A GUIDE TO THE FELLOWSHIP APPLICATION PROCESS

Kevin Tayon 2022
Adapted from a powerpoint prepared by Vishal Kaila in 2019

Outline

- Broad Strokes: Components of the Fellowship Application
- Timeline for Intern Year and 2nd Year
- Research
- Letters of Recommendation
- Personal Statement
- Curriculum Vitae (CV)
- Application Timeline
- Assessing your competitiveness
- Interviews
- Pre and Post interview correspondence

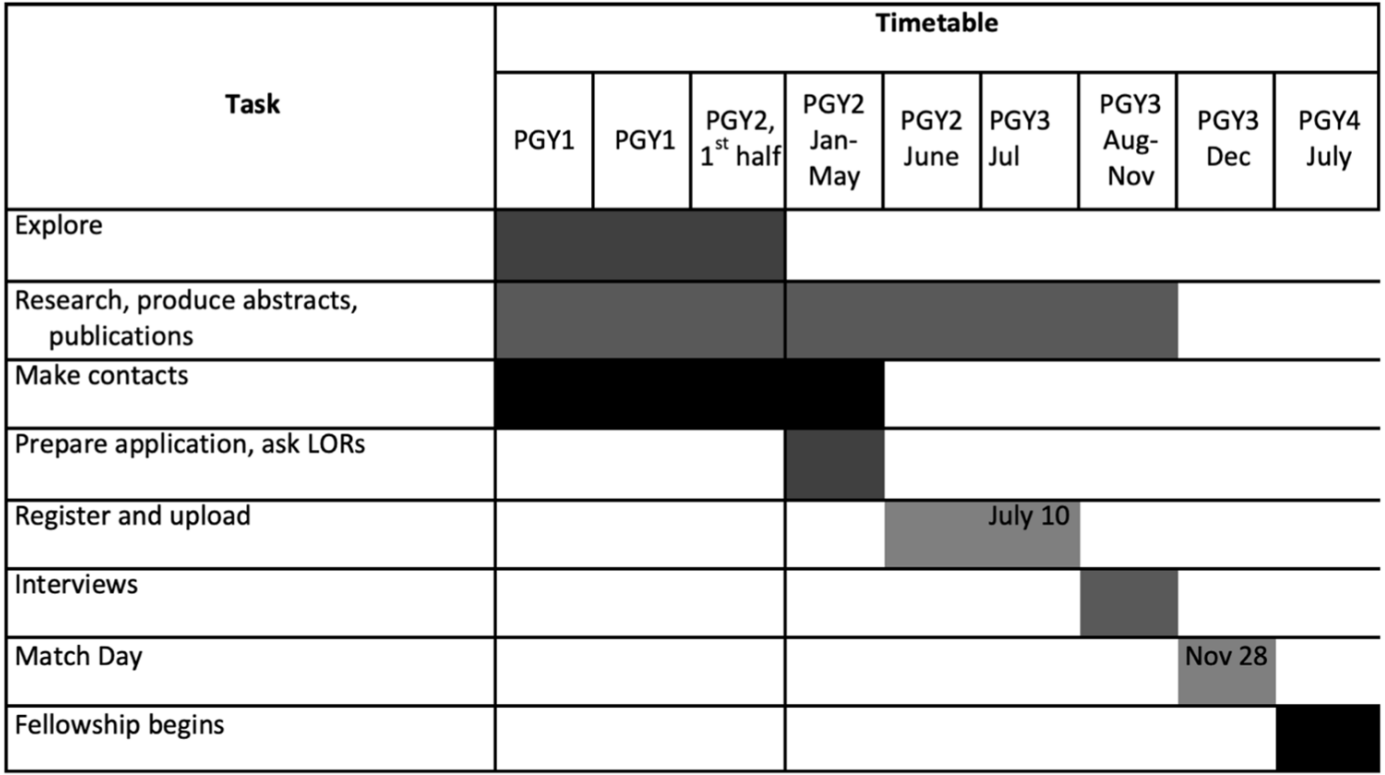
Components of the Fellowship Application

1. Personal Statement
2. CV (Has the exact same format as residency)
3. Four letters of recommendation: 1. PD letter 2. Department Chair letter 3. 2 others: Research vs Clinical vs Big Name vs Away Attending
4. Medical School Transcripts
5. USMLE Scores
6. +/- Medical School Performance Evaluation

Timeline

Contacts to make are future LORs and connections to individual programs.

Timetable per UC Denver



Fellowship Application Timelines

Date	Activity
June 6, 2019	ERAS 2020 Season Begins EFDO begins to generate and distribute MyERAS tokens. Applicants can register on MyERAS and begin working on their application.
July 5, 2019	Fellowship applicants may apply to July application cycle programs only.
July 15, 2019	July application cycle programs start receiving applications.
November 21, 2019	Fellowship applicants may apply to December application cycle programs only.
December 1, 2019	December application cycle programs start receiving applications.
December	Match results available for July application cycle programs.
May 31, 2020	ERAS 2020 Season Ends: MyERAS closes at 5 p.m. ET

Fellowship Application Timelines

Date	Activity
May 31, 2021	ERAS 2021 season ends at 5 p.m. ET.
June 9, 2021	ERAS 2022 season begins at 9 a.m. ET.
June 10, 2021	EFDO will release tokens to fellowship applicants.
July 7, 2021	July cycle fellowship applicants may begin submitting applications to programs at 9 a.m. ET.
July 21, 2021	July cycle fellowship programs may begin reviewing applications at 9 a.m. ET.
November 17, 2021	Rank order list is due
December 1, 2021	December cycle fellowship programs may begin reviewing applications at 9 a.m. ET.
May 31, 2022	ERAS 2022 season ends at 5 p.m. ET.

PGY-1 January - June Timeline

- **BE A GOOD INTERN AND A GOOD HUMAN BEING**
- Figure out which specialty you want to pursue.
- Begin to connect with faculty who will write your letters or connect you to programs. Get exposure in multiple settings (inpatient clinical, research, go to their clinic, invite them to your lectures).
- Present case reports at conferences.
- Identify research mentors and develop a game plan on when you'll reach out.
- At the end of the year, get the process started to do away rotation at UTSW

PGY-2 July - December Timeline

- **BE A GOOD RESIDENT AND A GOOD HUMAN BEING**
- Present case reports at conferences.
- Start more substantial research: retrospective clinical trials, meta-analysis, review articles, case report/case series manuscripts.
- Do well on ITE (this goes in your PD letter).

January-May PGY-2 Timeline

- **BE A GOOD RESIDENT AND A GOOD HUMAN BEING**
- Update CV
- Decide which subspecialty within your desired specialty you want to pursue.
- Begin to write personal statement, try to have this finished by April.
- Request LOR’s by late April.
- Attend away rotations and do well.
- Meet with Dr. Patel and other relevant faculty.
- Start planning out where you would want to apply.

Fellowship Application Timeline (per UChicago)

January-April: Write your personal statement and update your CV (you will use these when you meet with your letter writers). Make a list of programs you want to apply to. Make an appointment with Dr. Patel to discuss your application and assess competitiveness for your desired programs.

May 1- Mid May: Begin soliciting letters of recommendation. Send your letter writers a copy of your updated CV and a draft of your personal statement and ask to set up a meeting to discuss your career interests and goals so your letters accurately reflect your goals and are congruent with the rest of your application.

Fellowship Application Timeline (per UChicago)

Mid-May to June 1: Finish asking for your letters of rec for fellowship and meeting with your letter writers. (You should be finished asking for your letters of rec NO LATER than June 1, to give your letter writers 4-6 weeks to complete the letters. Technically letters are due on July 15 but that is cutting it close to the deadline, as letters must be confirmed by ERAS before they can be uploaded which can take several days. Tell letter writers to have letters in by early July.

Fellowship Application Timeline (per UChicago)

~June 6: ERAS opens, obtain token and begin preparing the necessary documents and entering information into ERAS.

~July 1: First date to submit completed ERAS application.

~July 5-7: Make sure all of your Letters of Rec have been uploaded. If not, send reminder to letter writers.

~July 15: Fellowship programs may begin downloading ERAS. Make sure your completed application is submitted well BEFORE July 15 as fellowships will beginning downloading applications on July 15.

Fellowship Application Timeline (per UChicago)

Late Aug-First week of November: Fellowship interview season.
Late August: Send out cover letters to your top 10-20 programs.

I would recommend taking an elective during September and October at minimum +/- August

Find the student doctor network fellowship excel sheet for your subspecialty
(Fair warning this is bad for your mental health).

- This is helpful to see what programs have sent out interviews to guide your communication efforts and to see if you were a first round interview.
- You can also follow what programs have sent out rejections and see if you passed a round of rejections.

Cardiology interview spreadsheet 2021-2022

File Edit View Insert Format Data Tools Extensions Help

Share

A1:E1 | Date(s) of interview invite

	A	B	C	D	E	F	G	H	I
1			Date(s) of interview invite						
2			City	Invite	Rejection				
3	University of Alabama	Alabama	Birmingham	9/09 x10		Email	US-MD, IMG	No	
4	University of South Alabama	Alabama	Mobile	9/07 x1, 9/27 x 1			US-IMG		is this internal? ?x1 <No
5	University of Arizona - Tucson	Arizona	Tucson	8/24 x9, 8/09 x2	9/07 x2	ERAS	US-IMG	No	
6	HonorHealth	Arizona	Scottsdale	8/24 x9, 8/09 x2		ERAS	US-IMG, US-MD	No	
7	University of Arizona - Phoenix	Arizona	Phoenix	8/17 x4	9/07 x1, 9/27 x3	ERAS	IMGx2, DO	No	any spots left > No, IMG Stats anyone?? 240s, top10prog<no spots left, sorry
8	Mayo Clinic Arizona	Arizona	Phoenix	9/05 x3			IMG on H1	No	
9	University of Arkansas	Arkansas	Little Rock	9/05 x3					
10	UCSF	California	San Francisco	8/30 x5	9/03 x6	Email	US-MD; IMG	No	Waitlisted x3, <what are the available dates? September 24th; October 1st, 8th, 15th, and 22nd
11	Kaiser SF	California	San Francisco	8/30 x2, 8/18 x3	9/01 x16, 8/30 x8	halamu	US-MD x2, IMG	No	
12	Kaiser LAMC	California	Los Angeles	8/27 x5		ERAS	US-MD	9	
13	Northwestern University (McGaw)	California	Sacramento	8/26 x3, 8/16 x7	8/24 x17	S mes	US-MD, US-IMG	No	Waitlisted 8/24 x 4. Got invite off waitlist 8/26. Has anyone got a spot off the waitlist? It was only waitlist when I looked< I logged on 3 mins after the notification and only had waitlist spots +1 << same. Anyone any luck getting off the waitlist?; <<< withdrew from interview on 8/29<once we are waitlisted on eras h find out if we get off the waitlist? << presumably you get an automated email< I got a spot off waitlist a f after the message that I was on it
14	Cedars-Sinai	California	Los Angeles	8/24 x7		ERAS	US-MD, IMG	No	
15	Harbor-UCLA	California	Torrance	8/24 x4, 8/19 x11	9/15 x7	Email	svi	No	Did you get sent your interview date yet? < Yes
16	UCLA	California	Los Angeles	8/30 x1, 8/23 x8	9/14 x12	Email	US-MD, IMG	No	how many spots left? x3?? It's by email so impossible to say
17	UC Irvine	California	Irvine	9/23 x1, 8/23 x1, 8/16 x8		Email	US-MD	No	
18	University of Southern California	California	Los Angeles	8/20 x15		ERAS	US-MD	No	is this a good program? -might be worth a google, but I'm sure it is much better
19	Scripps Green	California	La Jolla	9/07 x2, 8/20 x1	9/17 x5	ERAS	US-MD		
20	UCSD	California	La Jolla	9/03 x1, 8/18 x10	9/01 x20	ERAS	US-MD	No	are any spots left (if able to be seen)? +1
21	University of California Riverside School of Medicine/	California	Riverside	8/16 x13		Email	IMG, US-MD, DO	No	internal?
22	Stanford	California	Stanford	8/16 x1, 8/04 x2, 8/03 x4		Email		No	any interview dates still available? <Not sure, they only give a list of dates through email to chose from< spots left
23	Loma Linda	California	Loma Linda	8/09 x8	8/24 x23	ERAS	IMG	No	what a dramatic way to send a rejection x6 < exactly smh, lame asf < oh boy an attachment

General Chat | X vs Y | Interviews | Program list by state | Applicants | Sheet126 | Program Impressions | Tips f | Explore

Fellowship Application Timeline

Late August: Register for the match with NRMP
November 17th(ish)- Rank Order List and the end of interview season.

December 1st(ish): Match Day

Research

- Even if you are not planning on a research career, it shows an interest in the field and is very important to program directors.
- General rules
  - **Do not let this interfere with clinical work. This is not as important.**
  - **Be first author**
  - Finish what you start, better to do one solid project than dabble in a bunch of projects.
  - Present at conferences, network as much as you can at these conference.
  - Case reports are helpful but not as significant as a first author research publication.
  - Expectations may vary depending on program e.g. amount of research to get into Duke is likely higher than a community based program.

Personal Statement

- Highlight your skills as 1. An educator, 2. A clinician, 3. A researcher. Some say to pick between these three others say highlight all three.
- Try to create a narrative and story of what career you want for yourself? Ask yourself where you want to be in 10 years. What kind of job do you want? Are you interested in Academic Medicine or Private Practice? Are you interested in a career in research? Medical education? A purely clinical career?
- Tell a story. Show don't tell.
- Highlight experiences or skills that may not show up in your CV or application.
- +/- Explain potential red flags in your application.
- Unless you have something very unique to talk about, usually a “vanilla” personal statement is better.

Personal Statement

Prompt: e.g. Why do you want to be a Cardiologist?

- Paragraph 1: Summarize how you got interested in your speciality and why you are interested in your specialty.
- Paragraph 2: Highlight your skills as a clinician
- Paragraph 3: Highlight your skills as an educator
- Paragraph 4: Highlight your skills as a researcher.
- Paragraph 5: Conclude with your 1, 5 and 10 year career goals.

Personal Statement

- Have this finished by April
- Ask as many people to edit as possible (Me, your mentors, Dr. Gill and Dr. Patel).
- Discuss your personal statement with your LOR writers.
- Sometimes, this is the only portion of your application reviewers/ interviewers will read.

CV Components

General Information

- Name, address, visa status, citizenship
- AOA, Sigma Sigma Phi, Gold Humanism Honor Society
- Race/Ethnicity
- Language Fluency
- Hobbies and Interests
- Hometown
- Higher Education (college onward)

CV Components

Additional Information

- Memberships in Honorary/Professional Societies
- Medical School Awards
- Other Awards and Accomplishments

CV Components

Experience

- Residency Training
- Work Experience
- Research Experience

Licensure

- No need to list your PIT

CV Components

Research

- Peer-Reviewed Journal Articles/Abstracts (Published)
- Peer-Reviewed Journal Articles (Non-Published)
- Book Chapters
- Scientific Monographs
- Other Articles
- Poster Presentations
- Oral Presentations
- Peer-Reviewed Online Publication
- Non-Peer Reviewed Online Publication

*** Listed in alphabetical order of the first author***

Letters of Recommendation

Program Director Letter (Required)

- Like your dean's letter from medical school
- Will include information about your evaluations and scores
- Will be an honest letter

Letters of Recommendation

Department Chair Letter (Required)

Allergy: Matthew Feldman

Cardiology: Carter King

Endocrinology: Richard Sachson

Gastroenterology: Rajeev Jain

Geriatrics: Shounak das/Mitch Carroll***

Heme/Onc: Kristi McIntyre

Infectious Disease: Allison Liddell

Nephrology: Tapan Patel***

Pulmonology: Gary Weinstein

Rheumatology: Stanley Cohen

Letters of Recommendation

The Other Two

- You need a mix of letters from well-known faculty excellent letters from a lesser known faculty.
- Pick faculty who you think will write the strongest letter. Keep in mind, UTSW LOR writers will compare you to their residents.
- Ask them directly: “Will you write me a strong letter of recommendation?”

Letters of Recommendation

All of your Letter Writers

Meet with LOR writers and bring them a printed copy of your CV, personal statement and a cover letter.

Cover letter should include: List your top programs/match goals (e.g. I want to stay in Texas vs I want to go to the best academic center possible). Explain your career goals to them (e.g. I want to do interventional cardiology vs I want to do EP)

Send a reminder one month out and then once letter writers can upload letters. You will be sending them a notification via ERAS but good to follow up that they saw it.
It takes up to 5 days after uploading letters before they are “finalized.”

Assessing Your Competitiveness

Why this matters?

How many programs should I apply to?

Which programs should I apply to?

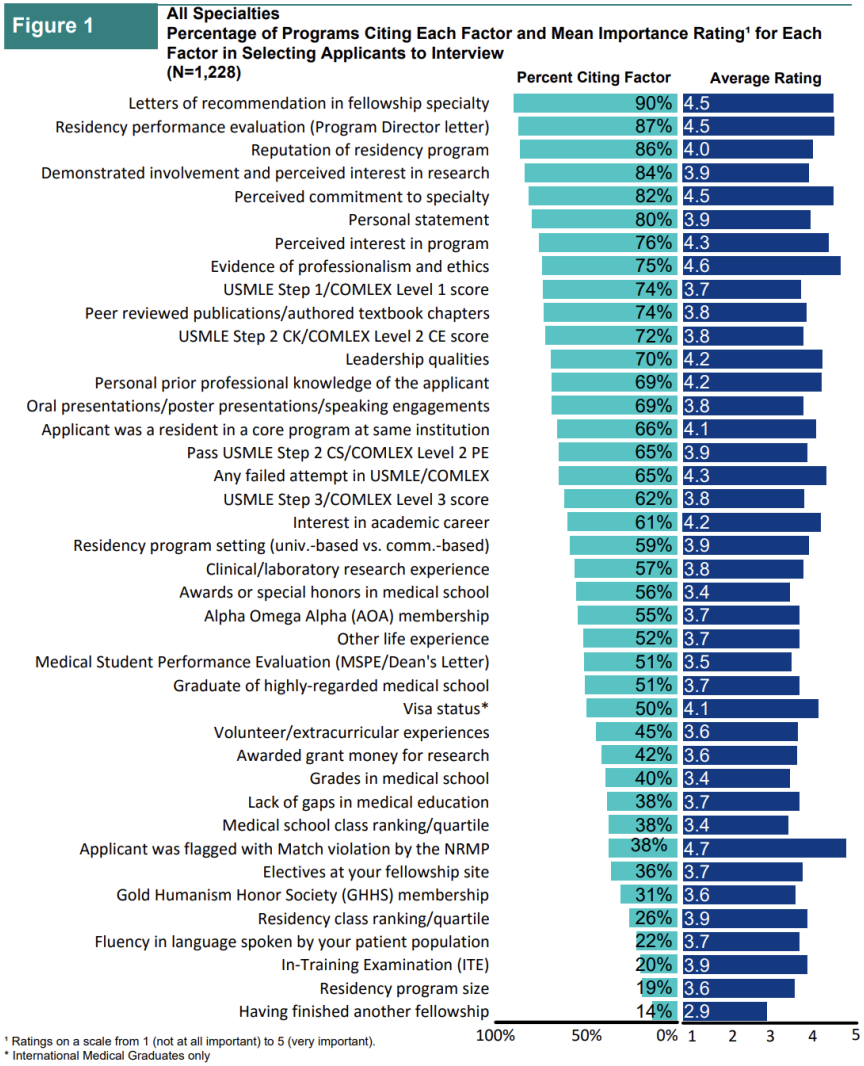
How many interviews should I attend?

Can I defer any interviews or not rank programs I interview at?

What do they care about?

Selecting who to Interview

1. LOR from fellowship specialty
2. PD letter
3. Residency reputation
4. Demonstrated involvement in and Perceived interest in research
5. Perceived commitment to specialty
6. Personal statement



What do they care about?

Selecting who to Rank

1. Interactions with faculty during interview
2. Interpersonal skills
3. LORs in fellowship specialty
4. Interactions with fellows
5. Perceived commitment
6. Feedback from Fellows

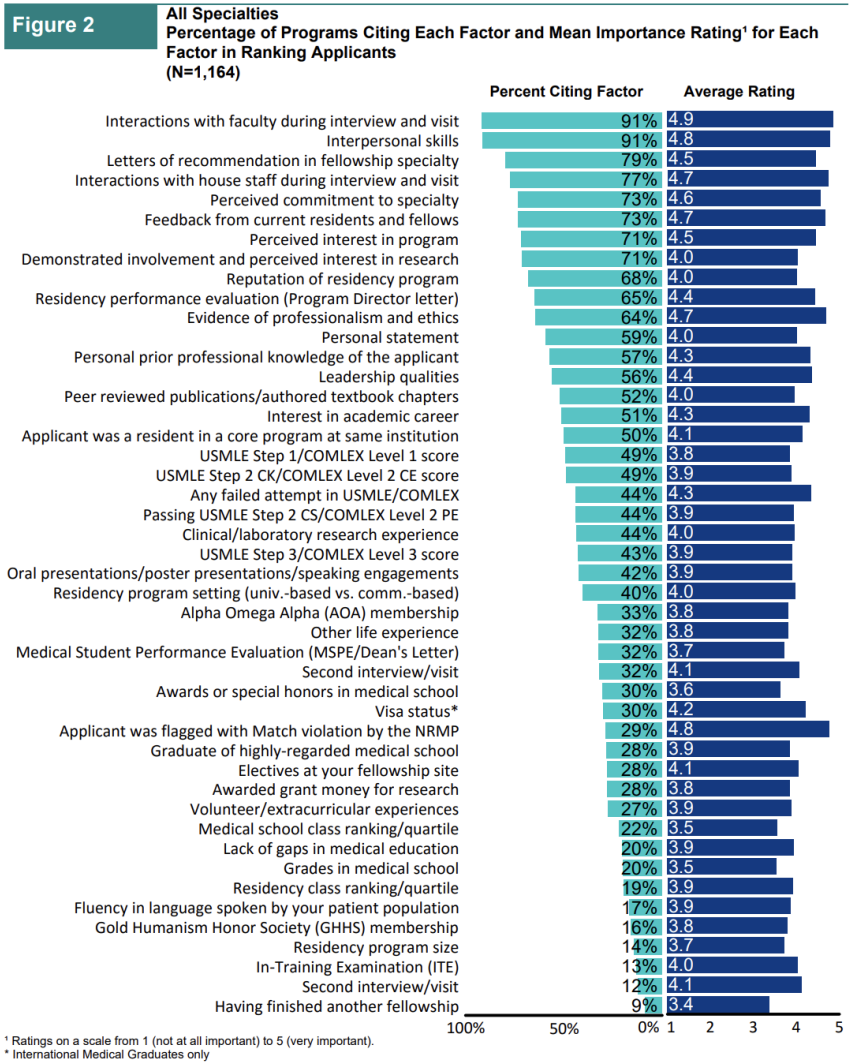
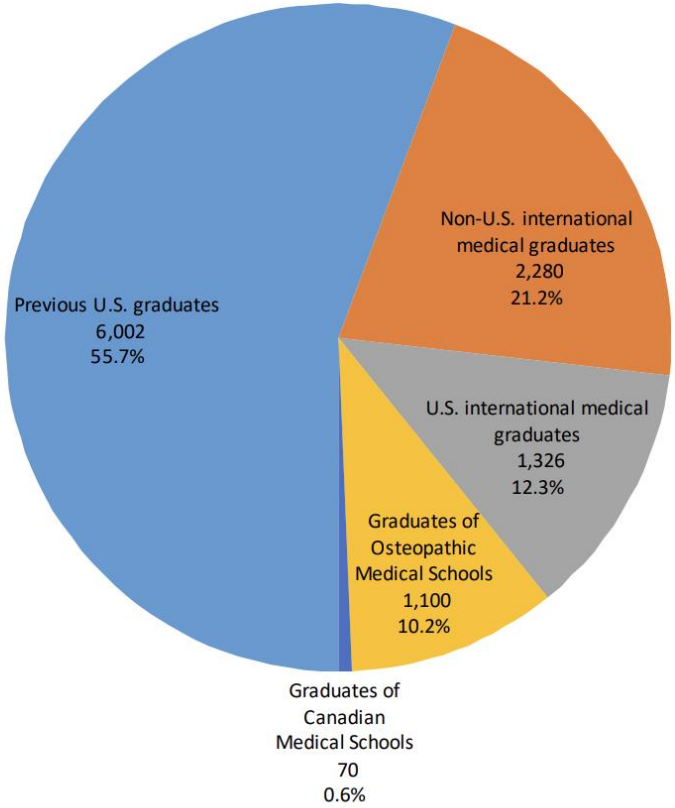


Chart 1

Active Applicants in the Specialties Matching Service, 2018 Appointment Year

by Applicant Type



Source: NRMP Data Warehouse

Figure 2 **Numbers of Applicants and Programs Participating in the Specialties Matching Service® (SMS®) by Appointment Year, 1993-2021**

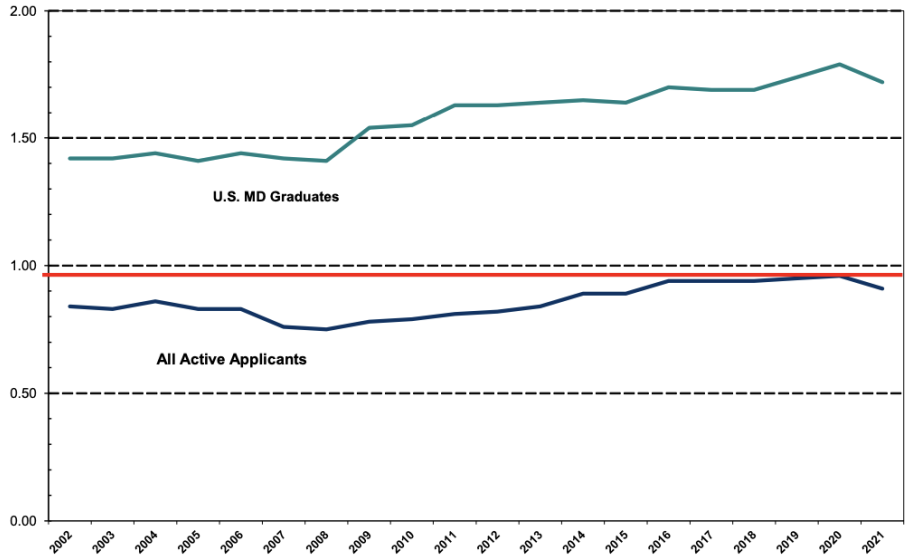
What are my chances? Number of Positions per Active Applicants

Number of Positions per Active Applicant, 2017 - 2021

Year	Number of Positions	Active Applicants		Positions Per Active Applicant	
		U.S. MD Graduates	All	U.S. MD Graduates	All
2017	9,766	5,766	10,410	1.69	0.94
2018	10,149	6,002	10,778	1.69	0.94
2019	10,936	6,301	11,467	1.74	0.95
2020	11,545	6,462	12,042	1.79	0.96
2021	11,767	6,822	12,925	1.72	0.91

Note: Applicants who withdrew or did not rank programs are excluded.

Figure 3 **Positions per All Active and Active U.S. MD Graduate Applicants, 2002-2021**

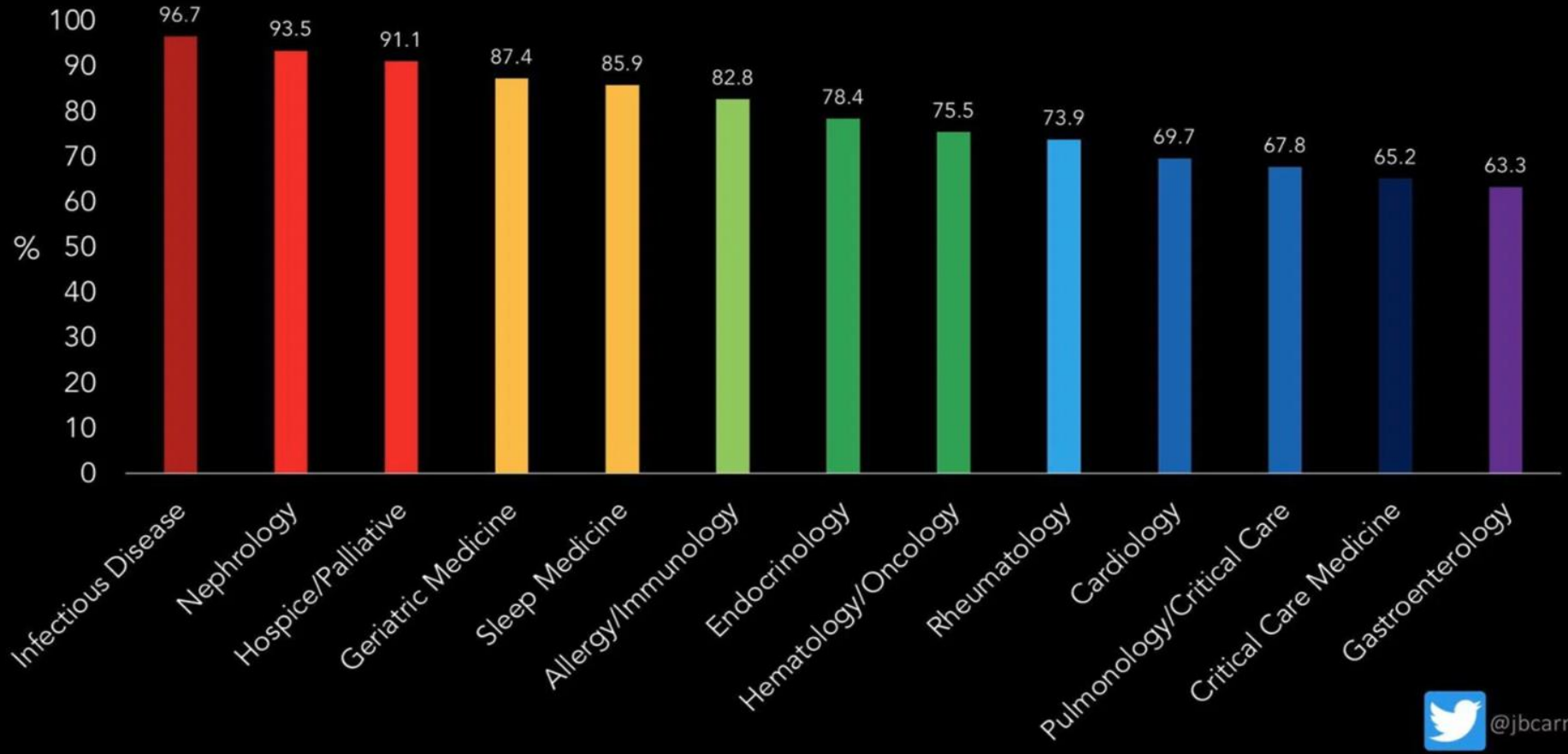


Takeaways

1. In the last 5-6 years the number of total positions has started to approach number of applicants.
2. 2021 was a reversal of this trend.

Fellowship Match Rate, by Preferred Specialty

NRMP® Medical Specialties Matching Program, 2021



@jbcarmody

What are my chances? Fellowship Match Summary 2021

Internal Medicine	No. of Applicants+ U.S. MD Grads++	No. of Applicants+ All Apps	Positions Offered	No. of Pgms+++	No. of Matches U.S. MD Grads	No. of Matches All Apps	% Filled U.S. MD Grads	% Filled All Apps	Ranked Positions U.S. MD Grads	Ranked Positions All Apps	Unfilled Pgms
Adult Congenital Heart Disease	11	17	19	18	11	16	57.9	84.2	71	119	3
Advanced Heart Failure & Transplant Cardiology	43	80	118	70	42	75	35.6	63.6	339	788	35
Cardiovascular Disease	661	1,575	1,045	243	549	1,042	52.5	99.7	6,177	11,674	3
Clinical Cardiac Electrophysiology	69	140	129	82	65	124	50.4	96.1	492	1,298	5
Endocrinology, Diabetes, and Metabolism	90	396	347	152	86	324	24.8	93.4	979	3,668	18
Gastroenterology	413	895	590	211	352	584	59.7	99.0	4,250	6,725	5
Geriatric Medicine*	97	235	400	150	93	208	23.3	52.0	436	1,384	103
Hematology	79	89	15	3	12	15	80.0	100.0	112	125	0
Hematology and Oncology	395	909	638	160	336	638	52.7	100.0	3,347	6,823	0
Hospice and Palliative Medicine	249	415	409	174	216	348	52.8	85.1	1,546	2,702	43
Infectious Disease	193	404	416	165	185	365	44.5	87.7	1,698	3,955	41
Interventional Pulmonology**	19	55	40	35	15	40	37.5	100.0	190	498	0
Nephrology	89	391	474	170	89	345	18.8	72.8	750	3,501	74
Oncology	7	78	8	4	1	8	12.5	100.0	9	105	0
Pulmonary Disease	10	123	26	13	1	26	3.8	100.0	18	206	0
Pulmonary Disease and Critical Care Medicine	387	1,023	657	179	323	655	49.2	99.7	3,251	7,120	1
Rheumatology	120	353	257	123	106	250	41.2	97.3	1,074	2,844	5
Allergy and Immunology	128	199	146	90	110	145	75.3	99.3	1,251	1,729	1

What are my chances? Fellowship Matches by Applicant Type 2021

Internal Medicine	Number of Positions	Number Filled	Applicant Type: U.S. MD Graduates		U.S. DO Graduates		Canadian Graduates		5th Pathway Graduates		U.S. International Graduates		Non-U.S. International Graduates	
Adult Congenital Heart Disease	19	16	11	68.8	1	6.3	0	0.0	0	0.0	2	12.5	2	12.5
Advanced Heart Failure & Transplant Cardiology	118	75	42	56.0	7	9.3	0	0.0	0	0.0	6	8.0	20	26.7
Cardiovascular Disease	1,045	1,042	549	52.7	103	9.9	1	0.1	0	0.0	112	10.7	277	26.6
Clinical Cardiac Electrophysiology	129	124	65	52.4	10	8.1	0	0.0	0	0.0	17	13.7	32	25.8
Endocrinology, Diabetes, and Metabolism	347	324	86	26.5	35	10.8	1	0.3	0	0.0	53	16.4	149	46.0
Gastroenterology	590	584	352	60.3	66	11.3	0	0.0	0	0.0	42	7.2	124	21.2
Geriatric Medicine*	400	208	93	44.7	30	14.4	0	0.0	0	0.0	38	18.3	47	22.6
Hematology	15	15	12	80.0	0	0.0	0	0.0	0	0.0	1	6.7	2	13.3
Hematology and Oncology	638	638	336	52.7	64	10.0	1	0.2	0	0.0	58	9.1	179	28.1
Hospice and Palliative Medicine	409	348	216	62.1	57	16.4	1	0.3	0	0.0	41	11.8	33	9.5
Infectious Disease	416	365	185	50.7	35	9.6	1	0.3	0	0.0	50	13.7	94	25.8
Interventional Pulmonology**	40	40	15	37.5	5	12.5	0	0.0	0	0.0	10	25.0	10	25.0
Nephrology	474	345	89	25.8	43	12.5	1	0.3	0	0.0	73	21.2	139	40.3
Oncology	8	8	1	12.5	3	37.5	0	0.0	0	0.0	3	37.5	1	12.5
Pulmonary Disease	26	26	1	3.8	3	11.5	0	0.0	0	0.0	8	30.8	14	53.8
Pulmonary Disease and Critical Care Medicine	657	655	323	49.3	92	14.0	0	0.0	0	0.0	78	11.9	162	24.7
Rheumatology	257	250	106	42.4	50	20.0	0	0.0	0	0.0	29	11.6	65	26.0
Allergy and Immunology	146	145	110	75.9%	9	6.2%	0	0.0%	0	0.0%	11	7.6%	15	10.3%

Table 1

Summary Statistics

All SMS Specialties Combined

Measure	U.S. Graduates		U.S. International Medical Graduates		Non-U.S. International Medical Graduates		Osteopathic Graduates	
	Matched (n=5,323)	Unmatched (n=679)	Matched (n=903)	Unmatched (n=423)	Matched (n=1,542)	Unmatched (n=738)	Matched (n=837)	Unmatched (n=263)
1. Mean number of contiguous ranks	7.5	4.3	7.0	3.1	7.6	3.3	6.1	3.7
2. Mean number of distinct specialties ranked	1.1	1.1	1.1	1.2	1.1	1.2	1.1	1.1
3. Mean USMLE Step 1 score	234	225	228	224	236	231	n/a	n/a
4. Mean USMLE Step 2 score	245	236	234	229	241	235	n/a	n/a
5. Mean USMLE Step 3 score	229	220	219	214	221	216	n/a	n/a
6. Mean number of research experiences	4.7	4.0	3.5	5.5	4.1	3.8	3.1	3.1
7. Mean number of abstracts, presentations, and publications	8.8	8.2	8.6	7.6	13.5	11.3	5.8	6.0
8. Mean number of work experiences	3.8	3.5	3.5	3.9	4.0	4.6	3.4	3.5
9. Mean number of volunteer experiences	5.8	5.0	4.1	3.5	3.3	2.9	5.7	5.4
10. Percentage who are AOA members	16.7	7.5	n/a	n/a	n/a	n/a	n/a	n/a

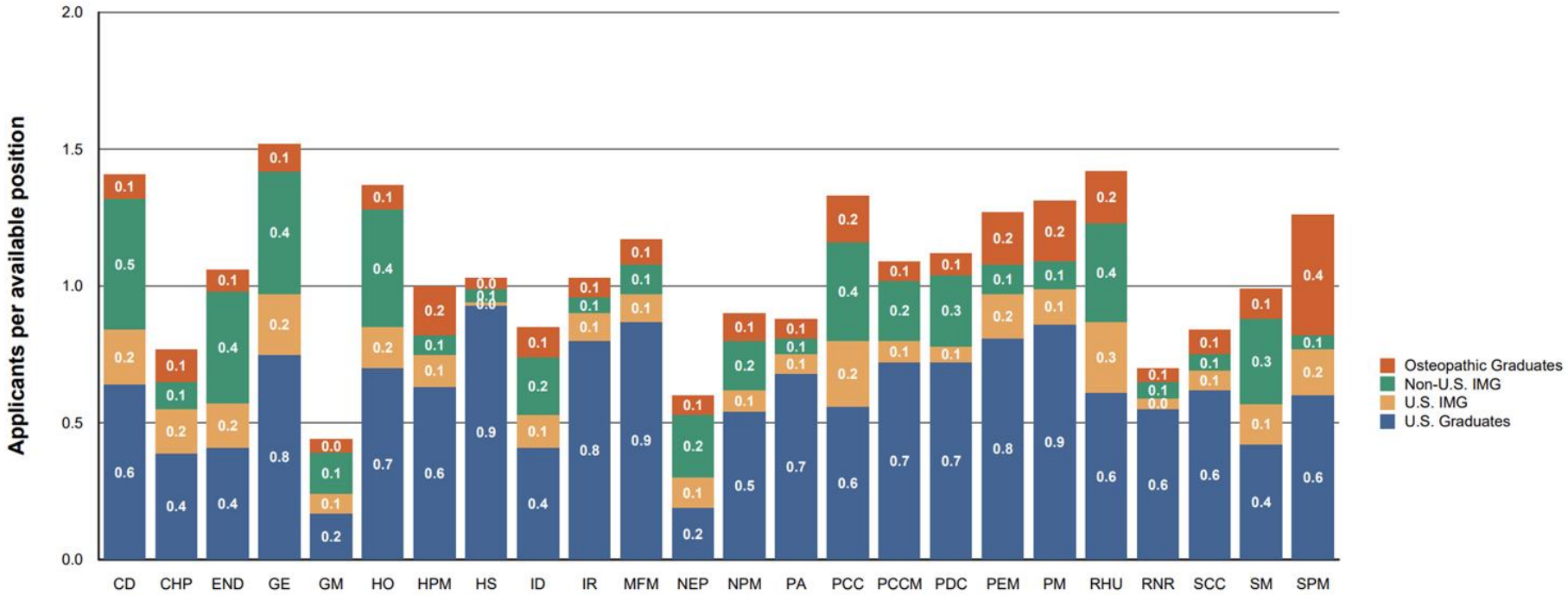
Table 2 Number of Applicants and Positions in the Specialties Matching Service, 2018 Appointment Year *by Preferred Specialty**

Preferred Specialty	Total Positions Offered	Total Number of Applicants	Number of Applicants Per Position	U.S. Graduates		U.S. International Medical Graduates		Non-U.S. International Medical Graduates		Osteopathic	
				Matched	Not Matched	Matched	Not Matched	Matched	Not Matched	Matched	Not Matched
Cardiovascular Disease (CD)	894	1,256	1.4	514	56	91	88	233	198	47	29
Child and Adolescent Psychiatry (CAP)	367	282	0.8	138	5	52	5	35	3	41	2
Endocrinology, Diabetes, and Metabolism (EDM)	295	312	1.1	117	4	30	17	99	22	21	2
Gastroenterology (GE)	496	758	1.5	304	69	46	63	115	108	23	29
Geriatric Medicine (GM)	387	174	0.4	66	0	28	1	55	4	19	0
Hand Surgery (HS)	176	188	1.1	154	9			5	3		
Hematology and Oncology (HO)	553	760	1.4	327	62	36	48	142	95	34	15
Hospice and Palliative Medicine (HPM)	319	320	1.0	171	30	31	8	15	8	47	10
Infectious Disease (ID)	394	335	0.9	158	5	43	5	72	9	40	3
Interventional Radiology (IR)	240	248	1.0	180	13	21	4	12	2	15	1
Maternal-Fetal Medicine (MFM)	114	132	1.2	86	13	3	8	10	2	8	2
Neonatal-Perinatal Medicine (NPM)	263	237	0.9	140	3	19	1	46	2	23	2
Nephrology (NEP)	474	282	0.6	90	0	49	1	99	8	33	2
Neuroradiology (RNR)	241	168	0.7	128	4	9	0	13	1	11	0
Pain Medicine (PM)	335	437	1.3	231	56	27	16	24	9	48	25
Pediatric Anesthesiology (PA)	213	187	0.9	141	3	14	0	11	1	15	0
Pediatric Cardiology (PDC)	145	161	1.1	96	8	8	0	27	11	9	2
Pediatric Critical Care Medicine (PCCM)	184	201	1.1	117	16	14	0	36	5	10	3
Pediatric Emergency Medicine (PEM)	180	229	1.3	118	27	21	8	14	6	25	10
Pulmonary Disease and Critical Care Medicine (PCC)	568	752	1.3	288	31	87	49	129	73	56	39
Rheumatology (RHU)	221	313	1.4	118	16	29	29	40	39	29	12
Sleep Medicine (SM)	170	172	1.0	64	8	25	1	44	9	16	2
Sports Medicine (SPM)	266	337	1.3	128	32	27	19	8	4	87	30
Surgical Critical Care (SCC)	255	219	0.9	156	3	15	2	11	5	22	1

Chart 2

Ratio - Applicants Ranking Specialty First / Available Positions

by Preferred Specialty



CD	Cardiovascular Disease	HO	Hematology and Oncology	MFM	Maternal-Fetal Medicine	PCCM	Pediatric Critical Care Medicine	RNR	Neuroradiology
CHP	Child and Adolescent Psychiatry	HPM	Hospice and Palliative Med	NEP	Nephrology	PDC	Pediatric Cardiology	SCC	Surgical Critical Care
END	Endocrinology, Diabetes, and Metabolism	HS	Hand Surgery	NPM	Neonatal-Perinatal Medicine	PEM	Pediatric Emergency Medicine	SM	Sleep Medicine
GE	Gastroenterology	ID	Infectious Disease	PA	Pediatric Anesthesiology	PM	Pain Medicine	SPM	Sports Medicine
GM	Geriatric Medicine	IR	Interventional Radiology	PCC	Pulmonary Disease and Critical Care Med	RHU	Rheumatology		

Source: NRMP Data Warehouse

Chart 3 Match Rates

Percent Matched by Preferred Specialty and Applicant Type

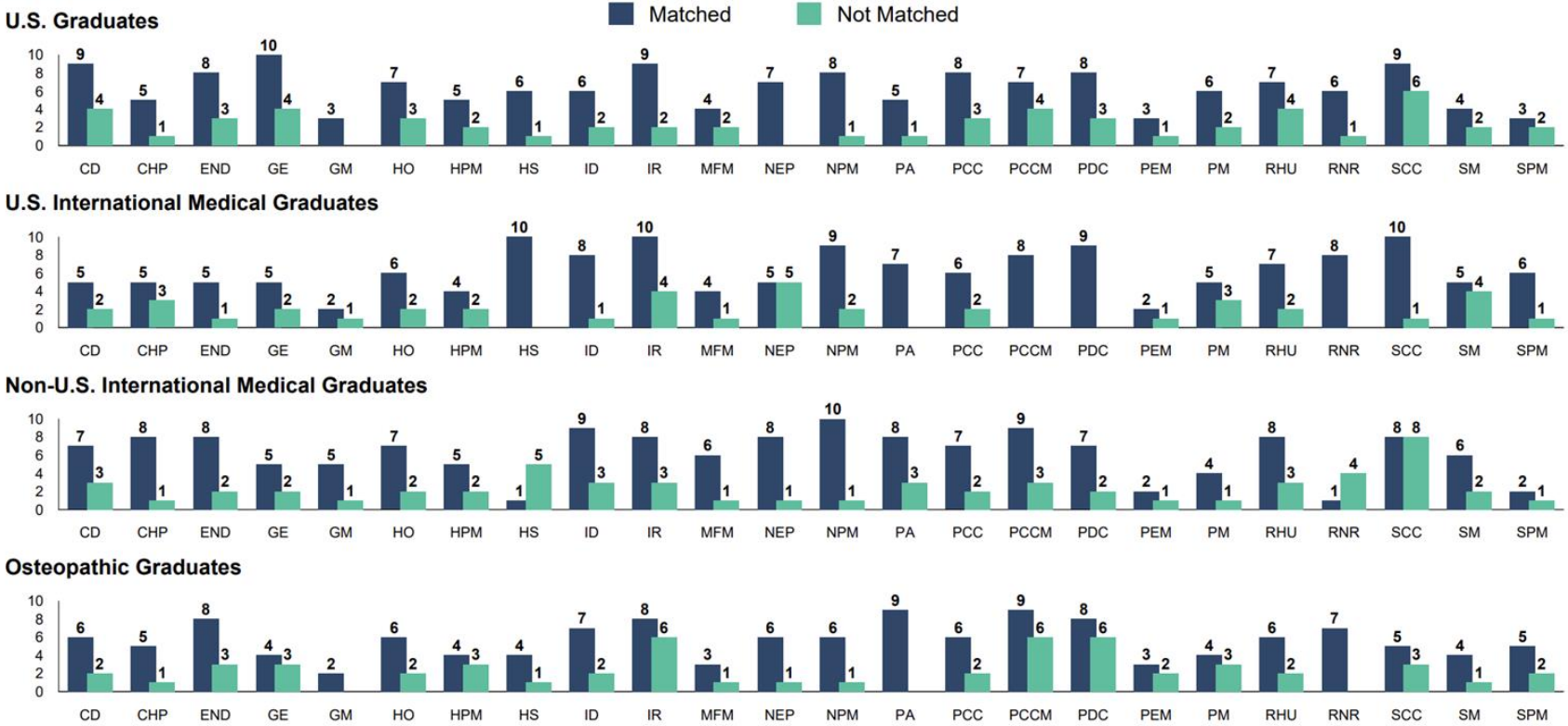
Source: NRMP Data Warehouse

CD	Cardiovascular Disease	HO	Hematology and Oncology	MFM	Maternal-Fetal Medicine	PCCM	Pediatric Critical Care Medicine	RNR	Neuroradiology
CHP	Child and Adolescent Psychiatry	HPM	Hospice and Palliative Med	NEP	Nephrology	PDC	Pediatric Cardiology	SCC	Surgical Critical Care
END	Endocrinology, Diabetes, and Metabolism	HS	Hand Surgery	NPM	Neonatal-Perinatal Medicine	PEM	Pediatric Emergency Medicine	SM	Sleep Medicine
GE	Gastroenterology	ID	Infectious Disease	PA	Pediatric Anesthesiology	PM	Pain Medicine	SPM	Sports Medicine
GM	Geriatric Medicine	IR	Interventional Radiology	PCC	Pulmonary Disease and Critical Care Med	RHU	Rheumatology		

Chart 4

Median Number of Contiguous Ranks

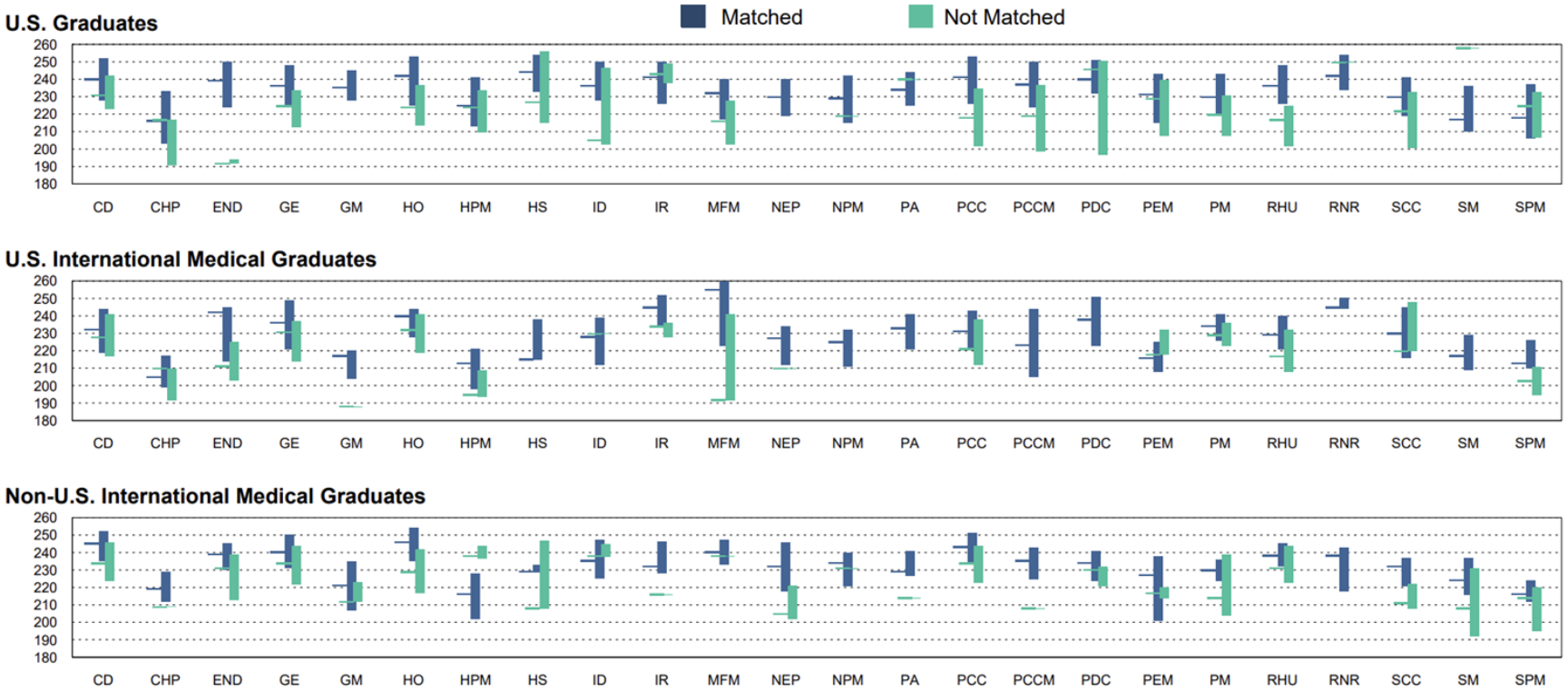
by Preferred Specialty, Applicant Type, and Match Status



Source: NRMP Data Warehouse

CD	Cardiovascular Disease	HO	Hematology and Oncology	MFM	Maternal-Fetal Medicine	PCCM	Pediatric Critical Care Medicine	RNR	Neuroradiology
CHP	Child and Adolescent Psychiatry	HPM	Hospice and Palliative Med	NEP	Nephrology	PDC	Pediatric Cardiology	SCC	Surgical Critical Care
END	Endocrinology, Diabetes, and Metabolism	HS	Hand Surgery	NPM	Neonatal-Perinatal Medicine	PEM	Pediatric Emergency Medicine	SM	Sleep Medicine
GE	Gastroenterology	ID	Infectious Disease	PA	Pediatric Anesthesiology	PM	Pain Medicine	SPM	Sports Medicine
GM	Geriatric Medicine	IR	Interventional Radiology	PCC	Pulmonary Disease and Critical Care Med	RHU	Rheumatology		

Chart 6 USMLE Step 1 Scores of Matched Applicants
by Preferred Specialty and Applicant Type



Source: NRMP Data Warehouse

CD	Cardiovascular Disease	HO	Hematology and Oncology	MFM	Maternal-Fetal Medicine	PCCM	Pediatric Critical Care Medicine	RNR	Neuroradiology
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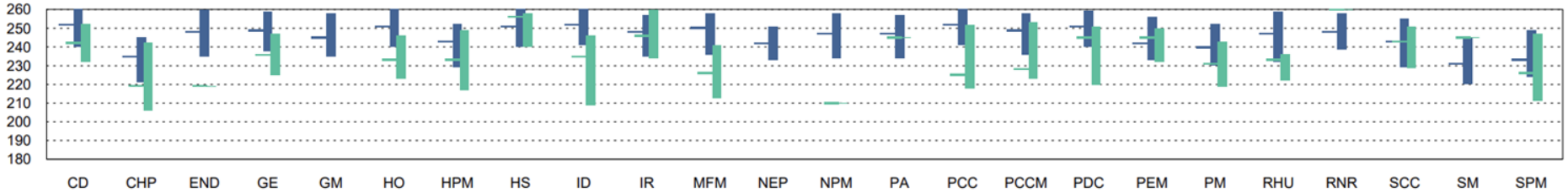
GE	Gastroenterology	ID	Infectious Disease	PA	Pediatric Anesthesiology	PM	Pain Medicine	SPM	Sports Medicine
GM	Geriatric Medicine	IR	Interventional Radiology	PCC	Pulmonary Disease and Critical Care Med	RHU	Rheumatology		

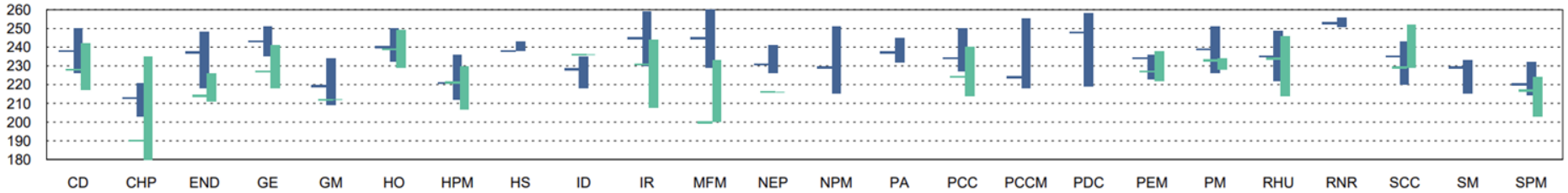
Chart 7

USMLE Step 2 CK Scores of Matched Applicants
by Preferred Specialty and Applicant Type

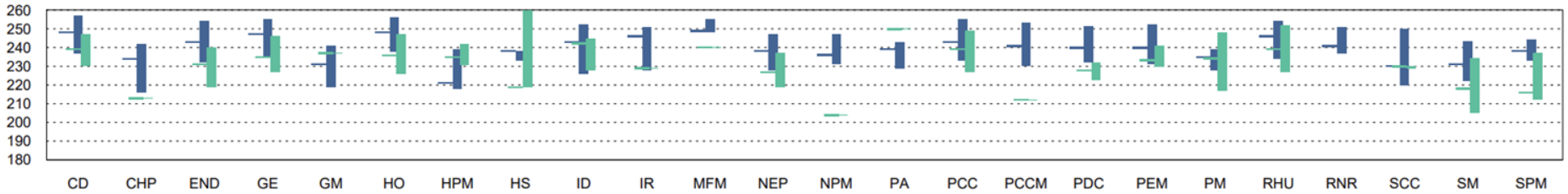
U.S. Graduates



U.S. International Medical Graduates



Non-U.S. International Medical Graduates

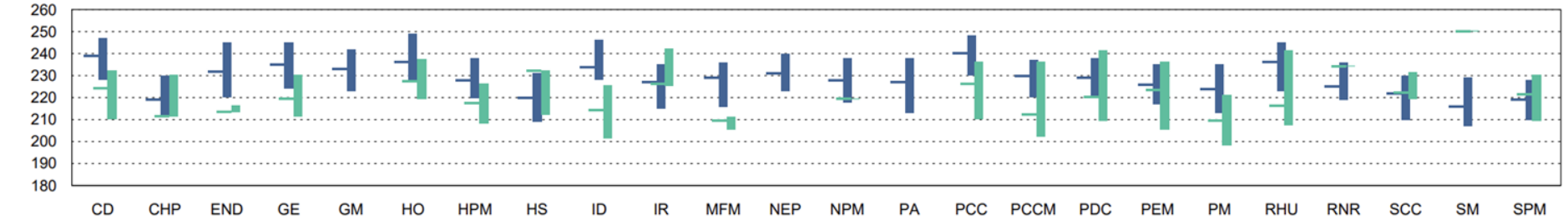


Source: NRMP Data Warehouse

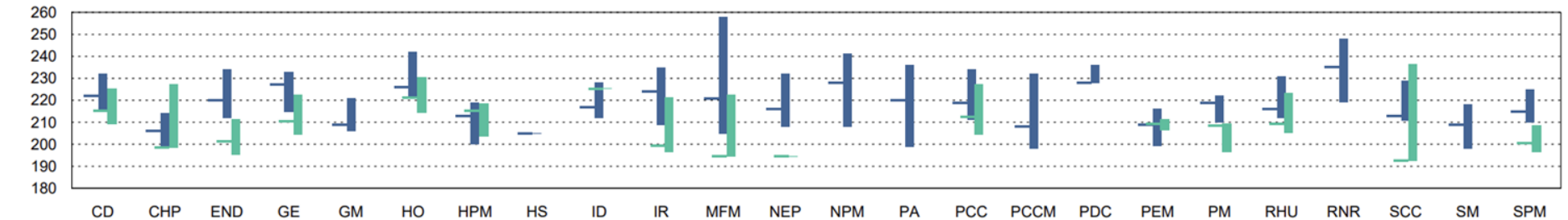
Chart 8 USMLE Step 3 Scores of Matched Applicants

by Preferred Specialty and Applicant Type

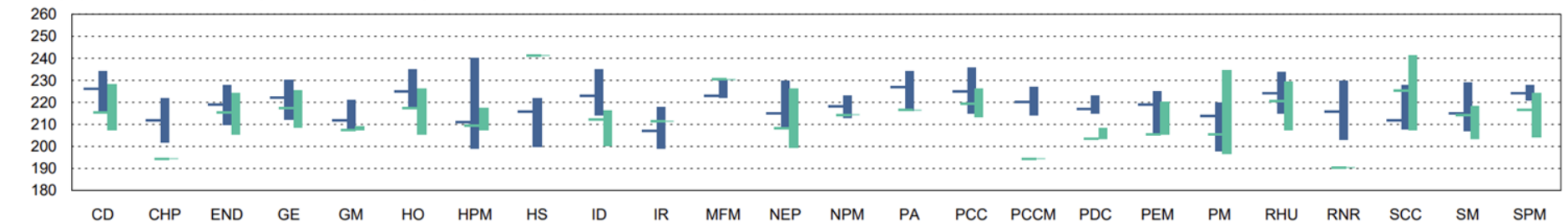
U.S. Graduates



U.S. International Medical Graduates



Non-U.S. International Medical Graduates

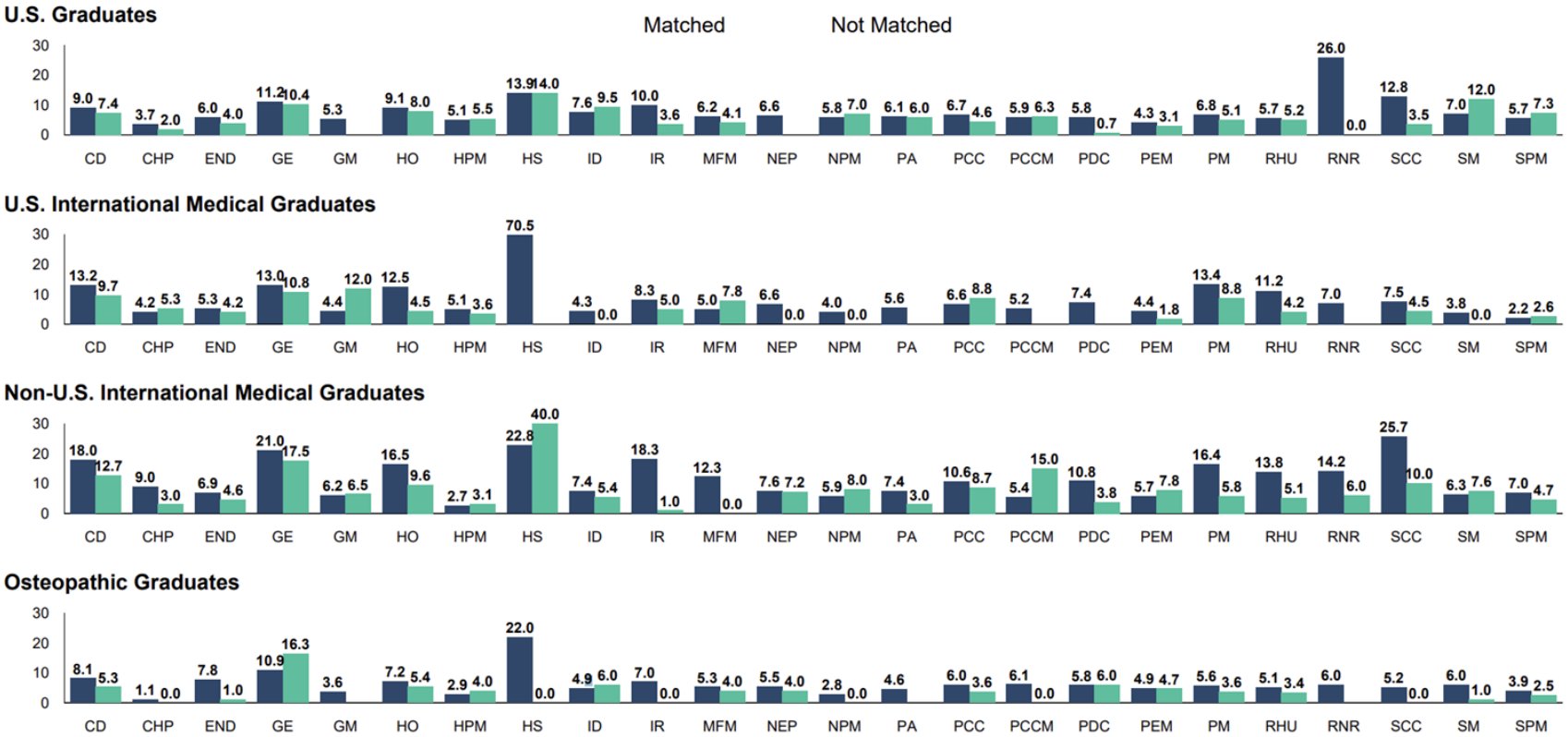


Source: NRMP Data Warehouse

Chart 10

Mean Number of Abstracts, Presentations, and Publications After Last Degree

by Preferred Specialty, Applicant Type, and Match Status



Source: NRMP Data Warehouse

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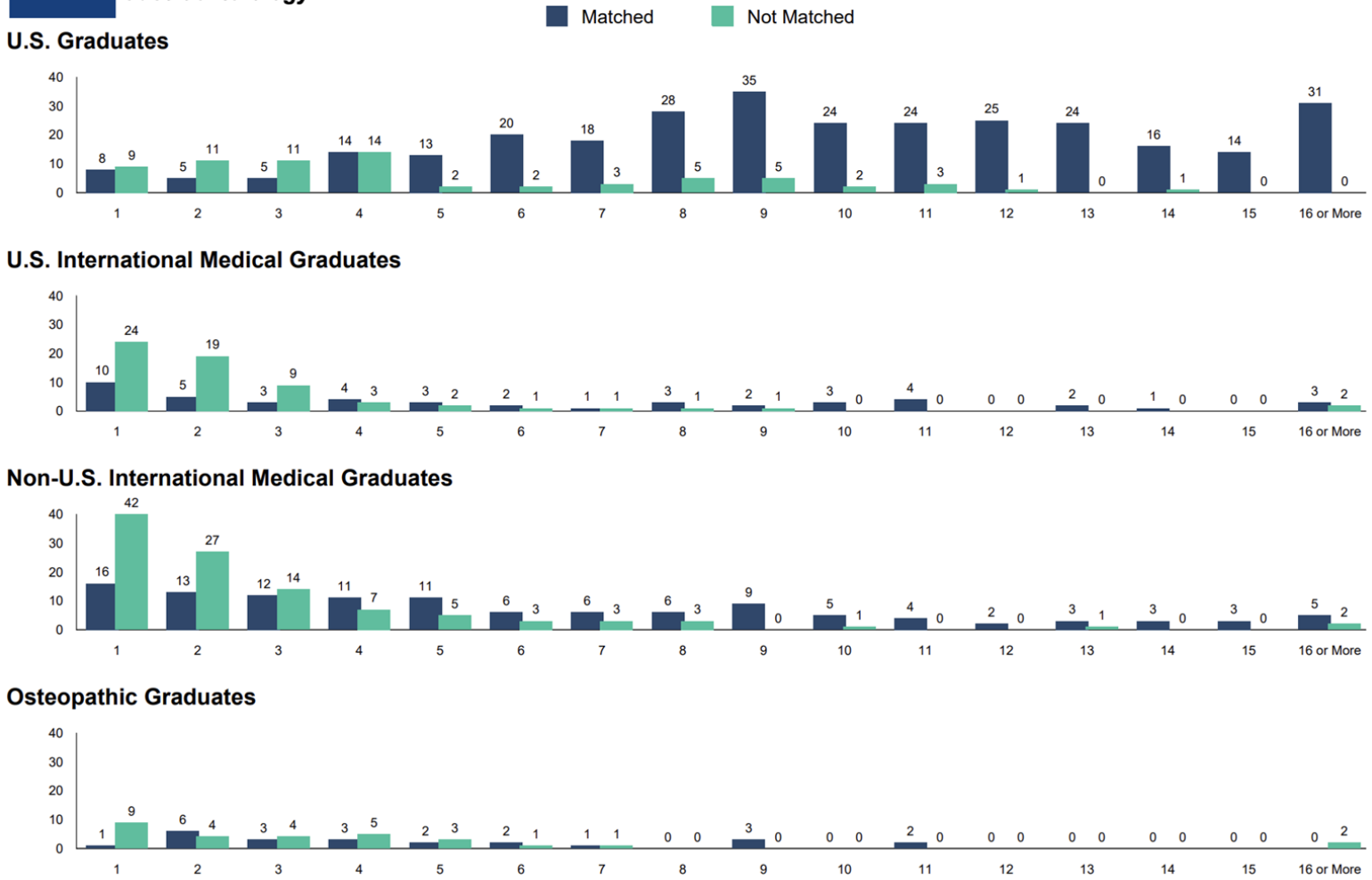
GM	Geriatric Medicine	IR	Interventional Radiology	PCC	Pulmonary Disease and Critical Care Med	RHU	Rheumatology		

Chart-1 **Number of Contiguous Ranks Within Preferred Specialty**

Gastroenterology



U.S. Graduates

U.S. International Medical Graduates

Non-U.S. International Medical Graduates

Osteopathic Graduates

Graph-1 **Probability of Matching to Preferred Specialty by Number of Contiguous Ranks**
Gastroenterology

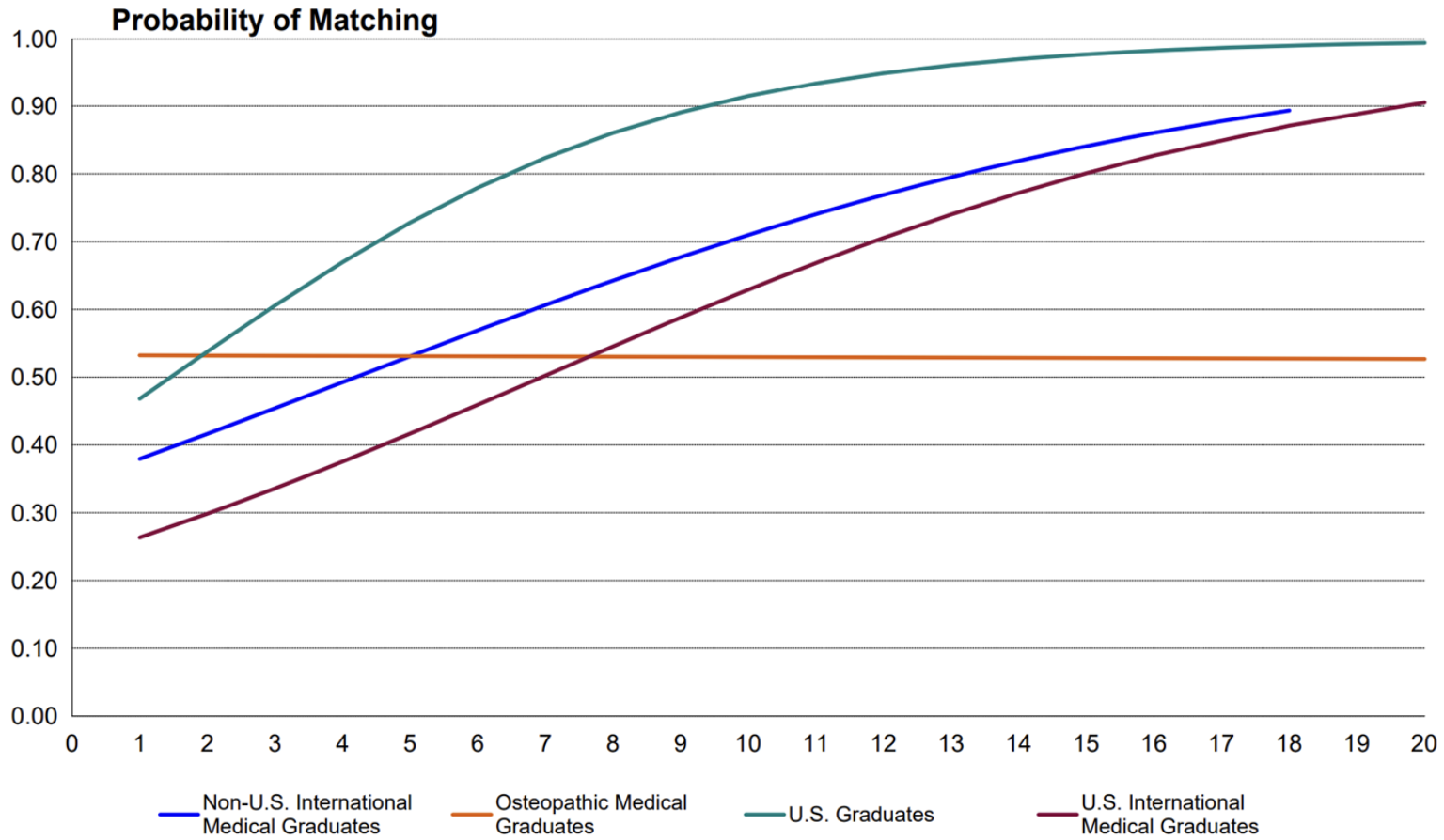
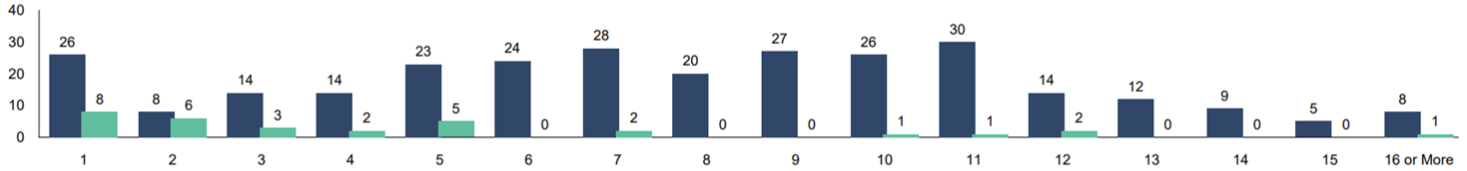


Chart-1 Number of Contiguous Ranks Within Preferred Specialty

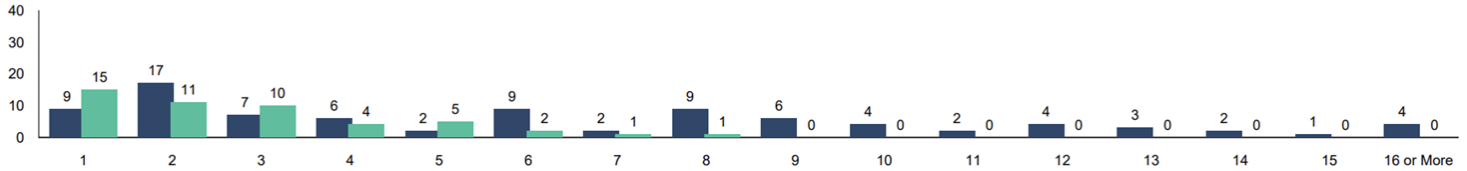
Pulmonary Disease and Critical Care Medicine

Matched Not Matched

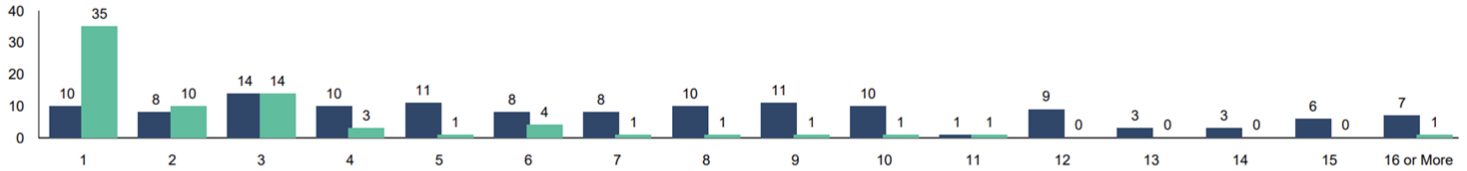
U.S. Graduates



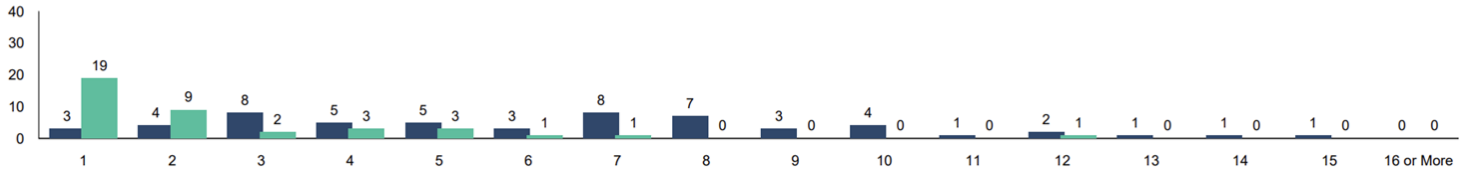
U.S. International Medical Graduates



Non-U.S. International Medical Graduates

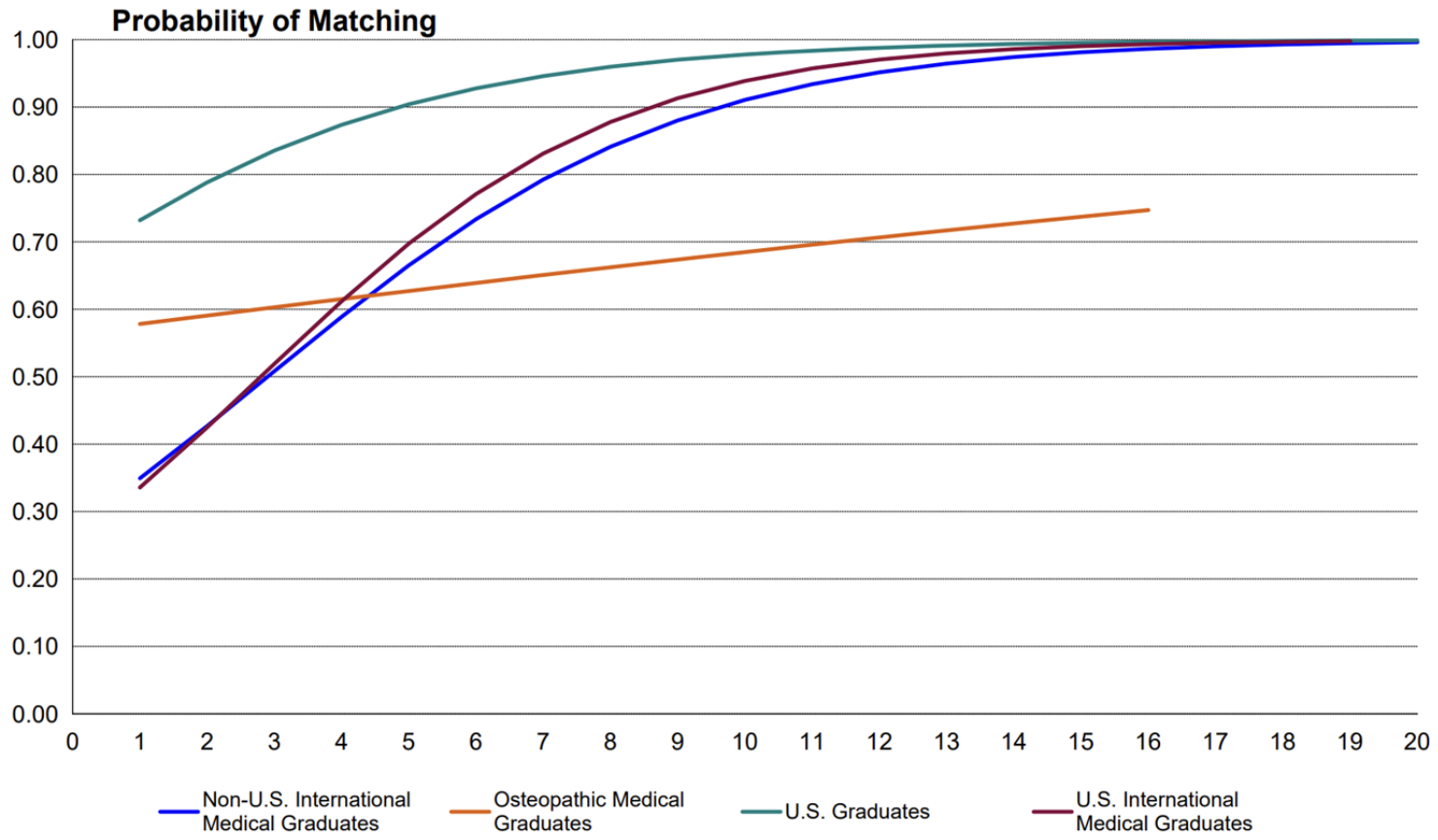


Osteopathic Graduates



Graph-1 **Probability of Matching to Preferred Specialty by Number of Contiguous Ranks**

Pulmonary Disease and Critical Care Medicine



Graph-2 **Probability of Matching to Preferred Specialty by USMLE Step 1 Score**

Pulmonary Disease and Critical Care Medicine

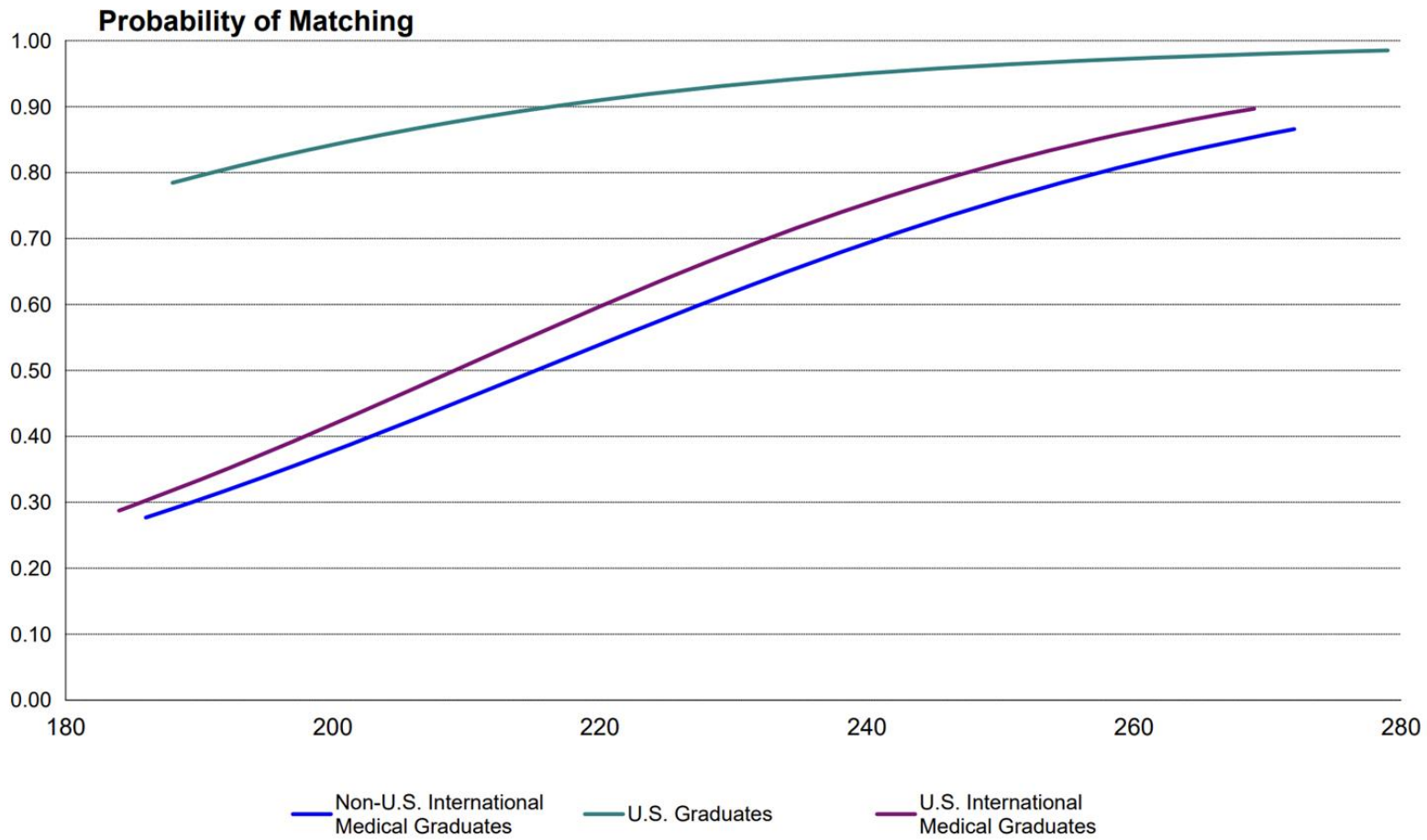
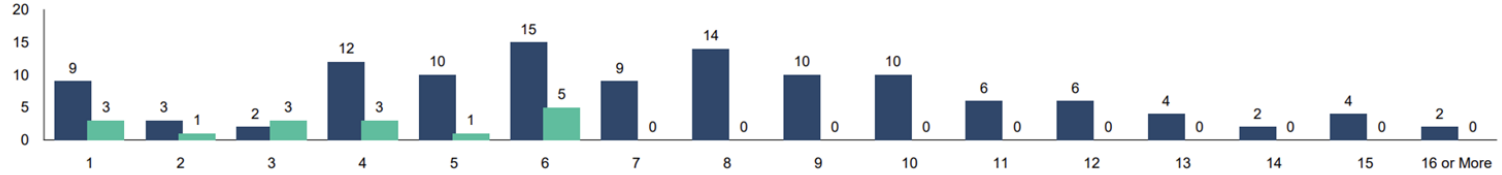


Chart-1 Number of Contiguous Ranks Within Preferred Specialty

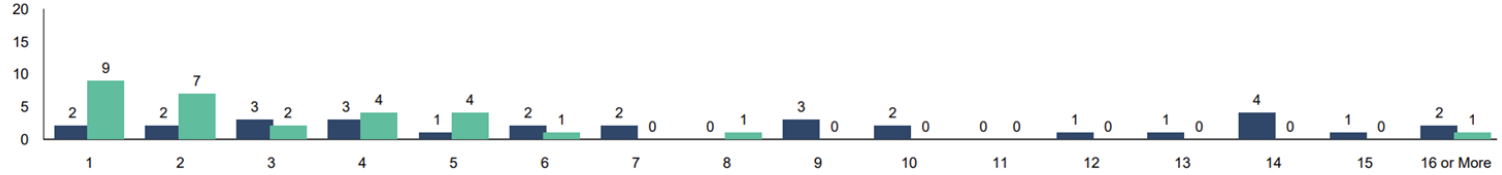
Rheumatology

Matched Not Matched

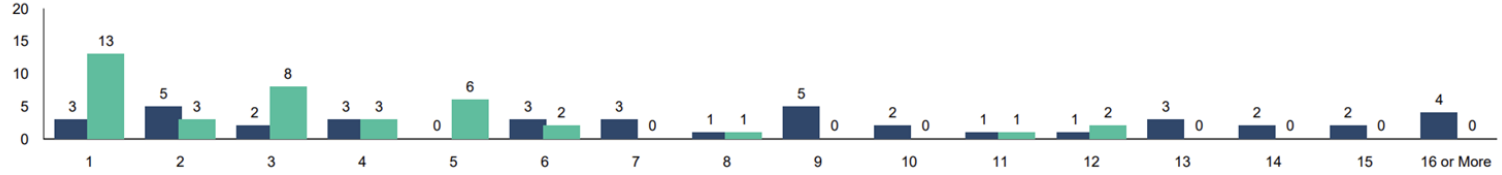
U.S. Graduates



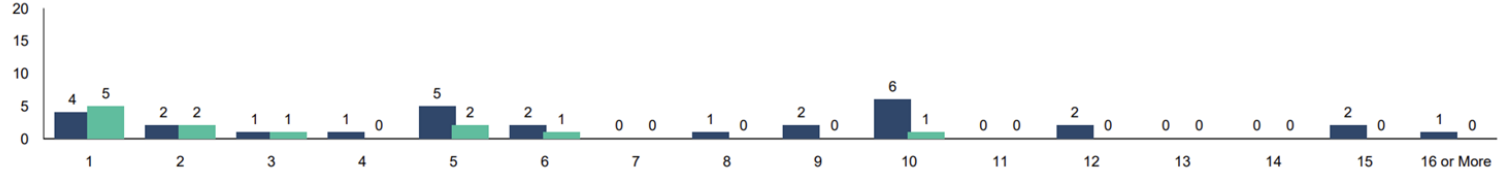
U.S. International Medical Graduates



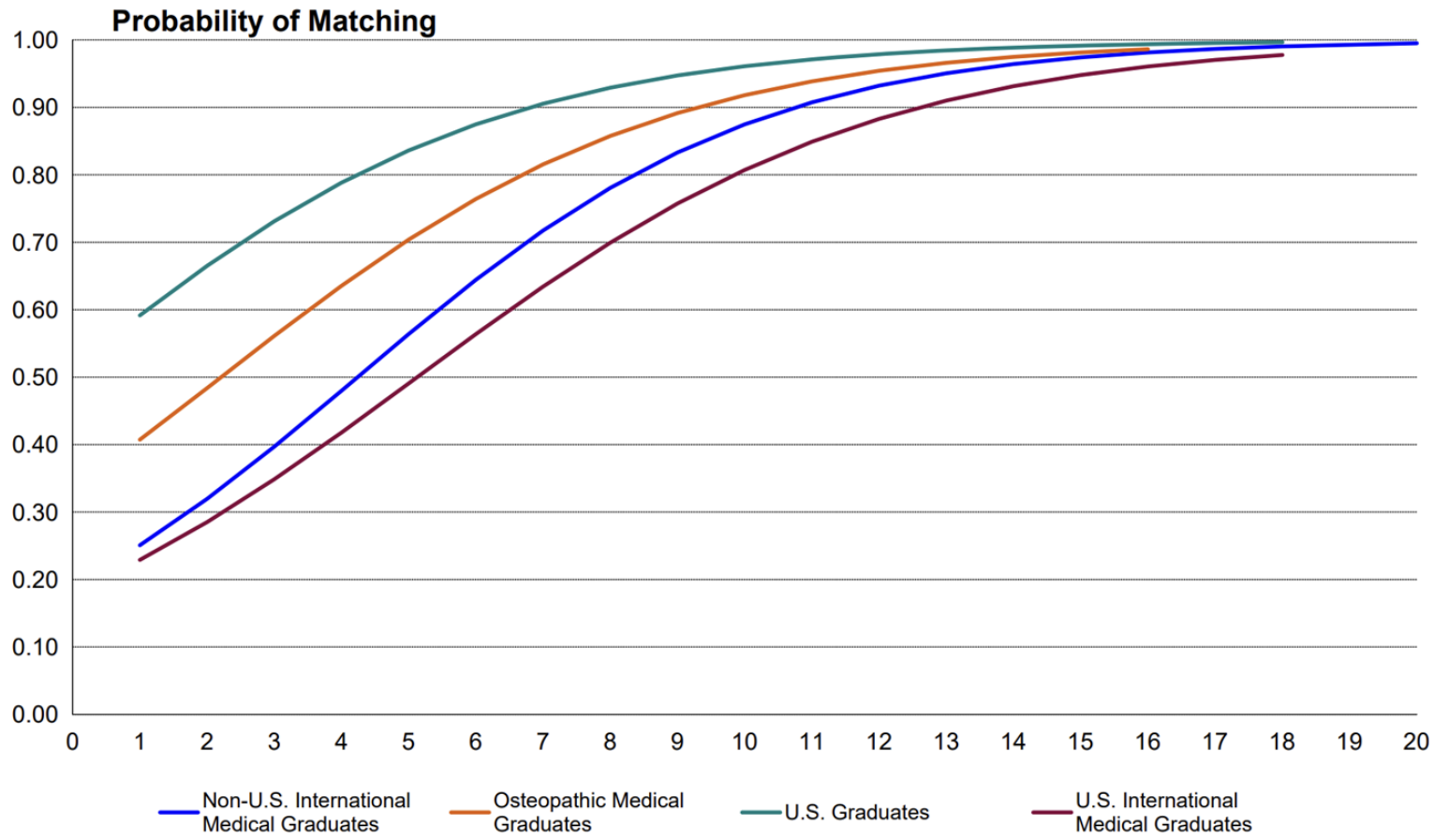
Non-U.S. International Medical Graduates



Osteopathic Graduates

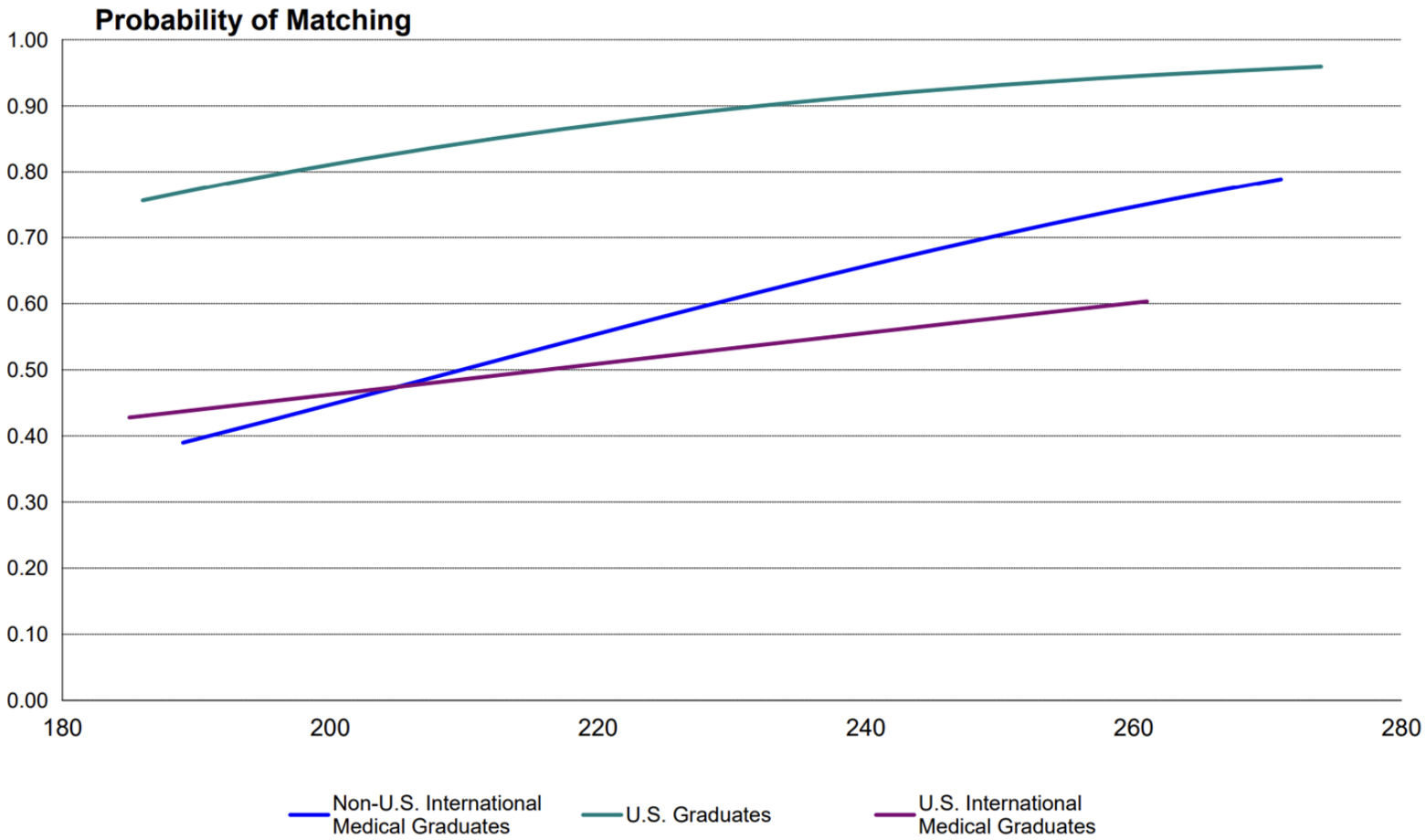


Graph-1 **Probability of Matching to Preferred Specialty by Number of Contiguous Ranks**
Rheumatology



Graph-2 **Probability of Matching to Preferred Specialty by USMLE Step 1 Score**

Rheumatology



Assessing Your Competitiveness

How many programs should I apply to?

- As many as possible.
- I applied to 100. All Texas, All Florida, + all reaches in desirable geographic location.
- All programs if you are not very competitive.

Which programs should I apply to?

- Prioritize Texas + where you trained in medical school + Home state.

How many interviews should I attend?

- All of them until you have hit ~10 interviews.

Can I defer any interviews or not rank programs I interview at?

- Congratulations if you get to ask yourself this question.

Pre-Interview Correspondence

Accepting Interviews

- Accept all interviews
- Respond as soon as possible. Leave rounds, conference, meetings to respond to these emails if you need to.
- Follow directions in the emails very carefully, make sure there are no typos in your responding emails. This is the start of your interview!
- Schedule as many interviews as you can.
- Do not cancel interviews late(~10 days was my cut off), PD’s talk to each other.

Pre-Interview Correspondence

Contacting programs if you don’t get an interview

- Write a cover letter to them about 1-2 weeks after apps go out
  - Format: one page maximum, why you are interested in the program/connections you have to it + short elevator speech about yourself.
  - this worked for me *I think* 3 IVs /10 cover letters
  - Wait until at least mid August.
- Talk to your mentors and network once IVs start going out.
  - Them reaching out holds more weight than you reaching out.
  - This worked for me 5/9 interviews I had a connection (2 personal + 3 professional)
- +/- A program that gives you an interview these ways is less likely to rank you to match.

Pre-Interview Preparation

1. Know yourself

- Write answers to common questions.
- Write a short summary of all of your research and experiences
- Be prepared to explain the findings of your research
- Review these notes prior to interviews.

2. Know the program
- 1. FREIDA , 2. American Hospital Directory, 3. Their website.
- Take notes on the information available on the internet + Bring these with you to during the interview day if it is virtual.
- Prep questions for 1. Your faculty interviews 2. The fellows breakout sessions

Prepping Interviews: Know yourself

1	**Common Question Answers**
2	**Why do you want to be a cardiologist**
3	I really enjoy getting to think deeply about physiology and make data driven clinical decisions. I like that there is a high quality and large quanity of clinical evidence availible in cardiology and our clinical practice is actively changing. I like this as it constantly gives me new things to learn and to teach, and to research. I like that there is high quality imaging available to us as cardiology and we can collect a plethora of clinical data in real time to make clinical decisions. I find cardiac imaging fascinating and would hope to work and research within this field. But I also like the power of our preventative medicine and counseling that reallys impacts our patients long term. I like that our patients can get better and we can often fix what is wrong with them with medical, procedural or surgical management. I also find the cardiovascular system to be academically satisfying and find learning about it to be a pleasure.
4	**What kind of cardiology do you want to do**
5	My ultimate goal within cardiology is to teach. my five year goal is to become an academic clinician who is able to spend some time performing clinical research. I have strong research interests in the effects of age and obesity on the cardiovascular system and how training can influence these effects on the cardiovascular system. I feel that a pursuing a subspecialty within cardiovascular imaging would complement these research interests well and it is my desired style of clinical practice which would be a blend of academic attending and research. within advanced imaging my research has primarily been based in echocardiography but i have received some education in analyzing magnetic resonance imaging and am actively working on MR based research. However, I am open to forming new areas of interest during my fellowship as I gain more exposure to various specialties.
6	**Tell me about yourself**
7	I am a south floridian native, born in miami and raised in broward county. I went to university of florida for undergraduate degree. I was a business major with a subspecialization in medicine. I went on to medica school at florida atlantic university. I left florida for internal medicine residency and am currently chief resident at Texas Health Dallas Presbyterian Hospital. I perform research at the Institute for Excerise and Environmental Medicine. Academically my research interests are in cardiovascular physiology, aging, training, echocardiography, magnetic resonance imaging, diastolic function and dysfunction, and the cardia extra cellular matrix.
8	**• What does your career look like in 5/10/15 years?**
9	In 5 years I hope to have completed my general cardiology fellowship and an advanced imaging fellowship. In ten years, I hope to have established myself as a clinician, educator and researcher. I'd like to be working in an academ environment that allows me to spend time teaching, researching and providing patient care throughout the day. I hope to have continued to research cardiovascular adaptations to aging. In 15 years I hope to be working in a setting where I have a mixed practice where I spend time counseling people about training with heart disease, cardiac rehab, and training as a preventative measure for cardiac health.
10	**What ratio of research to clinical work is ideal for you?**
11	My ideal split is likely 2/4ths clinical/academic (staffing inpatient consults with fellows and residents) 1/4 clinic/outpatient, 1/4 strict research
12	**Why should we take you over everyone else here?**
13	I am very creative and will bring novel ideas to the educational and research environments of your institution. I am part scientist, part clinician, part teacher and part artist. I think that my research background in cardiac physiolog coming from the IEEM is very unique/rare and will serve as the basis for further research into the cardiac adaptations of aging and the effects of training in the elderly and obese populations

Prepping Interviews: Know yourself

	A	B	C	D	E	F
1	Project	Rank of importance / 18	Description of the Project	What did I do		
7	Periesophageal Vagal Nerve Injury: A Rare but Significant Complication of Percutaneous Catheter Ablation for Atrial Fibrillation. Journal of the American College of Cardiology, 75(11), 2696. Pub Status: Published.	6	This was a case presentation poster that I presented at ACC 2020. The case in short was a patient who had several years of gastroparesis of unclear source that was later diagnosed as likely 2/2 vagal nerve injury from her multiple cardiac ablations for atrial fibrillation. The take away is that because the vagal nerve has branches that enter the posterior left atrial wall when performing abalations for atrial fibrillation practicioners should be cognizant of this. Because of the rarity of this clinical entity there is not a well defined pathway of management but some practicioners suggest utilization of esophageal temperature monitoring, esophageal cooling techniques, and peri-procedure	my role in this study was performing the literature review and case review, developing the abstract, poster and presentating at ACC 2020.		
8	A Case of Giant Aortic Aneurysm Presenting with Dyspnea Due to Aortic Regurgitation Caused by Subacute Type A Dissection . Journal of the American College of Cardiology., 75(11), 3191. Pub Status: Published.	7	This was a case presentation poster that I presented at ACC 2020. The case in short was a patient who presented with a ascending aortic aneurysm of 9.3 cm in diameter caused by a type A dissection. The patietn underwent aortic replacement and aortic valve replacement. The big take away from this case report was that ascending aortic aneusysm need an individualized approach and that thoracic endovascular repair while an exciting new field does not have enough evidence to support its usage in such a large aneusym	my role in this study was performing the literature review and case review, developing the abstract, poster and presentating at ACC 2020.		
9	Non-traumatic Axillary Artery Pseudoaneurysm Presenting with Right Upper Extremity Paresthesia and Paralysis [Poster presented]. Texas Chapter of the American College of Physicians Annual Scientific Meeting. /Virtual, TX, USA.	8	this was a case presentation poster that I worked on with my PI Dr. Carter King. the case in short was a patient without any predisposing factors that presented with a non-traumatic axillary artery pseudoaneurysm. The aneusyms was massive measuring 5.5 x 5.4 x 5.3 cm. The patient underwent surgical repair of the aneusym as it was complicated by injury to the brachial pleux.	my role in this study was performing the literature review and case review, developing the abstract, poster and presentating at ACP 2020.		
	Bare Metal Stent Thrombosis Following		This was a case report that I worked on wtih a fellow resident Dr. Yogamaya Mantha, our first author, and Dr. Kenneth Saland and presented at ACC 2021. The case in short was a case of ACS managed with PCI complicated by instant in stent			

Prepping your Interviews: Plan your Questions

			FACULTY		
0900 CST-1000	**Attend morning report and overview of program**				
11-11:15	Swetal Patel sdpatel1586@gmail.com	https://www.unlv.edu/people/swetal-patel	UF undergrad. St Georges medical school UNLV for residency and general cardiology University of arkansas for interventional.	Looking back on your time at UNLV what do you wish you knew about it prior to starting? What made you come back to UNLV for general cardiology and now as staff? What advice would you give a fellow newly starting at your program? Is there is a dedicated month of research each year. if so what is the general structure of the research month? Do you keep your same PI usually or do people move around? Can you take any electives, if so what would you recommend i take given that I want to do advanced imaging? Do the fellows take STEMI call if so how far do you have to live from the hospital?	Hello Dr. Patel, It was a pleasure interviewing at University modalities and culture of imaging at UNLV. I was excited to hear how much you have e impressed with the clinical and research op fellow. Thank you for your time and conside Best Regards, Kevin Tayon PGYIII & Chief Resident Texas Health Dallas Internal Medicine Resi P.S. GO GATORS!
11:45-12	Tillmann Cyrus, MD MB tillmann.cyrus@unlv.edu	https://www.doximity.com/profiles/7d74f05d-ba03-4170-8e25-a4b45e1e3dea/view	Adult Congenital Heart Disease, Interventional Cardiology, Cardiothoracic Imaging, Cardiac Critical Care Chief of Cardiology, VA Southern Nevada Health Care, Las Vegas, NV Washington University Fellowship, Cardiovascular Disease, 2002 - 2006 University of Pennsylvania Health System University of Pennsylvania Health System Residency, Internal Medicine, 2000 - 2002 Johannes Gutenberg University of Mainz Faculty of Medicine Johannes Gutenberg University of Mainz Faculty of Medicine Class of 1994	What is the role of the fellow within the interventional and vascular labs? How does this change over time? Who typically reads the cardiac CT and MRI at the VA? Who typically does the TEE for the structural cases at the VA?	Hello Dr. Cyrus, It was a pleasure interviewing at University discussed during our interview as it was an insight into the imaging department culture. fabulous faculty such as yourself and are e Best Regards, Kevin Tayon

Prepping your Interviews: Prep your Questions

Faculty Questions	Fellow Questions
Is there an opportunity to achieve cocats III training in ECHO?	Do you have a continuity clinic? Who covers your continuity clinic patients when you are on the busier inpatient services like CCU? What about when on PTO?
What CoCats level of training will we get in CT and MRI	Where do you guys in general live? Do you have to live a certain distance from the hospital?
	How is the food? Where is the best spot for coffee?
	What is the call schedule like? Do you have to take STEMI call?
I saw that fellows are encouraged to spearhead their own projects, I am interested in continuing to do research on the effects of training on the elderly population and in patients with heart failure with preserved ejection. Do you think FAU has the necessary facilities to do such research. Do we have a cardiopulmonary exercise training lab?	What is the volume on the imaging rotations like?
	What is the typical role of the fellow in procedures? specifically Interventional and structural?
	How much interaction do you have with the medical residents? I see that some of them will rotate at delray? is there an ooportunity to mentor them and do research? Can you do presentations at the medical school or for the residency?
Who tends to read the imaging studies at FAU? is that more radiology or cardiology? What is the situation with cardiac CT, MRI, PET etc?	What do you think is the greatest strength and weakness of your program?
	What do you think is something unique or rare about your program that makes it stand out to you?
	What kind of clinical setting and specialties do you feel your program is exceptional at preparing your fellows for?
Who does the TEE for the structural cases is that cardiology or anesthesiology?	What is the expected volume of patients on the general cardiac wards or critical care service?
What is the typical process of establishing academic and research mentors?	
At presbyterian we each give 6 lectures a year which i really enjoy because I learn so much from developing the lecture and presenting it. What is the ratio of lectures given by fellows vs faculty? Is there an opportunity for fellows to present at grand rounds?	

Prepping your Interviews: Have an Info Cheat Sheet

FACILITY	PROGRAM	
University of Texas Health Science Center San Antonio, Joe and Teresa Lozano Long School of Medicine Program	**Program and Work Schedule**	**Rotations**
Split amongst three different hospitals 1. University Hospital - Level 1 trauma with multiple organ transplant but not cardio - Major teaching hospital - 650 staffed beds - 375 medicare cardio beds, 175 medicare CTSx beds, 1074 medicine medicare beds per year - Cath, cardiac rehab, CTSx, carotid stenting, PCI, vascular surgery and intervention. - Number of interns and Residents = 480 FTEs - 3/5 stars patient rating. 2. Methodist healthcare - MASSIVE 1665 beds - 2745 cardio beds/yr, 1600 CTSx beds/yr, 5600 medicine beds/yr. - Number of interns and Residents = 62 FTEs. - Cath, cardiac rehab, CTSx, carotid stenting, PCI, vascular surgery and intervention, EP, and heart transplant - Heart Failure & Cardiac Transplantation rotation at Methodist Hospital that is incorporated into our Block rotation for PGY-5 and PGY-6 Fellows - Fellows have an incredible opportunity to participate in the care of end stage heart failure patients; includes exposure to the work up, placement, and management of LVAD devices, ECMO, and heart transplants. 3. VA 7th largest VA teaching center	- 4 week block scheduling - Night float rotations and rotating weekend on call rotations in the critical care unit gives fellows adequate clinical experience while allowing them sufficient time off - Pre-set admission limits are strictly enforced at both hospitals. - Clinical training comprises at least 24 months of the fellowship - Continuity clinic at UT medical arts and research center - 15 days paid leave plus 10 days sick leave. - PGY4 salary $60,600 - Employee share costs of insurance for medicine, but employer pay life insurance and disability insurance; no assistance for dental - Host social events for fellows including museum and theatre nights, fellowship retreats, bowling/game nights - Many fellows go to private practice + sub-specialize (they specifically mention heart failure, EP and interventional) + academic career **Teaching Philosophy** "The primary goal of our fellowship program is to train excellent clinical cardiologists with broad-based experience and procedural skills." - To train cardiologists to excel in patient care and scholarly activity. - To provide mentorship and support to fellows in their personal	PGY 4 - 2 months Coronary Care Unit (UHS & VA) - 2 months Consultation Services (UHS & VA) - Noninvasive Cardiac Evaluation: - 2 months Echocardiography Laboratory (UHS) - 1 month Graphics Laboratory (includes exercise stress testing, ECG interpretation, ambulatory ECG recording, and nuclear cardiology) - 2 months Cardiac Catheterization Laboratory (UHS) - 1 month Electrophysiology - 1 month Elective - 1 month Night Float (PGY-4 & PGY-5 only) - Outpatient Clinics: rotating weekly at MARC & VAH PGY5 - 1 month Coronary Care Unit (VAH) - Noninvasive Cardiac Evaluation: - 2 months Echocardiography Laboratory (VAH) - 3 months Graphics Laboratory (includes exercise stress testing, ECG interpretation, ambulatory ECG recording, and nuclear cardiology) - 2 months Cardiac Catheterization Laboratory (UHS & VAH) - 1 month Electrophysiology - 2 months Elective (includes CHF) - 1 month Night Float (PGY-4 & PGY-5 only) - Outpatient Clinics: rotating weekly at MARC & VAH PGY6 - 2 months Coronary Care Unit (UHS) - Noninvasive Cardiac Evaluation: - 3 months Echocardiography Laboratory (VAH) - 1 month Graphics Laboratory (includes exercise stress testing,

Interview Day

General Advice

- Be positive and polite
- Ask questions but share the speaking time.
- Show interest in the program
- Be on time. Minimize interruptions.
- Get a ring light and plan your background if virtual.
- Be prepared for 2-10+ interviews. (Usually on 15-20 min each).
- Pick who you are and run with it. People like "I am interested in *** tell me more about that" much more than "I am still figuring it out".
- Make sure your expressed goals line up with the program’s strengths or areas they want to grow.

Interview Day

Common Interview Questions (worth preparing for)

- Why did you decide on a career in _____?
- What does your career look like in 5/10/15 years?
- What percentage of research to clinical work is ideal for you?
- Tell me about yourself
- Why should we take you over everyone else here?
- What do you do outside of medicine?
- Tell me your greatest strength and greatest weakness?
- Tell me about a time you overcame adversity
- What book or historical figure has influenced you the most?
- What is your most significant achievement?
- What is a time you made a mistake and how did you handle it/what did you learn from it?
- What do you plan on doing if you don’t match?

Interview Day

Behavioral Questions (Rare +/- worth preparing for)

- Designed to put you on the spot and think through a situation. They want to see if you are going to break and be unprofessional or frazzled.
- Take your time prior to answering.
- Try to tie in one of your strengths into the answer
- Think about a few situations prior to attending interviews
- Time when you didn’t agree with an attending
- What is your greatest frustration with medicine or residency
- How would you deal with an attending that committed malpractice?
- *** In my opinion this interview style is a huge program red flag.

Interview Day

Clinical Scenarios (Rare and not worth preparing for)

- In cardio e.g. You have a 65 year old chest pain pt who walks into your ED. What is your next step vs. Look at this EKG.
- Designed to put you on the spot and think through a situation. They want to see if you are going to break and be unprofessional or frazzled.
- Take your time prior to answering.
- Designed to screen for applicants who struggle with clinical skills.
- *** In my opinion this interview style is a huge program red flag.

Types of Interviews

Modify your questions based on who you are interviewing

- PD + Core Faculty
  - Do ask where they see the program in 5 years or what types of applicants are successful.
  - Do not ask what the benefits are like.
- Peripheral Faculty
  - Do ask about their specific field of work.
  - Do not ask broad strokes questions about the program
- Fellows
  - Do ask about quality of life and about the faculty.
  - Do not ask things you can find on the website.

Immediately Post Interview Correspondence

- Send thank you notes within 1-2 days to program coordinator and everyone who interviewed you.
- Emails a, make them short.
- 5-7 sentences total
- Include 1-2 sentences that was unique to that particular person.
- Use templates to make this more efficient
- +/- Drop a phrase about ranking them. DO NOT ESTABLISH A NUMBER ONE.

Correspondence after Establishing a Number One Program

- Once rank lists have been completed send a love letter to the program you ranked number one to tell them you did.
- Try to set up a phone call with the PD.
- Pick one mentor to reach out to the PD of your number one program (For me this was Dr. Harper)
- You may or not receive emails or get asked to follow up via call from programs who are interested in you. BUT DO NOT TELL THEM THEY ARE YOUR NUMBER ONE IF THEY AREN'T

How Does the Match Algorithm Work?

Put your programs in order of actual preference: Rank your reach programs first, then your tier, then safety programs.

Ranking programs higher does not make you more likely to match at them

https://www.youtube.com/watch?v=kvgfgGmemdA

Building your Rank List

Discuss your list with everyone willing to listen except Student Doctor Network

Decide what is important to you and rank the programs in those features

I personally had three lists that I averaged.

1. Kevin's List 2. Ashley's List 3. Jackie's List

		1	2	3	4 or more
Percent chance of getting each choice for all types applicants combined in Cardiology		45.30%	15.74%	11.32%	27.64%

Our 10 Year Match List (Is Really Good)

- Allergy Immunology
  - University of Texas Southwestern Medical Center, Dallas, Texas
- Cardiology
  - University of Texas Health Science Center - San Antonio, Texas x3
  - Baylor Scott and White, Plano, Texas
  - Virginia Commonwealth University Health System, Virginia
  - Ascension Providence Hospital, Michigan
- Gastroenterology
  - Baylor University Medical Center Dallas, Texas
- Endocrinology
  - UT Health Science Center at Houston, Texas
  - Baylor Scott and White, Temple, Texas
  - Washington University at Barnes Jewish Hospital
- Nephrology
  - Baylor University Medical Center, Dallas, Texas x 3
  - Baylor Scott and White, Temple, Texas x3
  - LSU Health Shreveport, Louisiana
  - Medical University of South Carolina, Charleston, South Carolina
  - University of Texas Health Science Center - Houston
- Hematology Oncology
  - UT Health Science Center at Houston, Texas
  - Mayo Clinic, Florida
  - University of Tennessee Health Science Center, Memphis, TN
  - Baylor College of Medicine Houston, Texas
  - Baylor Scott and White, Temple, Texas
  - Emory University School of Medicine, Atlanta, Georgia

Our 10 Year Match List (Is Really Good)

- Infectious Disease
  - UCLA David Geffen School of Medicine, California
- Pulmonary/Critical Care
  - University of Texas Health Science Center - San Antonio, Texas
- Rheumatology
  - University of Texas Health Science Center - San Antonio, Texas
  - University of Texas Southwestern Medical Center, Dallas, Texas

Reach out to Dr. Patel about who went where and help your make contact.

After the Match Expenses

Summary Of PGY III Expenses/Post Match Expenses

ABIM Exam Registration $1410

Illinois permanent License $700 (vary by state) vs Florida 555 vs Texas 469

DEA Number: Approximately $770

STEP III: $895

Summary Of PGY III Expenses/Post Match Expenses

Job interview and fellowship interview costs – big variability in terms of # of programs, local/non-local, hotels, etc

Because my season was virtual I spent 0 dollars

Important Links/Resources

1. NRMP Results and Data Specialties Matching Service, 2021 Appointment Year (PDF, 161 pages), a report summarizing all fellowship Matches in the NRMP's Specialties Matching Service.
2. Specialty Match Program Results 2017-2021 (PDF, 152 pages), Where you can find which programs did not fill.
3. Charting Outcomes in The Match: Specialties Matching Service®, Appointment Year 2018 (PDF, 405 pages), a report examining the characteristics of applicants who matched to their preferred specialties in select 2018 appointment year Matches in NRMP's Specialties Matching Service.
4. Results of the 2016 NRMP Specialties Matching Service Program Director Survey (PDF, 428 pages) This report examines the factors fellowship program directors use to select applicants to interview and rank. Data on 46 specialties with 10 or more responses are included in the report.
5. How the Match works video
6. Fellowship Application Timeline from U Chicago Chiefs
7. U Colorado / MD Anderson Guide to the CV