



CHOICES

The Careers in Medicine newsletter

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Registration Made Easier

New to the CiM Web site? Registration just got easier! U.S. allopathic students interested in using the information, tools, and resources available on our site can now register using just an AAMC login. This is the same login used for AMCAS, MCAT, and other AAMC systems. You will no longer need an access code from your school's CiM liaison. Just go to www.aamc.org/careersinmedicine, click "Login" and then "Create an account" to register using your AAMC login. If you no longer remember your user name and password, there are tools to look up and/or reset your login. Osteopathic and Canadian students will still need access codes to register on the site.

From the Director

Many people make (and quickly break) New Year's resolutions. These may include improving your physical health or mental well-being, spending less, studying more, or any number of self-improvement goals. Another fruitful area for resolutions is taking a hard look at your career goals. If you are so inclined, there may be some things you can focus on when planning your future career as a physician.

First-year students, you are now settled in and have an idea of what to expect in medical school. Consider completing the Medical Specialty Preference Inventory (MSPI) and Physician Values in Practice Scale (PVIPS) on the CiM Web site to help clarify your career interests and values. *Second-year students* can begin to explore the world of medical careers

by visiting our Specialty Pages and tapping other resources that provide up-to-date information about specialties and practice options. *Third-year* clinical rotations provide a great opportunity to get a feel for the different specialties and how you may fit in. And as a *fourth-year student*, you've made a choice about your specialty and now are engaged in interviewing at and ranking residency programs. Use our CiM "Getting into Residency" resources to help you make this transition.

There's no time like the present to think about your career plans. We hope you will include Careers in Medicine in your New Year's resolutions.

George V. Richard, Ph.D.
Director, Careers in Medicine Program



Spotlight on Specialties

Emergency Medicine

Do you thrive under the pressure of a fast-paced environment? Do you like the suspense of not knowing who or what is going to come through the door next? Do you jump at the chance to encounter a medical condition you've never seen before? If your answer to any of these questions is yes, then exploring emergency medicine (EM) as a specialty choice should be a top priority. EM has been recognized as a distinct medical specialty for only the last several decades (since about 1979) but, for being a relative newcomer, it certainly doesn't lack excitement or innovation. Over the last decade in particular, the number of practicing

emergency physicians has increased over 50 percent, from 21,825 in 1996 to 33,142 in 2007.¹

Prior to the recognition of emergency medicine as a board-certified specialty, doctors from all areas of training and specialty practice would deliver the care needed in urgent settings. Over time though, more and more doctors saw the need for dedicated training to be undertaken by individuals who wanted to provide specialized emergency care in hospitals. Thus, emergency medicine was born and has quickly become a popular choice in residency training and physician practice. Emergency medicine involves providing care for emergency or urgent conditions with the goal of preventing a patient's death or disability.² EM physicians work in the high-pressure, multitasking environment of the emergency department to deliver care to a wide range of patients—

ultimately anyone who presents with a serious (or sometimes not so serious) medical problem.



For a window into the clinical and academic practice of emergency medicine, we interviewed two EM physicians about their careers. Dr. Thomas G. Greidanus is chair of the department of emergency medicine at Parkview Medical Center as well as the president of Southern Colorado Emergency Medical Associates (SCEMA) in Pueblo, Colorado. Dr. Greidanus splits his practice equally between clinical care and administrative duties. After completing a transitional internship and a three-year stint of general practice in the army after medical school, Dr. Greidanus realized how much he missed his exposure to emergency medicine during clinical rotations and knew he was an EM doctor at heart. Having found every rotation interesting, he wanted the broadest possible coverage of all aspects of medicine and access to a diverse patient population.

Dr. Brian J. Zink is professor and chair of the department of emergency medicine at Alpert Medical School of Brown University. Like Dr. Greidanus, Dr. Zink can trace his passion for EM back to his earliest exposure during a work-study experience in an emergency department. He felt that the ability to respond to anything was what medicine was all about. Dr. Zink too liked all of his clinical rotations and found the variety of work in EM appealed to him since he did not want to exclude any patient population or procedure types from his practice.

Not surprisingly, variety is a given in EM since, not only is the work varied in nature, the populations of patients and

coworkers are diverse and ever-changing. It is essential that EM physicians be good at collaborative work and are willing to be a team player to excel in the demanding environment of emergency care. On any given day, EM physicians may need to interact with emergency medical technicians, nurses, clerks, assistants, radiologists, consultants, primary care physicians, social workers, pharmacists, or case managers. And while colleagues and coworkers rotate through the revolving doors, so do the patients themselves. There is little continuity in the care an EM doctor delivers to his or her patients. Once a shift is over, so is the care for the patients he or she has seen—that responsibility is transferred to the next shift. However, a sense of continuity of care arises from the continuing work and development being done on the larger emergency system as a whole. There is continuity in the delivery of emergency care for a *community*, not necessarily for *individual patients*. As such, emergency physicians are integral in forming relationships with other health care team members and improving the delivery of care and function of the emergency medical services at large.

Both physicians we interviewed agreed that there is an amalgam of personal characteristics that are common, and indeed beneficial, among emergency medicine doctors. Drs. Greidanus and Zink mentioned the importance of having strong leadership skills, the ability to multitask and handle a lot of stimulation, and a healthy sense of humor. They also stressed the ability to make quick decisions, prioritize, and focus appropriately despite distractions inherent in the emergency department setting. Most notably, good interpersonal and communication skills that allow for the quick establishment of trust and a calming influence are desirable traits since time is of the essence when dealing with urgent and potentially life-threatening situations. Many EM doctors possess leadership qualities and adaptable personalities that end up being well-suited for fulfilling administrative and management roles when the opportunity arises.

Emergency medicine is often considered one of the “lifestyle” specialties because of its shift-work nature. For Dr. Greidanus, a typical week averages about 16 to 20 hours (or two to three shifts) of patient care in a busy department. Another 20 or more hours are spent doing administrative work for the various roles he performs outside the department, such as committee meetings, handling the business side of emergency medicine services, job interviews, etc. The shift work allows for some flexibility as well as variation in days and times worked in any given week. Determining which shifts are picked up allows physicians a certain amount of control over their schedules. Physicians can “stack” shifts for a period of time in order to take days off later, and they typically do not have to be on call or carry a pager which allows them to, as Dr. Greidanus put it, “Work hard and go home.” Dr. Zink also juggles about 10-18 hours of clinical time each week with about 40 more hours of varied academic and administrative activities such as faculty development; research; dealing with payers and insurance companies; mentoring others (from medical students to junior faculty); and problem-solving on care delivery, quality, and patient safety issues. Both doctors find the vast diversity in their weekly tasks and encounters to be the right mix of challenge and reward.

Emergency physicians are integral in forming relationships with other health care team members and improving the delivery of care and function of the emergency medical services at large.

Dr. Zink helped us counter some common misconceptions about EM. First, that it has an “easy” lifestyle. While the nature of shift-work does lend some flexibility, the myth of an easy lifestyle is based on low reported clinical hours worked per week when compared to other specialties. However, reports based on clinical hours do not take into account the nonclinical and/or administrative work that round

out the practice of high-quality emergency physicians. The irregularity of shifts as well as working on holidays, nights, and weekends also counters the notion of EM as an easy lifestyle specialty. A second common misconception about EM is that the burnout rate is high. Studies of emergency physicians conducted by the American Board of Emergency Medicine show that EM doctors are more satisfied than doctors in most other specialties and, importantly, have no higher attrition rate.³

Like all specialties, there are good and bad aspects of emergency medicine. On the positive side, Dr. Zink enjoys being able to be there for a patient in a time of crisis. Along the same lines, Dr. Greidanus enjoys the patient care and attempting to solve the problems and medical puzzles he encounters. Both doctors summarized the appeal of the specialty as being the truly unique nature of each day—getting to see things they have never seen before. As Dr. Zink puts it, “You will shake your head at least once every day—it may be out of wonder, or it may be out of frustration.” This statement captures the absolute unpredictability of dealing with emergency cases and the necessity for EM doctors to be adaptable and to think on their feet.

As emergency department volume has increased over time, so too has the number of residency positions, graduates, and board-certified emergency physicians.

On the negative side, overcrowding and long patient waiting times represent some of the challenges in the practice of EM. Dr. Greidanus described the challenges that come with managing as many as 14 or more patients at a time as people flow into the department looking for help with all manner of problems—from the relatively benign flu patient to a recent trauma victim. He clarifies that, unlike the common perception of emergency medicine, not everything is a dire emergency, as is seen on television or in movies. There are minor, primary care-type cases as well



as urgent, acute presentations occurring simultaneously. Another downside that Dr. Zink points out is that the irregularity of shifts can be very taxing on physicians’ physical health. He cautions that it is important for doctors in EM to learn effective and healthy ways to cope with and manage the rather hectic schedule and physical demands.

We asked both doctors how they viewed the evolution of the specialty over the past decade and to give us insight into the future of emergency medicine. They commented on how EM experienced rapid growth as it has become known and respected as a unique medical specialty. The field struggled in the past to be seen independently since doctors from all fields were accustomed to treating emergency cases as the need arose. For instance, an orthopaedist might have been called in to the emergency department to reduce a shoulder dislocation, or an otolaryngologist to stop a bad nosebleed. Now these skills are an integral part of the training and repertoire of emergency physicians. As emergency department volume has increased over time, so too has the number of residency positions, graduates, and board-certified emergency physicians.

In the coming years, both Drs. Greidanus and Zink see EM becoming, to some extent, the “safety net” for health care and the primary care specialties. As the shortage of primary care physicians and specialty services grows, EM doctors will fill the holes left by it. Unfortunately, many patients are left no choice but to queue up at the emergency department with even

Emergency Medicine by the Numbers

Number of practitioners in U.S.¹:
33,142 in 2007

Match data/competitiveness⁵

- Of 1399 PGY-1 positions offered in the 2008 Match, approximately 1083 or 77% of those are filled by U.S. seniors
- Of 76 PGY-2 positions offered in the 2008 Match, approximately 45 or 59% of those are filled by U.S. seniors
- Number of total applicants for PGY-1 positions—1,822
- Number of U.S. applicants for PGY-1 positions—1,235

USMLE Step 1 scores⁶

	25th percentile	75th percentile
U.S. Seniors Matched:	207	234
U.S. Seniors Unmatched:	194	220

Median number of programs ranked⁶

- U.S. Seniors Matched: 10
- U.S. Seniors Unmatched: 5

Compensation

- For clinical practice positions⁷—
1-2 years in specialty: Median: \$235,554
- All physicians: Low: \$217,827
High: \$302,397
- For academic medicine positions⁸—
Early career: Low: \$183,000
Median: \$202,000
High: \$225,000
- Mid to late career: Low: \$199,000
Median: \$219,000
High: \$252,000

Residency and training requirements⁴

- Three years. There are also three-year programs that begin in PGY-2, after a preliminary year as well as four-year categorical programs.
- Prerequisites—None for three- or four-year categorical programs; one preliminary year for programs that begin in PGY-2.

minor medical issues if they have been unable to garner attention from either their primary care physicians or local urgent care centers. According to Dr. Zink, the future of EM requires making optimal use of technological and research advances in order to provide efficient care and quick, accurate diagnosis and treatments.

Find a mentor, shadow an EM doctor, or secure a rotation as early as you can.

Emergency medicine provides several options for residency training. Most programs are three years in length and begin with the first postgraduate year (PGY-1) after medical school. There are also four-year programs that can begin either in the PGY-1 year or in the PGY-2 year, after one year of internship.⁴ Since more students have started to seek specialties that allow for flexibility in schedules and better lifestyle management, EM has become a more competitive specialty. In the 2008 main residency Match, 141 emergency medicine training programs offered a total of 1,475 PGY-1 and PGY-2 positions and 1,128 (76%) of those were filled by U.S. seniors.⁵ The mean USMLE Step 1 score for U.S. seniors who matched into EM in 2007 was 220. Students who successfully matched into EM ranked twice as many programs as students who did not match (10 versus 5, respectively).⁶

For students who are interested in pursuing residency training and a career in emergency medicine, Dr. Greidanus recommends dabbling in the field as early as possible since students are being pushed to make specialty decisions sooner. Find a mentor, shadow an EM doctor, or secure a rotation as early as you can. "Take it from there if it feels right," he says. Both doctors talked about the importance of considering whether you might enjoy having a leadership role, either academic or administrative, in your career as a physician.



They were surprised at how many opportunities for administrative or academic roles in hospitals and departments arose once they started practicing. If you think this aspect might be of interest to you, consider doing a research fellowship or looking into the health policy and business side of EM to better prepare yourself.

The combination of working as part of a well-oiled team, experiencing a wide breadth of medicine, and adapting quickly to new challenges makes EM an intriguing specialty to explore. Consult the online resources below to learn more.

- Society for Academic Emergency Medicine
<http://www.saem.org/>
- American Academy of Emergency Medicine
<http://www.aem.org/>
- American Board of Emergency Medicine
<http://www.abem.org/>
- American College of Emergency Physicians
<http://www.acep.org/>

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1 American Medical Association. AMA Physician Masterfile. Chicago, IL: AMA; 2007.

2 Careers in Medicine. Emergency Medicine Specialty Page: Nature of the Work. (<http://services.aamc.org/careersinmedicine>). Revised 2007. Accessed January 15, 2009.

3 American Board of Emergency Medicine. Longitudinal Study of Emergency Physicians and Physician Satisfaction Study; 2006.

4 Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Emergency Medicine. (http://www.acgme.org/acWebsite/navPages/nav_110.asp). Revised July, 2007. Accessed January 15, 2009.

5 National Resident Matching Program. Results and Data: 2008 Main Residency Match. Washington, DC: National Resident Matching Program; 2008.

6 Association of American Medical Colleges & National Resident Matching Program. Charting Outcomes in the Match: Characteristics of Applicants Who Matched to Their Preferred Specialty in the 2007 NRMP Main Residency Match, 2nd Edition. Washington, DC: National Resident Matching Program/Association of American Medical Colleges; 2007.

7 Medical Group Management Association. MGMA Physician Compensation and Production Survey: 2008 Report Based on 2007 Data. Englewood, CO: MGMA; 2008.

8 Association of American Medical Colleges. Report on Medical School Faculty Salaries 2006-2007. Washington, DC: AAMC; 2008.



Ask the Advisor

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. In this issue, we look at the dollars and sense of fourth-year expenses and the career advantages of pursuing a joint degree.



Dear Advisor,
How much money can I expect to spend during fourth year on nontuition expenses such as interviewing, traveling, and licensing exams?

The last part of your question is the easiest to answer. Most financial aid officers will place the USMLE Step 1 exam cost in the second-year student budget and the USMLE Step 2 exam costs in the third-year budget. This means you need to save money during your third year so you can pay the exam fees near the start of your fourth year, the point when most students register for the exam. For 2008-09, the fees for Step 1 and Step 2, Clinical Knowledge, are \$480 each. The fee for Step 2, Clinical Skills (CS), is \$1,055. These fees increase slightly each year. Most students must travel to take the Step 2 CS exam. The cost for that is placed in the senior-year budget; the figure is likely to range from \$500 to \$800. You will have the option of moderately priced hotel accommodations near the exam sites.

The cost of residency interviewing varies with each medical student. The factors

determining cost include how many applications you submit, the number and location of interviews you are offered, your ability to coordinate interview trips, and the accommodations you select in the cities where you interview. If you apply to a very competitive specialty, you will be advised to submit enough applications to give you a reasonable chance of success. This may mean applying to programs throughout the country. But do not overdo it. Given the cost of interviewing, there is no reason to submit significantly more applications than your advisors recommend. If you apply to many programs, careful planning should enable you to schedule interviews in sequences that will reduce your travel costs. Students who apply to 20 or more programs could spend as much as \$5,000 interviewing. On the other hand, if you have identified a region or a city where you wish to do your residency training and if that location contains programs very likely to rank you, your interviewing costs could be quite modest. You may be able to drive to each interview, and your costs may be only a few hundred dollars.

If you apply to many programs, careful planning should enable you to schedule interviews in sequences that will reduce your travel costs.

Some students are frugal, and some are extravagant. It may be possible to stay with friends or relatives when you travel to other cities for interviews. You can also rent a car, stay in a hotel, and eat in restaurants, all of which can be expensive. Make decisions concerning accommodations that will enable you to do well at your interviews, but keep an eye on costs. Remember, after graduation you have to relocate to your residency.

Relocation costs, like interviewing costs, vary. These costs cannot be included in the financial aid you receive as a medical student. For a number of years, student loan lenders have made private relocation loans available to medical school seniors

who have good credit. As a result of the current credit crisis, a number of lenders have eliminated these loans. Since the future of private relocation loans is uncertain, all medical students would be wise to have a backup plan to cover their expenses until they receive their first paycheck as a resident, which is likely to be two weeks or a month after the program begins. If you are concerned about this, talk to your financial aid officer early in your senior year.

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Dear Advisor,
What are the advantages of getting a joint degree such as an M.P.H. or M.B.A., and how can a physician use these in their career paths?

Several joint degree options are available for students interested in a medical career. The most well known among these programs is the M.D./Ph.D. program. Currently, 77 schools in the United States offer an M.D./M.P.H. (public health) degree, 50 offer an M.D./M.B.A. (business administration) degree, 23 offer M.D./J.D. (doctor of jurisprudence) degree, and a few others offer M.D. degrees combined with a master's program such as M.D./M.Ed. (education) or M.D./M.H.A. (health administration). A complete listing of such programs can be found at the AAMC's Curriculum Directory Web site: <http://services.aamc.org/currdir/section3/s tart.cfm>

The M.D./Ph.D. program is very popular among those interested in pursuing a research career combined with clinical medicine. As the emphasis on translational science increases, graduates of such programs are critical in designing clinically important research studies and their application in the real world of patient care. Admissions to these programs are generally more competitive than to a regular M.D. program, and coursework is typically harder and longer (8-10 years). Several such programs are funded by the National Institutes of Health Medical



Scientist Training Program, and, therefore, students may graduate with no debt. This is a particularly big advantage as training costs in medical schools continue to increase.

Most of the other combined-degree programs have at least one additional year between the second and third year or at the end of the M.D. program or summer programs in between to complete the requirements for the second degree. Several elective courses in the M.D. program may be geared toward the additional degree topic as well. Those who are interested in managerial sciences, for example, may find the M.D./M.B.A. option attractive. The clinical experiences during the third year serve as excellent contextual material for the student's education in the other discipline of interest (management, public health, health administration, etc.). The effectiveness of such additional training, especially so early on in their careers, in creating future health care leaders and managers has not been studied. Many physicians also pursue additional training and degrees later in their careers, when they are more likely to apply it immediately to their work. With no data, it is difficult to say what the

advantages or disadvantages of pursuing a combined degree might be.

Completing an additional degree successfully indicates a level of commitment and academic capability that might make a student more attractive for residency programs.

Given my experiences, I find students who pursue dual degrees generally more stressed-out due to additional curricular requirements and time constraints. However, completing an additional degree successfully indicates a level of commitment and academic capability that might make a student more attractive for residency programs. In my career, when I felt the need for additional training, I pursued it. I believe it has helped me tremendously with my critical analysis skills, program planning, and evaluation skills as well as medical writing and journal reviewing skills. My speculation is that it may have opened doors for leadership positions within my institution, into editorial boards of journals, and into esteemed professional societies. Several roles in

modern medicine require complex and sophisticated financial skills. An M.D./M.B.A. is more likely to be hired into such positions. Examples include hospital CEO, department chairs, deans, center directors, senior executives of large HMOs, independent practice associations (IPAs), practice management companies (PMC), and management service organizations (MSO). Similarly, M.H.A. and M.Ed. degrees may be an added attraction for recruitment into senior administrative and/or educational leadership roles. M.D./J.D.'s have a unique niche in medical malpractice issues as well as other health care-related legal issues. Having an additional degree also offers tremendous flexibility in career paths if one so chooses.

Since there are no prospective studies looking at the long-term value of combined-degree programs versus regular M.D. programs or joint degrees versus obtaining additional degrees later, it is impossible to establish what the real worth of these programs are. This is a fertile area for further research.

Further Reading:

Larson DB, Chandler M, Forman HP. MD/MBA programs in the United States: Evidence of a change in health care leadership. *Acad. Med.* 2003;78:335-341.

Michael SO, Balraj L. Higher education institutional collaborations: An analysis of models of joint degree programs. *Journal of Higher Education Policy and Management.* 2003; 25(2):131-145.

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CiM Toolbox

Assessing Your Values with the Physician Values in Practice Scale

Have you thought about what's important to you in your future practice of medicine? Is it money? Helping people? Having power or prestige? Spending time with family and friends? All of the above? Values are the life principles that influence the most important aspects of your life and assessing these values is a crucial step in choosing a specialty.

Careers in Medicine has a tool to help you assess your values as you face the dilemma of choosing a specialty. The Physician Values in Practice Scale (PVIPS) is an assessment created by Paul J. Hartung, Ph.D. and Mark L. Savickas, Ph.D. at the Northeastern Ohio Universities Colleges of Medicine and Pharmacy. The instrument provides a quick and reliable measure of your values related to the practice of medicine. The scale measures six core values that were found to be common among samples of medical students: Prestige, Service, Autonomy, Lifestyle, Management, and Scholarly Pursuits.

As you take the assessment, you are presented with 60 items that all begin "In my medical practice it will be important that I..." and are followed by statements such as "assume a management role" or "work a predictable number of hours." You indicate how much you agree or disagree with each statement by clicking on the appropriate scale response, from strongly disagree to strongly agree. The system then provides a profile with your scores for each of these six scales¹:

1. Prestige

High scores on the value of "Prestige" suggest a desire to be recognized by

others as a top physician. Medical specialties related to Prestige afford high levels of power, stature in the community and among peers, and achievement.

2. Service

A high score on "Service" suggests a desire to care for others regardless of financial gains or other rewards. Individuals who score high on this value want to help others simply for the sake of helping.

3. Autonomy

High scorers on "Autonomy" want freedom, independence, and control over their own work style, schedule, and lives. They want to do things in their own way, creatively, and with little constraint.

4. Lifestyle

High scores on the value of "Lifestyle" indicate a desire for security, stability, and consistency. A high score on this value suggests someone who does not want a lot of change, responsibility, or demands placed upon them.

5. Management

A high score on "Management" suggests a desire to supervise and have responsibility for others. High scorers on Management seek administrative responsibilities and find meaning in planning the work of other people.

6. Scholarly Pursuits

A high score on "Scholarly Pursuits" suggests a desire to engage in research and scholarship activities. High scorers typically seek opportunities to engage in intellectual pursuits and to be challenged by difficult cases or situations.

While the PVIPS profile report does not match results to exact specialties, it does provide some trends on the types of overarching specialty areas or practice settings you may be suited for based on your values. For example, students who score high on the value

of Service may be well-suited to explore primary care specialties and students who score high on the value of Management may be well-suited to pursue physician executive careers.

There are no right or wrong answers when it comes to assessing your values, and it's possible your profile may differ dramatically from those of your classmates. But your results can be particularly helpful as you research and explore specialties and practice settings. This assessment gives you a baseline of information about what is most important to you in your future career as a physician and assists you in taking a more critical look at the specialties you are rotating through in your clinical years. You can explore further the specialties that seem to match up best with your values and eliminate from consideration those that miss the mark.

The PVIPS is available under the values assessments in the "Understanding Yourself" section of the CiM Web site and takes about 15 minutes to complete. Your results are confidential and the assessment can be taken multiple times, so as you progress through medical school and/or your life circumstances change, you can retake the PVIPS. All of your results will be saved to your CiM Personal Profile.

Gaining a thorough understanding of yourself is crucial to making good career decisions and values is one of the most important pieces of a complete self-assessment. The PVIPS is a great tool to help you begin this process of career development and specialty choice.

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¹Hartung, P.J. Manual for the Physician Values in Practice Scale. Rootstown, OH: Northeastern Ohio Universities College of Medicine and Pharmacy: 2004.



Match Corner

Rock and ROL: Creating Your Rank Order List



The interview season is winding down, and it's time to start thinking about your rank order list (ROL). A ROL is a preference list of programs at which a residency applicant wishes to train. It is certified by the applicant, submitted to the appropriate match organization, and used to find the best possible match between applicant and program. Similarly, residency programs submit their ordered list of applicants and then the match computers run an algorithm that, hopefully, makes a match.

So how do you go about ranking programs to have the best possible shot at a match? The primary rule, first and foremost, is to rank all the programs at which you interviewed and that you are *willing to attend*, in the order you prefer them, without regard to your perceived chances of matching. According to Mona Signer, executive director of the National Resident Matching Program (NRMP), an applicant is never disadvantaged by ranking the first-choice program first. "You should base your rank order list on your true preferences," says Signer. Signer points out that there is no benefit to basing the order of your list on where you *think* programs may rank you. Regardless of what applicants and programs tell each other about their interest, your list should truly reflect your wishes. The ROL you certify is completely confidential and program directors do not know where you ultimately ranked their program, just as you will not know where a program ranked you.

Another key point is to *never* rank a program that you are not willing to attend. Murphy's Law would dictate that

if you do, you most certainly will match there. The match agreement you sign as part of your participation is a binding commitment. Only the match organization(s) with which you participate can release you or a program from the commitment. Release is dictated only by special and unusual circumstances, so you must be willing to attend any training program you list.

Rank programs based on the criteria (location, work environment, setting, etc.) that are most important to you and how you feel the program will meet your career goals. Your list should contain a good mix of competitive, likely, and acceptable "safety" programs. That advice is especially important if you hope to match in a highly competitive specialty. What constitutes a safety program depends on the competitiveness of the specialty in which you hope to match and your own competitiveness as an applicant. A safety program could be a less competitive program in your specialty of choice or a program in a different, less competitive specialty. Either way, make sure you rank enough programs to have a good chance of matching. "The most common mistake students make in developing their rank order list is not ranking enough programs, especially in specialties that are highly competitive," says Signer. In highly competitive specialties, applicants should hope to obtain many interviews and rank as many of the programs they are willing to attend. In less competitive specialties, it is probably not necessary to rank as many programs. "Charting

Data consistently show that students who rank more programs have a much higher match rate than those who rank fewer programs.

Outcomes in the Match," a report jointly published by the NRMP and AAMC, offers guidance on how long your rank order list should be to maximize your chances of matching. The report provides the number of programs ranked by both matched and unmatched applicants in each of 19 specialties. Data consistently show that students who rank more programs have a much higher match rate than those who rank fewer programs. The report data is available on the NRMP

(www.nrmp.org) and AAMC (www.aamc.org) Web sites, as well as on the Specialty Pages of the CiM Web site (www.aamc.org/careersinmedicine). Use the data to help you decide how many programs you should rank, as you consider your preferences.

You must honestly appraise your chances of matching in your specialty of choice. Much will depend on how many interviews you received, how well you think those interviews went, and whether or not there are enough programs you are willing to attend to make a match. The best way to appraise your chances of matching is to seek some guidance in this process, especially if you are applying in a competitive specialty or are going through the match as part of a couple. Consult with your advisor(s) and student affairs staff about your ROL. They have a wealth of experience, knowledge, and perspective on the process. After all, this is *your* first match, but it is usually not theirs. CiM also has developed the Residency Preference Exercise (RPE) to help you evaluate your individual requirements for a residency and to compare programs based on those criteria. As you review notes from your interviews and start to prepare your list, use the RPE to score and compare programs. The RPE is available on the CiM Web site under the "Getting into Residency" section. Finally, check "Charting Outcomes in the Match" for information on the characteristics of applicants who matched in their preferred specialties.

Preparing your rank order list can be stressful and may cause you a few sleepless nights, but the good news is that most students do very well in the match. According to the NRMP, year in and year out about 94 percent of U.S. allopathic seniors match and, of those, nearly 60 percent match to their first-choice program.¹ You too can have a successful match by heeding these pointers, being true to your preferences, checking the data, and getting guidance. Have a happy New Year and a happy match!

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¹National Resident Matching Program. Results and Data: 2008 Main Residency Match. Washington, DC: National Resident Matching Program: 2008.