managing offers and tracking decisions.”
<https://www.aamc.org/students/medstudents/vsas/faqs/>
 - **ERAS:** “Electronic Residency Application Service (ERAS®) is a service that transmits applications, letters of recommendation (LoRs), Medical Student Performance Evaluations (MSPEs), medical school transcripts, USMLE transcripts, COMLEX transcripts, and other supporting credentials from applicants and their Designated Dean's Office to program directors.
https://www.aamc.org/students/medstudents/eras/eras_faq/

Letters of Recommendation

- New Rules
 - As of Summer 2015, ERAS proclaimed that schools are no longer allowed to accept and submit LOR on their student's behalf
 - ERAS now requires letter writers to directly upload letters to its website
 - ERAS does not allow letter writers to upload these letters until late Spring (May as of 2015), when each student's account becomes activated

Letters of Recommendation

- Even with these new rules, it still can be advantageous to ask for letters prior to your ERAS account becoming activated
 - It is debatably never too early to ask, but can easily become too late
 - The problem with waiting until the late spring is that you may have trouble getting back into contact with your old preceptors, and they might even forget what made you special!
 - For these reasons, it may be worthwhile to request your LOR at the end of each rotation, and ask that the writer save a copy of the letter on file for when ERAS opens in the Spring.

LOR Approach

WHO: Any doctor who will write a good letter. Ask, “Do you know me well enough to write me a good letter of recommendation?”

This gives them an appropriate “out” if they are unable to write a strong letter

WHO: When able, ask doctors in the specialty you are pursuing. Orthopedic surgeons place less value in a letter from a family physician compared to another surgeon

WHO: It is common for an attending to offer to “co-sign” a letter written by a fellow. Attending-written letters hold the most possible weight, so strategize for this where possible. Try to *avoid* having to submit any letters written by residents

WHAT: Provide the writer with a CV, cover letter, and cover sheet

LOR Approach

WHEN: Ask during your last few days or very shortly after. They may not remember you 14-months later, when you start to apply. Give them a reasonable deadline—a few weeks to 2 months—so they get it done

WHEN: Don't be offended if they keep forgetting to write the letter. Contact them. Writers are rarely prompt. Professional etiquette is to resend the same request, 1-week past the agreed deadline. Do not apologize or harass. Simply restate your request as if it were the first time. Apologies or respectfully stern language are easily misinterpreted. Keep it simple.

Delay does not necessarily equal bad. Many late letters still contain the best praises

WHEN: Once ERAS opens, enter letters into the ERAS application system as they arrive. This allows them to be on file when you initially submit your residency applications in July-Sept

LOR Approach

HOW (MANY): Only 3 are required, but you can file more and customize which combination of letters to release or exclude to each individual residencies.

WHY: If you have more than 3 letters, *why* should you submit one over another?

Some of the authors might hold weight with a certain specialty or region. An Ohio surgeon might be great for a Cleveland General Surgery residency, but weaker for your 2nd career choice of Family Medicine in New York City. You might have a few alternate outpatient-based letters to submit instead.

THEN: Write hand-written or pen-signed thank you letters

Curriculum vitae (CV)

#1. Always have an up-to-date curriculum vitae (CV) handy

- CVs are medicine's version of a work resume.
- The **SOMA CV Builder with Touch Point & SSP Tracking** tool helps...
 - ✓ Tracks your experiences continuously
 - ✓ Eliminates the need to search through calendars and emails to populate your CV, therefore greatly reducing the stress and improving quality
 - ✓ [Click Here](#) to download this tool
- A good CV is a work in progress and should be a *time-consuming task*, so get your first draft done early
- You will need time to reform multiple drafts to ensure it represents your best qualities and experience
- It works great to hand your CV directly to your letter writer, but it often works just as well to simply ask for their email address
- Explain that you can send a packet of information on the LOR process, including some more info about yourself (include CV, cover letter, instructions, etc...)

Letters: Request + Cover

#2. A letter addressing “Dr. Smith”

- Draft a letter of instruction in advance. It should include a **DUE DATE** for the letter and some basic background about you

#3. A cover sheet for recommenders / writers

- ERAS allows you to generate a cover sheet with submission instructions
- If you are requesting a LOR before ERAS opens, type out your own
- Include: a waiver for rights to view the letter, and submission instructions

SPECIALTY SELECTION

Narrowing the Field

Specialty?

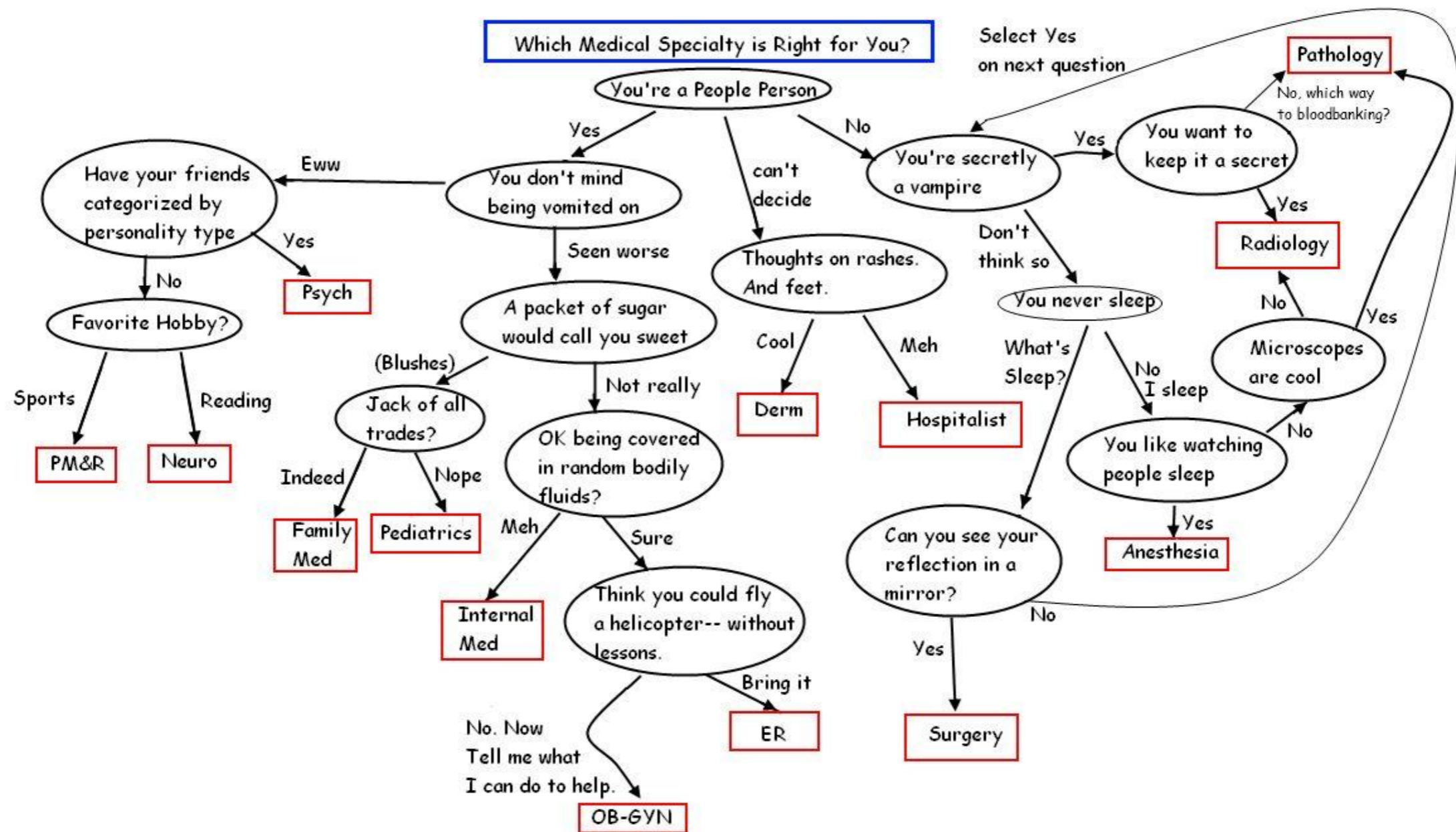
- You are not expected to know what specialty you want to pursue yet
- As you are able, no matter the rotation you are on, *pretend* that you love it to give it a fair try (“Fake it ‘til you make it” has many good applications)
- If you have a specialty picked out now, statistics show that you are likely to change your mind
- Try not to have one rotation or attending negate an entire specialty.
- Get an idea of what is actually out there
- Be patient with yourself

Specialty Selection

- Get exposure
 - Talk with specialists on the floor
 - Ask what they like / dislike about their fields
- Pay attention to the medicine (physiology) Vs. patients (sick, ICU, dermatology) Vs. lifestyle (call, nights, shifts)
- [**Iserson's Guide to Getting a Residency**](#) is great and offers a matching quiz
- Cover your bases
 - If you are considering a highly competitive program (e.g. orthopedics, dermatology, ophthalmology, radiology, etc...) you will need to pave your way to success
 - Err on the side of too much preparation, to keep all options open

Specialty Selection

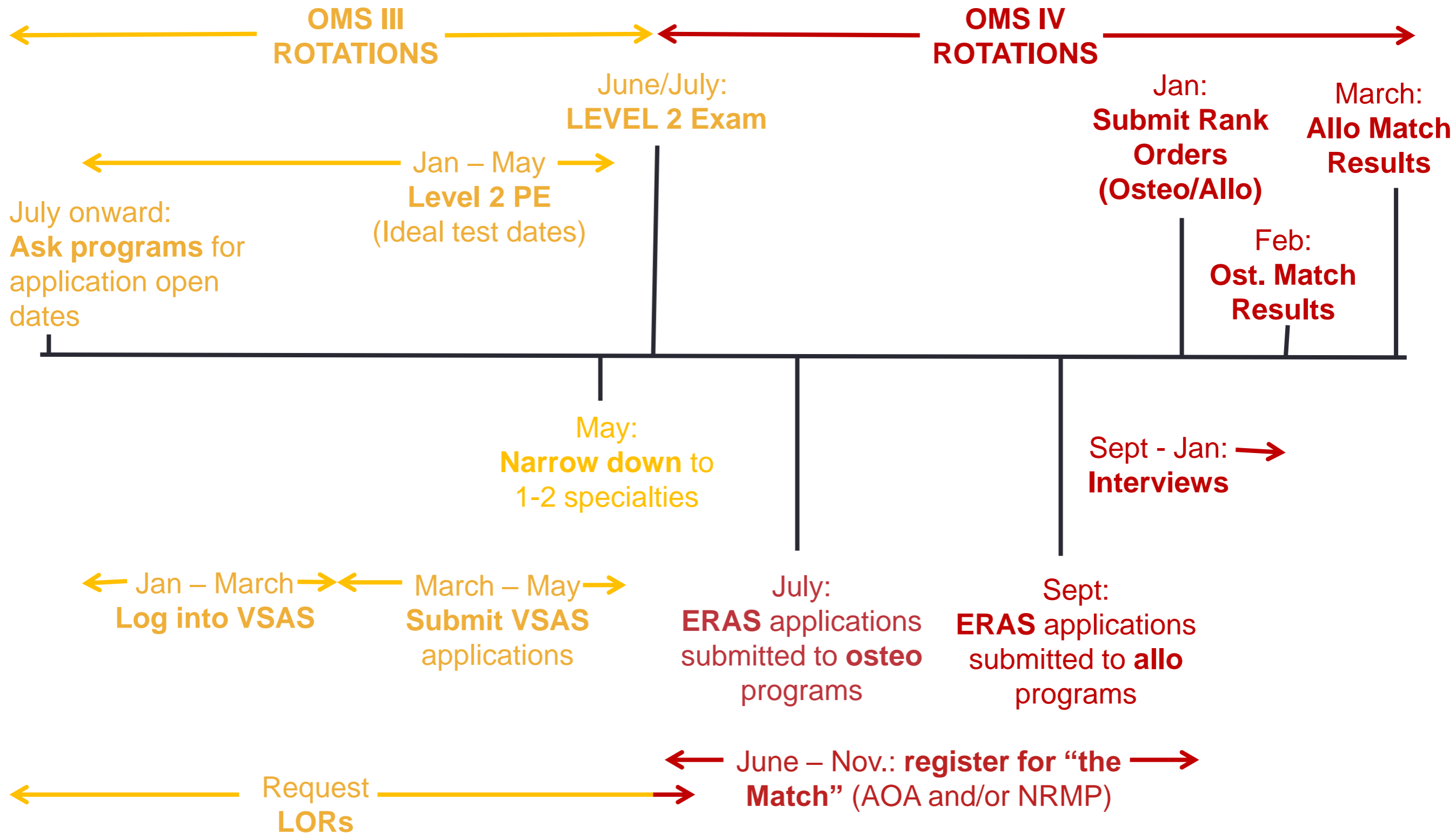
- Go with what feels *right* (sometimes totally frustrating, but also, totally *true*)
- If a residency feels a bit “off”, it may not be the place for you; alternatively, if it has a really great vibe, go for it!



SCHEDULING

How to Mark Your Calendar

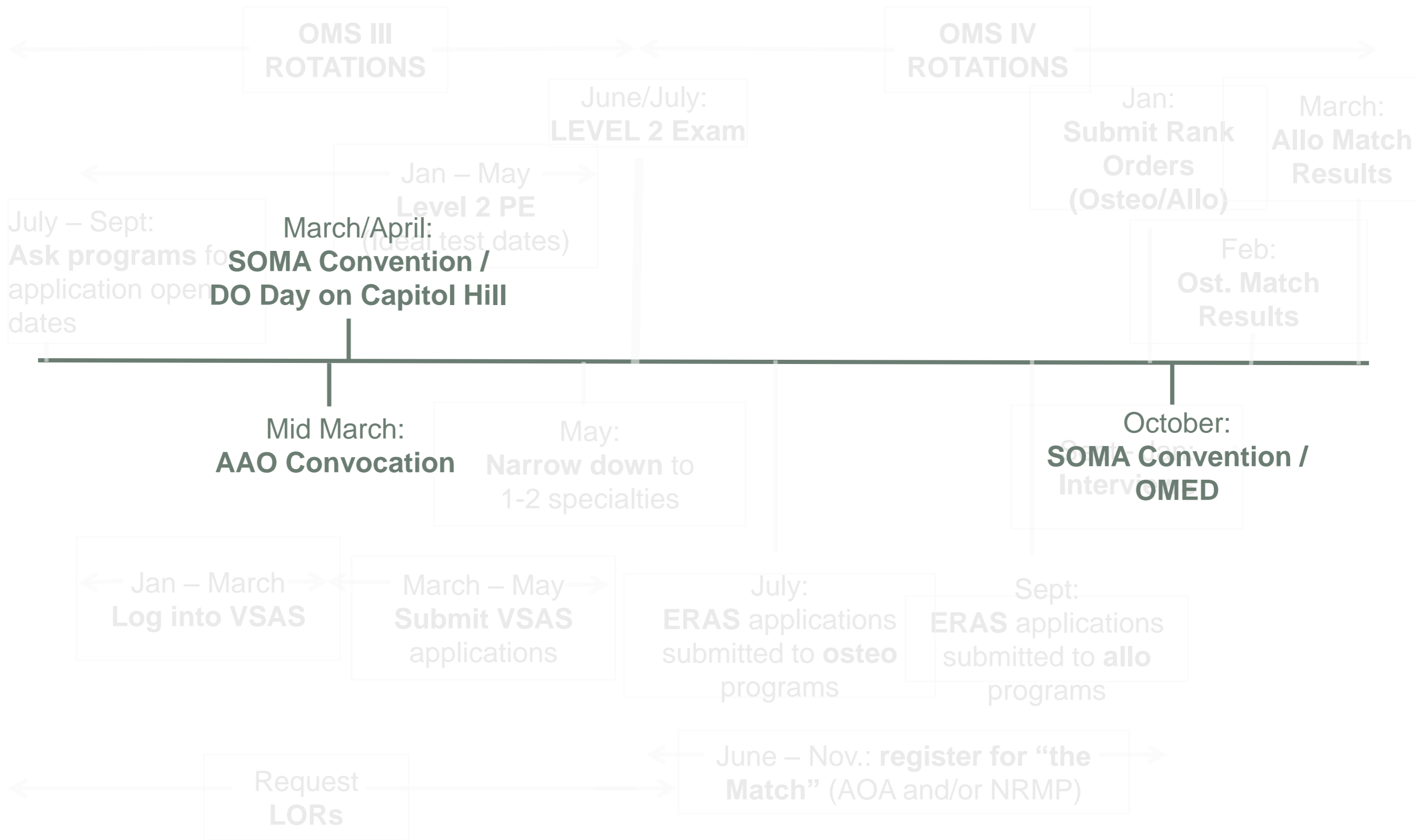
OMS III/IV Timeline



Scheduling

- Mark tentative dates for these on your calendar now:
 - COMLEX Level 2: Exam & PE
 - Audition Rotations
 - Required Rotations
 - Family & Vacation
 - Conferences & Courses
 - ✓ SOMA/OMED,
 - ✓ AAO's Convocation or courses,
 - ✓ DO Day on Capitol Hill
 - ✓ Etc...

Attendance to Consider



Scheduling

- COMLEX LEVEL 2
 - Level 2 PE
 - ✓ Schedule your PE ideally **between January – May of OMSIII**
 - PE completion can be entered into ERAS, which strengthens your applications, though it is not strictly required
 - Complete PE by December of OMSIV at latest to ensure graduation
 - LEVEL 2 Exam
 - ✓ Though many find Level 2 prep less intense than for Level 1, its difficulty is too commonly **underestimated**
 - ✓ Study steadily during rotations and allow plenty of time to prep during the weeks leading up to the exam.

Auditions

- ***Audition spots fill up fast!***
- Call audition sites as soon as you receive your COMLEX Score
- Ask for the opening date for application submission
 - ✓ September of OMSIII is common (November at the latest)
- The ***SOMA Audition & Residency Tracker*** spreadsheet tool
 - ✓ Organize your efforts
 - ✓ Maximize your success
 - ✓ [Click Here](#) to download this tool
- Unable to audition? Ask to visit for a day or weekend
- Extra competitive programs: do research
 - ✓ Upper classmen are your best resource for information and strategies
- Applications are usually in the form of either custom PDF applications or formal VSAS service applications
 - **Many allopathic rotations require VSAS to apply**
 - Your school provides access:
<https://www.aamc.org/students/download/46302/data/vsasstudent.pdf>

Auditions

- Narrow down sites by...

- ✓ Location

Family, weather, cost of living, etc...

- ✓ Opposed Vs. Unopposed

FM + IM at same site Vs. only one

- ✓ Didactics

Scheduled teaching

- ✓ Fellowship pathways

Cardiology, GI, etc...

- ✓ “Brag points”
etc...

OB exposure, OMT integration, # of procedures,

- ✓ Big Vs. Small

Disease variety Vs. total care opportunities

- ✓ Class size

Collaboration Vs. 1-on-1 opportunities

- ✓ Program culture

How do you generally feel when you are on site?

Residency Applications

- The ERAS system is used to apply to each desired residency program
 - For both osteopathic and allopathic programs
 - Schools provide access to ERAS in June or July
 - Submit applications **ASAP once they open** (see Timeline)
 - ✓ Most students agree you should at least have your Personal Statement uploaded prior to submitting
 - ✓ Submit applications even before other supporting documents are fully uploaded
(e.g. all 3 LORs, Level/Step 2 scores, Dean's Letter)
 - ✓ Remaining supporting documents can be added on a rolling basis

Residency Applications

- Keys to Maximizing Your Application:
 1. **Submit as early as humanely possible.**
 2. Have all letters uploaded as early as possible.
 3. **Apply broadly.** Especially if you are applying to something competitive. Spend the money and just do it.
 - It's not uncommon to apply for 10-30 programs
 - Even 80 (probably overkill!) has been reported, but it was for a couple-match who really wanted options.
 - Better to turndown interviews instead of begging for one.
 4. **Go to at least 5-10 interviews.** It will be expensive. Do it anyway.
 5. Write or email **Thank You letters** to the Program Director, Coordinator (they have a **ton** of pull) and interviewers.
 - Note something unique about your interaction with them.
 - It can be a bit of a chore and is time consuming--do it anyway.
 6. Go to every interview thinking it could be a place you might go (even if you don't like the location / program).
 - Don't be rude or antagonistic; care about those you meet and **don't try to "one up" other applicants.**

Residency Applications

- Keys to Maximizing Your Application (**Cont'd**):
 7. **Have a backup plan.**
 - It is important to **honestly assess the competitiveness of your application**
 - Certain specialties, programs, or geographic locations are known to be highly competitive
 - Ascertain if your top programs have a minimum board score, require research, only accept USMLE, etc...
 - If your application portfolio does not resemble those which are typically accepted, **you may want apply to both your competitive specialty/region/program and concurrently pursue a backup plan.**
 - Consider these options:
 - Apply to backup program simultaneously at the beginning of the season*, or
 - *Recommended if your application competitiveness is uncertain/questionable
 - Apply to #1 specialty first, then backup later as needed**
 - **Recommended if your application seems competitive
 - For osteopathic programs: If September rolls around and you're under 6-7 interviews in your specialty, add a backup specialty.
 - For allopathic programs: If early December rolls around and you're under 6-7, add a back up specialty.
 - If you rank 7-8 programs in your first choice specialty you have a ~95% chance of matching into that specialty.
 - You can review the latest statistics here:
 - [Residency Match Results & Data](#), NRMP (Allopathic programs)
 - [DO Stats](#), National Matching Services (Osteopathic programs)

Residency Applications

- Keys to Maximizing Your Application (**Cont'd**):
 8. Find a way to **enjoy the interview season**.
 - 4th year will very likely be the best year of your life.
 - You will be courted by residency program and traveling to SOMA conventions.
 - It's your time to have fun.
 9. Remember that **the match works to your advantage**.
 - **Rank the programs only in the order you prefer to attend!**
 - If you study the actual algorithm, there is no penalty for ranking based on your wishes alone.
 - Ex: Do not rank your favorite program lower on your list because you feel like you'll "use up" your chances of being accepted somewhere more likely to rank you higher. It doesn't work that way. No penalty.
 - This is probably the most important point. **Rank only in the order you want to attend.**
 10. Do not believe promises from a program representative.
 - If they tell you they are ranking you #1, don't take the bait.
 - If they tell you you're ranked to match, don't take the bait.
 - If they tell you anything to try and persuade your rank order, don't take the bait.
 - See the above point and **rank only in the order you want to attend.**

The Match

- After ERAS, register for “The Match” system(s)
 - The AOA **National Matching Services (NMS)**—Osteopathic
[AOA Match Program website](#)
 - ✓ “Students will identify on their Rank Order Lists, in numerical order of preference, the programs where they would like to be matched. Students and institutions may list as many or as few choices as they wish on their Rank Order Lists. However, listing too few choices may decrease the probability of a match taking place or a position being filled.”
 - The **National Residency Match Program (NRMP)**—Allopathic
[NRMP website](#)
 - ✓ Utilizes the R3 System: Registration, Ranking, and Results
 - See Timeline and above websites for the match result schedules

You've Got This.

Thank You for your time looking over this resource.

Contact us with ideas for improvement:

SOMA National Professional Development Director
ProfessionalDevelopment@studentdo.com

On behalf of all your SOMA colleagues...

...Best of luck on your upcoming adventures!