



A Roadmap To **Psychiatric Residency**



Table of Contents:

| | |
|---|----|
| What Should I Do During Medical School To Prepare For A Career In Psychiatry? | 4 |
| A Timeline For Applying To Residency | 5 |
| Planning Your Fourth Year..... | 6 |
| How To Choose The Right Program For You | 7 |
| How Many Programs Should I Apply To?..... | 10 |
| Letters Of Recommendation | 12 |
| Personal Statements | 14 |
| Nuts And Bolts Of The Interview Day..... | 15 |
| Post-Interview Communication | 20 |
| What Happens If You Do Not Match?..... | 20 |
| SPECIAL TOPICS Faculty Advisors..... | 21 |
| Special Considerations For Osteopathic Medical Students (DOs)..... | 22 |
| Advice For International Medical Graduates (IMGs)..... | 24 |
| The Road To A Military Residency | 26 |
| Special Considerations For Couples Matching..... | 28 |
| PGY2 And Other Transfers | 29 |
| Conclusion..... | 30 |





Welcome to the wonderful medical field of psychiatry. The authors of this document and the many practicing psychiatrists around the world are thrilled that you plan to join our exciting and ever-changing field. The information provided in this document has been compiled by leadership in the following organizations: ADMSEP (Association of Directors of Medical Student Education in Psychiatry), AADPRT (American Association of Directors of Psychiatric Residency Training), AAP (Association for Academic Psychiatry), and PsychSIGN (Psychiatry Student Interest Group Network). This document is meant to provide a global overview of the residency application process and information about subspecialty specialization. For questions specific to your application or a specific residency program, we encourage you to speak to your Dean's office, consult your faculty advisor, or review individual residency program websites.

Note to Readers: This document (*A Roadmap to Psychiatric Residency*) is a collection of information developed by the organizations named herein, which is intended to be useful to medical students interested in applying for a psychiatric residency program. It does not represent the official policy or views of the named organizations. The information contained in this document is intended to be general advice and is provided as-is and not guaranteed to be correct, complete or current. For any specific situation or question about how the information might apply to a particular situation, individuals are encouraged to consult with their Dean's office, advisors, or other knowledgeable persons such as members of their psychiatry department.





4 | A Roadmap to **Psychiatric Residency**

WHAT SHOULD I DO DURING MEDICAL SCHOOL TO PREPARE FOR A CAREER IN PSYCHIATRY?

Psychiatry programs are generally holistic in their review of applicants. As such, participation in the following is highly valued - longitudinal and meaningful service, leadership, and scholarly experiences that may demonstrate unique individual attributes and a strong commitment to psychiatry. Service activities could include service to the community (e.g., student-run free clinic, community health fair, homeless shelter) or service to the medical school (e.g., committees, student council, and peer support and wellness activities). Roles involving teaching and mentoring other students (e.g., peer tutor, course teaching assistant), or running student interest groups demonstrates desirable professionalism and leadership skills. While most programs do not require research, any form of scholarship particularly related to psychiatry, can strengthen an application. If access is limited to more traditional research experiences, scholarly projects in the areas of patient safety and quality improvement, education/curricular design, and clinical case reports are highly valued. Presentations at professional meetings or publications are especially impressive. Regional or national work with organizations such as the American Psychiatric Association (APA), Student National Medical Association (SNMA), American Medical Student Association (AMSA), and PsychSIGN may strengthen an application, as well

as provide opportunities for networking, leadership, mentorship, and scholarship. Many of the psychiatric subspecialty organizations, such as American Academy of Child and Adolescent Psychiatry and Academy of Consultation-Liaison Psychiatry, have free or discounted membership rates for medical students and offer helpful resources and exposure to areas of psychiatry not seen as often in medical school clerkships. Most psychiatry programs are looking to recruit applicants with a diverse set of life experiences, passions, and skill sets, including those not directly related to psychiatry. These could include accomplishments in the arts, athletics, writing, advocacy, human rights, health policy, anti-racism, global health work, and commitment to increasing access to care for particular communities (LGBTQ+, specific racial/ethnic/religious groups, homeless population). Finally, do not fret if you are one of the many who discover their love of the psychiatric profession later in medical school, such as after completing the clerkship. You may write in your personal statement about changing career course and what experiences helped you come to this decision. Consider joining PsychSIGN or other national or local psychiatric organizations and be sure to meet with your specific psychiatry advisor for additional strategies to show your commitment to the field.

A TIMELINE FOR APPLYING TO RESIDENCY

The road to residency begins with choosing your specialty. Often this occurs during your clerkship rotations. Below is a suggested timeline for your third and fourth year of medical school.

| | |
|--|--|
| Feb-April (of your Clerkship year) | <ul style="list-style-type: none"> ▣ Research Residencies ▣ Find a psychiatry faculty advisor ▣ Plan the MS4 year, including rotations and board exams |
| May-June | <ul style="list-style-type: none"> ▣ Talk to the attendings you have worked with to obtain letters of recommendation <i>(Earlier is OK, especially if you had a great experience early in your clerkship year)</i> |
| July-September | <ul style="list-style-type: none"> ▣ Ask for additional letters of recommendation during MS4 year ▣ Register with your dean's office for information on NRMP/ERAS ▣ Have your faculty advisor review your personal statement ▣ Submit application into ERAS ▣ Beginning submitting applications to programs (early September) ▣ NRMP Match registration opens (usually mid-September) ▣ Your application and MSPE are made available to Residency programs (late September) |
| October-January | <ul style="list-style-type: none"> ▣ Interviews ▣ Applicant Standard Registration Deadline for the Match and SOAP (late January) |
| February | <ul style="list-style-type: none"> ▣ Ranking opens ▣ Make final decisions and submit list to NRMP |
| March | <ul style="list-style-type: none"> ▣ Rank order list certification deadline ▣ Match Week and Supplemental Offer and Acceptance Program (SOAP) |





6 | A Roadmap to Psychiatric Residency

PLANNING YOUR FOURTH YEAR

Every school will have specific requirements for 4th year. Start with a full understanding of how many courses are required, how much time you can carve out for interviews, senior projects, and any outstanding work, in order to plan your last year.

Generally, two specific types of courses are reserved for 4th year students: electives and sub-internships (“sub-Is”). Psychiatry elective experiences give you the opportunity to explore various topics and subspecialties. There are many subspecialty areas in psychiatry such as forensics, geriatrics, addiction, child and adolescent, consultation-liaison, neuropsychiatry, perinatal and early childhood mental health. There are additional fields that are also relevant and available for specialization such as sleep medicine, addiction medicine, palliative care, and psychotherapy additional training.

Ask your faculty advisor or your school’s psychiatry Residency Program Director how many electives they recommend you take in psychiatry (typically two or three). It is recommended that you take these electives as early as possible (even as early as 3rd year if available) to both gauge your own interest in psychiatry and demonstrate your interest in the field. Electives are also an opportunity to demonstrate your potential as a future resident and to request letters of recommendation (LORs) from psychiatrists.

Sub-Is are generally completed after your core psychiatry clerkship. Not all schools offer sub-Is in psychiatry. However, if your school does, this is another opportunity to explore your interest in psychiatry while also developing more advanced clinical skills. Like electives, sub-Is are a great opportunity to meet faculty mentors and request LORs.

Sub-Is and electives can also be completed at an institution other than your own. These rotations are known as “away rotations.” At this time, away rotations are not required,

nor necessarily encouraged, to apply for psychiatry. Away rotations allow you the opportunity to see how medicine is practiced elsewhere and to gain experience with a specific program. An away rotation is also an opportunity to demonstrate your interest in a specific institution if you have a “dream program” where you hope to receive an interview invitation (although performing an away rotation in no way guarantees that you will receive an interview). Many away rotations require a specific application using a third-party service such as VSAS (Visiting Student Application Service) or VSLO (Visiting Student Learning Opportunities). These services request an application form, letters of reference, and often other requirements. Make sure to research or contact any away rotation program to learn about their specific requirements well in advance. Many people begin this process with approximately two to four months left in their 3rd year. If you think that you would like to do an away rotation, make sure to appropriately budget for travel and rent expenses during this time. Some programs may offer discounted housing, or you can look into options such as AirBNB or RotatingRooms. Because of the impacts of COVID-19, the availability of away rotations will likely vary by institution and be dependent on the policies at each individual program. As of June 2021, an individual should accept a maximum of one away rotation in a specific clinical specialty.

A final important note: Only grades that are submitted prior to the release of the MSPE will be seen by programs. If you are taking psychiatry electives or sub-Is and want programs to see your performance, plan to schedule these with enough time in advance to have your grade submitted before ERAS opens for programs to review. (Note that some medical schools will only include third year clerkship grades in the MSPE; if this is the case for your school, you should be able to request an updated transcript once your new fourth-year psychiatry grades are in). You can still do psychiatry rotations in the fall and winter and talk about these during your residency interviews.



7 | A Roadmap to Psychiatric Residency

HOW TO CHOOSE THE RIGHT PROGRAM FOR YOU

Choosing the right residency program can feel like a daunting task. Everyone's preferences will be distinct, and everyone will prioritize different aspects of a program when making their rank list. Databases for program information are available through the Residency Explorer Tool (<https://www.residencyexplorer.org/Explore>), the FREIDA website (<https://freida.ama-assn.org/>), and the AAMC's Careers in Medicine specialty pages (www.aamc.org/cim). Out of these databases, the Residency Explorer Tool provides the most up to date information, including resident demographics, average hours worked per week, and average USMLE scores. This tool also provides students with insight into the relative competitiveness of residency programs, often displaying where one's board scores fall in comparison to the average scores of 2016-2020 applicants who matched to each program. While this can be quite helpful, information from newer programs is not included. Many students also utilize Doximity (<https://residency.doximity.com/>) to help them determine the relative competitiveness and reputation of residency programs, but this can be problematic. Doximity's rankings are based primarily on US News & World Report rankings, which tend to prioritize research funding and hospital measures rather than education and training.

While the "reputation" of a residency program may be an important factor for some applicants, finding a program that is the right fit for you is more important than going to a program with the most prestige. Determining the right fit is an individual journey, and based on your ultimate career and personal goals. Databases can

provide you with key information, however visiting an individual program's website will provide students with more guidance on the specific details of the program including rotations, call frequency, updated salaries, special areas of interest, and wellness activities.

Even with this additional information, traditional websites may not provide insight into the culture of the program or institution including important aspects of resident life. Characteristics such as resident cohesion, the availability of mentoring, departmental events, community outreach, and social interaction among residents and faculty can be difficult to ascertain. Recognizing this deficit, many residency programs have expanded their strategies to include an active social media presence and virtual recruitment events. Applicants are encouraged to explore the social media accounts of prospective programs and the professional accounts of faculty members associated with them. These accounts often allow an applicant a glimpse into the "personality" of a program and how that program interacts with the community. Virtual outreach events may happen throughout the year but are often concentrated in the summer and fall prior to the start of interview season. These events are structured to allow applicants to learn about programs and are not meant for programs to evaluate applicants. Types of events include large informational sessions, panels of multiple residency programs, or sessions hosted by an individual program. Events may be sponsored by larger professional organizations or those specifically for underrepresented minorities in medicine. We recommend

following organizing groups such as PsychSIGN and ADMSEP to learn about these events. Thoughtful use of social media and virtual recruitment events can help applicants glean more information about potential programs, discover new programs, and/or help eliminate programs that do not fit with their priorities and career goals.

Additionally, speaking with current residents or alumni of the program can also help you gain a sense of the culture and answer any lingering questions. Consider reaching out to your faculty advisor to see if they can connect you with anyone currently at the program or previous graduates. Also consider reaching out to your upperclassmen in medical school to see if they have any specific experiences with your programs of interest. Speaking with residents outside of the interview day is by no means a requirement for your residency application, but it can be another helpful source of information. Also, consider getting opinions from recent graduates or residents who have recently gone through the process to find out where they applied and what they liked/disliked about each program – you just might decide to consider a program that you would have otherwise overlooked.

Now that you know where to look for information, you need to consider what is important to you. Afterwards, schedule a meeting with your faculty or specialty advisor to ask which programs they recommend based on your career goals and competitiveness.

Here are some common things to consider when evaluating a program:

Logistics

- Location, including whether you can see yourself happily living in that area, cost of living (keeping in mind your salary and state taxes, local job or school opportunities for a significant other), considerations for potentially raising children in the area, if applicable, and personal hobbies.
- Size of the program/number of residents per class

Culture

- Resident morale, including whether residents at the program get along and if there are residents who have left the program, and if so, why. When you are interviewing, residents can help you gauge the culture of the program, perceptions of faculty and department interests, attitudes of people in the program and opportunities not apparent on the website

- The culture of the resident group, including what the residents do for fun and academically how they spend their time
- What is the mission statement/core values of the program?

Clinical Training

- Rotations offered in a program, the settings, hours, and variety of experiences offered, including off-service rotations, diversity in training and cases, including diversity of patients, training sites, specialty clinics, ECT and TMS training, etc.
- The Hospital system(s), including its size, number of residencies and services, and support staff
- Work-life integration in the program, frequency of call, typical patient load, whether the duty hour policies are meaningfully observed/enforced
- Psychotherapy training – timing, supervision, therapy modalities, case load
- Fellowship training opportunities and subspecialty rotations at the institution (how many accredited and non-ACGME accredited fellowships are available?)
- Career post-residency, what do residents in a program do post-graduation, including jobs they pursue, practice settings they work in, and fellowships they match into

Didactics / Non-clinical Opportunities

- Didactics and how is time protected for didactics
- Electives
- Special tracks available (e.g. clinical educator track, women's mental health track, etc.)
- Academic, teaching and research opportunities (e.g. how is research built into the program, opportunities to attend conferences, opportunities for mentorship)
- Diversity, equity, and inclusion efforts in the department and the institution as a whole

Benefits

- Retirement benefits, healthcare benefits, etc.
- Subsidies for housing
- Academic allowances (e.g. funding for study materials, conferences, licensing, etc.)
- Vacation policies
- Maternity and paternity leave policies



- Moonlighting opportunities (when do residents start moonlighting, is there internal versus external moonlighting, is there time actually available to moonlight)
- Other considerations; parking availability, food allowance, childcare availability, gym access, etc.

Other miscellaneous things to consider:

- Accreditation issues or any major upcoming changes to the program
- Chair and other faculty interests, including faculty areas of expertise

That said, it is generally helpful to:

- Make a spreadsheet with your main priorities and a running rank list/score sheet based on your priority list. Make a row for each program and a column for each program feature (e.g., location, academics, faculty/residents, etc.); put the features in order of importance to you.
- Take notes when you interview at a program. Jot down your thoughts immediately so that you do not forget later.
- Weigh your priorities honestly and take into account your “gut feeling” when you are interviewing and interacting with people at the program. Ultimately your list is just that, your list.

For medical students interested in psychiatry plus an additional specialty, a number of combined training programs exist. These include programs that combine psychiatry training with internal medicine, pediatrics/child and adolescent psychiatry (“triple board”), family medicine, or neurology. Combined training programs allow residents to become board eligible in multiple specialties and may be appealing to students interested in integrated care or another clinical discipline that requires proficiency in multiple specialties (eg, neuro psychiatry or pediatric consultation-liaison psychiatry). Combined programs are usually accelerated as compared with categorical programs, so residents may need to sacrifice electives and schedule flexibility. Rotation schedules range from alternating months to alternating years, so reviewing individual program descriptions and rotation schedules will be helpful. Sequential training (completing one residency program followed by a second residency program) is another way to become boarded in multiple specialties, although often longer in duration than an accelerated combined program. In considering combined training, applicants should take into account the potential stress, lifestyle and financial implications of longer training and the limited availability of many of these programs (leading to geographical restrictions in many cases). As many physicians who complete combined training ultimately practice in predominantly one of the specialties, seeking out advising from faculty who have completed combined training can help to determine if this type of training is truly necessary for your desired future career goals.





10 | A Roadmap to Psychiatric Residency

HOW MANY PROGRAMS SHOULD I APPLY TO?

There has been a marked increase in interest in psychiatry leading to an increase in the number of graduating medical students applying to psychiatry residencies. However, the number of applicants to residency programs has exceeded the more modest increase in the number of psychiatry residency spots and programs. This has made the field more competitive to enter, and medical students may feel a greater pressure to “over-apply” to psychiatry residency programs in order to secure matching. Indeed, over the last application cycle, there has been an increase in the number of students applying for psychiatry residencies, which complicates the entire process both for students as well as training directors.

Deciding how many programs to apply to is a difficult decision. Ideally, you will apply to programs that would be considered “reach” programs (slightly above your competitiveness level), “middle of the road” programs (at your competitiveness level), and “safety” programs (you are likely very qualified for these programs). Students have to consider not only the strength of their application and the types of programs (large versus small, academic versus community, research versus clinically focused, etc.), but also the significant costs involved in the Electronic Residency Application Service (ERAS).

psychiatry statistics from the National Residency Matching Program (NRMP) Match show that since 2016 the number of U.S. and Canadian students applying to psychiatry through ERAS has increased from 1,754 to 2,309 (a 30% increase). On the other hand, the total number of U.S. and Canadian students in the overall Match increased by only 11%.⁽¹⁾ Similarly, the average number of applications per U.S. and Canadian student applying to psychiatry has

increased from 33 to 54 in the last several years. Since ERAS application fees increase as you submit more than 10 and various increments thereafter, 54 applications will cost almost \$1100. For the vast majority of students, 54 applications is significantly more than they need to submit.

While the number of applications for an individual student is still a complicated calculation based on the student’s unique circumstances and aspirations, data-driven reports are useful to consider. Namely, the NRMP’s Biennial Report Charting Outcomes in the Match reviews how applicant qualifications affect match success. These reports are available for U.S. MD and DO seniors as well as international medical graduates and include data comparing matched and unmatched applicants on a number of variables. The variables include but are not limited to USMLE scores and AOA status, the number of “contiguous ranks” (the number of programs ranked in psychiatry before a program in another specialty is ranked), research projects, abstracts/presentations/publications, and volunteer experiences. Although the mean board Step scores of psychiatry applicants has increased, applicants with relatively low USMLE scores are more likely to match than not. A probability of matching graph allows students to better understand how their rank list length affects their chance of matching. According to the 2020 report ⁽²⁾, the probability of matching reaches about 80% with six contiguous ranks and over 90% with nine contiguous ranks for an MD applicant. While not directly correlated with the number of applications, this report can help a student target the number of programs to interview at and eventually rank.

Another potentially useful Biennial Report from the NRMP is the Applicant Survey. The most recent 2019 data ⁽³⁾

includes surveys of “U.S. seniors” (MDs) and “independent applicants” (everyone else). Results show that U.S. seniors who matched into psychiatry applied to a median of 37 programs, while those who didn’t match applied to a median of 45 programs. Matched applicants, of the 37 programs they applied to, were offered a median of 13 interviews, attended 11, and ranked 11. One can conclude from this data that applying to more programs may deprive qualified applicants of interview opportunities because the number of psychiatry positions/interview spots are still fewer than the number of interested applicants.

An additional report called the AAMC’s Apply Smart (4) may be useful for psychiatry program applicants. This analysis includes ERAS data from the 2013 through 2018 cycle, and it used a regression analysis to find a “point of diminishing returns” where the benefit of more applications is significantly reduced. For U.S. students applying to psychiatry with a USMLE Step 1 score > 229, the point of diminishing returns was at 14 applications. Even for students with a USMLE Step 1 score < 209, the point of diminishing returns was 23 applications. Since each applicant is unique, these numbers should not be used strictly but more as a guide. However, this data does give some information about where the relative benefits of additional applications start declining for most applicants. Of note, while the USMLE Step 1 score reporting transition to Pass/Fail will occur on or after January 2022, the Apply Smart tool may still be useful for those candidates applying prior to this change.

Although these reports can be quite helpful, the association between the number of applications or interviews and eventual match success rate is influenced by a number of non-measured factors. Some contributing factors that determine match success include the following:

Did the students apply to only “top-notch” programs?

Did they include lesser-known or newer programs?

Did they only apply to programs with specific geographic locations or preferences (big cities, coasts, within one limited area)?

Did they include in their application why they might be applying to programs that are far away from their medical school or reported hometown?

Did they apply to institutions that tend to take higher proportions of internal candidates?

The number of applications per ACGME (Accreditation Council of Graduate Medical Education)-accredited residency programs has increased from 220 to just over 300 in the last five years, but more applications are submitted per program than ever before. Therefore, residency Program Directors are increasingly looking in applications for factors that might predict which students would truly want to come to their program. As such, factors like geographic proximity or unique program interests are becoming more important in selecting students for interviews. In order to best consider an individual situation, applicants are encouraged to discuss their unique circumstances with their local advisors, Dean’s office, and if available, home residency Program Director.

Lastly, what about the all-important “interview skills” component? Even top scoring students from excellent medical schools who interview poorly are at risk for not matching no matter how many applications they submit. In the end, the number of applications a student submits is only one of the many factors that will determine whether their match is successful.

1. American Association of Medical Colleges Electronic Residency Application Service (ERAS) Residency data. <https://www.aamc.org/media/39606/download> Accessed April 16, 2021
2. National Resident Matching Program, Charting Outcomes in the Match: Senior Students of U.S. Medical Schools, 2020. National Resident Matching Program, Washington, DC 2020. Accessed April 16, 2021.
3. National Resident Matching Program, Data Release and Research Committee: Results of the 2019 NRMP Applicant Survey by Preferred Specialty and Applicant Type. National Resident Matching Program, Washington, DC. 2019. Accessed April 16, 2021.
4. American Association of Medical Colleges. <https://students-residents.aamc.org/apply-smart-residency/apply-smart-data-consider-when-applying-residency> , Accessed June 14, 2021.





12 | A Roadmap to Psychiatric Residency

LETTERS OF RECOMMENDATION

Letters of recommendation (LORs) are an important opportunity to communicate your personal attributes, strengths, and abilities to programs. LORs usually include a discussion of how the writer knows the applicant, as well as the particular clinical strengths of the applicant in areas such as medical knowledge, the psychiatric interview, and interactions with other disciplines on the team. LORs also frequently highlight personal qualities such as humor or empathy and give an overall level of endorsement.

Most psychiatry programs will require three or four LORs. ERAS allows you to upload an unlimited number of LORs to your file, but you can only assign a maximum of four LORs to a single program. You can customize which letters are uploaded to each individual program. Be sure to familiarize yourself with each individual program's instructions and preferences regarding LORs.

Traditionally, students ask attending physicians from third-year and fourth-year rotations to write LORs. Attending physicians who have worked closely with you and who have witnessed your strongest clinical performance typically write the best letters. While some may imagine that a chairperson, training director, or senior faculty member may carry "extra weight," psychiatry program directors generally agree that it is much more important that a letter writer know you well than be in an administrative leadership position.

Individual programs may have specific requirements about the number of letters written by psychiatrists, but most programs look for at least two from psychiatrists. It can

be helpful to have at least one letter from someone in a field outside of psychiatry, to demonstrate the breadth of your skills and talents in other areas of medicine. NOTE: Due to the ongoing COVID-19 pandemic, most psychiatry residency programs are requiring only one letter or recommendation from a psychiatrist, in recognition of ongoing challenges with clerkship and elective experiences.

Students often ask if all four letters need to be from clinical attendings. Generally, it is fine for one of your letters to be written by a research advisor or someone with whom you closely worked longitudinally (a relationship starting in the first or second year of medical school, and then hopefully beyond). You should not ask family members, personal friends, or resident/fellow physicians to write your letters.

Some students may worry that the COVID-19 pandemic may complicate the process of obtaining quality LORs. Changes to clinical rotations (or outright cancellations of rotations) can create challenges in developing personal relationships with attending physicians who can closely assess your performance and learn about your personal strengths. Thus, now more than ever, it is important in all of your clinical experiences to be proactive in fostering relationships with attending physicians and creating opportunities to demonstrate your aptitude and knowledge. If, due to the COVID-19 pandemic, you did a meaningful clinical or scholarly experience in lieu of a traditional clinical clerkship, you can consider requesting a LOR from faculty from that experience (provided that they know you well and can speak well about your skills and background).



You should aim to have at least two letters uploaded when ERAS opens, and all of them by the time Dean's Letters are released. If you have a particularly important rotation in the fall of your MS4 year, such as a psychiatry sub-internship or elective, you may consider replacing an earlier letter at the conclusion of that rotation. Usually, students waive their right to see the contents of the LORs. If you choose not to waive this right, Program Directors may view this as a "red flag."

Ideally ask your chosen faculty to write letters mid-rotation, at the conclusion of the rotation, or soon after completion. This allows them to draft the letter while your performance is still fresh in their minds, even if they cannot immediately upload it to ERAS. Ideally, you should ask in person. First, discuss what you learned and enjoyed on your rotation, and explain why you are asking this particular physician for a LOR. Then proceed with asking if the faculty member would be willing to write a strong letter of recommendation for a residency in psychiatry. If possible, you should bring hard copies of your CV and personal statement to share with the writer. If a faculty member shows any hesitation about writing a letter, you should rethink the request. If a faculty member volunteers a letter without being asked, you should likely accept as long as you feel they can write a strong letter.

After the meeting, follow up with an email thanking them for agreeing to write a LOR. Include your CV and personal statement with your email, even if you already provided them hard copies. In this email, you may also want to mention highlights on your CV with which the letter writer may not be familiar, or other personal information they could include (what you want highlighted).

Faculty are frequently busy and may need at least 4-6 weeks to complete a letter. This means that you should aim to ask faculty for LORs by early August. Monitor when your letters are uploaded and if, after a few weeks, the letter is not uploaded, send a friendly reminder:

"Thank you again for agreeing to write a letter for my application to psychiatry residency. I have attached my CV and personal statement. I am aiming to have all of my letters uploaded by mid-September and would greatly appreciate if the letter could be uploaded by this date."

After the letter is uploaded, be sure to send a thank you note. Your letter writers will also likely appreciate hearing from you after you match; let them know the program with which you matched and thank them again for their efforts in supporting your residency application.



14 | A Roadmap to **Psychiatric Residency**

PERSONAL STATEMENTS

The least structured component of the ERAS application is the personal statement. The personal statement is your platform to convince to the selection committee of your reasons for entering psychiatry, your professional goals, and your reasons for choosing to apply to their program. In what is otherwise a highly structured application, this is an opportunity for you to share your personal experiences and reflections. Be creative, as you have total control over the content. Most students choose to focus on an experience or series of experiences that ignited or solidified their interest in psychiatry. While there may be many reasons why you are passionate about psychiatry, statements usually are more cohesive and read better if you pick a single theme or experience, rather than jump from one topic to another. Statements are strongest when they are specific and are focused on the applicant's own background, interests, or endeavors. More general commentary on the field of psychiatry often does little to distinguish the candidate. Laundry lists of accomplishments are similarly less than ideal. Remember that your application allows you to provide details of your extracurricular activities, awards, and other achievements, so unless these details are relevant to the subject of your personal statement, do not restate them. A typical personal statement is approximately one page in length (around 750-850 words), single-spaced, in 10 to 11 point font. It is worth keeping in mind that residency programs review a significant volume of personal statements, so a statement that is easily accessible, brief, well-organized, authentic, insightful, and memorable should serve an applicant well. Remember, a mediocre personal statement can hurt a strong application, and a strong personal statement can strengthen an average application.

It is recommended to do your own research of the program you are applying to and consider personalizing your statement according to the opportunities provided by the program and its alignment with your professional goals. Some applicants use their personal statement as a means of exploring complicating elements of their application, such as a failed course or time off. If you choose to do this, make sure you weave this subject into a greater theme of your professional development and your growth as a future psychiatrist. Sensitive issues can be “red flags” for some programs, so discuss with your advisor how best to approach these matters. At all times, applicants should be honest and forthright, taking care not to raise concerning questions without adequately answering them. Please keep in mind that any subject you address directly in a personal statement is “fair game” for an interviewer to raise, even if such a subject would otherwise be outside the bounds of reasonable expectations during a typical interview. If you are going to include a potentially controversial or sensitive subject in your personal statement, such as personal experience with mental illness or substance use, discuss this choice directly with your advisor.

Remember that the personal statement is part of what is effectively a job application. Your statement should be logically structured and grammatically correct. Start working on it early and revise your personal statement multiple times to proofread your work. Each statement should be clear in purpose and content. While it is designed to be “personal,” it should not include subjects you might be uncomfortable discussing with a faculty interviewer. Make sure that someone who is familiar with expectations for personal statements reviews it and offers guidance. Ask your advisor or another psychiatry department member who has experience with the residency application process.

NUTS AND BOLTS OF THE INTERVIEW DAY

Scheduling

Interviews usually run from mid-October through the end of January. Most medical schools allow students to take one or two months off for interviews. Keep in mind that you will want to have additional time to prepare for interviews by reviewing each program's website, doing a mock interview with an advisor, etc. More than three interviews in a week often limit your ability to properly prepare, consistently perform with energy and sincerity, and recall programs accurately. Since many programs fill their interview slots quickly, applicants should schedule interviews promptly after receiving an invitation (within 24-48 hours).

Interview Season in 2020 was incredibly unique. There was a rapid shift to virtual interviewing, as the AAMC recommended that interviews not take place in person in order to slow the spread of COVID-19.

At the time of this publication, psychiatry residencies have confirmed they are proceeding with all virtual interviewing again for 2021-2022.

Preparation for Interview Day

Fortunately, most residency interviews are more relaxed than medical school interviews. Most interviews last a single day, but some programs may schedule a dinner or social hour with residents the night before. It can be helpful to attend these dinners to learn more about the program from current residents and get a sense of the resident camaraderie. A typical interview day involves an overview of the program, tours, lunch, and anywhere from two to nine individual interviews. While a minority of programs utilize structured behavioral interviewing, most interviewers will be interested in if you are a "good fit" for their program and if what they see on paper aligns who they are meeting. Some may ask about clinical cases or situations that you found challenging. You can prepare for this by thinking of two interesting or challenging patients from medical school. Consider what you learned from the patient and how the patient influenced your decision to go into psychiatry. It is important to be prepared to talk about why you chose the field of psychiatry and what appeals to you about a specific program and location. A mock or practice interview with an attending or resident at your home school is always a great way to prepare.

Most interviewers will ask applicants what questions they have about the program, so have a list of questions prepared

ahead of time. Questions are an opportunity for you to learn about the program, but they also demonstrate your individual interests and even your interview day preparation (review the website). Be aware that the quality and quantity of "lifestyle" questions (e.g. benefits, vacation time, etc.), risks portraying more focus on benefits than education/training. This information is also available on the website, HR materials, or documents the program provides to you.

Finally, remember that the entire day, including any dinners or social events, is a part of the interview. Program administrators and residents frequently give feedback about seemingly casual interactions. Stay engaged throughout the events and consider taking notes to remember details discussed. Also, avoid cell phone use when interacting with representatives from the program. Cell phone use can make you seem distracted, or worse, disrespectful.



Preparing for virtual interviews

Although it may be tempting to wear your slippers, we would recommend wearing a complete business attire outfit. This will help set your frame of mind for interviewing. Additionally, should something unexpected occur where your lower half is visible to the interviewer, you will want to be dressed appropriately. For virtual interviews you may also consider avoiding busy patterns for your clothing.

Spend some time investing in your interview space. You will need a space quiet and free from interruptions with a neutral background. Ensure you have adequate access to outlets for charging of laptops or interview devices. If you are informed of what virtual platform the program is using, consider downloading it on your cell phone as a

back-up. Check that your Internet connection is reliable and fast enough to accommodate video. If you do not have appropriate interview space at home, reach out to your medical school which may have programs to provide this space for you. Before your interview, consider a trial run. Your medical school may be doing virtual mock interviews, or you can solicit assistance from family and friends. Things you will want to consider - does your attire look appropriate on screen? Is the lighting adequate? You do not want a distracting glare from your glasses the entire interview! Are you positioned at eye level? You can also practice looking into the camera, as opposed to the screen. Consider turning off “self-view” to minimize distractions.





Suggested Questions for Faculty Interviewers:

- What the program looks for in an applicant/resident
- Strengths/weaknesses of the program
- Psychotherapy training, including didactics, supervision and clinical experience in different types of psychotherapy
- Availability of sub-specialty experiences including child, forensics, mood disorders, anxiety disorders, eating disorders, etc.
- Specific questions about fellowships (both accredited and non-accredited)
- Resident evaluation process
- Diversity of patient population, faculty, staff, and residents
- Diversity of pathologies you can expect to encounter in the clinical setting
- Number and variety of training sites and distance from department “home”
- Availability and quality of other patient-care related services, including community support organizations, supported housing and employment, and chemical dependency treatment programs
- Foreseeable changes in the department or program (e.g., if the Program Director is leaving it could signal a period of transition for the program)
- Research opportunities for residents
- Perception of relationships between psychiatry and other departments at the institution
- Faculty involvement in activities such as journal club
- Expectations on internal medicine and neurology rotations
- ECT and neuromodulation experiences
- Training in Telepsychiatry and Collaborative/Integrated Care
- Perceived teamwork and relationships between residents
- Resident career paths after graduation, including fellowships





Suggested Questions for Residents:

- Why did you choose this program?
- Do you feel like you have the appropriate level of supervision?
- What are the strengths/weaknesses of the program?
- Has anyone left the program and are you privy to why?
- If you had it to do over again, would you choose the same program? Are you happy here?
- How is call? Is there a night float system?
- Is there a structured mentorship program for incoming residents?
- How is the morale amongst the residents? Do you all get along?
- How is the relationship between residents and faculty?
- Do you feel that the Psychiatry department is well-respected among other departments?
- How are the didactics? Is this truly protected time or are you frequently paged?
- Do educational activities reliably occur as scheduled?
- How diverse is your patient population?
- How much psychotherapy exposure and supervision do you get?
- How does the department seek and utilize resident feedback?
- Do you have time/opportunities for research or other scholarly work? Does the department support residents attending conferences?
- Are there opportunities to teach?
- How is parking/transportation?
- What's the cost of living? Where do most residents live?
- Do you have time/opportunities for moonlighting?
- How are the facilities? Library? Call rooms? Resident lounge? Computer system? Cafeteria?
- How many residents start families during residency? How accepted is this?
- Food allowance? Laundry? Lab coats? Recreation? Exercise facilities?
- What are the job opportunities for my spouse/significant other?
- Do you feel burdened with ancillary work?



A photograph showing three healthcare professionals in a meeting. On the left, a man with a beard and glasses is partially visible. In the center, a man in a white lab coat is speaking and gesturing with his hands. On the right, a woman with curly hair in blue scrubs is listening. A dark blue banner with white text is overlaid on the bottom left of the image.

19 | A Roadmap to **Psychiatric Residency**

Suggested Questions for Residents:

- Why did you choose this program?
- Do you feel like you have the appropriate level of supervision?
- What are the strengths/weaknesses of the program?
- Has anyone left the program and are you privy to why?
- If you had it to do over again, would you choose the same program? Are you happy here?
- How is call? Is there a night float system?
- Is there a structured mentorship program for incoming residents?
- How is the morale amongst the residents? Do you all get along?
- How is the relationship between residents and faculty?
- Do you feel that the psychiatry department is well-respected among other departments?
- How are the didactics? Is this truly protected time or are you frequently paged?
- Do educational activities reliably occur as scheduled?
- How diverse is your patient population?
- How much psychotherapy exposure and supervision do you get?
- How does the department seek and utilize resident feedback?
- Do you have time/opportunities for research or other scholarly work? Does the department support residents attending conferences?
- Are there opportunities to teach?
- How is parking/transportation?
- What's the cost of living? Where do most residents live?
- Do you have time/opportunities for moonlighting?
- How are the facilities? Library? Call rooms? Resident lounge? Computer system? Cafeteria?
- How many residents start families during residency? How accepted is this?
- Food allowance? Laundry? Lab coats? Recreation? Exercise facilities?
- What are the job opportunities for my spouse/significant other?
- Do you feel burdened with ancillary work?
- What do residents do for fun? Do you feel you have adequate free time?
- Are there structured wellness activities with faculty and residents?
- Is there low fee psychotherapy available for residents?
- What are your community psychiatry experiences like?
- If there is anything you could change about the program, what would it be?

Diversity, Equity, and Inclusion:

When learning about residency programs it is important to gather all relevant data as to what would make you feel most safe and supported. If you are an applicant who is underrepresented in medicine, of a sexual or gender minority, or have other diversity and inclusion related concerns, asking faculty and residents about these issues is more than appropriate.

POST-INTERVIEW COMMUNICATION

Consider writing thank you notes to any program which you plan to rank. You may consider sending thank you notes to the individual people you interviewed with, the Program Director and the program coordinators and assistants who helped to schedule your interview. All programs matching through the NRMP process are expected to respect an applicant's right to privacy and confidentiality, accept responsibility for the actions of recruitment team members, refrain from asking illegal or coercive questions, not require second visits or visiting rotations, and discourage post-interview communication. Some advisors will recommend sending a 'letter of intent' to the program you plan to rank first and yet the consensus is that sending a letter of intent does not ultimately matter. However, if you choose to send a letter of intent be confident that what you are telling programs is honest and recognize that the program will not respond to communications sent after your interview.

For more information about Match Code of Conduct:

www.nrmp.org/communication-code-of-conduct/

www.nrmp.org/match-participation-agreements/

WHAT HAPPENS IF YOU DO NOT MATCH?

On the third Monday of March, you will learn whether you matched. Students who do not match have the opportunity to participate in the Supplemental Offer and Acceptance Program (SOAP) to apply to any unfilled programs. Please refer to the NRMP website for complete and up-to-date information on the SOAP. You should plan to work closely with your medical school Student Affairs Office, faculty advisor, or Career Counseling Office

to navigate the SOAP process. Ideally, you will apply to and accept an offer with an unfilled psychiatry residency program during SOAP. However, there have historically been more preliminary medicine, preliminary surgery, and transitional year positions available in SOAP than categorical positions, so you may find yourself being offered a one year preliminary or transitional year, with or without an offer for a residency position for the following year.

If you are unable to secure a preliminary or transitional year position, then you should immediately begin working with your medical school career advising office and faculty advisor on how to strengthen your application for reapplying in the next application cycle. Note that there are typically several psychiatry residency programs that offer PGY-2 positions outside of the match, and you may be fortunate enough to secure a PGY-2 psychiatry position that will begin immediately following your preliminary or transitional year. If you are not able to secure a residency position during the SOAP, then you have a few options to consider. If there are any positions that remain unfilled after the SOAP, you can apply directly to those programs. These openings may be identified through listing services or the NRMP website. Additionally, you should ask your school to notify you if they become aware of any newly approved residency programs that are looking to fill their new class before July 1. If these efforts are not successful, begin considering how you would like to spend the next year. Examples include the following: research (particularly within a psychiatry department that has a residency program), a graduate degree (such as an MPH), or delaying your graduation (some medical schools, but not all, will allow an unmatched senior to delay graduation by one year. You should discuss the pros and cons of these options with your Student Affairs Office and/or advisor.

SPECIAL TOPICS

FACULTY ADVISORS

The faculty advisor, also called a specialty advisor, plays an important role in supporting and guiding you in planning your 4th year schedule and applying to residency. Ideally this will be someone with whom you feel comfortable discussing your goals for the future, your strengths and weaknesses, and any concerns you have about matching successfully. Recent guides have been written about what faculty advisors should be thinking about as they advise you; the guidance is similar to that provided in this Roadmap (1). A faculty advisor might be a program director at your home institution, or a faculty member you worked with on your clerkship. You could be assigned a faculty advisor by your Dean's office, or they may be no formal structure. You should request a meeting with a potential faculty advisor as soon as you identify an interest in psychiatry since your advisor can help assess your fit and competitiveness for the field as well as identify any steps you can take to make yourself a more competitive applicant. In addition, the advisor can provide guidance as you make decisions about what rotations and electives to pursue in your 4th year and can discuss whether you should consider applying for any away rotations.

We strongly recommend meeting with the advisor early in the summer of your fourth year to discuss how many applications to submit, which programs may be a good fit for you, which are "reach" programs, and which are "safety" programs. After submitting your application, plan to keep in touch with your advisor to update them on your interview offers. If you find that you are concerned about not having enough interviews, reach out to your advisor to discuss what steps you should take next; this could include reaching out to programs individually, applying to more programs, or implementing a parallel plan (such as applying to another specialty, or to a preliminary or transitional year). Finally, as you finalize your rank order list, know it can be helpful to have someone look over your rank order list in light of your career goals to make sure that you have not overlooked an important consideration. If you are not comfortable asking your advisor, you should consider asking your Student Affairs office to review your list with you.

¹Thomas, L.A., Schatte, D., Briscoe, G. et al. *What Should Faculty Advisors Know Before Advising Students Applying to Psychiatry Residency*. *ACAD Psychiatry* (2021). <https://doi.org/10.1007/s40596-021-01438-7>



SPECIAL CONSIDERATIONS FOR OSTEOPATHIC MEDICAL STUDENTS (DOS)

The osteopathic medical profession is rapidly growing throughout the United States. Following medical school, osteopathic physicians complete internship and residency. Post medical school graduate training was historically completed in American Osteopathic Association (AOA), ACGME, or dually accredited residency programs. Since the creation of the unified accreditation system, a single-match system with the ACGME, opportunities for osteopathic medical students have expanded. Thus it is imperative that the osteopathic student have familiarity with the Match processes discussed in previous sections. As of the Spring of 2021, not all previously-AOA residency programs have been ACGME accredited, but the vast majority have transitioned. Osteopathic medical students must consider the accreditation status of the programs to which they apply to ensure the program will have continued accreditation after their current application cycle.

The number of osteopathic medical schools in the US has been increasing and the percentage of osteopathic students matching into psychiatry has also been steadily increasing over the past few years. This growing interest in psychiatry among US seniors (MD and DO) in recent years has made the match more competitive. Thus, while the total number of DO's matching in the NRMP increased by 38% (183 to 335) in the past 5 years (2016-2020) there was a drop of 23% in the total percentage of DO applicants matched (7.9% to 5.6%).

The DO medical student is eligible to sit for the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) as well as the United States Medical Licensing Examination (USMLE). The ACGME has made provisions to recognize osteopathic medical training and board certification as proper qualifications. Although the examinations are viewed as equivalent by the licensing boards, some Program Directors give preference to the osteopathic medical student that takes and passes both the COMLEX and USMLE. It is important to explore the specific program preferences when applying through the match. Between 2013-2018, for the 570 DO students who applied in psychiatry, the number of applications needed to reach the point of diminishing returns was 23 for those scoring greater than or equal to 220 for Step 1 and 27 for those scoring less than or equal to 202. In the AAMC 2020 report, the probability of matching reached about 80% with 7 contiguous ranks and over 90% with 11 contiguous ranks for a DO applicant. In the 2020 NRMP match, COMLEX-USA Level 1 scores of 450 resulted in a 70% probability of matching while over 600 resulted in an almost 90% probability of matching. Please review the other relevant sections of this monograph to learn how to make your application more competitive for a successful match.

Osteopathic medical students often investigate fellowship opportunities when applying to residencies. Medical students may be drawn to residencies that provide specific fellowship opportunities. Currently, a resident must complete an ACGME accredited residency in order to match into an ACGME fellowship. Starting on July 1, 2019, the ACGME Common Program Requirements will recognize former AOA residency training as an appropriate prerequisite for ACGME fellowship and will recognize the osteopathic specialty boards as an equivalent board certification examination. The American Osteopathic Board of Neurology and Psychiatry (AOBNP) will continue to offer specialty board certification in 29 specialties and 77 subspecialties, including Psychiatry, Child/Adolescent Psychiatry, Geriatric Psychiatry, Addiction Medicine, Hospice/Palliative Care and Sleep medicine. The osteopathic psychiatry resident will therefore be eligible for the American Board of Psychiatry and Neurology (ABPN) and the American Osteopathic Board of Neurology and Psychiatry (AOBNP) board certifications.

Resources:

1. AOA: About Us-OMP Report, 2018. <https://osteopathic.org/about/aoa-statistics/>
2. Adrienne White-Faines, MPH, FACHE, AOA Postgraduate Update. November 2018. 1-3.
3. National Resident Matching Program, Results and Data: 2020 Main Residency Match®. National Resident Matching Program, Washington, DC. 2020. Accessed May 8, 2021
4. American Association of Medical Colleges. <https://students-residents.aamc.org/apply-smart-residency/apply-smart-data-consider-when-applying-residency>. Accessed May 8, 2021.



ADVICE FOR INTERNATIONAL MEDICAL GRADUATES (IMGs)

International medical graduates (IMGs) play a pivotal role in the U.S. health care system and make up a substantial proportion of the psychiatry workforce. IMGs often bring adaptability, sound clinical judgment, diversity and maturity to the residency program they join. However, in recent years, applying and matching to residency programs has become somewhat more challenging. From 2014 to 2020, IMGs successfully matching into psychiatry decreased by 46.3%. With the 2019 ACGME Common Program Requirement on diversity and inclusion, IMGs will continue to be an essential fabric of our health care system caring for a diverse and underserved patient population, especially in psychiatry. It is clear, however, that given the growing interest in psychiatry among U.S. Medical Graduates (USMGs) and DOs, IMGs applying for a residency training program in psychiatry should look into strengthening their application based on some of the below suggestions:

Before taking the first step to pursuing residency training in psychiatry in the U.S., IMGs should familiarize themselves with the U.S. medical education system especially GME; language/communication and cultural factors affecting interpersonal relationships with patients, faculty and staff; immigration policies; and visas required for coming to the USA. The American Psychiatric Association and Educational Commission for Foreign Medical Graduates (ECFMG) provide the following web resources with useful topics in navigating residency training in the United States:

Navigating Psychiatry Residency in the United States: A Guide to International Medical Graduate Physicians:

1. <https://www.psychiatry.org/psychiatrists/international/international-trainees/international-medical-graduates-guide-to-u-s-residency>
2. ECFMG Certificate Holders Office (ECHO) Resources: <https://www.ecfm.org/echo/resources.html>

U.S. clinical experience in psychiatry is highly valued by training directors as it familiarizes IMGs with the U.S. health care system. Many program directors prefer IMGs who have at least 6 months of varied U.S. clinical experiences. It is advisable to gain such experience from an observership or externship, if available, especially at a Sponsoring Institution of GME training or with affiliated faculty, or by participating in clinical research opportunities. Participation in US clinical experiences will increase IMGs' exposure to the differing cultures of health care systems and to diverse population groups. This will help IMGs acculturate to U.S. health systems while experiencing likely cultural difference in topics like gender-related issues, physician-patient relationships, approaches to patient care, and organizational hierarchy. Interactions with clinical staff and patients should be used to sharpen verbal and nonverbal communication. IMGs should also choose their clinical or research experiences based on their ability to demonstrate their dedication and commitment

to the field of psychiatry and obtain strong letters of recommendations, as well as seizing opportunities to publish articles in a medical journal, present posters at meetings, or contribute to writing grant proposals. Attending national conferences may help provide opportunities to present scholarly work and network with psychiatrists.

Personal statements are used to succinctly but honestly describe one's journey of immigrating since graduating medical school, along with a sincere description of the factors leading to one's choice of psychiatry over other medical specialties. A unique and genuinely stated personal description stands out over any manufactured samples that you may find online. Gaps in training must be explained clearly. Length and quality of prior training experiences should also be described especially those in psychiatry and mental health. In addition, programs often evaluate the quality of medical school and post-graduate training experiences. Maturity, adaptability, and life experiences serve as assets to any program. If research is your strong interest, then your research background should be highlighted along with any advanced degrees and publications.

USMLE scores are strongly considered by many programs. Some programs put weight on passing Step 3 prior to starting residency for this group. Transcripts from non-U.S. medical schools are different from transcripts from U.S. medical schools. Make sure there is a clear explanation of the grade system. For example, state that 'first class' grading in your school may indicate that you are among the top 5% students there, since it will translate to a 60% score on your transcript, which may confuse the reader of your application.

Strong letters of recommendation (LORs) from psychiatrists, especially affiliated with psychiatry residency training programs, further reinforce the genuine interest of the applicant. Given the competitive nature of the residency application process, IMGs often apply to more programs than USMGs. Since this becomes expensive, it is wise to review program details and location online, understand if the program will be a good fit for you, and then strategically invest your resources. Be sure to determine what visa a particular program may offer. Many programs offer J-1 through ECFMG, which requires a 3-year J-1 waiver position post-residency. A much smaller number of programs may offer an H-1B, which requires completion of USMLE Step 3.

IMGs also need to be vigilant about the changes expected in the future in the residency application process. As the USMLE Step 1 scoring process transitions to a Pass/Fail System in 2022, strong USMLE Step 2 Clinical Knowledge (CK) scores will be helpful for IMGs to demonstrate their strengths in clinical knowledge. To be eligible to rank

programs in the NRMP, IMGs are required to be certified by the ECFMG. Before the COVID-19 pandemic, ECFMG certification required passing USMLE Step 1, Step 2 CK, and the Step 2 Clinical Skills (CS). With discontinuation of Step 2 CS in January 2021, the ECFMG implemented different pathways for IMGs to be certified for the 2021 Match. These various pathways were based on the physician status in their home country and the type of accreditation of their medical school, with each pathway requiring different minimum requirements. Apart from these requirements, IMGs are also required to score a minimum of 350 of grade B in each of the four components (Listening, Reading, Speaking, and Writing) of the Occupational English Test (OET) Medicine to satisfy the requirements for communication skills for ECFMG certification. The ECFMG plans to implement similar pathways and OET score requirements for ECFMG certification for IMGs for the 2022 match (<https://www.ecfm.org/certification-requirements-2022-match/>).

Medical students from international medical schools and IMGs who are in the early/contemplating phase of applying to residency programs in 2024 should also be aware that they will be eligible for ECFMG certification only if their medical school is accredited by the World Federation for Medical Education (see here for more details: <https://www.ecfm.org/accreditation/>). IMGs are strongly recommended to frequently visit the ECFMG website to be updated with the changing requirements for ECFMG certification to match to residency programs in the coming years.

While the application process may appear daunting, it is important to keep in perspective that everyone (including USMGs and DOs) goes through the same process of matching for residency, and that there is certainly light at the end of this tunnel. Take one step at a time, maintain an unwavering focus on your target, and strategically manage your resources.



THE ROAD TO A MILITARY RESIDENCY

So you want to be a Military Physician? The United States Army, Navy, and Air Force each has a Medical Corps and offers psychiatry, various Primary Care, and Surgical residencies with a wide variety of fellowships. A military medical residency provides extraordinary training and a gateway to exciting and varied career paths. The three Military Services have slightly different paths to residency, but overall are similar and start with making contact with a local Military Health Services Recruiter.

Planning for a military career and residency starts before entering medical school. One must either attend the Uniform Services University of Health Sciences (USUHS) or accept a Health Professions Scholarship Program (HPSP) scholarship to compete for a military residency. All students whose medical training was paid for by the military will have an active-duty service obligation. The vast majority (>90%) of USUHS and HPSP students will complete an Active-Duty Military Residency at one of the Military Medical Centers.

Uniform Services University of Health Sciences: USUHS is often called the “Military’s Medical School.” USUHS students are commissioned as Active-Duty Officers in the grade of O2 - Army and Air Force - Second Lieutenant/Navy - Ensign. These students receive full pay and benefits of an Officer along with full tuition, fees, and health insurance. Upon graduation, USUHS students compete for the residency of their choice. Regardless of the length of their residency, USUHS students have a seven-year Active-Duty Service Obligation (ADSO) to be served after residency.

The R. Edward Hebert Armed Forces Health Professions Scholarship Program: HPSP recipients are commissioned as Reserve Corps Officers upon accepting their

scholarship. They can use their scholarship at any fully accredited allopathic or osteopathic medical school. HPSP recipients receive full coverage of all tuition/fee charges and reimbursement of health insurance costs and other related school expenses. They receive a monthly stipend of approximately \$2,000. Upon completion of medical school, HPSP recipients are commissioned in the Active Medical Corps. They have an ADSO equal to either the number of years that they received the scholarship or the length of their residency - whichever is longer. Most HSPS scholarships are four-year scholarships although a few three-year scholarships are available.

Example: a four-year HSPS scholarship = a four-year Active-Duty Service Obligation upon residency completion unless the residency training program was longer than the years of scholarship. In that case, the ADSO equals the length of the residency.

Military-Specific Training: HPSP students attend military-specific training during medical school. This generally occurs prior to starting medical school and during the first summer break. The timing and length of training vary by military service. In general, such training consists of a direct commissioning course and a basic officer leader course. USUHS students receive such training throughout their four-year education.

Clinical Rotations: The Military Health Services have Medical Centers (MED CEN) throughout the US and Hawaii where Graduate Medical Education occurs. USUHS and HPSP students can rotate with residency programs. These training opportunities provide an opportunity to get to know the programs and locations. Not all medical specialty residencies are available at each Medical Center.

The Military Residency Match: The three Military Services hold their own graduate medical education selection boards – or “match.” Results are released in mid-December.

Academic Requirements: The Military Services have minimum academic requirements for an HPSP Scholarship:

- MCAT Score of 500
- Undergraduate GPA of 3.2
- Hold a baccalaureate degree from an accredited school
- Maintain full-time student status during the duration of the medical degree program

Additional Requirements:

- Must be a US Citizen
- Must qualify to be a Commissioned Military Officer
- Must pass a physical and meet service-specific height and weight requirements

Resources to help you learn more and apply:

Health Professions Scholarship Program: This site has links to the Army, Navy, and Air Force HPSP scholarships. <https://www.shpep.org/scholarships-funding-opportunities/health-professions-scholarship-program-hpsp/>

Contact A Recruiter: This site has links to Service-Specific Officer Medical Training Recruiters. <https://www.medicinandthemilitary.com/contact-a-recruiter>

US Army Medicine: This site has information on the Army Medical Corps (Physicians): benefits, careers, jobs, etc. Army Doctors: Opportunities & Benefits | goarmy.com

US Air Force Medical Service: This is the homepage for Air Force Medicine with links to applying for the HPSP scholarship. <https://www.airforcemedicine.af.mil/Organizations/Physician-Education-Branch/>

US Navy Physician Careers: Physician & Medical Corps Officer Careers | Navy.com

Uniformed Services University: <https://www.usuhs.edu>





28 | A Roadmap to **Psychiatric Residency**

SPECIAL CONSIDERATIONS FOR COUPLES MATCHING

Couples have been able to participate as such in the Match since 1984.⁽¹⁾ In the 2020 and 2021 matches, 2,448 individuals participated as couples and had a PGY-1 match rate of 95.6 and 93.4 percent respectively. ^(1,2) This was slightly higher than the overall PGY-1 match rate for US seniors which was 93.7 and 92.8 percent respectively.

Speak with your faculty advisor if you are considering couples matching. Ideally coordinate with your advisor and your partner's advisor to determine the number of applications they recommend submitting. If one or both of you is trying to match into a competitive specialty, you typically will be advised to apply more broadly and to more programs than if you were matching alone. Depending on your specialty and that of your partner, you may also be limited to programs in larger cities as opposed to more rural options.

If you would like to end up in the same geographic area, official couples matching is advised. "Unofficial" couples matching (eg. mentioning to programs that you are trying to match together) is not part of the algorithm and could end up with you and your partner matching in very distant locations. A couple may need to submit a longer rank list than an individual; this is because their rank list will

contain combinations of programs rather than individual programs listed once. A couple's rank list may include a single program listed multiple times in combination with the other partner's desired programs. The longer the rank list that the couple submits, the more likely they are to be matched to one of those options. The couples match also has the option for one partner to indicate a willingness to be unmatched at a specific rank on the rank list, as long as the partner is matched to the program linked to that rank. By submitting a longer rank list that includes more possible options (including the possibility of one of you going unmatched), you can improve your chances of successfully ending up in the same city together as a couple.

1. Results and Data 2021 Main Residency Match. The Match. National Residency Matching Program. https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/06/MM_Results_and-Data_2020-1.pdf Accessed April 2, 2021
2. Results and Data 2021 Main Residency Match. The Match. National Residency Matching Program. https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2021/03/Advance-Data-Tables-2021_Final.pdf Accessed April 2, 2021.

PGY2 AND OTHER TRANSFERS

A small number of PGY2 psychiatry spots are purposefully offered in the match each year for residents who choose to switch specialties or completed a preliminary year of training. Spots at PGY2 level and above may also become available unexpectedly when a resident leaves a program. Recruitment for these spots happens outside of the match process. Residents looking for these spots may be changing specialties or relocating. They also may have matched to a program initially that is not the best fit academically or personally. Open PGY2 and above spots are usually in high demand.

Advertising for these spots is not done in a consistent manner. Anecdotally, the most common place where these sites are posted or listed is the listserv of the American Association of Directors of Psychiatry Residency Training (AADPRT). Some of these positions are also listed on the American Psychiatric Association website (<https://www.psychiatry.org/residents-medical-students/residents/vacant-resident-positions>). If you find yourself looking to transfer to an upper level PGY spot, you should seek guidance from the medical school from which you graduated. If that school has a psychiatry residency program, you should reach out to that residency director for help and inquire if they are on the AADPRT listserv and have seen recent notice of open spots. You can also directly email program directors to inquire about open spots. Consider attaching your CV and other relevant application information to this email. Be

prepared to send the usual application materials - board scores, transcript, MSPE and letters of recommendation. If possible, include letters of recommendation from your current program director and attending physicians who have worked with you during residency. Edit your personal statement to include your reason for changing programs or specialties.

Programs with open spots will conduct interviews; the interview may be an individual interview instead of the group interview day that is common in the match process. Please see other sections of the Roadmap for general interview tips. Your clinical experience to date will likely be viewed as a strength and you should frame it as such during the interview process. Since the match process does not apply, it is acceptable to inquire at the conclusion of the interview day about when you will hear if you will be offered a spot. While some programs may have contracts available for signature when offering a position, many will have an offer letter for your consideration and signature and the formal contract will come later. If you are transferring programs, be sure to verify your last day of work at one position, the first day at the new position, and orientation dates. If you have a Visa, consider that you may not be able to have any gaps in residency employment dates. Your new program and old program should coordinate communication of your previous completed rotations and milestones attained.

CONCLUSION

We have attempted to summarize the road to becoming a psychiatrist in a way that is digestible yet thorough. We are excited to share in your journey and wish success to you, our future colleagues.

The following persons have contributed to this current edition of A Roadmap to Psychiatric Residency

Jeana Benton, M.D. University of Nebraska Medical Center

Shambhavi Chandraiah, M.D., FRCPC East Tennessee State University, Quillen College of Medicine

Carrie Ernst, M.D. Icahn School of Medicine at Mount Sinai

Daniel Gih, M.D. University of Nebraska Medical Center

Brian Hodges, M.D. (contributions via PsychSIGN)

Anna Kerlek, M.D. The Ohio State University College of Medicine

Eleanore Knox, M.D. Psychiatry Resident, UT Southwestern Medical Center

Jessica Kovach M.D. Lewis Katz School of Medicine, Temple University

COL Judy Kovell, M.D. Tripler Army Medical Center

Francis Lu, M.D. University of California, Davis School of Medicine

Nat Mulkey, M.D. , University of Vermont Medical Center (contributions via PsychSign)

Meghan A Musselman, M.D. Lewis Katz School of Medicine, Temple University

Dana Raml, M.D. University of Nebraska Medical Center

Badr Ratnakaran, MBBS Psychiatry Fellow, Carilion Clinic- Virginia Tech Carilion School of Medicine

Rachel Russo, M.D. UT Southwestern Medical Center

Rachel Shmuts DO Rowan University School of Osteopathic Medicine

John Spollen, M.D. University of Arkansas for Medical Sciences College of Medicine

Lia Thomas, M.D. UT Southwestern Medical Center, Chair of Residency Roadmap project

Bernice Yau, M.D., Psychiatry Resident, UT Southwestern Medical Center

Matt Yung, M.D. Psychiatry Resident, UT Southwestern Medical Center

Michael Ziffra, M.D. Feinberg School of Medicine, Northwestern University

The following persons have contributed to the first edition A Roadmap to Psychiatric Residency:

Carrie Ernst, M.D. - Icahn School of Medicine at Mount Sinai

Ellen Guzman, M.D. Lewis Katz School of Medicine, Temple University

Alyse Ley, DO - Michigan State University College of Osteopathic Medicine, College of Human Medicine

Anna Kerlek, M.D. - The Ohio State University College of Medicine

Jessica Kovach, M.D. - Lewis Katz School of Medicine, Temple University

Francis Lu, M.D. University of California, Davis School of Medicine

Vishal Madaan, M.D. - University of Virginia School of Medicine

John Spollen, M.D. University of Arkansas for Medical Sciences College of Medicine

Evan Taniguchi, M.D. - PGY3 Psychiatry Resident John A. Burns School of Medicine, University of Hawaii

Lia Thomas, M.D. UT Southwestern Medical Center School of Medicine, Chair of Roadmap to Psychiatric Residency Project

Christina Warner, 4th year medical student, University of Minnesota Medical School

Marcy Verduin, M.D. University of Central Florida College of Medicine



Addendum for 2023-2024 General Psychiatry Recruitment

Updated ERAS Application

A new section is integrated within MyERAS that allows applicants to further refine their application in 3 prime areas: program signaling, geographic preferences, and describing meaningful experiences. In the most recent 2022-23 cycle, about 90% of psychiatry programs participated in this previously optional Supplemental Application, and most used this data to help them choose which applicants to offer interviews. The majority of psychiatry program directors believed that the 3 sections helped them get a better picture of the applicant (via described experiences 70%), identify applicants who would have otherwise been overlooked (through geographic preference [65%] and/or signals [78%]), with greater importance placed on signaling. Additionally, it should be noted that programs were most likely to invite an applicant for an interview should the program receive both a signal as well as a geographic preference that aligns with the program location. More than 50% of students took greater than 3 hours to complete this portion of the application, so reach out early to advisors and become familiar with these areas. One can see this in full detail here:

students-residents.aamc.org/media/9711/download

Program Signals

Psychiatry will continue to use signals and students may signal up to 5 programs. An applicant can indicate interest in 5 programs whether that is their home program, an “away” or elective program, or other programs of interest. Only programs who have been signaled will see the signal of an applicant. If an applicant is choosing to apply in more than one specialty, then each participating specialty has their select number and/or tiered number of signals that can be used concurrently. In choosing which programs to signal, applicants should assess what is important for them with respect to a program’s mission/strengths, preference for the region related to small or big city, available activities, or proximity to family/friends, as well as the competitiveness of their application.

Early data from the AAMC suggests that signaling may be an important factor during most programs’ holistic review of an application in deciding who to interview. University-based programs received notably more signals compared to university- affiliated community or community-based programs. Signaling a program resulted in a higher likelihood of getting an interview in Psychiatry.

Geographic Preferences

“Location, location, location!” Interview offers are more likely to occur when the applicant’s geographic preference was consistent with the program’s location. The geographic preference is divided into the 9 US Census areas and the applicant can select up to 3 divisions with explanations (which is only shared with those particular programs that are in the specified area and the applicant also applied to the program) or indicate “no geographic preference” which is shared with all programs. Urban, suburban, or rural setting preferences can be selected, or “no preference,” which is shared with all programs. Sharing reasons for any selection or “no preference” is important.

Meaningful Experiences

The Experiences section allows up to 10 Selected experiences (750 characters for each entry) that can be shared with additional refinement by type (e.g. volunteer, work, research, professional organization, duration/frequency, setting organization, role, focus area (e.g. health care, the arts, community work), and key characteristics such as problem solving, teamwork, and leadership. Within the available 10 Experiences, up to 3 can be identified as Most Meaningful (each with 300-character descriptions) illustrating why and how.

Some applicants may choose to enter an Impactful Experiences section that illustrates how they have overcome challenges in their lives (e.g., financial difficulties, first to college, limited educational opportunities, adverse childhood events, social determinants of health, loss of a family member or own health issues). About half of applicants in the previous cycle completed the Impactful experience section, notably those Underrepresented in Medicine. It is important to note that the Experiences section is intended to provide details about an individual and is not meant to restate what is in the applicant’s CV, personal statement, or MSPE.

Standardized Letter of Recommendation

For the 2023-2024 Match Cycle, a working group of members from the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and the American Association of Directors of Psychiatric Residency Training (AADPRT) created a Standardized Letter of Recommendation (SLOR). Organization members have noted significant variability across medical schools in the information and presentation of information in the



Medical Student Performance Evaluations. It appears that letter writers may struggle to know what to include or how to communicate an applicant's strengths well in an open-ended letter of recommendation. This SLOR was created to assist both applicants and letter writers in communicating accurate, concise, and important information that is most useful for psychiatry residency programs to review. This was created based on feedback from residency program directors and medical student clerkship directors to help better know our applicants.

The SLOR requests that letter writers provide a brief description of how they know you and then discuss both your characteristics and qualities as well as your clinical skills. To assist with these areas, five prompts are given, and letter writers are asked to choose two of these to comment on for each section. Letter writers are then asked to comment on an area for growth, one additional item that makes you as an applicant unique, and your preparedness for residency.

For this cycle, the SLOR is still a pilot and is NOT MANDATORY. However, the SLOR team is requesting that applicants use the template provided for one of their psychiatry letters. While optional, the organizations feel this will benefit applicants by ensuring that program directors receive the information they feel is of most utility. Additional information and the SLOR Template can be found here: www.admsep.org/matchrelated.php

This Addendum to the Roadmap was created by:

Shambhavi Chandraiah, M.D.,
*FRCPC East Tennessee State University,
Quillen College of Medicine*

Anna Kerlek, M.D.
The Ohio State University College of Medicine

Jeffery Khan, M.D.
Baylor School of Medicine

Lia Thomas, M.D.
UT Southwestern Medical Center

