

Audition How-To Guide



Questions
about 4th
year pre-
ERAS?

What's inside:

- What is an audition rotation?
- Timeline Process
- Application Checklist
- Resources to set up Auditions
- Specialty Specific Considerations



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INTRODUCTION

and how to best utilize this guide

Hello rising OMS IVs!

This is a guide to walk you through the important timelines, dates, and resources available to you in order to ensure the most impactful fourth year scheduling experience possible. It can be very difficult to plan these things out in your head, especially with parts constantly changing, so this should be a supplement to your research in planning fourth year.

While this guide is here as a tool please note that it is not all inclusive and does not apply to each unique situation that you may face as a medical student. It is extremely important that you do not exclusively use this rather do your own research on programs, location, and scheduling slots as each program may have requirements that are unique to their program. This should be a priority as the point of these auditions rotations should be to check out places of interest that you would not mind doing residency.

Be realistic about your competitiveness. If you have low board scores, that doesn't necessarily mean you should dual apply to more than one specialty, but it means you should plan to apply broadly within your field. This is also an opportunity to learn what programs prioritize alongside board scores (GHHS, community service, research, previous work experience, etc) so that you can highlight other areas of your application.

National SOMA is here to support you through this process, and hope that the advice offered throughout this guide helps to ease your transition into the upcoming year. Please reach out to see how else SOMA can help you in your professional endeavors.



WHAT IS AN AUDITION ROTATION?

An audition rotation is a two- to four-week residency program interview where you're "auditioning" for a residency position at a hospital or health care center. Although not required, audition rotations give you an opportunity to impress potential residency directors and stand out among the other candidates applying for residency slots. It's also a time to learn more about a program you're considering for your residency and to get a strong letter of recommendation.

Core rotations are often completed during the 3rd year of medical school with direction from the student's COM. These often include Family Medicine, Internal Medicine, Surgery, Psychiatry, OBGYN, Emergency Medicine, and many others.

Elective rotations are completed in the 3rd or 4th year of medical school. This allows students to experience clinical specialties in many fields that are of interest to the student. These elective rotations are often set up by medical students.

Auditions can give you an idea of a program including team dynamics, patient populations, pathology variation, resident wellness, attending interaction etc. Ideally these will be places you are interested in doing a residency so it is a time to shine your knowledge and work ethic and show the team that you can contribute in a unique way.

TIMELINE

OMS I- OMS II

Study hard and do your best on your board exams. Decide if you will take both USMLE and COMLEX.

Early OMS III

Core rotations. This is a time to reflect on what specialties you enjoy and what you would like to apply to. Consider asking for letters from preceptors.

December-March of OMS III

Do your research and apply smart! Research programs to see where you are considering applying.

February: Narrow down your search to places that you could see yourself applying for residency. (geography, community vs academic, resident #, research availability, fellowships in house etc).

March: Apply for rotations. Do some self reflection on the stamina it requires to complete multiple auditions in succession and the travel between rotations. Be cognizant of the costs of various services and application.

FYI

Keep up to date with rotations so you can withdraw applications instead of declining an invitation.

Most programs will require Step 2/Level 2 before they consider you for an interview. Aim to have your auditions scheduled by the end of May, so that you can sit for Level 2/Step 2 by the end of June/early July, and begin auditions in July and crush through November/December.

Post acceptance, begin to plan out budget, housing, other considerations.

CHECKLIST :

Headshot- This does not have to be your ERAS headshot but should be professional.
.....

Updated CV- Include appropriate schooling information, research, volunteer, and extracurriculars. Refer to professional societies for templates if needed.
.....

Vaccination Record- The AAMC has a specific vaccination record found at this [link](#) that needs to be signed off on.
.....

TB Testing- Be aware that AAMC requires a two-step TB test. *This process can take up to 3 weeks.
.....

Board Score Transcripts: Use the score reports found on the NBME and NBOME websites.
.....

Letter of Good Standing and School Transcripts - Contact your schools for these documents.

CHECKLIST CONTINUED :

Letters of Intent:
What is a letter of intent?
Letter of intent should detail your interest in a program including what interests you about the program and why you think it would be a good fit.

What's the difference between a letter of intent and a personal statement?

Personal statement focuses on YOU! This is your opportunity to share experiences and values that are unique to yourself but also things that you want the reader to take away about you. This is not the place to restate your CV, rather it should be personal and let your experiences speak for you. Creativity is key!

.....

Affiliation Agreements- Affiliation agreements may already be established with your school, or you may need to work to establish an agreement if there is not one already in place. This process can take several months, so work with your Clinical Education Department to see what forms are necessary or if an agreement needs to be renewed.

IMPORTANT CONSIDERATIONS

Have a logical approach to your research and applications.

Board scores: Look at the averages and make a logical decision. It is okay to apply to places where you may fall below the average, but understand that this is a metric used to evaluate candidates so you should have some backup plans in place. If you are wanting to apply to a more competitive institution, be aware that you may need to provide a Step 1 score alongside your Level 1 score.

Academic vs Community based: Think about if you want a fellowship and what program will give you the best chances of getting that. Consider what your future goals are and if the institution type the program is at will suit that.

DO/MD ratio: On each residency site it is normally a list of names for current residents. Looking through to see how "DO friendly" a place is may benefit you. You can still apply but also being logical and having other plans in place will ensure success.

Budget and Requirements: Look at the costs of travel, costs of the program, and additional costs incurred such as insurance. Check requirements of programs for things such as drug screens, background checks, etc.

*If you see programs with DO discrimination, please email do-discrimination@osteopathic.org.

HOW TO SET UP AN AUDITION ROTATION

VSLO/VSAS

Most academic institutions use VSLO to select students for audition/sub-is so it will be important to recognize what kind of training you are looking for in residency. Each additional institution you apply for is \$15 and is either 2 or 4 weeks in length. Each program can have different requirements when applying (CV, headshot, school transcript, step/level 1, LOI, etc.) so it is important to have those documents in order prior to applying, that way you can upload and apply. You can schedule as many away rotations thru VSLO as you want in as many specialties as you want but it can become very expensive. Be mindful of how many programs you're applying to because it will look unprofessional and can often have unwanted consequences (being denied an interview) if you are accepting and then canceling auditions. It is always better to withdraw your application prior to receiving an acceptance if you have decided on a different program. Most programs take about a month to process applications, with the majority waiting until after March to complete the Match process.

Clinician Nexus

This is a free application that allows you to apply to a variety of hospitals. Similar to VSLO, the application will require that you upload transcripts, vaccination records, CVs, LOIs, etc. Clinician Nexus is open as early as February and offers auditions at community hospitals in the Southeast. This is a good option if you are hoping to train in a specific region. A majority of the hospitals are HCA affiliated, with some exceptions.

What if a program doesn't use these?

Many community hospitals and some academic institutions require you to apply directly through their website.

HOW TO SUCCEED ON AUDITION ROTATIONS

Go to the hospital/site before and get to know the layout, driving conditions, and parking options.

Get there early - 15 minutes early is on time.

First impressions are lasting. This is an "interview" of sorts so keep that in mind in your professional demeanor.

Be yourself. This will help to tell if you truly fit in at that program or if they truly fit for you.

Go to any social events, dinners, etc. It is a great way to be remembered and get a sense of who you will be working with for many years to come.

Know who the PD, APD(s) are ahead of time. Get to know nurses and other support staff! They will help you out!

Have clear goals in mind for every shift. Work with your preceptors to accomplish them.

Be active in didactics. This is an opportunity to **see how the program prepares its residents for boards and oral exams.**

When you have free time, explore the area around the residency. Can you see yourself living in this area for 3+ years?

FINANCIAL CONSIDERATIONS

Lodging and accommodations



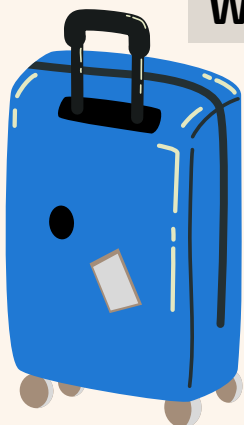
1. Friends/family - Highly recommend this option whenever possible because 4th year is expensive
2. Email the program - Several programs have student housing or have contacts with healthcare providers willing to host students. Always ask the program first about what options are available prior to booking on airbnb or rotating room.
3. Rotating room - <https://rotatingroom.com/>
 - a. Often used by travel nurses, locum physicians, etc. for several weeks or months and is often cheaper than other rentals. Most of the properties who are renting rooms are healthcare professionals and are specifically looking for med students.
4. Airbnb, other commercials - convenient, comfortable, costly. You will have to pay additional fees, in addition to the listed price and monthly rates in bigger cities can be \$1000+ for one month. I would recommend Airbnb as a last resort

Food



Programs may provide food while the student is working. If not consider accommodations with kitchens for meal prepping, or sharing grocery costs with medical students you may stay with. Be mindful of the costs of going out to eat/social events.

What to Pack



1. Scrubs vs Business Casual - check with your program
2. Nice dinner outfit
3. Business Professional Outfits for potential interview
4. Tennis shoes
5. Tools of the trade: Stethoscope, Trauma shears, etc. for your specialty of choice.
6. Specialty Reference Books: Case Files, Rapid Fire, etc.

WHAT IF?

What if I get multiple invites for one time period? What happens if I am accepted to one and then later am invited to a program I would love to audition at?

If you need to withdraw or cancel a rotation, make sure you communicate that decision respectfully. Do not ghost the program and don't wait until the last minute because you might be taking a spot from a student who is on the waitlist.

What if I have other 4th year requirements?

Most programs are understanding of 4th year requirements. Keep an open line of communication with the rotation coordinator and your official preceptor if you need to miss clinic/hospital shifts for interviews, or other 4th year school specific meetings/requirements.

What if I'm interested in dual applying or am interested in multiple specialties?

First Consider Your Why?

You Are Not As Competitive As You Should Be

You may hear from your school or other advisor(s) that you should dual apply due to your grades, scores, etc. Navigate this carefully. You should consider your future and *choose specialties that you actually feel would fit your goals* and not just because they are "safe". Fight for what you want in a smart way. Some people refer to this as applying to a "primary" specialty and a "secondary" specialty. This can be mentally straining because if you match into your "secondary" specialty it can feel like you failed. Really think about the "secondary" specialty because you don't want to match to a program and take a spot from someone else when you are not dedicated to that field.

You Are Torn Between Specialties

Really think about what type of life you want to lead on a day-to-day basis. Get as much experience as you can in each setting.

If you really can't decide at this point, it would be more practical to apply to a single broad specialty like internal medicine or family medicine.

You Feel a Calling for a Niche that can be Accomplished Multiple Ways

There are many different ways to work within medicine and multiple routes to working with specific patients or patient needs. Think about the routes to your end goal. Which route would be easier for you to achieve? Would residency and/or fellowship in a specific area be shorter, better for your lifestyle, at an institution you want? You really have to be secure in who you are, what you want, and how your life could change for this to be successful.

GENERAL TIPS AND ADVICE FROM THOSE WHO HAVE BEEN IN YOUR SHOES

What did you do if you were undecided?

"I dual applied for this reason. Psychiatry is amazing but I felt like I wanted something a little more. I knew EM would be right for me when I did auditions and saw how much room for compassionate care exists in this specialty. At the end of the day, ***I thought about the life I wanted to lead and how medicine fit into my life*** rather than vice versa. " - Heather DeVille OMS IV

"I was undecided up until the very end of my 3rd year. I sat down multiple times creating a pros/cons list for all the specialties I rotated through to help sort out exactly what it was about each specialty that I disliked or enjoyed. I also think it is beneficial to take into account that ***as physicians, we have a lot of flexibility to mold our careers*** into exactly what we enjoy." - Brooke Grill OMS IV

"I was! Internal Medicine happened to be the last rotation of my third year. Although I enjoyed IM as an LPN and Army Medic in the past, I understood my previous roles were very different in nature compared to a med student/future physician. I tried to keep an open mind with every rotation and take away what lessons I could. I was toward the end of third year but still, nothing seemed to feel right. I was relieved when I made it to IM and felt the 'click.' I will say though, even though it was hard at times, I am glad I pushed myself to make the most out of every rotation. ***So many lessons and teaching moments came from those earlier rotations that absolutely helped me during my IM rotations.***" - Nicholas Harriel OMS IV

Recommendations for what to have prepared before VSLO/Clinician Nexus/Independent Applications and how to best succeed in securing auditions?

"Identify where you want to audition. I chose places where I wanted to be considered, and where it would be free to audition (Clinician Nexus or reaching out directly to the program). I made the mistake of feeling pressured to find auditions immediately, so I didn't put enough thought into being selective with my auditions." - Amanda Buzzetta OMS IV

"SUBMIT YOUR APPLICATION ON TIME! The later you submit after those portals open, the more likely you are to be offered an audition rotation later in the year when you also need to balance residency interviews. I highly encourage everyone not to do this if possible and to reduce missed days as much as possible. After you get the audition, submit any additional documents the program may need as soon as possible. Be sure to reach out to the coordinator 30 days prior to your start date to make sure everything is still on track. Be warm, timely, and inviting with all of your communication to the program, no matter who it is. Word travels fast. " -Nicholas Harriel OMS IV

Recommendations for once you're on an audition or interview?

"Visit your location the day prior to make sure you know where to go (even if that is just driving around the building or identifying your assigned parking lot, etc). On the day of, plan to arrive with plenty of time to spare in case you get lost or have trouble getting to your facility.. " -Nicholas Harriel OMS IV

"I can only speak from a virtual perspective. I borrowed someone's ring light, used the same blazer/ shirt/ earrings/ hair style combination, and **created a background that reflected my personality** but was not overwhelming. For me, that was my favorite painting of home. During some interviews, they will ask you to show them your favorite mug, something you feel represents you, and other things from around your house. You don't need to purchase these but it's good to know in the virtual setting." - Alana Castro-Gilliard OMS IV

"Apply for your top locations as early as possible, wait a week or two and then apply to secondaries. As soon as you solidify one of your blocks, communicate that with the other sites - even if they haven't gotten back to you - and keep them as in the know as possible. They understand this process, they've done this, and as long as you show them respect and provide consistent communication you won't lose an interview.. " - Cassie Smith OMS IV

"I applied to places that have previously accepted DOs as residents and that had the same score range of their residents as myself based off of Freida information. I also looked at places where other people from my school had matched and reached out to them to ask their opinion."

" - Alana Castro-Gilliard OMS IV

"I auditioned at the place I thought would be my first choice and then at a place that was economical for me. I did have to cancel some audition acceptances; I would say to ensure that you give them more than adequate notice and if they do not interview you then it probably isn't a place you would have wanted to go to." - Polly Wiltz OMS IV

"I did a good amount of research and figured out my top 3 programs. I applied to those auditions as a starting point, and then additionally applied regionally for opportunities." - Brooke Grill OMS IV

How did you balance securing auditions without having to cancel them?

How do I best manage finances during an expensive year?

"I scheduled rotations in locations where I had family or friends I could stay with. I reached out to my school about available student housing that was free or very cheap. I tried to find out if these locations had free food for students. Sometimes the residents would get me lunch because they had free food privileges." - Amanda Buzzetta OMS IV

" Sublet: Med students have groups on social media that allow you to rent rooms for short-term stays. These can be cost-effective but may come with security/safety concerns. Make sure you vet the location and person you sublet from if you go this route. If you are going to be away from your apartment for a while, you might also want to consider subletting to traveling med students to earn a little income while you are away.

Reach out to the coordinators: Many times these programs are well adjusted to dealing with issues of finance and housing with students on auditions. Ask the residents and local med students: Often time they know what discounts your ID will get you in the system or around town. They also tend to know local affordable places to shop and/or places to go out and grab a meal" - Nicholas Harriel OMS IV

COUPLES MATCH

What did my partner and I do for the Couples' Match?

Special Thanks to Amir Khiabani, OMS IV

We started talking about the Match early on in our third year. Most think this might be too early, but for a couple we didn't think so nor did we want to take the chance. Things we talked about?

- What specialties both of us were interested in as individuals?*
- What regions of the U.S. do we want to do our residency?*
- What are our top priorities in a residency program?*
- Which residency programs have history of couples matching?*
- Should we do auditions together or separate?*
- Does the region of interest in have multiple surrounding programs?*

Sitting down and talking about the questions above allowed us to narrow down our best options for audition rotations, a which is a very important component to matching. Answering these questions together also helped us make our ultimate rank list after interviewing.

Our priority during the second half of our third year was to research our top programs, know the date they start receiving applications for audition rotations and start contacting program coordinators to introduce ourselves/initiate the process.

Auditions

When it came to auditioning, we thought it was important to obtain auditions during the same block. Being that we both are interested in EM it was important to us that we show the programs that we can work together professionally and efficiently. Some general guidance about auditioning- A key factor students tend to forget is to BE YOURSELF. Attendings and residents in a program want to know that you are a person they want to be working with during a crazy overnight shift. Just be yourself, be professional, be a hard worker - and keep in mind it is not always about how much you know but how quickly you learn and how well you work with others.

SPECIALTY SPECIFIC

Anesthesiology

Special Thanks to Riddhi Patodia, OMS IV

How did you know which specialty you wanted?

During my third year rotations, I specifically asked if I could rotate with the Anesthesia department because it was not included as a core rotation.

List of things to purchase for interviews and also for auditions?

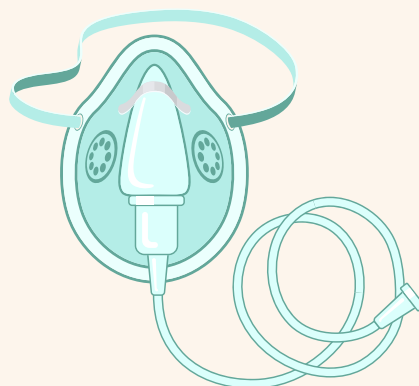
Anesthesia made easy by Jeff Steiner is a quick and dirty guide to the basics of Anesthesia. Very short and easy to read. Goes over the basic set up, induction methods, drugs, intraoperative considerations, reversal agents and more. Referenced this book many times throughout my auditions

What rotations outside of your specialty did you do?

Internal Medicine, Emergency Medicine

Recs on how to prepare to do auditions?

When preparing for an audition at a different institution, make sure to get experience with the department at your core site first so you can be prepared for the month ahead. Having a general understanding of the structure and how you can be helpful/make a good impression during the rotation is key.



SPECIALTY SPECIFIC

Anesthesiology

What would you go back and tell yourself?

Understanding that the worst thing that can happen is being told "no". If you want something, ask for it, be intentional with your goals and shoot for them even if they feel out of reach.

What are some specialty specific things to consider with 4th year?

Look for a specialty that suits the parts about medicine that you truly enjoy. If you like physiology and pharmacology vs patient education and chronic disease management, make note of that and be mindful of which aspects you're truly passionate about. Make sure to also consider the lifestyle of the specialty. We live lives outside of medicine and must consider our well being if we want to show up to work energized and ready to go for our patients, so your choice should reflect that.

How did you shine on auditions?

Show up knowing your patients and cases for the day. Look at the pt's past medical notes and become relatively familiar with their history so you're prepared. Have questions ready about specific cases and ask residents/attendings; shows curiosity and passion. KNOW HOW TO READ A ROOM, aka know when to stay out of the way and when to intervene. As a medical student you can feel like deadweight many times but there are also opportunities to be helpful in small ways that leave a lasting impact. In the OR, help attach patient monitors, position patients, move them from bed to bed, label syringes, prime IV tubing, ect.

SPECIALTY SPECIFIC

Family Medicine

Special Thanks to Cassie Smith, OMS IV

How did you know which specialty you wanted?

I realized through my rotations that I wanted to be as involved as possible in my patients' healthcare and family medicine is the way to do that. Coming into med school I was 100% OB/Gyn but I quickly learned about the lifestyle and on my rotation learned the niche of people that were in the specialty and realized I fit in much better with FM. I also realized there were certain aspects of that specialty that I wasn't so passionate about. I asked my preceptors on my FM, OB, and Peds rotations and they introduced me to the idea of FM-OB, which is a 3y FM Residency and a 1yr OB Fellowship.

List of things to purchase for interviews and also for auditions?

Thank you' stationary; forever stamps; get stickers printed of your home address (one less thing to write) Ring light.

What rotations outside of your specialty did you do?

Subspecialty stuff – OB, pulm... basically anything you know that could supplement your specialty of choice so you have that little extra umph in prep before being an intern *do these at locations you're applying to but not doing an audition rotation at in your specialty



SPECIALTY SPECIFIC

Family Medicine

What are some specialty specific things to consider with 4th year?

Know what the rule is for how long you can rotate in one specialty your fourth year & maximize that time intelligently – if applicable, do 2-week long rotations so you can do two within 1 block. Definitely use the clinical education office to their fullest potential – they're here for you to find places within certain specialties and they're very good at it! When you start getting excited about interviews, create a spreadsheet with columns of things that are important to you and stuff you'll have questions about for each interview. This is the only way to keep all your programs organized bc after a while they all blur together.

What would you go back and tell yourself?

Reach out for help sooner Be better on top of finding audition rotations sooner Don't take everything too seriously – you'll end up where you're supposed to be.

What would you not do again?

Wait so long to start writing thank yous – do them literally as soon as the interview is done.

How did you shine on auditions?

Always said 'yes' Never left early Asked a boat load of questions – both academic and personal/residency life related

SPECIALTY SPECIFIC

Emergency Medicine

Special Thanks to Polly Wiltz, OMS IV and Heather Deville, OMS IV

How did you know which specialty you wanted?

I have always sort of known since I worked in veterinary emergency medicine in undergrad. A third year rural EM elective was a confirmation point. Audition rotations helped me to narrow the type of EM physician I want to become in the setting that I feel is best for me. Confidence in my work and characteristics relating to medicine from my preceptors and mentors on audition rotations also really helped. I felt that it fit my personality and personal goals and once I realized what patient populations I could work with, I knew that it also aligned with my purpose for pursuing medicine. I thought about what I wanted my future day-to-day to look like and how much I wanted medicine to be a defining factor in my life.

List of things to purchase for interviews and also for auditions?

Auditions: any backup tools (pen lights, shears, etc.), pocket emergency medicine or just use your phone, good water bottle.
Interviews: (If virtual) ring light, mic, camera, business suit; (in person) business suit that will wear all day, comfortable shoes to walk in, camera (or use your phone), Make a notebook with notes on every interview - write the vibes you get, things you like, things you dislike, be honest with yourself.

What rotations outside of your specialty did you do?

Cardiology, Psychiatry, Academic Studies, Medical Technology, Ultrasound and Toxicology



SPECIALTY SPECIFIC

Emergency Medicine

What are some specialty specific things to consider with 4th year?

Do your auditions early! If you do not feel happy with your LEVEL/STEP1 score and feel you must do LEVEL/STEP2 before apps open, do it as early as possible. Now that the one and only rule is lifted, do auditions throughout December (Check for new recommendations on EMRA/CORD).

RELAX in the spring. Residency is about to be three to four years of intensity. Take a vacation or do a fun rotation that you wouldn't normally consider.

More on SLOEs from CORD (Council of Residency Directors in Emergency Medicine)

- eSLOE for academic EM faculty. This is the letter you will get from doing an EM rotation at an academic/residency program. This SLOE typically holds the most weight. Most years students will get 2-3 eSLOEs from the rotations they complete at residency program sites. (For 2020, the number of recommended eSLOEs is 1, given COVID restrictions on rotations)

- SLOE for non-academic EM faculty. This is a letter designed to be written by an Emergency Physician that works at a hospital not affiliated with an EM residency program. Examples of this letter from the Midwest would include the University of North Dakota and the University of South Dakota—both schools have EM rotations, but neither has their own EM residency.

- SLOE from an EM sub-specialty rotation. This is a letter designed to be written by an Emergency Physician that you worked with during an Ultrasound, EMS, Peds EM or Toxicology rotation.

- O-SLOE. This is NEW for 2020. Off-service Standardized Letter of Evaluation. Given all of the changes to medical student rotations, and therefore to the EM application process, we have created this letter to be used for all of your non-EM letter writers to use (ex: Surgery, Medicine, Pediatrics, etc.). For this letter, we recommend having someone write the letter that knows you well, more than someone that is well known, and we are truly open to reading this letter from any clinical rotation that you have done. There is not one key off-service rotation that leads to a better letter than any other.

SPECIALTY SPECIFIC

Emergency Medicine

Recs on how to prepare to do auditions?

Do your research on what setting you want to learn (county, academic, community, mixed). This is very important as they are extremely different. Pay attention to if the programs are unopposed or not. Audition where you want to go for residency. If you want to match out of state, do a travel audition.

What would you go back and tell yourself?

Save more money for apps. Pay close attention to if programs accept DOs or not, don't waste money on those that do not. Get SLOEs rightaway. If a program requires you to pay for additional insurance, consider a different program. It was a waste of money and time

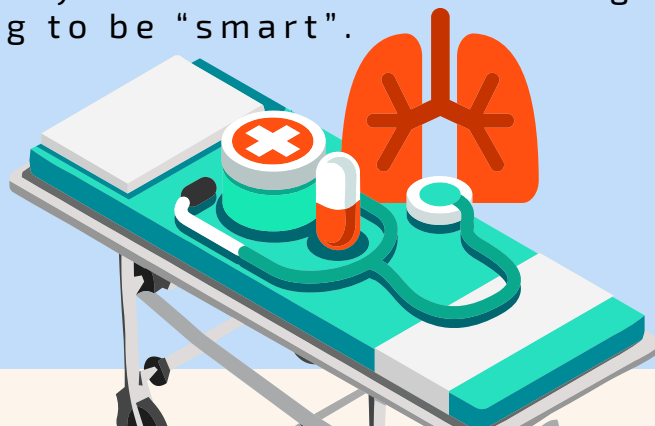
What would you not do again?

Limit myself geographically as much. More networking at conferences and such (in a non-COVID dream world).

How did you shine on auditions?

I started every shift with a goal, for example: creating a better mental system to obtain a HPI specific to EM. I approached the attending I was working with with my goals and asked them to help critique me on them. This shows a passion for personal and professional growth that will set you apart from other candidates in a non-competitive way.

I was always willing to learn and work hard, showed up early, related to patients, gave good oral presentations (Use the EMRA 3 minute presentation video), researched patient cases before presenting quickly on my phone, always have a WHY for what you suggest in your plan, if you don't know something then say that rather than attempting to be "smart".



SPECIALTY SPECIFIC

Internal Medicine

Special Thanks to Nicholas Harriel, OMS IV



How did you know which specialty you wanted?

I liked a little bit of everything and have always enjoyed a fast-paced environment. Internal Medicine has a wide spectrum of disease presentation and medical management. At one moment you may need to manage an acute CHF exacerbation, in just a room over, someone recovering from an AKI. While you do get to dip your hands into a variety of medical management, you never have to be the end-all and can always bring in bigger guns on consult when complex medical management warrants a more expert opinion. Internal Medicine also allows you to train in bedside procedures and offers a large amount of patient care, including in-patient and out-patient settings. If in-patient is more your thing -- go Hospitalist. Enjoy outpatient more? Internal Medicine primary care doctors are always needed. Like both settings of patient care? Perfect, a Traditionalist route will let you care for those acutely ill in the hospital as well as patients who need care out in the community. If you do decide a more concentrated field is your route, you can springboard to Cardiology, Nephrology, or any other IM specialty after completing your first three years. I think an appreciation for career versatility, diverse pathology, and opportunities for patient care really helped me with deciding on IM.

What rotations outside of your specialty did you do?

Cardiology, Pulmonology, Critical Care, Allergy & Immunology, Health Policy, Health Law, Addition Medicine, Telemedicine

List of things to purchase for interviews and also for auditions?

- Auditions: Progress H&P notebook, Pocket Medicine, Up to Date, Epocrates (free), Online MedEd (or similar).
- Interviews: a small quiet fan to sit below your screen (life-changing), 1-2 ring lights, a few decorations and/or framed photos that tell the interviewer something about you.

SPECIALTY SPECIFIC

Internal Medicine

What are some specialty specific things to consider with 4th year?

- Pre-rounds: you will need to get up early for these and if possible, try to see every patient you were assigned for, do a quick PE, and create a draft assessment/plan.
- Be a relief: if you are going to work with third years, be sure you are a supporter to them. Don't do anything that could be seen as punching down (e.g. interjecting an answer before a third year can respond, throwing someone under the bus for being late, etc). Make sure your presence is a relief - not a burden - to the care teams (nurses, etc), organic medical students, and especially residents.
- The 4th Year Burden: If possible, try to take on 1 to 2 more patients than your underclassmen. Many residents/attendings expect you to be slightly ahead of the third year with managing patients.
- Stalk your patients: Catching up on new patients can be taxing on your time. If possible, review any new patients the night prior to arriving to the hospital. This will allow you to spend more time pre-rounding and creating assessments/plans for your current patients.
- Assessment/Plan: They don't need to be perfect, but the more you can mirror the depth of the residents - the better. Don't be afraid to copy the current assessment/plan from the attending/resident. However, if you do copy - make sure you know why they are going a certain direction. Pocket Medicine and UpToDate are also great resources to pull 1st line meds and dosages for new admits or new issues that arise.
- War Game: If they are willing, run your assessments, plans, and assessments by the residents prior to rounds with the attending. Residents can often time provide the extra edge to make you look good when the attending asks questions during rounds.
- Review Content: IM is a vast field. Write notes on the things you are not sure about or need to brush up on and didn't have time to do. Spend an hour or so reviewing that at the end of the day (most the time I could do this on the floor without needing to take it home)

SPECIALTY SPECIFIC

Internal Medicine

Recs on how to prepare to do auditions?

If you know who your attending or team will be, it might be worth looking their pictures and backgrounds up on the program's site. This will help you with identifying them the day of and also prevent you from silly mistakes (e.g. calling an attending by a resident's name -- ouch!)

Study-wise, try to review general and common concepts (e.g. OnlineMedEd, etc) during the week leading up to your rotation.

Pay special attention to your weak areas. If you have Pocket Medicine or another clinical survival guide - it might be worth brushing over common 1st line meds as well. Carrying Pocket

Medicine, a similar text, and/or having UpToDate on your phone can help you quickly formulate assessments and plans.

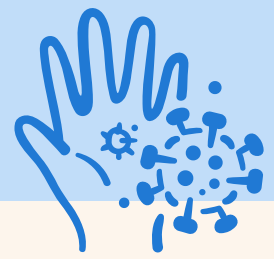
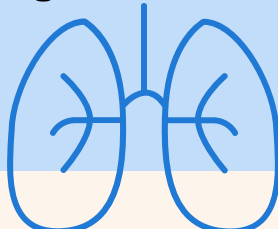
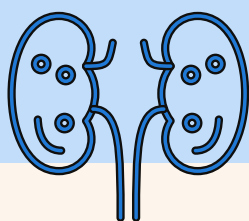
Many attendings are not expecting us to be spot on with our assessments and plans, but in my experience, many attendings expect a fourth-year student to at least come up with something.

How did you shine on auditions?

I am not sure but I know I had fun and got along with everyone. I became a 'go-to' when communicating with a few patients. I also volunteered to do resident rounds and received accolades from the PD and two APDs on the presentation. I joined every resident lecture and stayed late when residents needed help. Cannot say I 'shined' but I did feel a part of the team soon after making it there and was sad to leave them.

What would you go back and tell yourself?

Add as much time and energy into the audition as possible - it's okay if a few things need to hit the back burner until you are done with the rotation. Although there is stress on you to be 'on all the time,' try your best to enjoy yourself - have fun with the staff and residents and try to make situations as pleasant as possible. This is your audition, but if you are enjoying what you are doing, it will show.



SPECIALTY SPECIFIC

OBGYN

Special Thanks to Alana Castro-Gilliard, OMS IV

How did you know which specialty you wanted?

At the end of every rotation, I wrote a list of the things that I did and did not like about that rotation. This allowed me to self-evaluate and decipher what things I didn't like because of my specific experience versus the field. I then knew that I wanted to work in an area with high exposure to: preventative health screenings, advocacy at state and local levels, ethics, a wide age range of patients, talking about "taboo" topics, and working in very sensitive parts of people's lives. I spent time thinking about the patient population that I was most interested in working with and noticed that the cases I was most drawn to were women's health cases. When my surgery rotation came around, I realized that I loved the OR but that surgeons weren't "my people". I could get along with them and laugh with them but the things that they valued weren't the same as what I valued. When my OBGYN rotation came around, it felt like home. There was no other field I could imagine that really brought out all of my passions as well as OBGYN!

What are some specialty specific things to consider with 4th year?

OBGYN as a DO applicant is tough. The MATCH rates for DOs are lower than for MDs more so than most other fields.

What rotations outside of your specialty did you do?

Breast Surgery, Heme/ Onc, OMM/ Sports Medicine, Health Policy Internship, and Ultrasound. This is not outside of my specialty but I will also be completing a 2-week OBGYN bootcamp prior to residency and I think that'll be very helpful! I found it on VSAS.

SPECIALTY SPECIFIC

OBGYN

What would you go back and tell yourself?

I would go back and tell myself to not let one physician's opinion change my personal perceptions of my ability to succeed. There are some physician educators that still like to teach in the way that they were taught 40 years ago when medicine was more malicious. Some times it is best to recognize that and remember that you won't be that way as an educator for the physicians that follow after you.

How did you shine on auditions?

It was all about attitude. When I got things wrong, I said thank you for teaching me this. When I didn't know what they were talking about, I either looked it up or asked a question if appropriate. Knowing how to read a room is a very important skill. If you're in the middle of an operation and there is a very intricate process going on, this isn't the best time to ask a question. If you see that a resident is overwhelmed, either offer your help or study during that time period. Stepping back and thinking "Where can I be most helpful?" and "How can I learn the most from this situation?" are very valuable practices. And also, when appropriate, make sure that you share the fun parts of your personality! If the residents are joking around about their favorite candy, you better share that Kit-Kats are superior to all other candies. Make sure that you are showing that you are learning, having fun learning, and want to be an active member of the team. If you don't know something, that's okay! Residency is a place to learn, and they just want to know that at the end of their 80 hour work week with you, that they still want to go get food with you.



SPECIALTY SPECIFIC

OBGYN

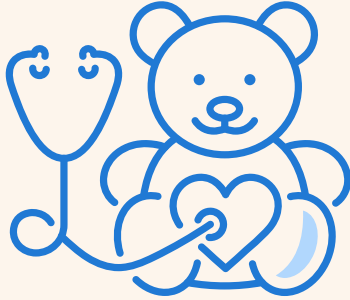
Recs on how to prepare to do auditions?

This will depend on whether you are going into a surgical vs non-surgical field. I will talk about surgical fields!

If you are going into a surgical field, it is time to work on all of the skills that you'll need in the OR: knot tying (single and double hand on both sides), how to hold a scalpel, what is sterile field (OBGYN remember that there is "clean" and "dirty" sterile), ANATOMY, types of laparoscopic entry (Hasson vs Veress), different types of suture material/ when to use what. Think about every step of what the patient goes through in surgery and ask yourself questions about what kind of orders need to be put in for the patient (antiemetics, pain control, etc). Pre-Op, Op, Post-Op steps. Watch videos of the most common operations performed in this audition. If you haven't worked with a resident before, which is common when you train in community hospitals, then you should reach out to a resident beforehand and ask them to help give you a framework of expectations of your role as a medical student within this team structure and specify that you haven't worked with residents before. Write down a list of the most common things that this field comes into contact with and study/ write these things about diseases/ issues: Causes, Presentations, Treatments, After-Care, Effectiveness of Treatment, Pros and Cons of Treatment, Medical Associations. This seems silly but when you are stressed and acting like an intern (aka Acting Internship/ Sub-Internship), you want to know this stuff without second guessing yourself.

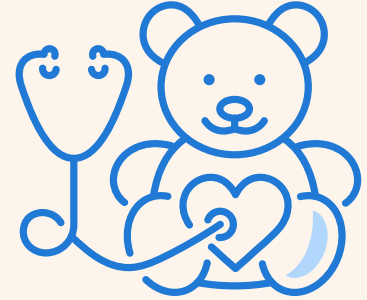
ALL THAT SAID - the most important thing you can do is be kind to yourself. You are not expected to know everything. I encourage you to be someone that believes in a growth mindset. Don't let your brain space get chaotic because you're realizing that while you have learned more medical information than you ever could've imagined, you still have a lot more to learn. When you get something wrong, say "Thank you for teaching me that" or "I will study up on that tonight and get back to you". They want to know that you are a good team player and that you are ready to put in the effort to grow. They also want to know that you put in some effort before starting this rotation to grow as well!

SPECIALTY SPECIFIC



Pediatrics

Special Thanks to
Brooke Grill, OMS IV



How did you know which specialty you wanted?

I honestly struggled for the longest time with what specialty was best for me. I liked bits of pieced of a variety of specialties, including EM, psych, pediatrics, and surgery. At the end of the day, I sat down and wrote a list of requirements I was looking for in a specialty. Ultimately, I found that my favorite aspects of all the specialties I enjoyed was caring for the pediatric population and that lifestyle associated with pediatrics.

What rotations outside of your specialty did you do?

My COM requires FM, IM, EM, OMM, psych, surgery, peds, ob/gyn and then a variety of electives.

List of things to purchase for interviews and also for auditions?

Notebook for taking notes, good dress shoes for standing/walking all day!

SPECIALTY SPECIFIC

Pediatrics

How did you shine on auditions?

Showing persistent interest and offering your help constantly. Reaching out and asking for a meeting with the PD.

Recs on how to prepare to do auditions?

I honestly think that the best way you can blow away programs you are interested in during auditions is by showing genuine interest, going the extra mile, and making personal connections. During my audition I made sure to always offer my assistance to try to make their lives easier. I also reached out to the PD during my rotation to talk over breakfast, which was something we even talked about on my interview!

What would you go back and tell yourself?

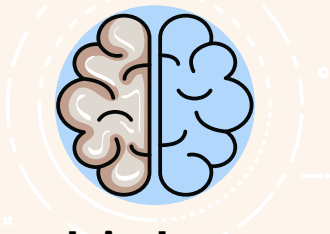
Even if you aren't big into social media (I am not!), don't be afraid to reach out via Twitter and Instagram to get to know the programs and make connections. Also, follow any & all programs you may be interested in on social media to get to know more about their program! Also, do not be afraid to ask for letters of recommendation from your audition preceptors!



SPECIALTY SPECIFIC

Psychiatry

Special Thanks to Amanda Buzzetta, OMS IV



How did you know which specialty you wanted?

Most of the deciding factors involved "fit," my drive, interest, and excitement during the rotation, and the dynamics between the residents, attendings, and medical students (for example, were the personalities and interests of those in the rotation compatible with mine?). The specialty of psychiatry is primarily comprised of the patient-provider relationship and history-taking, and less so about procedures. This is something that I enjoy and prefer. During the rotation, at the end of the day I felt happy about my contributions during the rotation, and I felt a sense of reward in the work being done. I asked my preceptors about quality of life, costs involved in practicing in the specialty, and challenges faced practicing in the specialty. I also considered issues that I am passionate about and how they aligned to my specialty of interest. For example, I have always been passionate about advocating for those who are not able to advocate for themselves, mental health, social issues, and LGBT populations. These are represented heavily in the specialty of psychiatry.

What would you go back and tell yourself?

Don't feel pressured by others to rush to find auditions. Take your time considering the program, and identify others who have auditioned there to ask their opinions of their experience. Don't feel like you need to know everything when starting an audition. Eagerness to learn is enough. You know more than you think. You are worthy of being where you are.

List of Things to purchase for Interviews/Auditions

Make sure you have helpful apps such as UpToDate and other specialty-specific apps (I found some helpful SSRI and Psych med apps called Lally MD SSRIs and Lally MD Psych meds)

SPECIALTY SPECIFIC

Psychiatry

What are some specialty specific things to consider with 4th year?

Find out when auditions are offered and what is a good timeline for these, as well as APA conferences, psychiatry lectures in hospitals you're rotating in, following psychiatry podcasts and social media influencers who give advice.

What rotations outside of your specialty did you do?

ENT, sleep medicine. I would have wanted to do neurology.

What would you not do again?

No answer for this, but what I WOULD do is find more physician mentors in my specialty, especially those in psychiatry who have graduated in the last 10 years. I feel like I did not have as much guidance as I would have wanted. The mentors I did have, I asked opinions regarding specific programs and their thoughts on academic vs. community, and quality of education in different states.



SPECIALTY SPECIFIC

Psychiatry

Recs on how to prepare to do auditions?

Don't stress your knowledge base. The audition is an opportunity to learn. Prepare by finding an H&P template for that specialty. The residents at my audition were very kind and provided me with a myriad of resources, including textbook PDFs and H&P templates. I made it a point on my first day auditioning to let my assigned residents and preceptors know what my current knowledge base and experiences in the specialty were. They were very receptive to this and appreciated my initiative and drive to learn. Improvement throughout the rotation is key. Be humble and genuine, don't try too hard to impress. Seek conversations with residents asking them about their experiences and how they feel about their program and specialty.

How did you shine on auditions?

I arrived early and stayed late, I asked questions to show interest, I practiced compassionate interviewing and asked the PD and residents on the team for feedback on my interviewing skills. I helped with smaller tasks like helping transport patients, and took detailed notes after reviewing patient charts in order to answer any patient questions the PD or residents had. I offered OMT, and tried to engage in interesting conversations regarding patient care, I made sure to ask about patient pronouns and addressed them correctly. I talked about my interests in psychiatry, and when I did my end-of-rotation case conference/presentation, I tried to be creative by incorporating those interests in the discussion. I engaged the residents in discussion, and in another presentation, I demonstrated acupuncture on a resident. My goal was to present on topics the residents didn't see very often.



SPECIALTY SPECIFIC

General Surgery

Special Thanks to Matthew Daniel, OMS IV



How did you know which specialty you wanted?

I had always had an interest in surgery and loved doing procedures so naturally surgery caught my eye. I eventually rotated on general surgery with an old school attending that loved to teach but was harsh to say the least. I wasn't dead set on surgery after that and was torn between pediatrics and surgery (about as polar opposite as you can get) I loved working with kids, didn't mind dealing with parents, and thought the different pathology at different age ranges was very interesting. I was lucky to have pediatrics right after my surgery rotation and loved working with kids and although there were a few cool cases...I was so bored. I was lucky enough in my 4th year to rotate on pediatric surgery for two whole months and was dead set on surgery after that.

What would you go back and tell yourself?

Find one person that you trust and is doing what you want to do and follow them. Try your best not to get advice from people doing other specialties or that you do not trust. Also apply to as many programs as you think you need and then add 10 more programs. Its way better to over apply than under apply.

List of Things to purchase for Interviews/Auditions

Buy Pocket Pimped: General Surgery, get lots of OR scrubs (whatever color your hospital uses) and keep them, buy yourself or find a good needle driver and some spare suture to always have in your pocket, also if interviews are still virtual invest in a good ring light with a stand.

SPECIALTY SPECIFIC

General Surgery

Recs on how to prepare for auditions

GET IN THE O.R. YOUR THIRD YEAR. Suck up to the surgeons, be nice to the nurses and techs if you can help it (although it's hard sometimes), and go to the OR as much as you can. That being said NEVER neglect the rotation your on for trying to get in the OR, but if you're on medicine and your patient goes to surgery don't hesitate to ask your residents or attending to scrub, after all it's your patient and it helps with continuity of care. The only way to learn how to suture, hold instruments, handle tissue, even learn the lingo is to be around it. The more you're around the surgeons (and don't screw up) the more they will let you do. I was operating with a vascular surgeon and he said he decided to let me do more when I called for the instrument he was going to use before he did, and she told him to hand it to me instead and I got to do part of the operation. Also don't go in blind. If you've scrubbed 10 gallbladders yea you're probably good to just go in without brushing up, but if it's a case you've never seen or not familiar with watch it on YouTube or look up the steps. Also BUY POCKET PIMPED GENERAL SURGERY, best pocket guide you can buy. Not good got patient care stuff but will help you answer any pimp question you can think of.

Going in a different direction, for auditions for surgery. Do your best to do at least one or two rotations in what you're doing for an audition (ie. I did a month of trauma surgery before I did an audition in trauma surgery). It makes you look good when you know what a PleurVac is and pulmonary toilet is on your first day. I was told trauma surgery is the key whether you like it or not for auditions. I have no interest in trauma, but it gives you lots of exposure in the OR, you'll rotate with many different attendings and you'll see a lot of residents. That is also usually one of the busiest services for a surgery program. High volume means lots to do, lots to do means more chances for you to do stuff.

SPECIALTY SPECIFIC

General Surgery

Specialty specific things for 4th year

Do one or two rotations before your auditions to make sure you're not rusty on anything, if you rotate with someone make sure to tell them you have an audition and to really push your skill and knowledge wise. After auditions are over, try and do one rotation in something unrelated to surgery and do just something fun and cool (I did a pediatrics rotation), with the leftover rotations 100% do an MICU rotation, in surgery you'll take care of very sick people and your first few years in residency are spent managing these patients. It's also good to do ER and Anesthesia. Other than that do something fun and easy!

How to shine on auditions

Be the first one there and the last one to leave, do your best to figure out the best way to make yourself helpful without getting in the way, that being said, do not fade into the background by trying to be out of the way, your job is to be remembered! (but for the right reasons), make sure that you're prepared when you get your chance to shine, if you get the chance to put in a chest tube or suture, you better be sure you know what you're doing or that will be your last chance.



SPECIAL THANKS

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