

# AMSER GUIDE TO APPLYING FOR RADIOLOGY RESIDENCY

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**Updated with the latest statistics and information on DR and IR residency**

DEVELOPED AND EDITED BY

<sup>1</sup>Jim Chen, <sup>2</sup>Sravanthi Reddy, <sup>3</sup>Janet Neutze, <sup>4</sup>Andres Ayoob, William Randazzo, <sup>5</sup>Peter Harri, <sup>6</sup>Petra Lewis

WITH HELP AND INPUT FROM OTHER AMSER MEMBERS

*Our special thanks to Donna Magid for her inspiration in the form of “Apps of Steel”*

<sup>1</sup>PGY-6 Fellow, Brigham and Women’s Hospital

<sup>2</sup>Professor, Keck School of Medicine of USC

<sup>3</sup>Associate Professor, Penn State College of Medicine

<sup>4</sup>Associate Professor, University of Kentucky College of Medicine

<sup>5</sup>Assistant Professor, Emory University School of Medicine

<sup>6</sup>Professor, Geisel School of Medicine at Dartmouth

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## INTRODUCTION

This document is intended to give you guidance when considering or applying to a residency in radiology. It includes answers to the most common questions that advisors have been asked, as well as some “hard data” from the national websites. Some advice reflects personal opinion of the authors.

## WHY RADIOLOGY?

Students sometimes do not get exposure to radiology until their third or fourth year of medical school and so students may have a hard time deciding if this is the specialty choice for them. The following is general information about the specialty and the sort of personalities that tend to enjoy it as a profession.

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1. You can be a general or a multi-specialist radiologist, or specialize in one or more areas, e.g., neuroradiology, ultrasound, emergency radiology, body imaging, chest radiology, musculoskeletal radiology, breast imaging, women’s imaging, nuclear medicine, interventional radiology (IR), etc. Initial training in radiology is general – and area(s) of subspecialty training can be decided upon after several years in residency. In private practice, you will probably do general radiology, possibly with an emphasis, and in academic radiology, you will probably work in one area or only a few areas. IR is now a separate residency, but there is still opportunity for cross-over between IR and diagnostic radiology (DR).
2. Subspecialties vary as to their level of patient contact - from little to significant.
3. Subspecialties vary in regards to procedures vs. interpretation.
4. There are opportunities in even private practice for those who enjoy teaching and research, e.g., by being affiliated with or by volunteering at an academic center.
5. Radiology is evolving as new and improved modalities become available.
6. Radiologists are rarely bored – they deal with a wide variety of modalities and pathology.
7. Vacation and salary packages in radiology tend to be good, and it has been one of the higher-paid specialties. It is difficult to give a figure as it depends widely on the area of the country, years of service and private vs. academic practice. Vacation may range from 4-13 weeks.
8. Teleradiology gives some radiologists the ability to work from home.
9. Radiologists tend to be happier with their career choices than many other professionals.
10. There are opportunities to work and volunteer internationally.

### **What kind of people enjoy radiology?**

1. People who are “task-oriented” do well in radiology. Did you like to do problem sets in high school?
2. People who enjoy the consultative nature of the workday.
3. People who can make informed decisions and “move on” do well – we make many more “disease/not disease” decisions during a working day than most specialties.
4. People who enjoy puzzles and mysteries, and the problem solving, analytical nature of the profession.
5. The stereotype of the “visual learner” (although that includes most people!), but those who love anatomy, and seeing disease processes “in life.”
6. People who like surgical procedures but don’t want to be a surgeon (especially IR).

7. Technical/computer whizzes love the “cool toys” part of the job and the ability to produce spectacular images...but many of us aren’t computer geeks!
8. People who want to be able to work part-time, as radiologists generally do not have their own patients.
9. People to whom the patient interaction is not their primary focus in medicine. However, a radiologist does have to be a people-person as the radiologist is the “consultant’s consultant.” We also have significant patient contact in areas such as IR, fluoroscopy, and Women’s imaging.
10. People who don’t mind that other physicians “get the credit” for the diagnosis or treatment, especially from the patients. This is changing as there are more “radiology clinic” models where the patients talk to the radiologist about their studies.

## WHY NOT RADIOLOGY?

We know that radiology is not everyone’s cup of tea! Some aspects to consider:

1. Longer residency compared to primary care specialties. Almost all radiologists do a fellowship, which also adds training time.
2. More independent study time required than in most other specialties, where you learn "on the job" by direct patient interaction.
3. More study time required due to the breadth of knowledge required, i.e., all organ systems and diseases.
4. More study time required throughout career to keep up with new technologies and trends.  
(Are we seeing a pattern?)
5. Less patient interaction and follow up.  
  - BUT: specialties such as Women’s Imaging and IR have significant patient contact, and there is significant patient *impact*. And as noted above, “radiology clinics” are becoming more popular.
6. More physician consultation time – you may be interrupted often.
7. Need focused attention over extended periods of time to be able to read 50 head CTs or 100 chest x-rays.
8. Imaging is a large part of the cost of healthcare, so there may be decreases in reimbursement in future years, i.e., salary support.
9. Competition with other specialties regarding imaging.  
  - BUT: this tends to fluctuate over time.

## TIMELINE

The timeline illustrated below is an ideal guideline. Please realize that even if you decide as late as mid-summer, or even fall, in your 4th year of medical school that you wish to apply to a radiology residency program, it is not “too late.”

## FIRST YEAR OF MEDICAL SCHOOL

### GENERAL

- Job one: Study as hard as you did in college.
  - We can't underestimate the value of having a solid knowledge base... and doing well on USMLE Step 1 and/or COMLEX (for D.O. students).  
THE VALUE OF A GOOD STEP 1 SCORE CANNOT BE OVERSTATED.
  - You will have greater options – i.e., you won't be shut out any specialty.
- Be well-balanced:
  - Join student interest groups to learn about different fields. You aren't obligated to pursue a particular specialty just by checking it out.
  - Check into the availability of a Radiology Interest Group at your medical school. If there isn't an interest group, think about starting one.
  - Get involved with one volunteer/charity organization.
- Join professional societies from different specialties:
  - Many societies are free or have only a small membership fee for students.
  - Literature may help you decide on a specialty (“I don't mind reading articles on... all of my life”).
  - Good on residency application- “I was a member of the XXX since my 1<sup>st</sup> year of medical school.”  
e.g., Radiological Society of North America (RSNA), Association of University Radiologists (AUR)
- Get to know the field of radiology: (see “WHY NOT RADIOLOGY?” section)
  - Radiology is a consultation field that needs a deep and broad knowledge base, and has continually changing modalities and techniques. It is a field that requires a serious commitment to consistent studying to obtain skills and stay current.
  - Shadow radiologists and talk to residents to get to know the field. If there are radiology faculty advisors at your school, you can meet with them.

### SPRING

- If you're not involved in a research project already, begin to look for a project for the summer. Programs like to see that you have the discipline and interest to do research – and it does not have to be in the field you finally decide on. You also have a chance at the end of 3<sup>rd</sup> year to do research in the specialty you choose. A research project will:
  - Broaden your experience.
  - Develop opportunities to present at a conference or submit research for publication.
  - Help you work closely with a faculty member, who can write you a strong letter of recommendation. (see “LETTERS OF REFERENCE” section)
- Have a game plan for your research project.
  - Assess your interests, special skills, inclinations, and shortcomings.
  - Look for major radiology society national meetings: RSNA, AUR, ACR, SIR, etc.

- Approach a potential research mentor with a CV or summary of your experiences and skills.
- Exercise ingenuity and initiative in finding a project. Start early and be persistent.  
Pick your research mentor wisely: this is one of the most important factors in being productive.
  - ◆ Ask around for research opportunities and be persistent until you find one. If one doesn't work or the timeline doesn't seem right, consider pursuing another one. e.g., email the student director(s) in areas you are interested for suggestions. They often circulate emails to the department.
  - ◆ It may help to confirm that the attending you picked has been productive recently.
  - ◆ Do not expect the attendings to have menus of instantly available projects ready to go.
  - ◆ You may present your own ideas and ask for mentorship.
- Projects listed as "in progress" or "submitted" do not yet officially exist
  - ◆ Show initiative in finishing a project – try to set a goal with your mentor, such as an exhibit or presentation at a national conference, rather than vague "research."
  - ◆ Consider doing several projects, with different mentors, as you may not know which ones will be fruitful.

## SUMMER

- Do a research project over the summer – you can make your first contacts in radiology.
- If you have done a research project already (paper, exhibit), you may do something else that will strengthen your application, e.g., working abroad on a medical mission, volunteer work, charity work.
- **Summer Stipends** - there are multiple opportunities so apply for these.
  - Check with your Dean's Office.
  - Check with professional societies: e.g., RSNA, AUR, AMSER, Society Nuclear Medicine, NIH, etc.
  - This site is helpful to get ideas for Funding Opportunities for Short-Term Research: <http://www.med.upenn.edu/mdresearchchopps/>
- If you haven't done so, consider shadowing radiologists, in several specialties.
- Enjoy this summer - this is also a great time to travel and have fun.

## SECOND YEAR OF MEDICAL SCHOOL

### GENERAL

- Study hard. Grades and USMLE DO count!  
Set up a 6-month study schedule for USMLE STEP 1.
- Continue to be active in your interest groups and other extracurricular organizations.  
Become an officer of a group, e.g., the Radiology Interest Group.
- Continue your "summer" research or start another project.
- Schedule your 3<sup>rd</sup> year rotations.
  - Schedule early rotations in areas of your interest - to confirm or reject areas. But don't panic if you can't take it early or you don't have a 3<sup>rd</sup> year radiology rotation at your school.
  - If radiology is a 4<sup>th</sup> year rotation, to get exposure in radiology, you should:
    - ◆ Follow up your patients' radiological studies on other rotations.
    - ◆ Shadow radiologists/talk to radiology residents if you haven't done so already.
    - ◆ Stay involved with interest groups, if possible.

## HOW TO STUDY FOR STEP 1:

- Study hard during year 1 and year 2
  - Did we say “THE VALUE OF A GOOD STEP 1 SCORE CANNOT BE OVERSTATED?”
  - Doing well on STEP 1 lays a solid foundation for your clinical years.
  - January Year 2: Begin to review material from year 1, with your priority being to do well in class.
  - Once classes end in year 2, take 4-5 weeks for the intensive STEP 1 studying.
  - Take a few full exams – e.g., December of your 2<sup>nd</sup> year, after your 2<sup>nd</sup> year exams, a few weeks before the exams, etc., to assess where you are and what you should concentrate on.
  - For at least 3 weeks before the exam, go to bed early (e.g., 10p), wake up at 6a, take multiple sets of 1 hour exams – so you simulate the exam day and improve your endurance.
- **What to use for studying:**

Pick a few resources and stick to them.  
Use these while studying for the first and second year exams.  
For example:

  - Online question bank
    - ◆ USMLE World
  - National Board of Medical Examiners (NBME) website
    - ◆ Mini-tests that use real questions, which may appear on the real test
    - ◆ Timed and give you a score report – correlates well to end score
  - Rapid Review Pathology by Edward Goljan
  - First Aid for Step 1 - good review resource, but not enough material or detail

## THIRD YEAR OF MEDICAL SCHOOL

### GENERAL

- 3rd year rotations:
  - Radiology residencies look for excellent grades in the core rotations.
- How to do well in 3rd year:
  - Work and study hard to get honors, especially in medicine and surgery, if you can.
  - The grading system for year 3 is subjective. The grade is based on a combination of your evaluation and a “shelf” exam (multiple choice tests taken by all students nationally).
    - ◆ Always show up on time, be enthusiastic, offer to help, ask a lot of appropriate questions, and try to learn as much as you can.  
**Stand out from the crowd** - do more than “just pass.”
    - ◆ Study hard, like you did in years 1 and 2, for the “shelf” exams.
- Letters of Reference (see “Letters of Reference” section):
  - If you do well in a rotation, ask for a letter right away so your attending still has details fresh in their minds and will be able to write a more personal letter. It’s best if they offer an unsolicited letter, but at any rate, ask if they feel comfortable in writing a strong letter.
- **Plan your 4<sup>th</sup> year schedule**

- Ask current 4th year students, especially radiology-going students, at your school how, where and why they scheduled their 4th year and what they would have done again or changed. Talk also with your faculty advisor.
- If Radiology is not a year 3 rotation at your school, apply early for year 4 radiology clerkships - July or August. If you can't get one, meet with the radiology clerkship director to explain your interest in radiology. (see "WHEN SHOULD I TAKE MY RADIOLOGY CLERKSHIP?" section)

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## SPRING/EARLY SUMMER

- Contact the Radiology faculty advisor (and any other areas that you are interested in) and arrange a preliminary meeting to discuss your grades, STEP 1 score, and career plans.
- Set up email account that sounds professional and one that will roll over when your school email closes if it does not have an alumni account.
- Schedule a physical exam and update immunization records and titers, including varicella, in case needed.
- Check the website of programs you are interested in to see if they require anything special.
- Get a letter that you are in good academic standing from academic affairs.
- Update your CV: make it professional-looking and 1 page, longer only if multiple publications. Summarize research, including citations for all your publications – another page if needed. Consider putting your picture on it. You can carry copies of these with you to hand to interviewers.
- Start working on your Personal Statement (see "PERSONAL STATEMENT" section) – 1 page only
- Photograph for applications
  - Play it safe: look professional and show that you understand the unwritten conventions. Don't give anyone the chance to say "what was he/she thinking..." No weird stuff. No Pets. No significant others.
  - The photograph will be used during ranking to help remember who is who, so make sure it looks like what you will look like on the day of your interview (clothes, hairstyle, facial hair etc.)
  - Pleasant smile – reshoot if needed.
  - Head-and-shoulders only.
  - Send as jpeg, not too low or high resolution so it prints as ~ 3x4 cm.

### **Away rotations:** (see "AWAY ROTATIONS" section)

Consider scheduling at a place where you think you may want to do residency: at a target, not a "reach" or "safe" place.

### **"Meet the Experts" get-together**

Many schools arrange a meeting or dinner for interested 3rd year students with the matched 4th year students (they are the REAL experts in this!) for an information exchange session. If this does not occur at your school, start one by contacting the Radiology faculty advisor (also a great thing to add to CV, in addition to being valuable for you and your classmates). Students who have participated in these get-togethers have found them incredibly useful. Make it informal, e.g., over pizza.

Remember: You are being evaluated at all times at these activities so don't criticize other people or places, gossip or get drunk.

Also remember: you have something to sell - yourself - so be confident.

## **Mock Interviews**

- If this is not formally done at your school, ask your advisor or students affairs office if you may need one.
- You can set one up with a faculty member you don't know so they can give you feedback.

## **FOURTH YEAR OF MEDICAL SCHOOL**

### **SUMMER**

- Do a Radiology Clerkship/Selective/Elective if you have not done so previously.
- Meet with the Radiology faculty advisor to discuss your draft personal statement, letters of reference and program application lists (see sections below). Consider doing **Sub-internship** or **Acting Internship** in medicine or surgery early during 4th year
  - Can boost your grades/evaluations if needed
  - Can yield a strong letter of recommendation, if needed
  - Often required for transitional year or preliminary year applications

### **ERAS (Electronic Residency Application Service)**

- You can register and start working on your residency application on June 7
- [ERAS timeline](#)

### **MSPE**

- Schedule a meeting for your Medical Student Performance Evaluation (MSPE) with your Dean.

### **TRANSCRIPT**

Check your transcript to make sure all of your grades have been submitted and submitted correctly. Don't let that HONOR you earned get transcribed as a PASS. If you are missing grades, contact the department secretary and use gentle encouragement: "Is there any additional information I can provide to help my evaluator complete this?"

### **Plan to take Step 2**

- See "WHEN SHOULD I TAKE STEP 2" below

### **SEPTEMBER/OCTOBER**

Diagnostic Radiology participates in the NRMP Match.

### **SUBMIT APPLICATIONS AS SOON AS POSSIBLE ON OR AFTER SEPTEMBER 5. RESIDENCY PROGRAMS START RECEIVING APPLICATIONS ON SEPTEMBER 15.**

It shows how motivated and enthusiastic you are about applying to residency.

- Many programs grant interviews on a rolling basis. The earlier you apply, the greater the chance you have of being considered for interviews.
- Make a tentative calendar, making blocks of time for each region you plan on interviewing in. The earliest programs start sending out interview offers in late September or early October.

### **OCTOBER/NOVEMBER**

- MSPEs are released October 1.



- Be strong! You may feel crushed when those rejections start to come (possibly by the end of October or the first two weeks of November)... and then the interview invitations start rolling in.
- Interview offers will come in more steadily until the end of November/beginning of December. California programs usually send out interviews later - often in December.
- Schedule as many interviews in November as your schedule allows, enabling greater flexibility later.
- Do not write off a program even if you do not hear from them by December.
- No news means you are still on the list. Applicants cancel interviews so programs may contact you even at the last minute. Always be available to take an interview offer.  
(See “WHEN YOU CAN CONTACT A PROGRAM DIRECTLY” section)

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#### NOVEMBER/DECEMBER/JANUARY

- Take vacation. You want to present your best self at interviews. You want to have time to exercise, rest, and eat well. You’ll want to have time to research the program beforehand.

**Interview season:** late October - early February, with the peak in late November to mid-January. Schedule flexible rotations, e.g., online course, research, self-study, flexible clerkships. Consider using vacation/discretionary time in December, January, or both months. Even a rotation where you can miss A LOT of time off for interviews, such as an online course, research, self-study, and flexible electives where *it is understood* that you can take time off at the last minute and make up requirements without penalty, is not ideal. You may be thinking of how to minimize days off, and having to make up time; you may have to squeeze in work into a shorter amount of time. In other words, you may put stress on yourself at a time that you should try to be relaxed.

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#### LATE JANUARY-FEBRUARY

- Make your rank list: set up meeting with advisors to help with rank order. (see “HOW TO RANK” section )

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#### FEBRUARY-APRIL

- Consider taking BLS/ACLS early so you won’t have to take it at the last minute before internship (and you might get that time off during internship orientation).

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#### MARCH-MAY

“Meet the Experts Meeting” - Arrange a meeting with the other 4<sup>th</sup> years to celebrate, commiserate, and share with Radiology faculty advisor and 3<sup>rd</sup> years about what you did right or wrong.

**SUMMARY TIMELINE (VARIES WITH SCHOOL)**

|   |   |
|---|---|
| <b>Contact radiology faculty advisor</b>            | As soon as possible, or by March of Year 3                |
| <b>“Meet the Experts” Dinner/Meeting</b>            | March/April, Year 3                                       |
| <b>Group Meeting with radiology faculty advisor</b> | April-July, Year 3  |
| <b>Mock Interviews (can arrange if not offered)</b> | May-October, Year 3                                       |
| <b>Radiology Clerkship/Selective/Elective</b>       | If not in the Year 3, take early in Year 4                |
| <b>Draft personal statement</b>                     | June/July, Year 4 (send to advisors/friends)              |
| <b>Final personal statement</b>                     | July/August, Year 4                                       |
| <b>Develop program lists</b>                        | July/August, Year 4, discuss with faculty advisor or dean |
| <b>ERAS application submission (NRMP Match)</b>     | September 5, Year 4<br>STRONGLY RECOMMENDED on day 1      |
| <b>ERAS applications close</b>                      | Variable  |
| <b>MSPE released</b>                                | October 1, Year 4   |
| <b>Interviews</b>                                   | November to January, Year 4                               |
| <b>Rank list entry open</b>                         | Mid January   |
| <b>Rank list entry close</b>                        | Mid February  |
| <b>Did I match?</b>                                 | Mid March, Monday   |
| <b>Match day</b>                                    | Mid March, Friday   |

## GENERAL ADVICE ABOUT APPLYING TO RADIOLOGY RESIDENCIES

### WHEN SHOULD YOU CONTACT THE MEDICAL STUDENT RADIOLOGY FACULTY ADVISOR?

- As soon as you are considering radiology as a career, meet with the radiology faculty advisor at your school. If there is no official faculty advisor, meet with the radiology clerkship director and/or the residency program director.
- If you are in your 1st or 2nd year of medical school, the advisor can direct you to a PGY-2 radiology resident to discuss the field (and the application process) with you, and the advisor can help set up opportunities to shadow radiologists and to get involved in research.
- Be honest with your advisor: Does something personal or professional need addressing?

### HOW LONG IS RADIOLOGY TRAINING?

#### Diagnostic Radiology Residency – 5 years

- 1 year in a preliminary medicine, transitional year, or preliminary surgery program
- 4 years in radiology at the same or different institution
  - Advanced programs: most common - PGY 2-5, start at PGY 2 (apply to PGY 1 year separately)
  - Categorical programs: less common - PGY 1-5, PGY 1 intern year and the radiology residency are combined, and applied to as one

#### Diagnostic Radiology Fellowships – 1 year

- Most radiology residents complete 1 year of fellowship training.
- Abdominal imaging, musculoskeletal imaging, neuroradiology (1 to 2 years), pediatric radiology, breast imaging, women's imaging, nuclear medicine, etc.

#### Interventional Radiology – 6 to 7 years

- Integrated IR Residency
  - Apply for during year 4 of medical school
  - 1 year of internship (usually preliminary surgery), 5 years of residency, 6 years total <https://www.sirweb.org/learning-center/ir-residency/integrated/>
- Independent IR Residency
  - Apply and match into DR residency as a medical student
  - Apply for independent IR residency during year 3 or PGY-4 of DR residency
  - Complete 2 years of Independent IR residency after DR residency Graduation
  - 1 year of internship, 4 years of DR, 2 years of IR, 7 years total
  - <https://www.sirweb.org/learning-center/ir-residency/independent-ir-residency/>
- Early Specialization in Interventional Radiology (ESIR)
  - Apply and match into DR residency as a medical student
  - DR residency must have associated IR residency and ESIR designation
  - Within the program, apply to ESIR during year 1 or 2 of DR residency
  - Transition into ESIR
  - 1 year of internship, 4 years of DR with ESIR, 1 year of IR, 6 years total <https://www.sirweb.org/learning-center/ir-residency/esir/>
- For more information on IR residency, check out the [AMSER Guide to Applying for IR Residency](#)
- Research pathways: some programs offer a research track and you need to rank it separately

## How do I apply to different types of programs?

- The majority of DR and IR programs are for advanced positions (start as PGY2) and do not include the intern year.  
You would apply for and rank the intern year separately.
- There are some programs that include the intern year (categorical), which you do not need to interview for separately.
- Some radiology programs offer an intern year interview with the radiology interview, but you have to rank and match at the intern year separately (hopefully you can group the interviews on the same day).
- Other programs let you rank them in two ways. For example, you may be able to rank a program for their advanced positions and for their categorical PGY1 positions (this will be 2 separate entries on your rank list).
- You have to apply for DR and IR programs separately.

## WHEN SHOULD I TAKE MY RADIOLOGY CLERKSHIP?

- If you are applying to a diagnostic radiology residency, a general diagnostic radiology clerkship/elective is critically important. This can help to confirm your interest in the field.
- Take it as early as possible. If it is not a required 3rd year clerkship in your school, especially if you are not certain about radiology, schedule your rotation as early as possible in your fourth year, i.e., in July-August.

## WHAT OTHER ELECTIVES ARE THERE IN RADIOLOGY AND SHOULD I TAKE THEM?

Do an elective in interventional radiology if you are applying to IR residency. You may consider doing this as an away elective.

Additional radiology electives are not necessary to apply in radiology, but you may consider doing one to:

- Help confirm or deny interest if you are still tentative.
- Show potential programs your interest in a particular region – especially in a region you may want to move, that you may not have apparent ties to.
- Increase your potential sources for letters of reference. However, most programs will be more interested in strong letters from your non-radiology clerkships, such as internal medicine and surgery.

If you do an additional radiology elective, you should:

- Do a subspecialty elective rather than repeat the basic elective, e.g., neuroradiology, interventional radiology, women's imaging
  - You have more personal interaction and will get to know the radiologists better (good for letters of reference – see “LETTERS OF REFERENCE” section).
  - It reads better on your transcript.
- Produce something from it – e.g., a paper, case report, poster, abstract, teaching module.
- Consider a different institution to get a different perspective and experience (see “AWAY ROTATIONS” section) and to let them get to know you.

Don't do more than one extra radiology elective because:

- You have the rest of your life to do radiology.
- Other electives will broaden your understanding of medicine and make you a more interesting candidate. This might be your last chance to do something outside of radiology.

## AWAY ROTATIONS

Away radiology rotations are not necessary. Not all programs take outside students.

Away rotations can be a double-edged sword:

- **Pros**
  - You get insight into what the program is like, and what it is like living in the region.
  - The program gets to know you well and it shows your interest in the program.
  - It may get you an interview when you might not have been offered one based solely on your application.
- **Cons**
  - No guarantees for interview or matching.
  - It is like a month-long interview: you will be compared to the best student they've ever had.
  - If you go: SPARKLE. Be first in, last out. Dress professionally. Spend your evenings looking things up, preparing, and studying.
  - However, if you do poorly, you lose only one of your potential interviews. We have all had students who have been great for the first couple of days (a.k.a., an interview), but didn't look so good after 4 weeks.

**Where** to do the away rotation:

- In an area of the country in which you must match.  
You can consider getting a letter from the program to send to that particular geographic area.
- At an institution you're particularly interested in. This should be a high "target" program where you are likely to get an interview and you want to maximize your potential at matching at the program - not at a "reach" program that you are unlikely to get into.

**What** - Do your homework:

- Talk to students or residents with ties to the program; look online to identify appropriate entrance points.
- Identify your area of interest/ability, and also an area which will expose you to the residents, program director, or other people vital to the selection process.
- If you are planning to do research there, set it up ahead of time so you'll hit the ground running.
- Consider a specialty away elective. If you join their general radiology elective, you will be a new fish in someone else's pool. You don't want to waste this elective month trying to find someone else's cafeteria.

**When**

- Latest by October of Year 4. You might be offered an interview if you are there in November or December but don't count on it. And consider what it would look like if you leave an away elective to interview at another program.

**How**

- Multiple institutions participate in AAMC's [Visiting Student Application Service](#)
- If the ones you want do not, then you have to apply through the institution directly.

## WHAT MAKES A SUCCESSFUL APPLICANT AND HOW SHOULD I PREPARE?

- High rank in the first 2 years, good grades in the clinical years, high board scores, research experience, strong letters of reference, a solid personal statement, your overall personality and how you present yourself at the interview are all important. According to NRMP's [Charting Outcomes in the Match 2016](#), the average of matched Diagnostic Radiology US senior candidates are:
  - STEP 1 – 240
  - STEP 2 – 247
  - AOA members – 18.4%
  - Abstracts, presentations, and publications – 4.9
- Doing things you enjoy is important - if you are an interesting person, happy and self-confident, and feel good about yourself, this will show when you work on the wards and when you interview.

## WHAT PROGRAM DIRECTORS ARE LOOKING FOR

The [2016 NRMP Program Director Survey](#) show that Diagnostic Radiology program directors, for **invitations for interview**, give the highest importance to:

|  |
|--|
| <b>1. USMLE STEP 1 score</b>                     |
| <b>2. Medical Student Performance Evaluation</b> |
| <b>3. Grades in required clerkships</b>          |
| <b>4. Letter of recommendation in specialty</b>  |
| <b>5. Personal statement</b>                     |

For **ranking** of the candidate for the Match, they give the highest importance to:

|  |
|--|
| <b>1. Interactions with faculty during interview</b>     |
| <b>2. Interpersonal skills</b>                           |
| <b>3. Interactions with house staff during interview</b> |
| <b>4. Feedback from current residents</b>                |
| <b>5. Medical Student Performance Evaluation</b>         |

## HOW COMPETITIVE IS RADIOLOGY?

- The Radiology job market is cyclical and competitiveness lags behind the economics by 2 years.
  - Radiology was one of the most competitive specialties in the 2000s. Radiologists were the most sought-after specialists in 2003 according to Merritt Hawkins.
  - From 2009 to 2015, DR residency was less competitive. Radiology faced a similar situation in the mid-1990s and those who entered residency then benefited greatly when the market improved in the early 2000s.
- The Radiology job market has significantly improved every year since 2013, with the number of new hires doubling from 2013 to 2017.
  - The 2017 ACR Commission on Human Resources Workforce Survey projected 1826 to 2370 hires for 2017, a 14.1% increase from 2016
  - The annual number of hires have doubled since 2013

- The best kept secret in medical school is that the Radiology job market is back in full force.

## DR Residency

- The competitiveness of DR residency reached a generational low in 2015 and has risen annually from 2016 to 2018. If you love the field of Radiology, then it is still currently an opportune time to secure a residency position at a strong program. Continued improvement in the job market and word getting out will surely increase competitiveness even further. Currently, it is a “buy low” opportunity for DR residency compared to how competitive it was in the early 2000s.
- According to NRMP’s [Charting Outcomes in the Match 2016, US allopathic medical students who matched into DR residency had these statistics:](#)

|  |
|--|
| • <b>Average STEP 1: 240</b>                               |
| • <b>Average STEP 2: 247</b>                               |
| • <b>Percentage AOA: 18.4%</b>                             |
| • <b>Average abstracts/presentations/publications: 4.9</b> |

- University-based programs will be more competitive than community-based programs, and the top programs are very competitive.
- Location is a strong driver of competitiveness. California programs are especially competitive. Other competitive locations include Boston, New York, and Seattle.

## Integrated IR Residency

- The IR residency is new and the NRMP has not released any STEP 1 or STEP 2 data on applicants who matched IR.
- However, because of strong interest from medical students and limited number of integrated IR residency positions (only 133), the match for IR is extremely competitive.
- It is by far the **most competitive residency**, much more competitive than plastic surgery, orthopedic surgery, urology, dermatology, otolaryngology, radiation oncology, and neurological surgery.
- If you are interested in IR training, apply to both IR and DR. Only the most competitive candidates can apply only to IR and feel safe matching. Do not be surprised if you do not receive any IR interviews. Do not be surprised if you rank IR above DR but do not match into IR. There are two ways to pursue IR training from matching DR residency first, as discussed earlier.

For a detailed discussion, please read:

[How Competitive is the Match for Radiology Residency? Present View and Historical Perspective 2014, 2015, 2016, and 2017 Residency Match Updates](#)

## HOW IMPORTANT ARE YOUR BOARD SCORES?

- While DR residency programs may not have a specific minimum score to grant an interview, many may use Step 1 board scores as a threshold to screen applicants for an interview. Some programs use a cutoff of 220. However, programs generally will not tell you their cutoff scores and they are often “floating,” depending on the candidate pool and the candidate.

The IR cutoff will be much higher because it is much more competitive than DR, mainly due to the limited number of IR positions.

- This threshold is useful to programs as it thins out the stack of applications and as there is a high correlation between Step 1 scores and pass rates on the rigorous radiology board exam.
- Don't let a slightly lower score scare you away from applying if you have an otherwise strong application. However, it is important that you talk with a radiology faculty advisor, so that you are realistic in your goals and have made back-up plans (see “LESS COMPETITIVE CANDIDATE” section).

#### WHEN SHOULD I TAKE USMLE STEP 2?

- Some programs take the Step 2 CK score as seriously as that of Step 1 and this may set you ahead of others with similar Step 1 scores for both late interview screening and ranking. Some programs require Step 2 CS to be completed before ranking applicants.
- Most people do 10-20 points better than on Step 1 and doing very well on Step 2 CK only improves your credentials.
- Aim high, so take a month off (or a less vigorous elective if you're more confident). Use something like USMLE World questions.
- It can take up to 2 to 3 months to get the Step 2 CS score, so take it early in 4th year.
- It takes about 3 to 4 weeks to get the Step 2 CK score.
  - If Step 2 CK results are released before you submit application, results cannot be withheld.
  - If the scores come after you sent your applications on September 5, you are not obligated to release these scores, but do so if you score well.

So...

- If you have a **weak Step 1 score <220, take Step 2 CK EARLY**, in July or August, and send score if you do better.
- If you did well or average on Step 1, consider taking Step 2 CK in September or October. But take it only when prepared.

#### DO I NEED TO DO RESEARCH?

Research is a priority, especially at competitive and academic programs, as it shows that you are proactive and a contributor. (See “TIMELINE” First Year of Medical School section)

- The average number of research experiences of matched senior applicants to DR residency in 2016 was 3.1 with an average of 4.9 abstracts, presentations, and publications (NRMP's [Charting Outcomes in the Match 2016](#)).
- It is great if the research is related to radiology, but it doesn't have to be, i.e., in the case of a late decision.
- Rigorous scientific pursuits and publishing in any field have much in common and show dexterity and experience.
- Although it is best to start in year 1, it is not too late, even in July of year 4 – you can do something short.
  - Case reports
  - Exhibits
    - ◆ Educational/Scientific
    - ◆ Case of the Day
  - Educational resources – e.g., programs, websites that the department of radiology is producing.
- If you started research or published something after you submitted your application, submit a brief summary of this to the programs you've applied to and take this to the interview. If you publish after the interview, you should send this to the programs as well.



(See “WHEN YOU CAN CONTACT A PROGRAM DIRECTLY” section)

#### HOW IMPORTANT ARE EXTRACURRICULAR ACTIVITIES?

- Better to do one extracurricular activity in depth than many superficially.
- An interest group and some type of volunteer/charity organization is a great start.
- Being an officer or having a leadership position is even better.

#### FEMALE MEDICAL STUDENT APPLICANTS

- According to the [Medscape Female Physician Compensation Report 2016](#), female radiologists ranked #1 in compensation, #2 in feeling fairly compensated, and #1 in overall career satisfaction out of all female physicians.
- Currently only 27% of all radiology residents are female.
- Two subspecialties/fellowships in radiology specifically involve the care of women: breast imaging and women’s imaging (obstetrical and gynecologic imaging).
- Women are underrepresented in radiology. It is a great field and we hope to recruit more female medical students into our field in the coming years.

#### WHAT ABOUT MILITARY MATCHING?

- There are only a few military programs in the country so it is difficult to determine how competitive these may be in any one year. Generally military programs are less competitive than the non-military programs.
- Strongly consider doing an away elective at these programs.

#### WHAT ABOUT OSTEOPATHIC STUDENTS?

- Students from osteopathic medical schools can consider applying to allopathic radiology residencies as well as osteopathic residencies; however, they tend to be at a relative disadvantage compared to allopathic students.
- Programs vary widely as to whether they take osteopathic students: some do not or rarely interview DO candidates and others welcome them. Students should look at the "track record" of a program (how many DO students have been matched in the last few years) and may consider taking an elective at programs of interest, particularly at allopathic institutions that may not know their osteopathic school well.
- They should get involved in research to be competitive with their allopathic colleagues.
- Programs with osteopathic students may “know” the conversion of COMLEX performance to USMLE scores. However, having a (strong) USMLE score may give you more options. Consider taking USMLE Step 1 and 2 exams as well as COMLEX. Students who achieved an excellent score on USMLE Step 1 are likely to be favored over those who took only the COMLEX exam.

## WHAT ABOUT APPLICANTS WHO ARE IN OTHER SPECIALTIES?

In the past, applicants from other specialties who have decided to go into radiology have successfully matched into radiology. It is understood that a career choice made as a third year student sometimes does not work out. Programs do vary as to their interest in these candidates. Experience in another field can be an advantage to some programs.

The applicant's personal statement should definitely talk about the reason(s) for this change of heart. Also, it will help if their current program is supportive and writes strong letters of reference. The student **MUST** have at least one current LOR. However, this is a double-edged sword if the program is not supportive.

Applicants who change specialties more than once are at a disadvantage.

For additional information on changing specialties, please review the following article from *Choices* newsletter: [Switching specialties during residency](#)

## LESS COMPETITIVE CANDIDATE

### IF YOUR BOARD SCORES ARE LOW

If your board scores are low, e.g., <220, but your grades and research are strong, study hard and take Step 2 CK early (July or August). It takes 3 to 4 weeks to get the results back. If you do well, then you may release the scores to the programs you are applying to. Please note that the scores must be revealed if the Step 2 results come before you send your application. If you have average or lower scores but you are interested in IR, apply to both DR and IR. Do not be surprised if you do not receive any IR interviews, because it is the most competitive specialty. There are 2 additional ways to pursue IR training if you match DR, as discussed earlier.

### PERSONAL STATEMENT

These resources may help:

[The Successful Match: 200 Rules to Succeed in the Residency Match](#)

[Iserson's Getting Into a Residency: A Guide for Medical Students, 8th edition](#)

Being mainstream and “average” here is OK, but make it personal

- Have a lot of people read it, including those who read a lot of them
  - Friends and family
  - Advisors in student affairs
  - Radiology faculty advisor
- **Basic language skills are required: SOUND LITERATE**
  - It should be readable with short sentences and no spelling/grammatical errors, no factual errors
  - Proofread well - don't trust spell-check
  - It should be concise & coherent
  - No more than one page, ¾ is fine
  - Original & eloquent is welcome, but less important
- Being interesting and witty, with a “hook” to draw the reader in, is of course desirable.
- Don't assume it will get read, but make the first couple sentences good in case it does. Not all programs read them at the initial ERAS review stage.
- Keep in mind that someone skimming the statement may read only the first line of each paragraph.
- It can be based on one or more stories that illustrate your life. You want to sell yourself and show personality.
- ERAS will allow you to select a different personal statement for each program.
  - It will increase your odds of getting an interview at certain locations, if you include a few lines on why you want to go to the area or to a specific program – i.e., family lives there, significant other is there/going there, grew up there, want to live there in the future, etc., why a New Yorker might go to Texas or vice versa
  - BE CAREFUL – don't send the wrong statement to the wrong program

### WHAT TO WRITE ABOUT:

Your essay puts a face on the student.

Cast yourself in the most flattering light while being honest – be humble yet assertive.

- Things that do not appear elsewhere on your application.
- Something interesting about yourself or your background that we can talk about at interviews.
- What attracts you to radiology? Make this short - the readers already know the “pros” of radiology!
- What you intend to do in radiology.
- What you can bring to the program – e.g., special skills.
- Something outstanding from undergraduate years or outside interest, e.g., Olympic swimmer.
- Programs want applicants who want to come to their program to stay there, so you can make this clear.

- If you have clearly changed career paths, explain why.
- Problems to address - “odd things” in application – years out of medical school, prior residencies (why are you changing), etc.

#### **DON'T:**

- Put anything in that you can't/don't want to talk about at interviews.
- Mention your love of photography.
- Tell us you are a “visual learner.”
- Make your personal statement weird – do not stand out in a bad way.
- Give cause to question your stability (e.g., if you choose to talk about a tragedy).
- Sound pompous or tactless.

#### ***NEVER LIE!***

#### **Can a personal statement be too short?**

Although we say that you should keep your essay short, this is an example of (a real but anonymous) personal statement that is a tad too short:

“When I was trying to decide which specialty to apply to, I asked various physicians how they had chosen their medical specialty. Some described having an initial interest in several specialties, then deducing the best fit for their personality. Others related a personal experience that had directed them toward a specialty. A single respondent stated, “It wasn't a choice. I just knew.” Like the latter respondent, I just know. I know who I am. I know what I do well. I know what I do poorly. And I know that I am a radiologist.”

## LETTERS OF REFERENCE

- Plan to get 4 letters of reference.
  - You can submit up to 4 letters/program. Plan on 4 so if one writer doesn't get it done, you have a back up letter.
  - You can submit different letters to different programs, but be careful.
- Submit 3 letters, the 4th is optional:
  - 2 from core clerkships – these are generally more important than radiology letters, as students play a more active role in the non-radiology core clerkships than in a radiology rotation.
  - 1 from clinical radiology clerkships – this could be from a radiology faculty that you worked with during the general radiology clerkship or a subspecialty radiology clerkship.
  - The fourth is optional, however recommended. It could be from an additional radiology faculty or research faculty. Because of the intimate nature of the radiology community, the interviewers may see a letter from someone they know and respect, which will especially mean a lot. Research faculty may be important if applying to research heavy academic programs.
- Get the letters from someone who knows you well enough to talk about your personal and professional strengths.
  - It's best if they offer an unsolicited letter, but you can scout out if they think well of you. For example, if they write glowing comments on evaluations such as “I wish the candidate were going into my specialty,” it's likely they'll write you a strong letter.
  - It is not important to get a letter from a “big name,” but if a “big name” knows you well enough to write a genuine and personal letter, it doesn't hurt. Usually the department chair will not know you well enough to write a personal letter and that will show in the superficiality of the letter.

## TIMELINE FOR LETTERS OF REFERENCE

If possible, ask for these while your performance is still fresh in the minds of the letter-writer – it will make for a more personal letter, hopefully with relevant anecdotes. Don't ask for letters at the last minute – you want to give the letter writer lots of time. These are ideally ready to submit at the same time as your application, on September 5 of year 4. Also, asking at the last minute suggests to the letter writer you may procrastinate or that you are unorganized.

### By end of July:

- Ask faculty for letters and double-check if they can do it by September 5.
- Approach by email to be clear about reason for meeting and your hopes for their enthusiastic support.
- Leave them wiggle-room to refuse, and look for cues when you meet with them  
"...if you feel you can write me a strong one" or  
"...if you feel you are the right person to speak up for me"

### By early August:

- Give them your packet, telling them you will follow up around Labor Day.
- Do not misrepresent anything in your information packet. Your packet should include: résumé, personal statement, transcripts, ERAS # and instructions, and other requested information.
- These can be transmitted electronically – which may be how many attendings prefer them now.
- Starting in 2015, the way to upload letters of recommendations have changed!
- The new way to upload letters is through the [Letter of Recommendation Portal \(LoRP\)](#)
- All letters of recommendation must be uploaded by the author or the author's designee using the LoRP. Medical schools will no longer be able to upload letters on their behalf.

### By Labor Day:

- Remind faculty gently if the letters are not submitted.
  - "I am so honored that you are writing a letter of reference. Just a reminder, my advisor insists my package be complete by September 5 please feel free to contact me if you have any questions or need more information to assist you in completing my letter."
  - NOTE: You can and should submit your application on September 5 but your letters do not have to be in by that date. You will indicate on your applications from whom they will be getting letters.
- Ask your student affairs office to double-check for mistakes on the letters, including your name/sex and that the correct residency program is stated – that is, radiology, not e.g., orthopedic surgery.

## CURRICULUM VITAE

- Easy to read – to give to letter-writers and interviewees
  - One page (or front and back of one page if you've done a lot)  
Brief but descriptive and detail-oriented; use active, lively verbs and adjectives
  - Chronologic: no gaps (otherwise explain in Personal Statement)
  - Professional and traditional: syntax, grammar, spelling, simple design
  - Well-rounded, interesting, distinguishable
  - Consider a picture
- Accomplishments: Role & Outcomes

- Represent accurately: prepare to discuss, DO NOT exaggerate involvement in projects
- Lead w/strengths & highlight them
- Include undergraduate work only if outstanding/relevant
- Suggested headings:
  - Education: board scores, grades, (rank) if outstanding
  - Honors in Basic Sciences or Clerkships - AOA
  - Honors/awards
  - Grants
  - Research: List all and go over the one page limit if needed.
  - Publications, presentation, projects
    - ◆ Format publications or presentations in conventional bibliography style
    - ◆ **Boldface** your name in each entry for easy visual scanning
  - Work Experience – list all, including back to high school
    - ◆ Limit the detail - the complete menu is not required from the café you worked as a waiter for 2 months while in college, delicious though it sounds
  - Leadership/Volunteer/Community service – define role  
The following should not be included as they are “padding:”
    - ◆ Running one 5K race even if for charity
    - ◆ Working for one afternoon handing out water at the 5K race
    - ◆ Being on the bone marrow donor list
    - ◆ Being on your school soccer or basketball team
  - Other: professional organizations, skills, languages, personal information
  - Activities:
    - ◆ Details may spark conversation at interviews, especially if unusual or interesting.
    - ◆ They may indicate if you might be interested in coming to an area (e.g. interest in skiing or hiking for a program near mountains)
    - ◆ Listing without specifics is at best non-engaging and at worst suspicious
    - ◆ ONLY include if you are prepared to discuss!! Only having done an activity once or twice does not make it a hobby. The following are NOT hobbies (but have appeared in recent applications!):
      - Playing peekaboo with your kids
      - Drinking coffee
      - Watching TV (and then listing all the shows you watch)
      - Dreaming about sailing (as opposed to sailing)
      - Contemplating the universe (as opposed to astronomy)
    - ◆ Strange hobbies like “Competitive eating” - might be a hobby but may result in lots of strange questions...over and over and over again. And might make you sound odd, not interesting.

## UPDATES TO CV

- Since there are several months between submitting your ERAS application and your interview, send updates **to publications or awards** by email and/or bring to interviews. (see “WHEN YOU CAN CONTACT A PROGRAM DIRECTLY” section)
- Do not update papers rejected and since re-sent to 2nd journal.

### For example:

"Dear -----

Please add the following changes to my Radiology Residency application file:

- 1) My paper "-----" has been accepted by the Journal of -----for publication in -----
- 2) My abstract "-----" has been for presentation at the ----- meeting
- 3) I have been awarded the "-----" award for my achievements in the field of -----

I look forward to my interview later this month.

Thank you,

-----, MS IV

----- School of Medicine

Class of 20XX"

## SOCIAL NETWORKING SITES

Don't risk it – deactivate them temporarily. Many departments will search these networks before interviewing students or even at the time of ERAS review.

- Stay cyber squeaky clean.
- Get any compromising photographs OFF THE WEB NOW!! Candidates have been presented with copies of these at interviews. We do not need to see those parts of your anatomy!

## AUNT MINNIE

Be careful with forums such as [www.auntminnie.com](http://www.auntminnie.com) or SDN during interview season. There is a lot of bias and misinformation on those sites. Some anonymous applicants might talk down a program to get others to rank it lower, hoping for a better chance to match. Also, people from the programs may skim this site, so something you write on the site may come back to haunt you. That said, one advantage to looking at these forums is to check when residencies are releasing interview invitations.

## ELECTRONIC RESIDENCY APPLICATION SYSTEM (ERAS)

## NATIONAL RESIDENT MATCHING PROGRAM (NRMP)

### HOW DO I APPLY?

- The [Electronic Residency Application system \(ERAS\)](#) is the central application for residency.
- You create one application online and submit it to as many programs as you want.
- The more programs you apply to, the more expensive it is. Think of this as an investment.
- Complete your application by the September 5 opening date to maximize your chances.
- Programs start reviewing applications as soon as they arrive so you have the best chance of an interview if you apply early.
- The [National Resident Matching Program \(NRMP\)](#) is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME) in the United States.

## WHEN DO I HEAR FROM THE PROGRAMS?

- The majority of interviews are offered after the programs receive the Medical Student Performance Evaluation, which is released to them by ERAS on October 1.
- You will start hearing from programs via email in October or even earlier, with the majority responding between mid-October and January. (see “TIMELINE” Fourth year of Medical School section)

## TO HOW MANY PROGRAMS AND WHERE SHOULD I APPLY?

Obviously this depends on the student, but there are trends and suggestions to consider.

## HOW MANY PROGRAMS?

- It is a numbers game and you want to maximize your chances of matching.
- According to NRMP’s [Charting Outcomes in the Match 2016](#), an US Senior’s probability of matching **Diagnostic Radiology (DR)** is in the high 90s when he or she ranks 10 programs. Note: You will rank places where you have interviewed.
- Majority apply to 25-35 Diagnostic Radiology programs. **Apply to as many as you think you need to get at least 10 to 12 interviews.**
- The new **Interventional Radiology (IR)** residency program is EXTREMELY competitive, more than Plastic Surgery and Orthopedic Surgery when you consider the number of applicants to number of spots. If you absolutely want to do Interventional Radiology, you might need to apply to almost every program. Interview at all of the programs offered and rank all of the programs you interviewed with.
- **Most students applying to IR residency will apply to BOTH IR and DR programs, because positions for IR residency are limited which means it is EXTREMELY competitive. There is a good chance for not matching IR residency but at least those applicants will match into DR residency and still have the opportunity to do IR through ESIR or Independent IR residency.**
- If you are selected for IR residency interview at a program, you are often also selected for DR residency interview at the same program. The reverse is not true. Some programs interview for both residencies on the same day and some programs require you to come back separately for IR residency interviews.
- For more information on IR residency, check out the [AMSER Guide to Applying for IR Residency](#)
- **You know where you stand based on how competitive you are,** and what kind of program you are interested in matching at. If you are more competitive, you may be able to apply to fewer programs. Unfortunately, geography counts, so students from more competitive regions should apply to more places. *For some people it may be 15 programs (for DR) while others may want to apply to 50.*
- If you applied to “too many” programs, you can always decline the interview offers.
- It is expensive, but think of applying for residency as part of the investment in your education.
- You do not want to be in the position of having to SOAP (Supplemental Offer and Acceptance Program) into a position after not matching. The last few years, the unfilled radiology spots were very competitive – and went to unmatched very strong students who didn’t match into dermatology, orthopedics, plastic surgery, etc.

## WHERE TO APPLY?

### Generally:

- Academic programs at large universities are more competitive than smaller community programs.
- Larger programs may have more didactic teaching, but you may get less responsibility and “hands on” experience due to larger numbers of fellows.



Larger programs may offer more research opportunities.  
Medium-sized programs may have more hands-on opportunity.  
Some community programs may have less didactic faculty teaching.

- That said **there are wonderful programs, world-class teachers and mentors, and gratifyingly affordable life-styles waiting in unexpected places.**

Also, remember, that even with only minimal resources, you can teach yourself anything.

**Apply broadly to a combination of programs with the goal of obtaining at least 10 to 12 interviews for DR and as many possible for IR.**

- Apply to a range of programs (reach, middle tier target, less competitive) and spread your net wide geographically and apply off the beaten trail.
- It's best to apply to a broad range of programs in a limited number of geographic locations that you like. An added benefit is that you can group the interviews.
- If you have a special connection to a region or city, consider mentioning it in the personal statement to programs in that region. You can upload multiple versions of your personal statement in ERAS but only submit one per program.
- Some regions are very competitive, see below. Location is a strong driving factor in competitiveness of a program, sometimes more than the quality of the program itself.

**How do I know if a program is university, university-affiliated or community?**

Search for individual programs here: [FREIDA Online](#)

**There are “unofficial” rankings of diagnostic radiology residency programs:**

[Doximity Residency Program Ranking](#)

[Auntminnie Minnies 2017 - Best Radiologist Training Program](#)

**Very competitive geographic areas**

- California (more specifically Bay Area, LA, SD)
- Boston
- New York City (more specifically Manhattan)
- Seattle (only one university program)

**Less competitive areas**

- Midwest, South, rural areas – give a reason why you want to be there.

For additional information, please review [How to choose residency programs that best fit](#)

## COUPLES MATCH

- Couples matching makes the process much more difficult.
- You both must apply to more programs than you would as an individual. Again, it is a numbers game.
- Shoot for regions where there is a lot of overlap and where there are a lot of programs.
- If one of you gets an interview at an institution or area and the other does not, communicate with those programs to let them know about your situation.
- Both people are regular NRMP matches: Make paired rank lists.

- One of the couple is an early match (ophthalmology, urology, etc.)
  - The good news is the early match results come out before the regular match rank deadline.
  - The key is once again communication with the programs in the area. Let them know the situation instantly – i.e., that you are ranking them number 1 (if you are) or that you will be ranking the programs in the area highly.
- For additional information, please review [Navigating the Match as a Couple](#)

## WHEN YOU CAN CONTACT A PROGRAM DIRECTLY

Communicate! But not too much! Be careful - do not annoy the program coordinator or director.

Times you might consider contacting the program director and/or the coordinator:

1. After you apply, but before you get an interview to show your interest. You can do this as early as late October or early November if others have gotten interviews at the program – especially if you think you are competitive for the program, and if you are really interested in the particular program, and it isn't obvious.
2. If you have not heard about an interview and it is late in the interview season, or you got a rejection.
3. If you have updates to your CV.
4. After you interview - your "thank you note" or "I really loved your program" letter (see "SHOULD I SEND THANK YOU NOTES AFTER INTERVIEWING?" section)
5. At the end of the interview season, before programs rank the applicants.

## EMAIL ETIQUETTE IN BUSINESS COMMUNICATIONS:

- Headers are important - succinct summary of what the recipient will find within. e.g., "Update to Application for Radiology Residency/----- MSIV"
- No header may lead to deletion by the viral-cautious.
- Use professional format and phrasing.
- Do not address Program Director OR Program Coordinators by first name.
- Use an appropriate, identifiable email name.
- Make sure your contact information is there like email and telephone(s) - have a signature block

## WHEN YOU DON'T GET AN INTERVIEW

Don't take this personally. Programs receive hundreds of applications for a few positions. Programs interview between 10 and 25 students per place available.

- They are looking for reasons NOT to interview, and these may be fairly superficial, especially towards the end of the application season.

## CONTACTING PROGRAMS:

**Correspondence with programs IS THE KEY to success!**

- Programs want applicants who are interested in their program and did not just apply there because it was another easy click on ERAS.
- Remember, they only choose 100 out of over 500 applications for an interview so be proactive and show your interest.

- Programs want happy residents who don't transfer after 1 or 2 years to the place they really wanted to be.

#### Which programs to contact:

- Choose your top programs - e.g., your top 10.
- Programs you haven't heard from.
- Programs that have sent you a rejection.
  - Try these **only if you are realistically competitive at and obsessed with a particular program/locale** - some initially excluded students have gotten interviews and matched at programs this way.

#### Who to contact:

- 99% of the time, contact the program coordinator, and cc the program director, (their contact information is listed either on the program website or on ERAS).

#### How to contact:

- Do not be annoying.
- Brief, professional, articulate email or phone call reiterating your interest.
- **Email** is better: You have more control - it is more difficult to mess up.
- Phone call - a pleasant call to a coordinator can be more personal, but...
  - You may have to rehearse what you will say.
  - If you call when he or she is busy, it could be annoying.
  - Cell phone calls may be hard to hear. Consider landlines.
  - The call may be forgotten/the program director may never get notice of your inquiry.
  - Information may not be correctly conveyed.

#### What to say:

- Tell the program you are interested in them and you would love to have the opportunity to interview with them.
- Tell them about why you are interested in their program.
  - This is particularly important if you are applying to a markedly different geographical area, i.e., Grew up there? Spouse job opportunities? Couples matching? Have children and need to stay in a specific area? Or specific details about their program and why you like it.
  - "I would love to do residency in an area I have never lived before" is absolutely appropriate, but it doesn't carry as much weight as "I have family in the area."
  - Program directors know that most applicants match in areas where they have a family connection or in the region they attend medical school.
- You could send selected data, but keep it VERY BRIEF, just enough to catch their interest. e.g., your medical school, grades, board scores, AOA/awards, publications, updates, etc.

NOTE: Don't be offended if the program directors do not reply - they get hundreds of emails from students.

#### A common e-mail could read:

Dear Dr. ...

I'm a fourth year student at \_\_\_\_\_ Medical School. I'd like to reiterate my interest in your program and I hope that you'll consider me for an interview. (If you've been rejected, write "I'd like to reiterate my interest in your program and ask if you'd reconsider my application for an interview.") I am

particularly interested in your program because (...my family lives in the area/I have heard outstanding reports of your program from a radiologist at my institution/I love the outdoors and wish to move to a rural area... etc.)

After that---you could include a short paragraph with a few facts—grades, updates, etc. - 2-3 sentences at most.

Thank you for your time

Your Name

\_\_\_\_\_ Medical School

Class of 20XX

Good professional email address

Reliable phone number

## INTERN YEAR

The majority of diagnostic radiology residents choose to do a preliminary medicine year or transitional year for internship, with surgery as a strong second choice. For IR, surgery is suggested.

### **Transitional years:**

There are few programs, so these are the most competitive.

- In general, offers more flexible schedule and electives than preliminary medicine or surgery. Work hours are usually less than the other two options.
- Most are located at community hospitals.
- Variable - look up the details for each program.
- VERY COMPETITIVE due to easier schedule and Dermatology, Ophthalmology, Radiation Oncology, and Anesthesiology applicants also apply for these.
- If you are applying to transitional year, you should also apply to preliminary medicine programs for backup. These interviews are hard to get and matching is also difficult.

### **Preliminary medicine:**

Most residents do medicine.

- Some are flexible and offer various elective options.
- Your schedule will be similar to that of an internal medicine PGY-1 resident.

### **Preliminary surgery:**

These are less competitive, but often required for IR residency, sometimes at the same institution.

- It may be an advantage for radiology – as you learn anatomy and procedures.
- Try a less busy program that has less “scut” and more hands-on work to learn the “what & how.”
- Since these may be less competitive, if location is paramount to you, this gives you the best chance of getting your top location.

### **Why do I have to go on twice as many interviews?**

- As a radiology applicant you must apply, interview, and rank separately for the intern year (PGY 1) and your advanced (PGY 2-5) radiology years unless you match into a categorical (PGY 1-5) radiology program (small minority of programs).

- If interested in IR training, you will likely have to interview for both DR and IR residency. Programs that offer both often will interview you for both on the same day – for instance, morning for the DR program, afternoon for the IR program.
- It is easier to match into preliminary medicine and surgery than into radiology so applying to 8-10 should suffice unless you pick very competitive locations (Boston, Manhattan, California, and Seattle). Consider applying to local programs affiliated with or familiar with your medical school to increase your chances of matching. However, if you want to have options for a prelim year then take that application seriously as well.
- Don't count on unfilled positions to scramble into as they are becoming less common. (see "MATCH WEEK!" section)
- The majority of programs you interview at for radiology are for advanced positions and do not include the intern year.
- Some programs do include the intern year, which you do not need to interview for separately.
- Some radiology programs offer an intern year at the same institution (with same day interview) but you have to rank and match them separately.
- Other programs let you rank them for both their advanced positions and for their categorical positions (this will be 2 separate entries on your rank list).

**As you're applying, you have to decide what is important for you regarding intern year.**

- Do you want to be in a specific location, like in the same area as your radiology residency?
- Do you want a cushy year with minimal floor months?
- Do you want to get intense training?
- Do you want to be in Hawaii for a year?

## SO YOU GOT THE INTERVIEW, NOW WHAT?

### SCHEDULING INTERVIEWS

- Candidates are generally offered a select few days to interview on a first response first serve basis.
  - You may consider making 2 week blocks for each region of the country and fill in the interviews as you go. Do your best to clump visits, but resign yourself to flying to destinations several times, because most programs are not flexible with interview dates. All the more reason to take vacation/use your discretionary time during this period. West coast programs tend to give interviews later than east coast and mid-west programs.
  - Some places do only two or three large interview group days.
  - Some offer you a rigid take-or-leave single date.
  - Every so often you will need to choose between two conflicting offers on one fixed date.
- Get a smartphone if you don't have one and have email notifications set up as "Push." Get addicted to your email and check several times a day, or have someone else check it, because you might not get the interview date you want if you respond late.
- You may want to set up a tentative schedule ahead of time – 2 weeks on the east coast, 2 weeks on the west coast, 2 weeks in midwest, etc – with room for quick changes - so you can fill in dates more quickly and not have to fly back and forth as much. Generally the east coast programs offer interviews earlier in the season and west coast a bit later.
- Try to **respond to an interview offer ASAP**. Do not put off signing up for an interview while you are waiting to hear from another program. They may fill your spot while you are delaying.
- Do a preliminary year interview first, or a school destined to be low on your list. If possible, do the ones you care about in December or January – you have more practice, and they remember you more for when they rank their list.

### CANCELLING INTERVIEWS

- Cancelling interviews is ok, and common towards the end of the interview season. But you **MUST** contact the program.
  - Not turning up is VERY BAD and will get both communicated and remembered later...
  - Program and student directors get together annually and have long memories.
- Try to avoid last minute cancellations. You may be preventing another student from an interview.
- But even if it is last minute, it is courteous and respectful to let the program know you are not coming, and it is possible that the spot still can be offered to someone else.

It is a small world - not acting professionally gets around!

### TRAVEL

Travel will get expensive. Budget appropriately and make sure you have saved your money. If need be, take out a loan for applying to residency. It is better to match on your first shot and spend a little more money than expected now than have to apply all over again the following year.

### Get there the night before.

- The last thing that you want to do is turn up late, or stressed, due to travel problems.
- Many programs hold dinners the night before for interviewees.

### Accommodations:

- Try to use the same chain of hotels. You might get enough “points” for a free stay or free upgrade.
- Ask the program if they have discount rates at nearby hotels
- Try websites such as [priceline or Costco Travel](#)

### Planes:

- Get Transportation Security Administration Pre-check (TSA Pre✓®). It will a lot of time.
- Consider getting a credit card that offers travel benefits (e.g., [Chase Sapphire Reserve®](#) <https://www.cardrates.com/advice/chase-sapphire-reserve-benefits/>) - credits for flights, application fee credit for Global Entry or TSA Pre✓®, and access to airport lounges. It can save time - and money.
- Plan on paying a lot for your tickets because the priority is getting to your interviews. Try to use one airline, and a flexible one, so you can change reservations at the last minute without paying a premium, e.g., Southwest.
- Use price sites such as [Google Flights](#)
- Carry on everything you need for the interview (interview garb, professional portfolio pad, pen). Often you fly in late at night, start the interview bright and early, and fly out right after the interview (hopefully to go to another one), so you won’t have time to do errands, like retrieving luggage.

**Trains:** Amtrak is very convenient for interviewing at multiple cities on the east coast.

### Automobiles:

- Use Google Maps or Waze on your phone to avoid getting lost.
- Sign up for Uber or Lyft on your smartphone to get a quick and often very affordable ride.
- Car rentals are not as expensive as you may think. Check out rates before you go.
- Most programs will validate your parking so bring you parking ticket into the interview.

## PREPARATION

- Practice interviewing:
  - If there are workshops at school, attend these.
  - Arrange for a dress-rehearsal mock interview with a faculty member you don’t know.
- Find out **exactly where** and **what time** your interview day begins.
- You can ask the program coordinator what to expect.
  - You may have anything from 2-9 interviews.
  - Some programs do “speed interviewing” (5 to 6 10-minute interviews).
- Look up information about the program on their website.
  - Lack of knowledge about the program and the use of only generic questions is a turn off.
  - It shows that you are interested, resourceful, and unafraid of doing a little bit of work.
  - Write down specific questions on your portfolio pad. During the interview you can refer to the questions, and also show the preparations you’ve made.

- So, then, during the interview you can focus more on if you like the place or not based on things that can't be found on the website.
- You can send **new information/updates** and/or bring it to the interview: New research, AOA election, brilliant Step 2 scores (see “When you can contact a program directly” section). If you have updates after the interview, send them also.
- Carry with you:
  - Copies of your CV in a nice folder/binder to hand to the interviewers if needed, and consider the following:
    - i. On nice paper
    - ii. In color
    - iii. Consider color photo printed in corner: same as that on ERAS (that looks like you at the interview – hair, clothes)
  - Copies of publications/abstracts printed out to hand to interviewers if needed.
- Know everything on your application, including exactly what research project was.
- Have a nice pen to write with at the interview – no pharmaceutical “freebies” of any kind.
- Dress neatly & conservatively (hopefully the same on your picture). They should think you know the unwritten rules.
  - Clothing doesn't have to be all black: a little color is okay – e.g., interesting blouse or tie.
    - Avoid trendy fashions.
    - Not too short a skirt – you don't want to be tugging at it.
    - Not too much cleavage.
  - Clean hands and fingernails (consider removing all nail polish or making conservative choice).
  - No perfume. We don't want an allergic reaction.
  - Limit external ornamentation.
  - Comfortable shoes that you can walk long distances in.

For additional interview tips: [Iserson's Getting Into a Residency: A Guide for Medical Students, 8th edition](#)

## INTERVIEW ADVICE

Summary:

- Be 5 minutes early, not 5 minutes late.
- **Be nice, as you should be every day.** Smile, eye contact, firm handshake.
- Dress neatly & conservatively.
- Cell phones must be OFF for the entire time.
- Take detailed notes as soon as you leave: Why would I come/not come here?

## DINNER THE NIGHT BEFORE

**Is it necessary to attend? No, but it gives you a sense of whether or not you will fit in.**

- Majority of programs host a dinner the night before the interview for the applicants and the residents.
- These can get in the way of travel plans and make your life more difficult. However, they can help you get a sense of what the residents are like, how happy they are, and what it is like living in the area.



- **The dinner gives you the only chance of talking to the residents alone (faculty rarely attend). Find out if you really want to join them for 4 years. It is optional but a great opportunity to get a real sense of the program from their residents' point of view.**
- Consider dinner/lunch/socialization as part of the interview. You are “on the record” for your entire visit.
  - DO NOT get drunk or let loose or complain about anything. (“Loose lips sink ships.”)
  - Many a candidate has been down ranked from comments or behavior at the dinner.
- **Most programs listen carefully to resident opinions about candidates.**
- Be kind and considerate to your fellow candidates – programs are interested in team players.
- Let them know ahead of time if you have special dietary needs.

## AT THE INTERVIEW

Most find radiology interviews to be very friendly and mostly a get-to-know-you session. If you've made it to the interview the program is very interested in you and just wants to see what kind of a person you are. Particularly in radiology where you spend a lot of time sitting next to people in the reading room and interacting with clinicians and radiology personnel, they want to make sure you are the sort of person who is friendly, fun, honest, responsible and hard-working.

The easier the interaction during the interview, the better the outcome.

- From when you pull onto campus to the time you leave, you must be in interview mode.
  - Even during lunch or just sitting around waiting, be appropriate and respectful.
  - The non-medical staff can exercise astonishing veto power. No one wants a resident who may be rude to technologists, nurses and secretaries in future.
  - Coordinators also have the power to help you, so treat them well.
  - YOU ARE NEVER “OFF THE RECORD.” Sorry, but it’s true.
- This is your time to shine - you are trying to sell yourself, but do not come off as arrogant.
- Relax and enjoy yourself. Be yourself, act interested and be enthusiastic. Interviewers will notice.
- No whining about air connections, hotels, parking, or acts of gods, or letting on how much you hate snow when interviewing in the snow belt.
- Don’t fall asleep during the Chairman's presentation (yes, it’s happened!).

### Get a feel for the program.

- Are the residents happy? Do you have an opportunity to meet the residents?
- Some programs may try to “hide” their residents - this is a warning sign!
- Do you feel comfortable during the interview day and in the area the hospital is located?
- Is it somewhere you would want to work and live?

## QUESTIONS DURING INTERVIEWS

Specific answers don't matter. Be prepared to be crisp, professional, and eloquent without sounding as if you pre-memorized every word. Use every opportunity you can to sell yourself to the program and to keep a conversation going. Never just respond with a “yes” or “no” answer even if asked a “yes” or “no” question.

## SMILE ☺!

Write notes right away to help you write thank you emails (if you do so) and especially during ranking the programs. Otherwise the details of the programs will run together.

### Common questions for the candidate:

- You must know and be able to answer questions about everything on your application. You will be amazed by what some interviewers pull out of your application and by what some don't seem to notice.
  - Most of the questions you will get are phrased like this:  
"I see on your application..." or "Tell me more about ..."
- Why did you apply here (second most common)?
- Tell me about yourself - have a nice 4 to 5 sentence synopsis about YOU. Don't say, "What do you mean?" Decide ahead of time if you're going to talk about your life story, about academics, etc. Make it short and sweet – and interesting if possible.
- What particularly interests you about our program?
- What can I tell you about our program?
- What are you looking for in a program?
- Why radiology?
- If you couldn't do radiology what would you do? Why didn't you do (your answer) anyway?
- What seminal papers has your letter writer written?
- What was your worst hospital experience?
- Tell me about a patient encounter... (be prepared to talk about a specific patient you interacted with and something you learned about this interaction; it does not have to be about a radiology patient).
- Favorite organ system? Discuss imaging of that system.
- What do you think about the healthcare system?
- What are the challenges ahead for radiology?
- Read the papers during interview season – be aware of what's going on.
- Where do you see yourself in 10 years?
- Tell me about your research.
- I notice you play...insert name of sport, instrument.
- What do you like to do for fun? You can say something that is not on your application. e.g., "I like to go fishing" but don't stop there.
- What was your biggest mistake?
- Describe a challenge you have surmounted.
- What was your one defining moment? What are you most proud of?
- Have you ever lost your temper in a clinical setting?
- What does it take to get you angry? Ever been in a fistfight?
- What are your strengths and weaknesses? Cliché, but you will definitely get this question. Prepare an example of each, and for your weakness, discuss how you are trying to improve it.
- What sets you apart from the other applicants?
- Tell me three things your best friend would say he/she liked about you. And didn't like.
- Tell me about a decision you've made in the last year.
- Tell me about a bad decision you've made.
- Tell me a joke (!!). Be careful.
- What was the last museum (theatre, movie, public park) you saw?
- What was the last/favorite book you read/movie you've seen? Be familiar with the claimed book.
- If you were an animal, which would you be?
- If you were a plant, what kind would you be?

- Or to show you a paper, coin, or toothpick mind-teaser (“Using only these 3 pennies, build a model of the Spaceship Enterprise...”) or ask you to solve an odd puzzle question. And occasionally an interviewer just sits there, silent, to see your reaction...try not to babble.
- What do you think about healthcare reform? (Avoid political answers or taking sides).

There is simply no way to anticipate or prepare for some things. Should you freeze and flail, practice saying “I am sorry, I’ve never thought about that question. Let me think and then start talking again.” And smile a lot.

- Where are we on your rank list?” (ILLEGAL!!! Be tactful and evasive e.g., “I am still putting a lot of thought into my list and I haven’t finished interviewing yet”)
- And of course that great conversation-stopper: "**Do you have any questions for me?**" Make sure you do! See below.

### Questions for the attending interviewer

It is crucial that you know about the program and have specific questions to ask.

Research the program before you go and write a list of questions that you can ask.

Don’t let interviewers feel that you are just going through the motions or using them as a “safety” program.

Don’t be afraid to ask more than one person the same questions. Don’t ask questions that were answered at general sessions unless you want clarification; it makes you look like you were not paying attention.

Write questions down, it’s ok to look at your notes.

- Has your new Chairman changed the department significantly? Are more changes to come?
- You have an animal MRI research lab. Can residents become involved in projects?
- What kind of equipment do you have? (but do the research first about what is available and what it means - and what they have on the website already)
- Research opportunities? Is there protected time for research?
- How much didactic/case conference lectures are there? Is this time protected for the residents?
- Teaching responsibilities for the residents?
- How do you prepare your residents for the CORE exam?
- Do residents attend any review courses for the CORE exam?
- I see that you have 6 IR residents and fellows, how does this affect resident opportunities for hands-on training?
- What kind of attending backup is there on call?
- Any changes to the program in the future?
- Patient population? Not if this is obvious from the website or situation – VA hospital, County hospital.
- Do residents rotate at other hospitals?
- I have 2 school age children, what are the schools like in the area?
- Real estate is very expensive locally, so where do the residents live?

### Questions for the residents (interviewers and other)

You may have resident interviews, and in between interviews you will have the chance to ask the residents about the program. Many programs hold dinners or lunches with the residents. They are your best source of information. Talk to younger residents as well because they are closest to where you will be and some of them will even be there when you start. Try to get a feel for the level of morale and general resident satisfaction with the program.

- What is call like? Night float or overnight call? How is the backup during call?

- What is the patient load like?
- Who gives the lectures? How do you like the didactics and teaching? Ability to attend conferences?
- What is the interaction like between the residents and attendings? How do you read out with the attendings?
- How prepared were you for the CORE exam?
- How much time did you get to study for the CORE exam?
- Faculty/resident ratio. Is there a lot of staff/resident turnover? Staff support?
- Do they get good hands-on experience?
- Wide variety of cases?
- Boards pass rates?
- Opportunities for fellowship? But you can go to another, more academic program for fellowship.
- What do you like about working here?
- What do you dislike?
- Benefits like meals, health insurance, vacation, pay, etc.?
- What are the social/family opportunities outside work?
- Housing costs? Where do residents live? Cost of living? What is the parking situation?
- Spouse work opportunities?
- Is moonlighting available (be careful, sometimes this is a “don’t ask, don’t tell” issue)?

For additional information, [Interviewing residency programs](#)

## INTERVIEWERS LIKES AND DISLIKES

The following are direct quotes from interviewers:

### Dislikes

- Having no questions to ask me.
- Asking me what are the strengths and weaknesses of my program. Who is interviewing who? Too general and standard a question.
- Having no knowledge of program.
- I'm not a big fan of saying that the program looked good on the website as a reason for coming here. Makes it seem like you liked their pretty website-only! Specific reasons for choosing programs (size, location, heard about from somebody that works here) is advantageous.
- Inability to back up something they put on the application (e.g., concert level pianist who has only played at school concerts).
- When a medical student has already chosen their fellowship before they have done radiology.
- Don't overuse casual phrases – dude, man, like, awesome, totally.
- Don't make a statement sound like a question: “I'm from California?”
- One word, dead end answers to questions.
- Hedging.
- Weak handshake.
- Nervous fiddling, playing with face or hair. Jiggling knees.
- Chewing gum.
- Very short skirts.
- Do the interview, and don't come back to talk to me again, unless there is a reason. I'm busy.

- If you follow up with me in some way, try to do it in a way that does not require me to respond. I don't want 50 new pen pals.

## Likes

- Questions that show the student has prepared: looked at the website, talked to someone, thought about it e.g.,
  - Location/geography – “how does it affect case mix and potential experience?”
  - “The ----- program looks interesting,” and then asking specific questions about it, not just “Tell me about it,” while I sit here and try to stay awake.
- Know something about the program, a few specific strengths even if from the program's web site, can show that you did your homework and are motivated to be a resident there.
- Just tell me about the issue/problem in medical school, the gap, the foreign school, the unusual employment history - I'll find out anyway. It's better to own up and tell me what it taught you.
- Show enthusiasm both for radiology and for the program specifically, but don't overdo it.
- I want to see that they are excited by the practice of radiology not the life style, money or even that their primary interest is the technology itself. I want to sense that what really turns them on is trying to figure out what is wrong or not wrong with the patient, i.e., making the diagnosis.
- I like when I can have an interesting conversation with the applicant and get to know them as a person. They already made the cut academically, or they wouldn't be interviewing.
- Have something interesting to talk about from your application.
- I love it when I learn something in the interview.
- I like good eye contact and students that are genuine and straightforward, comfortable being themselves, not trying to play some role in interview mode.
- Firm handshake.

## THINGS TO CONSIDER AT THE PROGRAMS WHEN INTERVIEWING AND RANKING

Board pass rates, review courses, and dedicated study time

Conferences

- Quality
- Number
- Topics
- Cancellations

Is there a department/facility library?

- Teaching files
- Books

Opportunity to do cases

- Do the fellows stand in the way?
- Procedure log numbers
- Pick a particular procedure: e.g., Nephrostomies - How many do residents do?

What are the elective opportunities?

- Legal rotation

- Practice management
- Personal finance

What are the benefits provided?

- Salary & how does it compare to others?
- Medical, dental, and optical insurance?
- Retirement plan and matching?
- Academic or book fund?
- Vacation days?
- Statdx, Radprimer, or e-anatomy?
- Conference funding?
- AIRP funding?
- Moonlighting opportunities?
  - Contrast coverage
  - Clinical moonlighting
- Parking included?
- Public transportation discounts?

Ultrasound scanning opportunities

How are the core competencies incorporated into the program?

Do the residents evaluate the faculty?

Is research available? Required or encouraged

Is preliminary year included?

Fellowship Opportunities

Size of Program

- Number of residents
- Number of fellows
- Number of staff
- Is it small, medium or large?

Geographic considerations

Is there diversity in the program?

- Ethnic
- Gender

Camaraderie

- Between residents
- Between residents & staff
- Between residents & ancillary personnel

## Relationship with colleagues

### Stability of the staff

- Are the numbers going up or down?
- Where has the staff trained?
- Is there a section of the department that is particularly strong or weak?

Is the Program Director approachable? And the residency coordinator?

- Is he or she a resident advocate?

### PACS and IT

### Volume and types of cases at the hospitals

- Admissions
- Surgeries
- ED visits – Trauma Center?

### Facility

- Radiology equipment
- Physical plant
- Day care service
- Cafeteria
- Future expansion

### Relationship of Radiology and the rest of the hospital

- Medicine
- Surgery
- Pediatrics
- OB
- ED

How does the hospital treat its employees?

### Accreditation

- How many years?

### Surrounding Area

- Childcare
- Schooling
- Shopping
- Housing availability
- Safety
- Social and cultural activities
- Sports

## SHOULD I SEND THANK YOU NOTES AFTER INTERVIEWING?

- No easy answer.
- It is not going to make a poor candidate a viable one, and if you are a good candidate then it probably won't make much difference to your ranking.
- Send via email to the program coordinator and a few selected people in a timely manner.
- Ask up front for PD preferences – some will ask you not to.
- Between the time of the interview and the Match, students should exercise common sense and good taste, and bottom line: avoid irritating or causing more work for the PD.
- Make notes right after finishing the interview day, to help when you write these emails.
- Brief, professional, personal - one that states something specific about the program or the interview day.
  - Humor helps when in good taste.
  - Grammar and spelling - all names should be correctly spelled.
- **IF IT IS TRUE**, espouse your enthusiasm and allude to your hopes and send the **I AM RANKING YOU NUMBER ONE EMAIL**.
  - It is to your advantage to tell your number one program that you are ranking them number one. Do not send this email to multiple programs. Radiology is a small world and it might haunt you if you do this to multiple programs.
  - It is the best card you can play and the only way for you to **TRY TO** convince programs to rank you higher after the interview. Send this email in January, right before the ranking meeting. Make it short, concise, clear, and direct. Do not hedge or beat around the bush.
  - Telling a program that you are “ranking them highly,” “near the top,” or in other similar language will let the program director know that you are not ranking them number one. Because if you were ranking them number one, you would say so, since almost all medical students would say so to get themselves ranked higher. It might be better to not say anything than to tell them you are “ranking them highly.” Program directors have been playing this game for many years, much longer than you, and know how to read in between the lines.

For discussion on communicating with programs, please see: [Applicant to Residency Program Translation Guide](#)

## SECOND LOOKS

This is an opportunity to check out a program once again after your interview. It may help if you are having difficulty remembering what a program was like or it can help to show your interest in the program. The danger here is that you might have an unpleasant interaction and prejudice the program against you, but mostly it is a waste of another medical school day. In general, this is not needed or helpful.

## RANKING PROGRAMS

- A computer with a mathematical algorithm determines your fate:  
[How the Matching Algorithm Works](#)
- Submit early – you can change it - don't wait until the final hours to certify it the first time.



- The radiology faculty advisor is YOUR advocate, and you should feel free to discuss your rank list with him or her. She/he will not divulge this to the ranking committee unless at any point it seems to YOUR detriment not to.
- There is no “one size fits all” answer to this. Refer to your detailed notes, but trust your gut: You must find the one thing that matters most to you in a program. Is a significant other/family in the city? Research or IR experience? Happy residents?  
(See “LIST OF THINGS TO CONSIDER AT THE PROGRAMS WHEN INTERVIEWING AND RANKING” section)
- Rank all programs that you interviewed at, unless you really hated a particular place - but consider whether you would rather not do radiology than match there. Be realistic. Don’t get emotionally committed to any program.
- Rank based on where YOU want to go. The applicant’s rank list has priority over the programs’ rank lists!

The computer algorithm DOES favor the applicant.

Do NOT rank places you WOULD NOT go to.

- Take the 3 you like best and put them in order of where you want to live.
- Rank the bottom 3.
- No advice about the middle ranks. They are often the most difficult to rank.
- Don’t try and work in your interpretation of the likelihood of matching, you are likely to be wrong and it doesn’t matter. List in the order you want.
- If you are interested in IR training and applied to both DR and IR residency (you generally should), then you will have to create a rank list containing both types of programs.
- Most applicants in this situation would rank the IR programs above the DR programs, however it is applicant and program specific. For example, you may rank IR program A #1 and IR program B #2 but prefer DR program A over IR program C at #3.
- Because IR residency is much more competitive than DR residency, you are likely to receive more AND better interviews at DR programs than IR programs. How you rank this is up to you.
- For Radiology, you must rank both your radiology PGY 2 year and your PGY 1 intern year. You must enter the intern year as a “supplemental list.” So, if you match at program X, then the computer goes into the supplemental list you ranked for program X and it tries to place you as high as it can on that list.
- Consider including a preliminary program not hitched to a residency in case you fail to match into radiology.

**Correspond with your top programs once more before they rank.** (See “WHEN YOU CAN CONTACT A PROGRAM DIRECTLY” section)

- Students feel that they will not be ranked well unless they tell the program that they are ranking that program number 1, or at least in the top 3. This isn’t true – you will be ranked on your merits, although it helps to know if you are interested.
- At the end of the interview season, if you tell a program director that you are ranking their program “highly,” then they know you are not ranking them number 1. With experience they have learned that if a student were ranking them number 1, then he or she would say so.
- So it is only your “ranking you number 1” email that might have an impact on how programs rank you.
- Programs rank at all different times, and if you contact them, it should be before they rank. Find out their last interview day and email them shortly after this date.
- Conversely, programs might try to change how you rank them by sending you emails and saying you are ranked “highly.” The only meaningful email from programs is a “ranked to match” email and this

email might be deceiving. For example, if a program has 10 spots and you are “ranked to match,” then theoretically you are ranked in their top 10 and will match there if you rank them number 1. However, people don’t always tell the truth. Don’t be sure until you open your letter on Match Day.

- It is **within Match Rules** to tell a program “You are my first choice.”  
*“Having finished my interviews, I wanted to tell you how impressed I was with your program. I am ranking you number 1, and would be honored to join you in 2---. I hope you will keep me strongly in mind.”*
- **Match violations:** programs **SHOULD NOT** ask you how you are ranking them (**nor can you ask them**).
- If a program calls and tells you that you are being ranked highly, you need not answer directly. Have a handy answer ready – something positive, appreciative, but noncommittal: *“Thank you, I am flattered and thrilled. You will be high on my list, but I haven’t finalized it yet.”*
- Along the same lines, don’t believe what they say about where they are placing you on the rank list.

For discussion on communicating with programs, please see: [Applicant to Residency Program Translation Guide](#)

### WILL THE RADIOLOGY STAFF CONTACT PROGRAMS FOR ME?

- It depends on the school.
- Talk to your mentor in radiology.
- Don’t lie to the caller/your advocate! There are significant repercussions both to your program and the caller.

### WAITING

- Relax. The hard part is over.
- You have probably seen areas of the country on interviews you never knew existed.
- Pay off your credit card bills. Apply for that residency interview loan.
- Make sure you have done everything you need to graduate and get excited!

### MATCH WEEK!

#### Monday:

- Email from the NRMP at 12 noon EST: “Yes, you matched.” or “No, you did not match.”
- Contains both PGY 1 and PGY 2-5 matches, or PGY 1-5/6 categorical.
- No information about where you matched.

#### Supplemental Offer and Acceptance Program (SOAP) – Follow instructions

- SOAP is the process through which positions offered by unfilled programs will be accepted by unmatched applicants during Match Week.
- SOAP replaces the "Scramble" and provides a standardized and uniform process for obtaining post-match appointments.
- All applications to programs are done via ERAS. Unmatched candidates select programs via ERAS starting on the Monday. Programs can contact candidates after reviewing applications. Candidates do NOT contact programs directly.
- Positions offered and accepted during SOAP establish a *binding commitment* enforced by the Match Participation Agreement.

For additional information, view [How SOAP Works](#)

**Friday Match Day:**

- Depends on the medical school:
  - Breakfast or lunch.
  - Applicants receive the envelopes containing their match, privately or publicly.

**FINAL ADVICE**

In conclusion, this is not a black and white process.

- Opinions vary and you will hear many different ways of attacking the residency application process.
- Follow your gut and do what you think is right.
- Be your own advocate - applying to residency is not a passive process.
- Be strong and positive - it IS better on the other side of medical school! Best wishes!!

## ON-LINE RESOURCES

Source: NRMP

**Results and Data: 2018 Main Residency Match** (*PDF, 128 pages*) This report contains statistical tables and graphs for the Main Residency Match<sup>®</sup> and lists by state and sponsoring institution every participating program, the number of positions offered, and the number filled. SOAP<sup>®</sup> data also are presented.

**Charting Outcomes in the Match, 2016:** These reports document how applicant qualifications affect match success. Ten to twelve measures are examined in the reports, including the number of contiguous ranks in preferred specialty, the number of distinct specialties ranked, USMLE<sup>®</sup> Step 1 and Step 2 CK scores (for U.S. allopathic seniors and IMGs), COMLEX-USA<sup>®</sup> Level 1 and Level 2-CE scores (for osteopathic students/graduates), and the numbers of research experiences, publications, and work and volunteer experiences.

**[Charting Outcomes in the Match for U.S. Allopathic Seniors: Characteristics of U.S. Allopathic Seniors Who Matched to Their Preferred Specialty in the 2016 Main Residency Match \(1st edition\)](#)** (*PDF, 211 pages*)

**[Charting Outcomes in the Match for U.S. Osteopathic Medical Students and Graduates: Characteristics of U.S. Osteopathic Medical Students and Graduates Who Matched to Their Preferred Specialty in the 2016 Main Residency Match \(1st edition\)](#)** (*PDF, 128 pages*)

**[Charting Outcomes in the Match for International Medical Graduates: Characteristics of International Medical Graduates Who Matched to Their Preferred Specialty in the 2016 Main Residency Match \(2nd edition\)](#)** (*PDF, 294 pages*)

**[Results of the 2016 NRMP Program Director Survey](#)** (*PDF, 172 PAGES*) This report examines the factors program directors use to select applicants to interview and rank. Data are reported for 22 specialties and the transitional year in the Main Residency Match.

**[Results of the 2017 NRMP Applicant Survey](#)** (*PDF, 184 pages*) This report presents the results of selected items from the 2017 NRMP Applicant Survey. The report documents factors that applicants weigh in selecting programs (1) at which to interview and (2) to rank in the Main Residency Match.

[List of ACGME Accredited DR Residency Programs](#)

[List of ACGME Accredited IR Residency Programs](#)

[Fellowship and Residency Electronic Interactive Database \(FREIDA\)](#)

[Electronic Residency Application Service \(ERAS\)](#)

[National Resident Matching Program \(NRMP\)](#)

[Doximity Residency Program Ranking](#)