

Contents

Anesthesiology	2
Dermatology	2
Diagnostic Imaging/Radiology	3
Emergency Medicine.....	4
Family Medicine	5
Internal Medicine	6
Neurology.....	8
Pediatric Neurology	9
Neurosurgery	10
Obstetrics and Gynecology	11
Ophthalmology	12
Orthopaedics.....	13
Otolaryngology.....	14
Pediatrics.....	15
Pathology	15
Plastic and Reconstructive Surgery.....	16
Physical Medicine & Rehabilitation (PM&R).....	17
Public Health & Preventative Medicine	18
Psychiatry	18
Radiation Medicine	19
General Surgery	19
Thoracic Surgery	21
Urology.....	21
Vascular Surgery	22

This is a list of **recommended guidelines** from OHSU residency advisors and program directors. Students and Coaches can use this guide as reference of recommended clinical experiences, skills, knowledge, important characteristics and general pearls of wisdom for the disciplines listed below. This should only be used as a guide and is not required of any student. You should also discuss your plans with one of the residency specialty advisors at OHSU.

Anesthesiology

Recommended Clinical Experiences:

- ANES 709A and an ICU rotation by September of fourth year in order to get letters of recommendation (preferably a rotation that the APOM department staffs (CVICU, NICU, VAICU)
- ICU rotation may be replaced by a Pain rotation if you have a particular interest in pain management
- Away rotations may be helpful for those students who may not have the strongest application, or are interested in a specific program

Recommended Skills/Knowledge:

- Above average performance at a reputable medical school
- Good exams scores
- Taking an efficient and complete H&P
- Reading ECG and CXR
- Understanding of basic renal physiology including diagnosing and treating AKI
- Understanding of basic hematologic principles including clotting
- Communicating with others in a respectful and efficient manner

Important characteristics:

- Lack of arrogance
- Leadership driven
- Self-motivated learner

Pearls of wisdom:

Your application should speak for itself. Ideally, the applicant would have a “story” that is consistent throughout their application, e.g. the student matriculated interested in pediatric critical care, has been a leader in the pediatrics interest group, and now is interested in pediatric anesthesia after doing an anesthesia rotation. However, for those who don’t, excellent scores and grades can overcome this. In general, we want to hear your excitement about something that is oriented toward medicine, research and education.

Dermatology

Recommended Clinical Experiences:

- Vigorous internal medicine experience
- Infectious Disease
- Rheumatology
- Gastroenterology
- Pulmonary

- Oncology
- Experience with care of very ill patients and high acuity situations (Intensive care, emergency medicine)

Recommended Skills/Knowledge:

- Solid background in pharmacology (aware of mechanisms of actions of medications and why they are prescribed)
- Excellent communication skills
- Empathy and compassion
- Able to work effectively within a team

Pearls of wisdom:

Balance proactive care of patients with an understanding of what your limitations are – we want you to have the confidence (with experience to be able to back it up) to hit the ground running and care for patients, but not in a cavalier way. It seems all-too-common that new residents have been so protected from the real practice of medicine (not allowed to get involved with enough direct patient care) that they are either afraid to do things on their own (too risk averse) or they overcompensate by thinking or acting as if they know more than they do (dangerous because they don't ask for help). The key is to assure that in all aspects of training you operate at your highest level of scope, that you are required to have some responsibility for making your clinical teams function. It is that level of responsibility, making sure that you are aware that your performance directly impacts the patients' outcome that allows you to mature into a physician that moves them past a test-taker into a care-giver.

Diagnostic Imaging/Radiology

Recommended Clinical Experiences:

- RADD 709A and a second radiology experience such as 701A, 709B, 709X or 709F. One of these rotations should be taken late 3rd or early 4th year to facilitate obtaining letters of recommendation for residency applications.
- Away rotations are recommended for students interested in a specific program or location, or if the student does not have a strong residency application

Recommended Skills/Knowledge:

- Above average medical school performance
- No major red flags such as professionalism issues in medical school
- Above average exams scores
- Strong communication skills, as you will be speaking with referring clinicians on a regular basis and interacting one-on-one with attending radiologists daily

- Excellent knowledge of normal anatomy Important characteristics:
- Self-motivation
- Attention to detail
- Humility

Pearls of wisdom:

Your residency application should help us learn more about who you are and why you would make a good resident and future colleague. We are very familiar with our specialty, so describing radiology to us takes up valuable space with which you could tell us more about you and your qualifications. Similarly, while we are interested in how you came to choose radiology as a potential specialty, your interest is self-evident - if you weren't interested, you wouldn't be applying! If it is included in your application, keep that part of the personal statement short so that you have more space to tell us about yourself. Don't exaggerate on your application. A short application is better than having an awkward moment during an interview when someone asks about an experience and you have nothing to say because you overstated.

Emergency Medicine

Recommended Clinical Experiences:

- Select clinical experiences that prepare you to generate a broad differential diagnosis, learn to task switch efficiently, focus through distractions, recognize unstable vital signs and distinguish urgent/emergent versus stable patients
- Complete the OHSU Emergency Medicine Sub-Internship by October of 4th year and an additional 4-week EM experience at another site or institution
- Other recommended experiences include selections from critical care, anesthesia, radiology, orthopedics/sports medicine, cardiology, and ophthalmology.
- Emergency Department electives in ultrasound, toxicology, and pediatric emergency medicine are also helpful to prepare students for an EM residency (these can also be completed at other institutions if desired)

Recommended Skills/Knowledge:

- EKG reading
- Radiograph and cross-sectional imaging interpretation
- Airway management
- Splinting
- Suturing
- Slit lamp examinations
- Pelvic exams
- Emergency ultrasound

Pearls of wisdom:

Beyond these suggestions above, explore! You will be doing emergency medicine the rest of your life and now is the opportunity to experience other areas of medicine. Almost all of your experiences will be applicable to your career in Emergency Medicine.

Family Medicine

Recommended Clinical Experiences:

- The 8 week **FM Continuity Core** (FAMP 731A), the 12 week **FM Rural Immersive Core** (FAMP 731B) or **Rural Scholars Program** allow you to connect with FM faculty and clinics in an in-depth manner. This extra time and personal connection increase the opportunity for strong letters of recommendation. You also will complete a clinic or community project which may augment your residency application.
- To improve your performance on the FM Core rotation and FM Testing intercession, you may want to consider first taking the **FM Focused Clinical Elective** (FAMP 709T). These P/F electives allow you to augment your skills in areas of your interest and also provide dedicated time to complete/study/apply the fmCASES simulations which prepare you for clinic and the testing intercession.
- Make sure you take an elective in inpatient care to augment the required 4 weeks. Consider selecting the **Family Medicine Inpatient Elective** (FAMP 709AB).
- It is strongly advised to complete a **Sub-Internship in Family Medicine** (FAMP 709A,L,P, or W). If you do not, you should choose a rigorous inpatient adult medicine, or critical care rotation.
- Students should consider the timing of their coursework. Courses that are taken before Summer 1, (before their 4th year officially begins), will be included on their MSPE letters. The additional coursework before their final year increases personal connection and the opportunity for strong letters of recommendation. Consider contacting the FM Director of Advising to strategize a course schedule and/or how to prepare for the lottery process.
- Musculoskeletal medicine, exercise medicine, and joint injection skills are very useful in ambulatory care. Consider a **FM Sports elective** (FM 709S or J) or ambulatory orthopedics.
- Pediatric/adolescent ambulatory care is a significant proportion of FM so outpatient pediatric electives can be helpful.
- Prenatal and obstetric care is an area of focus of many FM residencies. If you plan to choose this emphasis, consider augmenting your delivery skills with extra maternal health rotations or experiences during your clerkship. If you have a strong interest in outpatient-based women’s health, consider FAMP 710B.
- Geriatrics is an area of focus and fellowship of many FM residencies. If you plan to choose this emphasis, consider the FM Rural **Hospice elective** (FAMP 709ST).
- Behavioral health including motivational interviewing is a skill useful for family doctors in any setting. Consider taking the FM **Behavioral Health Elective** (FAMP 709U).
- Electives in plain-film radiology and emergency medicine can help prepare you for residency in FM.

- Family Medicine cares for all ages of patients, with a breadth of acute, chronic and preventive issues, and in all settings. If your core experiences lacked in depth, variety, or patient ages, select electives to address those gaps. If one of the existing electives does not fit your needs, you may contact our FM Coordinator (fmclerkship@ohsu.edu) to schedule a time to discuss elective possibilities with the FM Director of Electives.
- In addition to the above, a national survey of FM residency directors¹ recommended experiences in dermatology, cardiology/ECG reading, evidenced based medicine, gynecology, and/or infectious disease.

Recommended Skills/Knowledge¹:

- Joint injections/ Splinting and casting/Musculoskeletal examination
- Suturing and common office procedures (dermatologic biopsy procedures)
- EKG interpretation and care of acute cardiopulmonary issues
- Chest X-ray, bone, and other common imaging interpretation
- Well Child and Adult Preventive care
- Maternal and infant care including prenatal care, delivery, neonatal resuscitation, and post-partum management
- Contraceptive procedures and management; pelvic exams

Pearls of wisdom for Family Medicine: Family Medicine offers a breadth of population, a variety of settings and areas of focus, a mix of medical problems, procedures, research opportunities, and a flexibility of location and practice type. The majority of Family Physicians care for patients from birth to death and are most often employed in outpatient clinics with a variety of procedures and varied amounts of call. Family Physicians are trained to provide inpatient and maternity care and many choose to continue these aspects of care in practice. Family Medicine physicians can also go on to work in sports medicine clinics, integrative clinics, women’s health clinics, travel clinics, global health care and mission work, public health, policy work, geriatric/nursing home care, emergency and urgent care, hospitalist work, hospice and palliative care, and medical directorships. As a Family Physician, you can adjust your practice and scope to fit your personal and professional goals and mission. As a student, take the opportunity **to explore your interests** and find out which aspects of medicine energize you; regardless of which rotations you choose, nearly all electives will be applicable to Family Medicine.

1. Resources: OHSU Family Medicine faculty; Hueston WJ, Koopman RJ, Chessman AW. A Suggested Fourth-year Curriculum for Medical Students Planning on Entering Family Medicine. Fam Med 2004;36(2):118-22; and Lyss-Lerman P, Teherani A, Aagaard E, Loeser H, Cooke M, Harper M. What Training Is Needed in the Fourth Year of Medical School? Views of Residency Program Directors. Acad Med 2009;84(7)823-829.

Internal Medicine

Recommended Clinical Experiences

- In addition to the Core, we recommend between four and eight weeks of introductory medicine before beginning your advanced courses (sub-internship and ICU). The students with whom you will be training in Internal Medicine residency

programs will in general have had between two and three months of Internal Medicine training in hospital wards, intensive care units, and clinics before doing senior sub-internships.

- The courses listed as HOSP are inpatient ward experiences that you can either take prior to the Core experience to set a strong foundation, or after the Core to expand and consolidate your skills. We strongly suggest doing at least one month of HOSP experiences prior to doing your sub-internship.
- Ambulatory care experiences offer significant skills in agenda-setting and time management specific to the adult population. A foundation in ambulatory Internal Medicine will be helpful when starting your Intern year, and many of your peers in residency will have built this skill-set.
- An inpatient sub-Internship is highly recommended prior to residency application. The summer or early fall is an ideal time for successful completion (you want your grade on your transcripts by 9/15).
- Critical care (medical or cardiac), in preparation for intern year is also recommended early in the year to highlight your ability to manage complex patients. Some students elect to do this in February or later, after the interview season, to refresh their skills in managing complex patients prior to beginning residency.

Other Medicine Experiences

- Geriatrics provides a sound exposure to general internal medicine in the elderly population
- Consider Emergency Medicine for high-acuity care and rapid decision-making
- Anesthesia provides additional foundations in acute care and physiology
- The mostly commonly sought IM subspecialty electives are cardiology, nephrology, infectious disease, and gastroenterology. While they are not required for residency applications they will expand your knowledge base in some of the most frequent diseases you will treat during your residency. They will also give you some insight into those specialties as future career options.
- Radiology, Dermatology, Palliative Care, and Emergency medicine are frequent supplemental rotations as skills learned in these rotations are often needed in residency and in practice. You will have minimal exposure to these in residency training so now is a perfect time to build that skill and knowledge base.

Recommended Skills/Knowledge:

- Complete both straightforward and complex patient interview and examination with a focus on hypothesis-testing questions and maneuvers
- Interpret basic laboratory tests, radiology reports and EKGs. Understand general indications for more advanced diagnostic testing
- Demonstrate excellent oral and written communication skills. Demonstrate flexibility in different clinical contexts
- Develop a differential diagnosis triaged by importance, with a focus on clinical reasoning
- Work effectively within a team, demonstrating initiative to both learn and improve patient care
- Demonstrate Professionalism in all aspects of patient care, and working in the practice setting

Pearls of wisdom:

Internal Medicine is in the broadest sense “medicine for adults” and the largest specialty. Internists are characteristically generalists at heart and will often have experience, exposure, leadership and research within other specialties because

they enjoy many disciplines. Most internists exhibit a love for the diagnostic process, the detective work that comes with analyzing a patient’s problem. Attention to detail and strong written and oral communication skills are a must. Spending time learning about who your patient is and understanding their background and values is essential to the practice of Internal Medicine. There are an infinite number of possible career options and settings (subspecialty practice as well as hospitalist or ambulatory medicine) within the field and you should explore with your residents and attendings what their job looks like and how they chose it. Doing a rotation in a subspecialty you are interested in is another good way to see if you like the practice setting, as is ensuring that you take courses in both the University and Community settings. The specialty is large with a broad range of competitiveness and diversity between programs. If you have concerns about the competitiveness of your application, it becomes more important to have additional grades within the department available by the time applications go out, particularly your sub-internship and critical care experiences and seek advice within the Department of Medicine about ways to strengthen your application.

Neurology

Recommended Clinical Experiences

- In addition to the Neurology Core, we recommend at least four weeks of elective neurology courses. This is typically best accomplished through the four week advanced neurology elective, where the student pre-arranges with the clerkship director elective experiences consisting of two experiences of two weeks each with a deeper experience in neurology sub-specialty care including stroke, neuroinflammatory disease, epilepsy, neuromuscular disease, movement disorders, or dementia. Two week experiences on the general neurology ward can be requested but will only be assigned if space is available.
- A student who is going to be preparing for neurology residency must also be prepared for a one-year medicine internship. General medicine training is a very important foundation for the care of all neurology patients. Students in YourMD are encouraged to take not only the Core Internal Medicine course, but extend this learning with between 4 and 8 weeks of additional internal medicine electives. There are many potential medicine electives with overlap in neurology including cardiology, nephrology, rheumatology, infectious diseases, etc. A general ambulatory general internal medicine or geriatric medicine rotation are also useful.
- An inpatient sub-Internship is highly recommended prior to residency application. Most neurology applicants complete a sub-internship in internal medicine, but it is acceptable to complete this in other disciplines if it is felt to be beneficial. For example, those choosing pediatric neurology typically do a pediatrics internship, and those thinking about neuro-ophthalmology may do ophthalmology. The summer or early fall of the final year of medical school is an ideal time for successful completion (you want your grade on your transcripts by 9/15).
- Critical care (neuroscience, medical or cardiac ICU), in preparation for intern year is also recommended early in the year to highlight your ability to manage complex patients. Some students elect to do this in February or later, after the interview season, to refresh their skills in managing complex patients prior to beginning residency.

Other Elective Experiences Based on Student Interest

- Neurosurgery provides exposure to brain disease not typically treated by neurologists directly including acute SAH, and acute brain and spine trauma. It also affords time in the OR for brain surgical cases. It is not required for neurology residency, but does provide an additional perspective on treatment of brain disease.
- Geriatrics provides a sound exposure to general internal medicine in the elderly population
- Consider Emergency Medicine for high-acuity care and rapid decision-making. As neurology is a consultative service, neurology residents spend a lot of time on call in the Emergency Department and familiarity with how this care unit operates is useful.
- Anesthesia provides additional foundations in acute care and physiology, and would be ideal for someone considering neurocritical care.
- Radiology, Palliative Care, Sleep, Physical Medicine & Rehab, orthopedics, ophthalmology, and Psychiatry electives are frequent supplemental rotations as skills learned in these rotations are often needed in residency and in practice.

Pediatric Neurology

- Pediatric neurology training allows for graduates to be dual-board certified in Pediatrics and Neurology. Most Peds Neuro programs are now combined programs with two years of pediatric training and three years of neurology training.
- Students interested in Peds Neuro should seek the advice of one of the Pediatric Neurologists at Doernbecher.
- In general, the above advice on which sub-specialties are useful to choose to go to for electives hold true, but these would be focused more on the pediatric rotations in these disciplines. Sub-internship in pediatrics is recommended in place of internal medicine sub-internship.

Recommended Skills/Knowledge:

- Complete both straightforward and complex patient interview and complete and focused neurological examination with a focus on hypothesis-testing questions and maneuvers
- Interpret basic laboratory tests, radiology reports (including brain MRI and CT), neurophysiology tests, and EKGs. Understand general indications for more advanced diagnostic testing
- Demonstrate excellent oral and written communication skills. Demonstrate flexibility in different clinical contexts
- Develop a differential diagnosis triaged by importance, with a focus on clinical reasoning. Work on informing the differential diagnosis by neuroanatomical localization skills.
- Work effectively within a team, demonstrating initiative to both learn and improve patient care
- Demonstrate Professionalism in all aspects of patient care, and working in the practice setting

Pearls of wisdom:

Neurology is one of the medical specialties which has changed the most in the last 20 years. The recent focus on brain research has garnered a revolution in treatment options for brain disease in general. In short, it is a great time to choose to be a neurologist. The options within the field of neurology have expanded from the traditional outpatient consultative specialist to varied career paths including newer subspecialty options like neuro-hospitalist specialists, interventional stroke specialists, and neurocritical care specialists. Outpatient specialties tend to care for chronic conditions, so physicians form strong bonds with their patients over many years.

To successfully prepare for neurology residency, a student must have solid basic clinical medicine skills. Most faculty neurologists advise students to not become a neurologist while in medical school as this is a foundational time to obtain a broad base of experience as patients with neurological disease have treatment modalities and co-morbidities which cross over a wide range of specialties. Neurology residency programs do expect students to be able to competently perform a neurological examination, and have a basic working knowledge of neuroanatomy and neurophysiology. They also expect neurology residents to be able to problem-solve and have strong analytical skills required to work through complex neuroanatomical localizations. Often neurological consultation cases involve brain disease in association with very complex medical patients, so obtaining strong organizational skills and communication techniques are both essential.

The neurology residency application process is becoming more competitive, but it is still not considered a highly competitive match. Published research is a plus, but not necessary for successful application and matching in neurology as most programs look at clinical evaluations and performance on clinical rotations. Students interested in neurology are encouraged to join the Student Interest Group in Neurology (SIGN), and are also encouraged to obtain a neurology advisor by contacting the Neurology Core Clinical Experience director.

Resources and tools for application to neurology residency programs can be found on the American Academy of Neurology medical student webpage: <https://www.aan.com/tools-and-resources/medical-students/how-to-apply-for-residency/>

Neurosurgery

Recommended Clinical Experiences:

- Outstanding medical school performance
- Advanced Neurosurgery Clerkship during your 4th year
- Outside rotations (1-2) are critical for a competitive application. Seek out recommendations for outside institutions from your OHSU neurosurgery mentor.

Recommended Skills/Knowledge

- Solid fund of knowledge for neuroanatomy, critical care, and basic neurosurgical pathologies
- Excellent basic surgical skills
- Excellent general fine motor skills
- Leadership skills
- Confidence without hubris

- Self-motivated and strong work ethic
- Dedication to your career path
- Dedication to patient care
- Ability to learn and improve skills with constructive criticism

Pearls of Wisdom

- Above 240 USMLE board scores. Many programs screen out applications with under 220 boards.
- Research or other publications are critical
- Seek out mentors within the Department of Neurosurgery early in your medical school years.

Obstetrics and Gynecology

Recommended Clinical Experiences:

- The 8-week **Obstetrics and Gynecology Continuity Core** (OBGY 731A) is not necessary or expected for students applying in OBGyn but can be a great option to immerse oneself in the field and explore various subspecialties if considering the field.
- Away rotations are not required or expected for OBGyn application. They should not be scheduled until AFTER you have completed your OBGyn core rotation to optimize your knowledge and performance. When deciding whether to schedule an away rotation, consider your personality and whether you would be able to rapidly learn and integrate into a new system, self-promote without coming across as arrogant, and why you want to target that particular program (think of it as a month-long interview, which can work for or against you). If you would like further advice on this matter, please contact the clinical experience director (and copy the coordinator in your communication!) to arrange a meeting/conversation.
- An OBGyn sub-internship is not required at OHSU but in deciding whether to pursue one, consider the following: Do I need a letter of recommendation? (sub-internships are generally a great opportunity to get one) Would I like to learn more about the OHSU residency program? Do I have a geographic/personal need to highly-prioritize matching at OHSU for residency AND do I have a personality that will optimize my ability to make a favorable impression on the residents and attendings during my “month-long interview”?)
- Other recommended experiences include
 - Emergency Medicine
 - Radiology (especially ultrasound but any women’s imaging)
 - Surgical subspecialties
 - ICU (any of the ICU electives will be helpful including SICU and NICU)
 - Medicine sub-specialties
 - Dermatology
 - Anesthesia

Recommended Skills/Knowledge:

- Understand the components of basic prenatal care (e.g., timing, rationale for different components)
- Fetal heart rate tracing reading
- Understand the cardinal movements of labor

- Understanding the steps in a cesarean delivery
- Understand the components of pre-operative work up
- Understand the components of post-operative care
- Strong knowledge of pelvic anatomy
- Familiarity with robotic surgery
- Understand the components of well-woman / annual exam care
- Understand contraceptive and family planning counseling
- Ultrasound, MRI, and CT imaging interpretation
- Suturing
- Pelvic exams

Pearls of wisdom:

Because of the breadth of OBGyn, just about any elective you do will add value to your professional development. As you plan out your fourth year, it is generally advantageous to have your entire application completed / uploaded by the first date on which ERAS allows you to upload (usually early to mid-September), and at a minimum, by the date on which programs begin downloading applications (some do not wait for the MSPE to extend interview invitations). Consider “working backwards” from this date in terms of timing sub-internships (Will you need a letter of recommendation from this experience? Prospective letter writers would appreciate a month to turn letters around); time to study for, take, and receive the score back for step 2 CK; and time away for interviews (October – January, with November – December being the peak months).

Ophthalmology

Recommended Clinical Experiences:

- Advanced Ophthalmology Clerkship. Ophthalmology is an early match, so it is important to have this experience well before your application is due (summer of your 4th year). However excelling in ophthalmology clerkship requires advanced clinical skills, so we recommend waiting until you have a solid foundation in clinical medicine.
- Consider away ophthalmology rotations. As most away rotations give the institution you are visiting a month to assess your qualifications and skills, we do not recommend doing an away rotation before you had a chance to pick up solid clinical skills and ophthalmic knowledge, especially at the institutions that you are interested in training in.

Recommended Skills/Knowledge

- In addition to solid general medicine knowledge, the following books are recommended:
- Practical Ophthalmology: A Manual for Beginning Residents from American Academy of Ophthalmology is an excellent resource for learning basic ophthalmic clinical skills

Pearls of Wisdom

- Excellent USMLE scores and medical school grades are crucial for a successful application. The average Step 1 score of a successfully matched candidate in ophthalmology is 244. The match rate is 74%.
- Ophthalmology is a microsurgical specialty—an honest assessment of your spatial and fine motor skills is important.
- Make yourself known to our department early and seek out research projects. A successful publication in a peer-reviewed journal (not just dabbling in a project) will distinguish your application from the rest.
- Successful candidates in ophthalmology frequently have shown a commitment to service. Seek out volunteer opportunities and think about how you can make a difference. Consider volunteering with Casey Van and Respectacle service programs.
- Join the ophthalmology interest group.
- Recommended article:
http://www.aaojournal.org/pb/assets/raw/Health%20Advance/journals/opththa/opththa_9227.pdf

Orthopaedics

Recommended Clinical Experiences:

- ORTHO 709C (intro to orthopaedics). Take during 2nd year or 3rd year. Ok to take this prior to general surgery core rotation, or after as you prefer
- Core surgery rotation – do very well. You may wish to take this at a rural site. Often rural sites will allow the students to rotate around and scrub in some orthopaedics cases.
- ORTHO 709A (orthopaedic subinternship). Take during June or July your MS4 year. • Plan for two away rotations during the summer/fall at other institutions. These are critically important and your best chance to match.
- Leave open time in your schedule MS4 year in December and January for interviews

Recommended Skills/Knowledge:

- Excellent performance during your entire time in medical school. All your grades matter in all courses. Shoot for top quartile of your class
- Step 1 Board score >220. The average applicant who matches scores ~247. Do well on step 2 as well.
- Taking an efficient and complete H&P
 - Write a logical chart note
- Communicating with others in a respectful and efficient manner
- Ability to independently research a topic for presentation
- Participate in some research during medical school. The orthopaedic interest group has a monthly research meeting if you are looking for a project
- Participate in meaningful extra-curricular activities. Well rounded applicants are important

Pearls of wisdom:

Matching into orthopaedics is unfortunately very competitive. That means your application needs to be stellar starting with your first day in medical school. All your grades matter. Your Board scores matter. You need to do some research – even if not orthopaedically related. It also matters that you are a respectful physician and work well with a team. Smile. Be prepared. Be proactive and helpful with patient care. Come ask for advice from the orthopaedic residents or faculty.

Otolaryngology

Recommended Clinical Experiences:

A sub-I in Otolaryngology is required. Delaying this sub-I until late in 3rd year or the beginning of your 4th year is recommended so that you appear more polished on the rotation

Other clinical experiences that may be helpful but are not required:

- Anesthesiology
- TICU/SICU or VAMC surgical ICU
- Radiology and/or pathology elective focusing on head and neck pathology

Recommended Skills/Knowledge

- Knot tying, suturing
- IV and NG placement
- Basic intubation and airway management skills
- OR sterile technique/basic instrument handling
- Patient interviewing and presentation

Pearls of Wisdom

While good board scores and grades are generally necessary, a few additional tips can substantially improve your residency application:

- Make yourself known to our department as early as possible in your medical school career. Try and identify a mentor in the department to help you – don't be afraid to reach out to any of our faculty.
- Get involved in research in the otolaryngology department. Ask around to our faculty, there is no shortage of potential research projects where you can contribute.
- If you are interested in residency programs at other institutions, an away rotation is highly recommended.

Pediatrics

Recommended Clinical Experiences:

- NICU and/or PICU
- General ward Sub-Internship
- Newborn nursery
- Outpatient Pediatrics clinic

Recommended Skills/Knowledge

- Well child examination of infant, school age, and adolescent
- Evaluation of the ill infant, child, and adolescent
- Ability to relate to parents and children
- Inter-disciplinary team work

Pearls of Wisdom

Pediatrics is a flexible, varied field that offers a wide range of practice opportunities including primary care, inpatient, and specialty fields. By nature, pediatricians are advocates for kids, and there is a primary focus on prevention, and ensuring that all children have the opportunity to thrive.

Pathology

Recommended Clinical Experiences:

At least 1 elective in pathology is strongly recommended prior to submitting ERAS.

Other clinical experiences that may be helpful, but are not required:

- Medical Oncology
- Surgical Oncology
- Gynecologic Oncology
- Radiation Oncology
- Radiology (including exposure to biopsy procedures)

Recommended Skills/Knowledge

- Solid foundation in histology and gross anatomy

- Experience working in surgical pathology (gross examination, use of microscope, etc.)
- Good general understanding of the clinical management of patients with oncologic diseases, including the use of prognostic and therapeutic biomarkers for common diseases (colon carcinoma, breast carcinoma, acute myeloid leukemia, etc.)

Pearls of Wisdom

Generally speaking, above average board scores and grades are necessary to match to upper tier programs.

Additional tips for a successful application include:

- Early in medical school, identify a mentor in the Pathology department that can provide suggestions on clinical experiences, research projects, and the residency application process (letters of recommendation, away rotations, personal statement, etc.).
- Get involved in research in the pathology department.
- If you are interested in residency programs at upper tier institutions, consider an away rotation

Plastic and Reconstructive Surgery

Recommended Clinical Experiences:

- If applicant knows early on that Plastic Surgery is of interest then doing a preceptorship in their first year is advisable
- Join one of the Plastic Surgery research interest groups
- Organize 2-4 sub-internships at outside institutions
- Rotate with Plastic Surgery as early as the medical school curriculum allows

Recommended Skills/Knowledge:

- Good exams scores (USMLE Step 1 >230)
- Participating in the operating room as frequently as possible
- Come prepared to PRS rotation with good basic suturing and knot tying skills
- Student should come prepared to each case knowing the indication and pertinent anatomy
- Active integration into the resident team

Important characteristics:

- Emotional intelligence and empathy
- Dexterity
- Self-directed learning

Pearls of wisdom:

The MATCH to get into Plastic Surgery is highly competitive. Setting yourself up for a successful match includes not only high board scores but a proven track record that you will be an active contributor to the field. Research and conference attendance are highly recommended. The best way to achieve this is by early identification of a mentor within the Plastic Surgery division. If you decide late (i.e. as a 4th year) then you should consider a research year.

Physical Medicine & Rehabilitation (PM&R)

To explore PM&R as a career:

Year One

- Consider a PM&R physician as your college advisor
- Request a PM&R specialist as a clinical preceptor
- Join the PM&R student interest group
- Watch for leadership and scholarship (research or project based) opportunities
- Visit the American Academy of Physical Medicine and Rehabilitation Medical Student Center (under the Career and Professional Resources heading). <http://www.aapmr.org>
- Take the Musculoskeletal Medicine electives (ORTH 705A, ORTH 705B, ORTH 705C).

Year Two

- Consider joining the American Academy of Physical Medicine and Rehabilitation as a new medical student member (free).
- Consider attending the Annual Assembly of the American Academy of Physical Medicine & Rehabilitation (occurs each Fall)
- Consider a leadership role in the PM&R student interest group or another medical school activity
- Consider seeking out experiences/volunteer opportunities in the community that align with your interests
- Participate in leadership and scholarship (research or project based) opportunities
- Take the Musculoskeletal Medicine electives (ORTH 705A, ORTH 705B, ORTH 705C) if not taken as a PGY1.

If PM&R is the career for you:

Year Three

- Meet with a PM&R residency advisor for planning 4th year
- Begin planning 3rd and 4th year PM&R electives (OHSU, regional, national)
- Focus on developing relationships with PM&R faculty throughout third year in preparation for asking for letters of recommendations for residency applications

Year Four

- Investigate specific programs.
- Participate in PM&R elective(s).
- Consider letters of recommendation from these experiences
- Connect with residency advisor as needed through interview season, more frequently if in 4th quartile of class, troubles with USMLE or clerkship grades, or if offered less than 10 interviews

Public Health & Preventative Medicine

Recommended Clinical Experiences:

- Good performance in general Internal Medicine, Family Medicine, and Pediatrics rotations, especially involving outpatient care
- Strong experiences in population- or community-based clinical rotations, particularly involving care of rural or urban under-served communities
- Additional special rotations or other experiences in: (a) clinical or epidemiologic research (including quality improvement); (b) governmental public health practice; (c) health policy development, implementation, or evaluation; and/or (d) community-based health or prevention interventions

Recommended Skills/Knowledge:

- Strong understanding of, and commitment to, prevention at both the clinical and population levels
- Demonstrated work with, and understanding of, public health, its relation to clinical medicine, and its role in promoting health and preventing adverse health event
- Strong demonstrated commitment to the health of communities involving interventions beyond those that are provided in a clinical office setting alone (i.e. public health)
- Experience with the methods of quality improvement and/or population-based research (epidemiology, statistics, and/or qualitative methods) used to address important clinical and public health issues
- Strong interest in a career in prevention and healthcare either working primarily in the public health sector or working at the interface between medicine and public health
- Demonstrated ability to work independently and be a strong self-starter

Psychiatry

Recommended Clinical Experiences:

- Solid background in internal medicine – both inpatient and outpatient; a core experience in Neurology
- Medicine electives – especially cardiology and endocrinology
- For those interested in Child Psychiatry – additional pediatrics
- For those interested in Women’s Health – additional OB/GYN experience
- For those interested in Geropsychiatry – Geriatric Medicine
- Experience with care of very ill patients and high acuity situations (Intensive care, emergency medicine)
- Radiology – particularly Neuroradiology
- Psychiatry electives should be kept to a minimum (perhaps one or two to verify interest in Psychiatry and perhaps to look at a long-term career path)

Recommended Skills/Knowledge:

- Able to competently complete a straightforward patient interview, physical examination and interpret basic laboratory tests, radiology reports and EKGs.
- Good communication skills (oral and written)
- Empathy and compassion for patients
- Able to work effectively within a team
- Solid background in pharmacology (aware of mechanisms of actions of medications and why they are prescribed)

Pearls of wisdom:

Incoming residents should be aware of both their abilities and limitations. They should be prepared to accept responsibility for patient care but be aware of when they need and should ask for help. They should be responsible, reliable, behave professionally and always be interested and motivated to enhance their skills and knowledge. They should be nice people!

Radiation Medicine

Recommended Clinical Experiences:

- Diagnostic radiology
- Hematology oncology

Recommended Skills/Knowledge:

- CT anatomy
- Cancer biology
- An understanding of the staging of cancer
- Research experiences in preferably cancer-related fields

Pearls of wisdom:

- The ability to work well with others is also important for our small program

General Surgery

Recommended Clinical Experiences:

1. One or two surgical sub-internships after your core rotation. These will ideally be timed towards the end of your 3rd year or beginning of your 4th year as you will need letters of recommendation from the faculty on these rotations for your ERAS application.

2. Any of the sites for your surgical core rotation is fine, although your sub-internship should happen at OHSU. Within the degree of control that you have, if you are interested in surgery, optimize your schedule to go into your surgical core as strong as possible. Prior experience on inpatient services can be very advantageous.
3. Consider away rotations if you have a special interest in a specific program or if your application has a weakness that needs to be strengthened. Think of an away rotation as a month long interview that, depending on your performance, can either help or hurt your applications. Remember you will be operating in a new system and thus less efficient than the students who have completed the majority of their training at that site.
4. Non-surgical rotations are as important as surgical rotations. All surgeons are responsible for the pre and post-operative care of their patients. Focus on clinical experiences that help you generate a differential diagnosis, manage complex patients and distinguish sick vs not-sick. While not required, rotations in emergency medicine, radiology, cardiology, nephrology and pathology all can be quite helpful though do not need to be completed prior to ERAS submission.
5. STRONGLY consider an ICU rotation, specifically a surgical ICU
6. Take the Transition to Surgical Internship course in the spring of your 4th year in order to get a jump start on residency prep.

Recommended Skills/Knowledge:

1. Dedication to your patients and your team
2. Emotional intelligence, communication and team leadership skills
3. Strong understanding of normal anatomy
4. Knot tying, suturing, OR sterile technique and basic instrument handling
5. Experience and evidence of success as a self-directed learner
6. Research experience, while not obligatory, is viewed as a positive factor by most programs and strengthens an application to the top programs. Contact Mackenzie Cook MD or Marci-Jo Carlton if you are looking for a mentor or have a specific research interest.

Pearls of Wisdom:

General Surgery is a diverse field that challenges us intellectually, emotionally and physically, while rewarding us with an intimate, long-term patient bond and the opportunity to make immediate and lasting improvements in our patients' lives. Successful residents are self-directed learners, team players, relentlessly dedicated to their patients and possess a healthy dose of grit and resiliency. General Surgery encompasses everything from small town surgeons who are an integral part of a community's primary care structure to quaternary care referral surgeons caring for the most complex and sickest patients in a multi-state region. When applying to residency, it is helpful to think about your future career and what type of surgeon you would like to be, as this can strongly influence your choice of residency program.

If you think you might be interested in General Surgery, or one of the associated surgical specialties, please identify a mentor in the department and make yourself known to the program director and surgical faculty as early as you can. In your application, help us understand why you would be a good resident and a good surgeon. When timing your NBME shelf exam, students typically perform better after their surgical and internal medicine core rotations. Many surgical programs require a letter of recommendation from the chair of surgery, plan this out early and treat all interactions as part of an extended interview culmination in this letter.

Thoracic Surgery

Recommended Clinical Experiences:

- Surgery Sub-I
- Clinical Judgment, Problem Solving & independent Decision Making
- History Taking

Recommended Skills/Knowledge:

- Organization & Communication of Data (write-ups, progress notes, oral presentations)
- Understanding of Disease Mechanisms & Modalities of Diagnosis & Management
- Professional Attributes (responsibility, ethical behavior, dependability, attendance, appearance)
- Interaction with Health Care Team

Pearls of wisdom:

Use information technology to search, identify, and apply knowledge-based information to healthcare for patients and populations.

Gather essential and accurate information about patients and their conditions through history taking, physical examination, review of prior data and health records, laboratory data, imaging and other tests.

Urology

Recommended Clinical Experiences:

- Urology sub-internship at the beginning of 4th year.
- Away rotations at other institutions are highly recommended for greater experience in Urology as well as to have exposure to another training environment, receive other letters of recommendation, etc.
- It is helpful to do elective rotations in general surgery, an intensive care rotation, nephrology, radiology, and pathology when preparing for residency training. Consider other electives for a broad-based education such as internal medicine, family practice, pediatrics, and other surgical specialties such as plastic surgery.

Recommended Skills/Knowledge:

- Excellent medical school grades
- Excellent USMLE 1 (and 2) scores, with Step 1 scores more important
- Most competitive residency programs look for some effort to obtain research experience in urology during medical school
- Being able to search and read the medical literature for research and general learning

Important characteristics:

- Sensitivity to patients who have life-threatening conditions such as cancer, but also very personal and intimate problems (such as sexual dysfunction, urinary incontinence, or genital abnormalities)
- Confidence without being arrogant

Pearls of wisdom:

Urology is a surprisingly diverse field, with urologists caring for problems with newborns to the elderly, benign diseases and cancer. Urologists treat people with some of the most common problems, including kidney stones, urinary incontinence, enlarged prostate, prostate cancer, and many others. Many urologists see patients in long-term follow-up and do some medical management of disease as well as surgery therapy. Exposure to urology in medical school tends to focus on the operative side, but in practice, most urologists spend more time seeing patients in clinic than in the operating room. An applicant in urology should be a “people person” who enjoys talking to patients in clinic, as well as operating.

Urology is an early match specialty, so it is important to have your exposure early and arrange your letters of recommendations early. Applications open for submission in early September, so you should your rotations and application completed in advance.

Vascular Surgery

Vascular Surgery has more than one training pathway. Traditional track involves completing a general surgery residency and applying for vascular surgery fellowship. In the “0+5” track, students match into the integrated vascular surgery program as a medical student. Two years are dedicated to core surgical training and three years devoted to vascular surgery.

Recommended Clinical Experiences:

- Vascular sub-internship late 3rd year or early 4th year. You will need letters of recommendation from this experience (from VS program director and division chief)
- Consider an away rotation, especially if you have a special interest in a specific 0+5 program, or if your application needs strengthening for consideration at that location. However, remember it is a bi-directional, month-long interview, so you must perform well for it to be helpful
- Highly recommend an ICU rotation, preferably surgical or trauma. Take this in the summer if considering LOR’s from this rotation
- It is helpful to do additional electives such as radiology/interventional radiology and medicine electives (cardiology, nephrology, hematology, infectious disease) for broad-based education.
- Take the Transition to Surgical Internship course in the spring of your 4th year for surgery internship preparation

Recommended Skills/Knowledge:

- Good grades and exam scores
- Accurate and efficient patient interview and presentation
- Knot tying, suturing

- IV, NGT, Foley catheter placement
- OR sterile technique/basic instrument handling

Important Characteristics:

- Confidence without being arrogant
- Self-motivated learner
- Leadership driven

Pearls of Wisdom:

- Identify a mentor in the division to help you and make yourself known to the program director and faculty as early as possible
- Get involved with research in the division. There are no shortages of potential research projects. Most competitive residency programs look for some effort to obtain research experience in surgery or vascular surgery during medical school

Last updated: 5/16/2018