



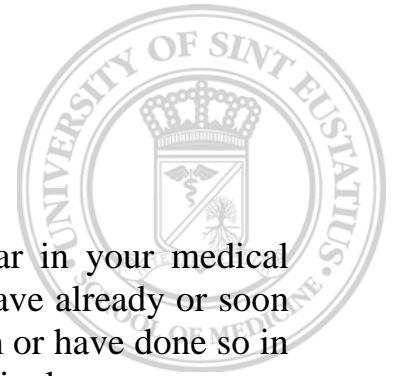
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# Clinical Residency Handbook

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University of  
Sint Eustatius  
School of Medicine

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Dear Sint Eustatius Clinical Student,

Congratulations on the many successes you have had thus far in your medical education. In reading this document it is likely that you will have already or soon will be completing the Basic Science curriculum in our program or have done so in another program and are preparing for the next phase of the curriculum.

Having now developed a foundation of knowledge of the many key disciplines in the medical sciences, you must think about your plan and preparation for a successful sitting of the USMLE Step I exam. It will be emphasized here and in other areas of this document the supreme importance in taking the Step I exam very seriously and doing your very best. Your level of achievement on the USMLE exams will be the primary measure and comparison of your suitability and competitiveness for residency programs of your choice in the near future.

The University and our clinical team are dedicated to serving you to the best of our ability during these next steps in completing the curricular requirements to receive your Doctor of Medicine degree. This document will first provide sections discussing the many facets and requirements for the clinical clerkships followed by sections dedicated to the residency application and interview process we hope you will all be involved with in the future.

We will facilitate, and to the best of our ability, support and structure a clinical path and rotation schedule that will suit your strengths and interests in order for you to be the strongest candidate for residency.

We look forward to working with you during this very exciting phase of your medical education curriculum. Stay focused, work hard and be diligent in fulfilling your responsibilities and you will be successful.

Your Clinical Support Team

*Marc A. Poulin, MS*  
Assistant Dean

*Ronyia Bracey*  
Clinical and Credential  
Services

*Rick Castronova*  
Clinical Support

## USMLE Step I:

As you approach the completion of the Basic Sciences you will undoubtedly begin to think about the USMLE Step I. This deserves great consideration and your greatest effort as this is a very challenging exam and lack of preparation or focused plan of action will surely bring forward some stressors. It goes without saying that a strong foundation of knowledge and performance in the Basic Sciences along with an effective plan for preparation is directly related to student success with the Step I exam. Let's take a moment to understand some of the timing issues to consider and be aware of once you complete the basic sciences and sit Step I. Typical exit points from the basic sciences are April, August and December each year. Using the year 2015 as an example

- April 2015 exit from BS- 25 months to make the Match 2017
- August 2015 exit- 21 months to make 2017=not likely. More likely to make 2018 Match and have more than 30 months to complete work
- December 2015 exit- 30 months to make Match of 2018.

Clarification and understanding of your time line to meet Match deadlines will be discussed with each individual.

## USMLE Step Preparation:

The USMLE Step I exam is arguably one of the most challenging of the professional exams and special attention must be paid to prepare for this exam. Each of the major disciplines are represented on the exam and you will be asked 350 questions divided into 7 one hour blocks each of 50 questions. Four blocks in the morning before lunch and 3 in the afternoon. There are many ways to prepare for the exam to include taking a huge pile of information that you have gathered during the basic sciences and making your way through it to taking formal review courses. Some of the more traditional resources for you to consider are as follows:

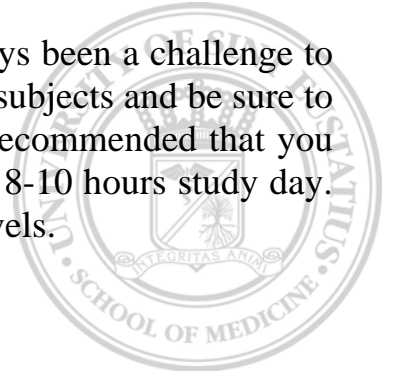
**Review Courses:** Kaplan, Flacon and Princeton, PASS and a program at the University of Missouri at Kansas City specifically if you become challenged by the exam.

**Q-Banks:** Each of the review courses has its own version of questions provided to you. Others to consider are USMLE World and Exammaster.com. USMLE world questions are very challenging and best used toward the end of your study schedule while the Exammaster CD has over 8,000 questions that can be used throughout your preparation as a method for learning new information.

**Books and Videos:** First Aid for Step I (2006 version or newer) this resource will help to provide an outline of the materials that you need to have proficiency with. If videos are effective for you to study, each review course has these resources as well.

Regardless of the methods you use for review for Step I you must in each case develop a schedule. Dedicate time to the subjects as needed depending on your current proficiency. At the end of the Basic Sciences studying for this exam will be your full time job so don't be

distracted or procrastinate. Be sure to emphasize subjects that have always been a challenge to you. Every student has different aptitudes, likes and dislikes for different subjects and be sure to know which 4-5 are your Achilles heel and attack those subjects. It is recommended that you study in 2 hours blocks with 15 minute breaks to be most effective in an 8-10 hours study day. Eat well and exercise as both will help maintain your focus and energy levels.



### **USMLE Step I Application:**

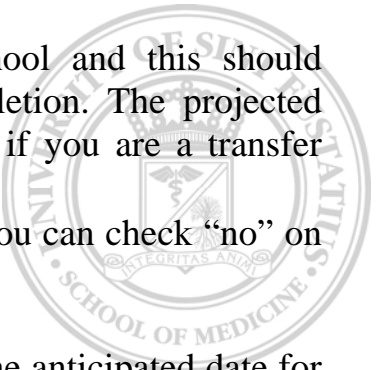
You will need to fill out an application in order to become eligible to sit the Step I exam and this process is initiated by visiting [www.ecfm.org](http://www.ecfm.org). It is suggested that you navigate the ECFMG website when you have time as it can be a primary source of information and resources as you make your way through the clinical curriculum toward graduation, ECFMG certification and residency eligibility.

As you enter the ECFMG website you will see on the left a link to the Step I/Step II Application. This process is very straight forward and is explained fully in the website. Please be self-informed and read any instructions provided to understand the process and to fill in the application completely and correctly. You can stop and save the information during the process and can go back to change things if needed.

A few key points and areas to note about the USMLE Step application:

- To begin the application process you must first visit the ECFMG website and register for a User Name and Password which will be the first screen to show up when you click the “Apply” link. This process takes just a few moments but it can take as many as 5 days for your information to be registered and to assign you a unique USMLE ID. This information will come to you by email and allow you to sign in and apply for the exam.
- Read the FAQ’s and Application Handbook as most questions we field are readily answered in these two sections of the ECFMG website.
- Once you register with the ECFMG you will automatically get the ECFMG Reporter which we suggest you read completely each time you receive it as it gives important updates, rule changes and bulletins that could pertain to you.
- Allow 21 business days for application processing to include our certification of the application, registration of your application into the ECFMG database and receipt of your exam permit. Your permit will have a pin # which allows you to make an appointment for the exam at any Sylvan Technology (Prometric) Center nearest to you.
- When you are asked for the school address you can enter the NY Admin Office address as follows:

University of Sint Eustatius  
50 Glen Street, Suite 308  
Glen Cove, NY 11542

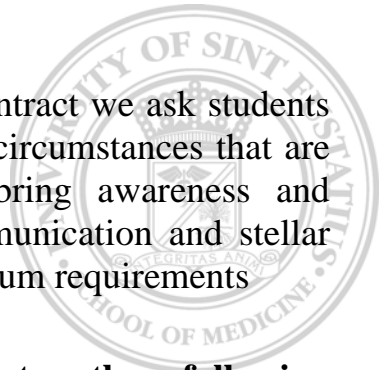
- 
- The application asks for your attendance dates in medical school and this should encompass your start date through your projected date of completion. The projected graduation date and diploma date will be the same. Don't forget if you are a transfer student to enter the other MD schools you had previously attended.
  - You do not need to complete an Internship with our program and you can check "no" on this question.
  - Degree Title = Doctor of Medicine
  - Be sure to check the appropriate test block (90 day window) with the anticipated date for your exam somewhere in the middle of the test block. As an example if you wish to sit the exam during the month of March your test block should be February 1 thru April 30. This allows you to take it in Feb. if your preparation goes well or take it in April if you needed more time.
  - Pay for your exam or it will be rejected. The fees change occasionally but are set now at \$695 for Step I and IICK and \$1200 for Step IICS.
  - At the end of the application you will print FORM 183 which must be signed, dated and have a photo attached and sent to our offices at the previous address so it can be certified and submitted for registration. (typical timeframe to receive your exam registration pin # is now about 21 days after you send us the Form 183) Soon there will be an on line certification process that we will outline once it is implemented by the ECFMG.
  - Once you have set a date for the exam at the Sylvan Prometric Testing Center near you, communicate with our office so as to record the date.
  - It takes approximately 21 business days for the score to be reported to you by email and you must forward the score to us for inclusion to your file. Knowing your score is passing will allow finalization of the clinical rotation schedule or your need to prepare again for the exam if the score is failing.

### **Individualized Clinical Support Documents:**

A member of the clinical support team will meet with students during the early weeks of their last Basic Science term to provide clinical orientation materials and discuss many issues to allow for a productive, interesting and exciting clinical schedule. A variety of documents will be needed for your individualized student clinical packet and you will be provided documents or templates for completion and return for packet inclusion. Examples and discussion of these documents will follow:

- Clinical Contract
- LAP Policy
- USMLE Transcript Release Form
- Clinical Deposit Letter
- Health Record Form/Immunizations
- Police Clearance Letter
- Blank Clinical Evaluation
- Resume/CV Template
- Student Questionnaire

**Clinical Contract:** The following document represents the current contract we ask students to read, understand and sign as it covers many of the requirements and circumstances that are encountered as a clinical student. This contract is intended to bring awareness and understanding of the curriculum requirements, need for effective communication and stellar behavior while you are participating in and fulfilling your clinical curriculum requirements

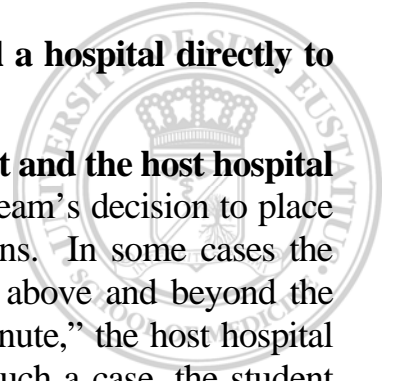


I, \_\_\_\_\_ agree to adhere to the following expectations and guidelines:      Print Name

- **Clinical rotations consist of 72 weeks of training.** Billing for clinical rotations is split into 6 terms of 12 weeks each. Tuition for each clinical term must be paid in full 30 days prior to starting each rotation block. Failure to pay tuition prior to the scheduled start date could result in withdrawal from that series of rotations. It is therefore critical that you consistently understand your status with respect to tuition with the bursar and your standing with the financial aid office if you are dependent on loans.
- **Students must submit all necessary forms promptly** to ensure efficient scheduling of clerkships and preparation of residency applications. Some documents are needed as much as 45-60 days in advance of the start of a clerkship.
- It is **REQUIRED** that each student contact the clinical office staff at least ***once per month*** to keep us informed of your study and preparation for Step I, date for Step exams, clinical rotation schedule, assessment of current clinical experience, time lines for core and elective rotations and any other relevant information. This will allow the clinical staff to best assist in an efficient scheduling and completion of the many tasks during the clinical phase of your MD curriculum.
- **It is each student's responsibility to inform the University of change of address, phone number, e-mail or other form of contact within 24 hours of that change.** We must always know how to contact you. With the continued development of the clinical program, you might be the strongest candidate for placement at a new site. However, if we are unable to contact you to confirm your availability, you might miss a valuable opportunity. It is essential to inform the finance office of any status changes as well to ensure proper management of your account.
- **Step I sponsorship and release of Basic Sciences transcripts** will only be possible once complete payment of Basic Sciences tuition and fees is verified and successful completion of the basic science curriculum and promotion to the clinical sciences is confirmed.
- **Students exiting the Basic Sciences will be expected to sit and pass the USMLE Step I exam no later than six (6) months after leaving the island campus. (Policy G-07-03 outlines the criteria and timelines for Sitting Step I)** Students exiting the Basic Sciences and eligible for USMLE Step I will sit as follows: students exiting April will sit for USMLE Step I by end of October to follow, students exiting August will sit for USMLE Step I by end of February to follow and students exiting December will sit for USMLE Step I by end of June to follow.

Exceptions to this rule will need preauthorization by the Clinical Dean and only considered with formal written appeal.

- **Students must report Step Scores immediately upon receipt.** This must include without exception both the front and back of the report. Should a student fail a Step exam, subsequent sponsorship for that exam will only occur once the score report from the previous exam is received by the clinical staff. *A student who fails the USMLE Step I exam three (3) times will be subject to dismissal for lack of academic progress and exam fulfillment. Only with a formal petition and request to the Clinical Deans will considerations be made for a 4<sup>th</sup> (last) writing of the exam and the Dean's decision will be final.*
- **Only after having provided the clinical office with a passing USMLE Step I score will students become eligible and allowed to be scheduled for clinical rotations.** Tuition for the first term of clinical rotations will be due 30 days before the first scheduled clinical rotation (around the same date you sit for Step I the first time). The university's personal medical insurance policy during clinical rotations will become active as soon as you begin rotations. Should you need and wish to have medical insurance from the time you leave the basic sciences until the time when you start clinical rotations you will be charged a monthly fee (\$200.00US) outside of the normal tuition. Medical Insurance covers students participating in Clerkships both in the US and abroad. If you can provide proof to the Bursar that you carry your own health insurance and wish not to enroll in our insurance, there may be a fee discount available associated with health insurance.
- **Insurance is available for a spouse at a current rate of approximately \$200/month and for each child at a rate of approximately \$150/month.** Insurance premiums are billed at monthly installments, and failure to pay the premiums will result in termination of insurance coverage. A student's failure to pay tuition will also result in loss of insurance coverage making the student ineligible to work in a clinical setting, thereby terminating clinical rotations. Upon commencing your first clinical rotation, tuition will cover both medical and liability insurance. Medical insurance, once you leave the basic sciences, will only be provided upon your request and at an appropriate fee until such time that you begin your first rotation. *Please be aware that all insurance rates are subject to change as the market dictates.*
- **Graduation Eligibility:** All students will only receive a signed official copy of the MD diploma once the curriculum is completed and the student has posted and reported passing USMLE Step I, Step IICK and Step IICS scores. Full payment of tuition and fees must also be verified by the Bursar's Office. Marching privileges and diploma presentation will be deferred until such time as these criteria are met.
- **Students of non-US citizenship:** Please be aware of the timelines and specific issues regarding eligibility for US rotations and make the appropriate contact with the immigration specialists that can assist students with processes for Visa applications and renewal of current visas if appropriate. These fees will be your responsibility and can range from \$1000-\$3000 depending on your status and country of origin. The clinical staff will supply any supporting documents that might be needed during these processes. Please also see the Immigration FAQ's on our website.



- **Only with previous approval by the clinical office may a student call a hospital directly to arrange rotations.**
- **The clinical team considers the best interest of both the clinical student and the host hospital when assigning clerkships.** Although students may appeal the clinical team’s decision to place them in a particular clerkship, the clinical team will make final decisions. In some cases the student may be assigned financial responsibility for a refused clerkship above and beyond the usual tuition. For example, if a student rejects a clerkship at the “last minute,” the host hospital may still demand payment for the reserved place in their program. In such a case, the student would be expected to provide payment for the placement.
- Issues regarding minimum training requirements for state licensure will be addressed with each student individually with much of this information available at the Federation of State Medical Boards website, [www.fsmb.org](http://www.fsmb.org)
- **Students in the clinical setting are expected to respect the authority of the managing physician (preceptor) and to comply with the requirements and directives of the clerkship teaching team.** Inappropriate behavior—especially that which compromises patient health, safety or confidentiality—will be addressed immediately by the Dean of Clinical Medicine.
- **Observed inappropriate personal behavior and habits (*inside and outside the hospital*) that bring undue scrutiny to you will reflect negatively on you and Sint Eustatius University’s Clinical Program.** These behaviors that compromise your professional relationship with the faculty, staff and students of a clinical site will likely compromise our ability to maintain and expand our training opportunities within said program. **Such activities that are brought to our attention will be addressed immediately and could ultimately result in dismissal!** Indiscretion will bring disrespect to you and your school’s clinical program. *You are a guest and represent your school in each hospital– indiscretion will not be tolerated!*
- **Students are expected to address any issues—either of a personal nature or regarding the teaching program—that may affect their performance in the rotation with the clinical team for quick resolution.** In any educational setting, conflicts and communication gaps occasionally arise; the clinical team will work to handle any issues fairly and with the student’s best interests in mind.
- **Rotation attendance is mandatory, and leaving a rotation is unusual and strongly discouraged.** In the case of a serious emergency or issue, a student must obtain permission from the managing preceptor, medical education coordinator and Dean of Clinical Medicine in order to leave a rotation. Depending on the schedule of the particular program, the student may not have the opportunity to complete the rotation at that site. In this case it would be necessary to explore alternatives with the University’s clinical office.

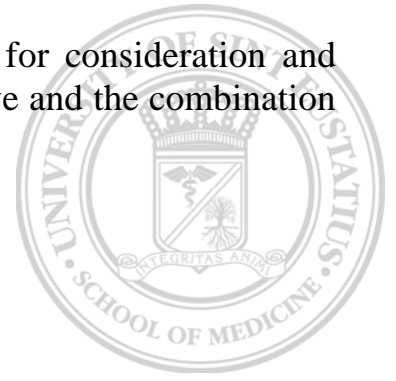
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Student Signature

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Date

Elaborating on this contract, the following are some additional points for consideration and understanding. Clerkships/Rotations are considered either Core or Elective and the combination must be a minimum of 72 weeks (48 Core and 24 Elective).



**Required Core Rotations:**

Surgery	12 weeks
Internal Medicine	12 weeks
Pediatrics	6 weeks
OBGYN	6 weeks
Family Medicine	6 weeks
Psychiatry	<u>6 weeks</u>
	48 weeks

Your clinical support team takes primary responsibility to maintain and schedule these rotations on behalf of each student and these rotations must be completed by every student.

**Elective Rotations:** These usually consist of 24 weeks to make up the total of 72 weeks. There are many choices here and this will be discussed in more detail in another segment of this manual.

When a student is asked to complete forms or provide information to the clinical support team it is usually important and expected to be received promptly. Knowing how to reach you with the most up-to-date address, phone numbers etc. is critical as we can and often need to reach you on a given day and must be able to do so. Keep in mind also that any activity on your behalf is dependent on you keeping your financial account with the university current.

It is imperative that you send us the USMLE score report once you receive it as this formally triggers the process to schedule and begin the clinical clerkship phase of the MD degree. This process has been made easier since you will receive an email notice that your score is available and you can retrieve it from the ECFMG site and forward it to our offices for posting. **Without your passing Step I score report you will not be allowed to complete any clinical training.**

**Lack of Academic Progress (LAP) Policy Letter:** This policy outlines the requirement for students to sit and pass the USMLE Step I exam within 6 months of either completing the Basic Sciences on the Sint Eustatius campus or transferring into the clinical program for Step I Sponsorship. Taking more time to sit the exam or failure of the exam requiring a subsequent sitting will trigger fees to maintain good standing with the university. Please see an example of the policy as follows:

Dear Student

Our administrative team has recently approved a policy that limits, with and without fees, the periods of inactivity without making academic progress. The accepted policy outlined below (G-07-03) will be effective as of July 2, 2007 and will require that your status with the University be understood and defined relative to the criteria of the policy. Please read the policy very carefully being mindful of the number of months since you have exited the basic sciences, transferred into Sint Eustatius, attempted USMLE exams, been challenged by finances or have not been active in clinical clerkships. Those of you on formal Leaves of Absence (LOA) must also be cognizant of this policy as it imposes limitations on the length of Leaves of Absence.

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## **INSTITUTIONAL POLICIES, PROCEDURES AND GUIDELINES**

### **University of Sint Eustatius School of Medicine**

**Category:** Academics

**Identification No:** G-07-03

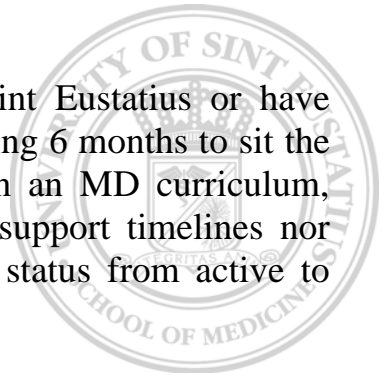
**Topic:** Lack of Academic Progress (greater than 6 months)  
Extended Enrollment

**Date Approved:** June 21, 2007

**Date Effective:** July 2, 2007

#### **Policy:**

- Any student who has been inactive and made no academic progress (has not written nor passed USMLE Step I or has passed Step I but not participated in clerkships) after 6 months will be charged \$200/month for the next 6 months to remain officially enrolled in the program. Eligibility for this extended enrollment requires that students be up to date with tuition and fee payment.
- If any student after 12 months is still inactive and made no academic progress they will receive a letter of Administrative Dismissal.  
**Students who believe they have extenuating circumstances and have reached the 12 month period of inactivity will have a process to appeal to the Committee for Academic Progress.**
- Administrative Dismissal will not mitigate the responsibility for any unpaid tuition and fees owed to the University and subsequent enrollment will require reapplication.
- This policy will apply to students who are on a documented Leave of Absence (LOA) if the LOA extends beyond 6 months. (Months 7-12 of any officially requested LOA will require \$200/month)



**Rationale:** Students who are exiting the basic science program on Sint Eustatius or have transferred into the clinical phase of the curriculum sign a contract allowing 6 months to sit the USMLE Step I exam. Periods of inactivity longer than six months in an MD curriculum, whether waiting to sit Step I or in between clinical rotations, do not support timelines nor enhance success or positive outcomes on USMLE exams. Change of status from active to inactive may lead to inability to have loans deferred.

**Procedures:**

- Students who at the writing of this policy (June 2007) have been inactive for more than 6 months but less than 12 months (1 year) will be informed of the policy and charged the appropriate fee.
- If at the writing of this policy a student has been inactive for more than 12 months (1 year) they will be informed of the policy and immediately sent a letter of Administrative Dismissal.
- If a student is billed for the enrollment fee and this fee and all past due tuition is not received within 20 days of invoice, this will signify the student’s desire to no longer be actively enrolled and Administrative Dismissal will occur.

\*\*\*\*\*

Our records indicate that **as of DATE OF LETTER**

- \_\_\_\_\_ You completed our basics science curriculum
- \_\_\_\_\_ You transferred to Sint Eustatius from another program after completing Basic sciences
- \_\_\_\_\_ You have not written UMSLE Step I
- \_\_\_\_\_ You have failed or taken multiple USMLE Exams
- \_\_\_\_\_ You have not participated in any clinical clerkships

**Please also acknowledge the receipt of this letter by printing, signing and returning to our offices immediately: IEMC**

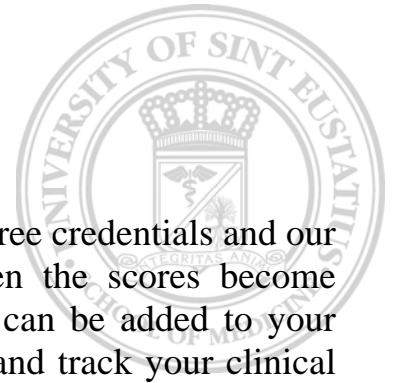
**50 Glen Street, Suite 308  
Glen Cove, NY 11542  
Attn: Clinical Department**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

## USMLE Transcript Release Letter and Form:



Dear Clinical Student,

USMLE Step scores are a very important component of your medical degree credentials and our University does not receive USMLE score reports automatically when the scores become available to you. We must depend on you to send the scores so they can be added to your record and these scores allow the clinical department to better manage and track your clinical education successes and subsequent residency search process.

In order for our department to be able to have the most current records in regard to your USMLE exam history, your signature on the following letter will allow the Clinical Deans to request a transcript from the ECFMG which will show your USMLE Step I, IICK and IICS history. These requests will only be carried out as a last resort to receive scores and we will still expect and depend on you to supply each score report to our office. If you have any questions regarding this request please contact Marc A. Poulin or Ronya Bracey so additional discussion can occur.

Respectfully submitted,

Marc A. Poulin, MS  
Associate Dean, Clinical Medicine

Ronya Bracey  
Director Clinical Services

### USMLE Transcript Release Form

I, \_\_\_\_\_, am signing and dating this document in order to allow the clinical administrative team of the University Of Sint Eustatius School Of Medicine to request my USMLE transcript during my matriculation with the University.

I understand that it is my sole responsibility to report USMLE Scores to the clinical team and should I not report the scores promptly, commencement of clinical rotations could be delayed and/or interrupted. I understand that if my transcript must be requested by the Clinical Deans, for lack of provision by me, that I will be charged a fee to cover the expense in getting information from the USMLE/ECFMG.

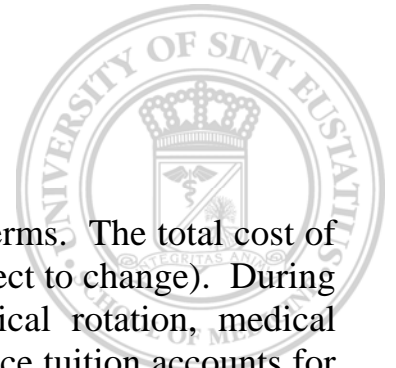
\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

## Clinical Deposit Letter:



Dear Clinical Student:

Clinical students are required to complete 72 weeks of rotations over 6 terms. The total cost of tuition for 6 terms of clinical rotations is \$50,400 (\$8,400 per term) (subject to change). During the time between leaving Sint Eustatius and starting your first clinical rotation, medical insurance is available but only upon request and additional payment. Since tuition accounts for two years of medical insurance, the down time for Step I preparation and sitting (as much as 6 months) is not part of the expected two years in clinical clerkships. If you wish to take the coverage you must inform the bursar and be added to the list of covered students. This coverage will be charged to you at a fee of \$200/ month until such time as you begin clinical rotations. Once your rotations begin, you will not be charged these additional fees.

If you have personal health insurance and do not need health insurance from the University during your clinical phase, you will be credited the cost of insurance once you begin clinical rotations.

All students exiting the basic sciences will be asked to send in a clinical deposit of \$1,000 to cover the costs of administrative fees, Step I sponsorship paper work, and place you on our active clinical list for good standing. This deposit will be required in May, September or January depending on when you complete the Basic Sciences.

This deposit will be deducted from your first clinical rotation invoice. Non-payment of this deposit may result in loss of good standing and inability to sponsor you for USMLE Step I. Please contact the Bursar's office in New York with any questions.

Student Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank You

John Bluethgen

Controller/Bursar

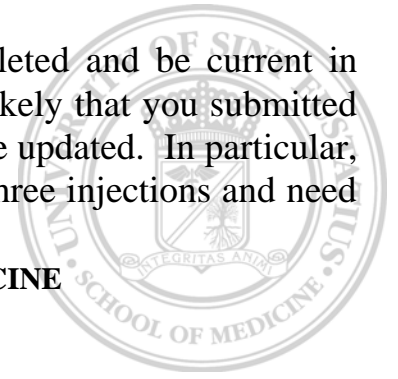
516-656-9250 x 13

516-656-9261 Fax

[jbluethgen@eustatiusmed.edu](mailto:jbluethgen@eustatiusmed.edu)

**Health Record Form/Immunizations:** This form must be completed and be current in order for you to be accepted into a hospital or clinic environment. It is likely that you submitted this form upon application but it may now be two years old and needs to be updated. In particular, students are asked to be sure to have completed the Hepatitis B series of three injections and need to have a current 2-step PPD test.

**UNIVERSITY OF SINT EUSTATIUS SCHOOL OF MEDICINE  
HEALTH FORM**



**INSTRUCTIONS:** Make a copy of the completed form for your own record and send the original directly to: **University of Sint Eustatius School of Medicine – 50 Glen Street – Suite 206 – Glen Cove, New York 11542**

**PERSONAL DATA**

**NAME:** \_\_\_\_\_  
Last First Middle

**SOCIAL SECURITY #:**      –      –      **DATE OF BIRTH:**      /      /      **SEX:**      M      F  
MM      DD      YY      Circle One

**PERMANENT ADDRESS:** \_\_\_\_\_

**CITY:**      **STATE:**      **ZIP CODE:**      **TELEPHONE:** (      )

**NEXT OF KIN**

**NAME OF KIN:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
Last First

**ADDRESS:** \_\_\_\_\_

**CITY:**      **STATE:**      **ZIP CODE:**      **TELEPHONE:** (      )

*In Case of Emergency Notify:*

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
Last First

**Telephone (w):** (      )      **Telephone (h):** (      )

**HEALTH CARE**

**NAME OF PRIMARY CARE PROVIDER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:**      **STATE:**      **ZIP CODE:**      **TELEPHONE:** (      )

**HEALTH INSURANCE COMPANY**      **POLICY No.:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_ **Telephone:** (      )

Name

Date of Birth

Last

First

Middle

**HEALTH HISTORY**

1. Check boxes to indicate whether you have (or had in past) these problems. Provide details of positive answers on the bottom of this sheet. We may request that you have your health care provider send further information after we review your answers.

	YES	NO	DATE	CONDITION
1	<input type="checkbox"/>	<input type="checkbox"/>		Anemia (including Sickle Cell Anemia)
2	<input type="checkbox"/>	<input type="checkbox"/>		Asthma
3	<input type="checkbox"/>	<input type="checkbox"/>		Bleeding Disorder
4	<input type="checkbox"/>	<input type="checkbox"/>		Blindness (complete or partial)
5	<input type="checkbox"/>	<input type="checkbox"/>		Cancer (including Leukemia, Hodgkin's disease)
6	<input type="checkbox"/>	<input type="checkbox"/>		Colitis, Ulcerative
7	<input type="checkbox"/>	<input type="checkbox"/>		Cystic Fibrosis
8	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes (if yes specify)
9	<input type="checkbox"/>	<input type="checkbox"/>		Epilepsy or other Seizure Disorder
10	<input type="checkbox"/>	<input type="checkbox"/>		Glaucoma
11	<input type="checkbox"/>	<input type="checkbox"/>		Hearing Loss (complete or partial)
12	<input type="checkbox"/>	<input type="checkbox"/>		Heart Enlarged
13	<input type="checkbox"/>	<input type="checkbox"/>		Heart Murmur
14	<input type="checkbox"/>	<input type="checkbox"/>		Heart Valve Problem
15	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis
16	<input type="checkbox"/>	<input type="checkbox"/>		High Blood Pressure
17	<input type="checkbox"/>	<input type="checkbox"/>		Hypoglycemia
18	<input type="checkbox"/>	<input type="checkbox"/>		Infectious Mononucleosis in past 6 months
19	<input type="checkbox"/>	<input type="checkbox"/>		Inflammatory Bowel Disease
20	<input type="checkbox"/>	<input type="checkbox"/>		Kidney Infection or Stone
21	<input type="checkbox"/>	<input type="checkbox"/>		Migraine Headache
22	<input type="checkbox"/>	<input type="checkbox"/>		Pneumonia
23	<input type="checkbox"/>	<input type="checkbox"/>		Rheumatic Fever
24	<input type="checkbox"/>	<input type="checkbox"/>		Rheumatoid Arthritis
25	<input type="checkbox"/>	<input type="checkbox"/>		Stomach Ulcers
26	<input type="checkbox"/>	<input type="checkbox"/>		Substance Abuse (Alcohol and/or Drugs)
27	<input type="checkbox"/>	<input type="checkbox"/>		Thyroid Problems
28	<input type="checkbox"/>	<input type="checkbox"/>		Tuberculosis
29	<input type="checkbox"/>	<input type="checkbox"/>		Emotional/Psychiatric Problems
30	<input type="checkbox"/>	<b>Other</b>	(Describe):	
Explain:				

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle



2. Name any illness or health condition for which you are CURRENTLY under treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you have been hospitalized within the past 5 years:

Date	Name & Address of Hospital	Name of Physician	Diagnosis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List any medicine, food, or environmental substance to which you are ALLERGIC:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT HEALTH INFORMATION**

1. List any medications you are now taking. (Include drug name, dose and reason for taking the drug):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Limitations and Disabilities: Check one box:  
**YES**    **NO**    Limitations to physical activity:  
        if yes, specify details:  
\_\_\_\_\_  
\_\_\_\_\_

       learning challenges:  
If yes, specify details:  
\_\_\_\_\_  
\_\_\_\_\_

       Special accommodations needed for assistance:  
If yes, documentation must be provided by Primary Care Provider:  
\_\_\_\_\_  
\_\_\_\_\_

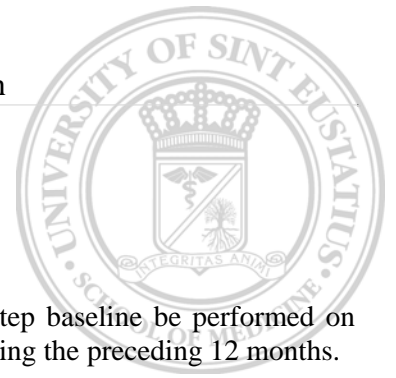
Name

Last

First

Middle

Date of Birth



3. **TUBERCULOSIS SCREENING** (Required)  
(TINE Test is not acceptable)

4. **TWO STEP PPD SKIN TESTING:**

The Occupational Health and Safety Administration (OSHA, 1994) requires that a 2-step baseline be performed on students/health care workers who have not had a documented negative skin test result during the preceding 12 months.

**7 TO 10 DAY PROCESS:**

2-Step Testing may be accomplished by placing the first test on day one, reading within 48-72 hours. If read as negative, the second test may be placed *within 7- 10 days after* the first is read. The second test is read within 48-72 hours.

**PPD RESULTS:**

**1<sup>ST</sup> STEP:** SITE:

PLACED BY:

DATE PLANTED:

DATE READ:

BRAND/LOT NUMBER

PPD SKIN TEST (CIRCLE ONE):      NEGATIVE                  POSITIVE

MEASUREMENT OF INDURATION:

READ BY (PLEASE PRINT):

SIGNATURE:

STATE / LICENSE NUMBER:

**2<sup>ND</sup> STEP:** SITE:

PLACED BY:

DATE PLANTED:

DATE READ:

BRAND/LOT NUMBER

PPD SKIN TEST (CIRCLE ONE):      NEGATIVE                  POSITIVE

MEASUREMENT OF INDURATION:

READ BY (PLEASE PRINT):

SIGNATURE:

STATE / LICENSE NUMBER:

Chest x-ray: Students reporting history of a previously (documented) positive PPD skin test are not required to have a PPD test repeated. A chest x-ray will be required unless documentation of a negative chest x-ray (within the past 12 months) is available. If chest x-ray is negative, a repeat chest x-ray is required in 2-5 years or if symptoms develop that could be attributed to tuberculosis. *A copy of the radiologist report of the chest x-ray must be submitted with this health form.*

CHEST X-RAY (CIRCLE ONE):      NEGATIVE                  POSITIVE

DATE OF X-RAY:

PHYSICIAN SIGNATURE

PRINT PHYSICIANS NAME

STATE/LICENSE

DATE

Name

Date of Birth

Last

First

Middle



**CERTIFICATE OF IMMUNIZATION\***

<b>DIPHTHERIA TETANUS PERTUSSIS</b>				
1.	/ /	2.	/ /	3.
	<i>mm / dd / yyyy</i>		<i>mm / dd / yyyy</i>	<i>mm / dd / yyyy</i>
<b>DIPHTHERIA TETANUS (Td)</b>				
1.	/ /	2.	/ /	3.
	<i>mm / dd / yyyy</i>		<i>mm / dd / yyyy</i>	<i>mm / dd / yyyy</i>
<b>DIPHTHERIA / TETANUS BOOSTER</b> (Booster must be given within 10 years)				
1.	/ /	2.	/ /	3.
	<i>mm / dd / yyyy</i>		<i>mm / dd / yyyy</i>	<i>mm / dd / yyyy</i>
<b>POLIOMYELITIS (OPV)</b>				
1.	/ /	2.	/ /	3.
	<i>mm / dd / yyyy</i>		<i>mm / dd / yyyy</i>	<i>mm / dd / yyyy</i>
<b>HEPATITIS B VACCINE</b>				
1.	/ /	2.	/ /	3.
	<i>mm / dd / yyyy</i>		<i>mm / dd / yyyy</i>	<i>mm / dd / yyyy</i>
<b>LIVE VIRUS VACCINE or, Serological Confirmation of Immunity</b>				
1.	/ /			
	<i>mm / dd / yyyy</i>			
<b>MMR (MEASLES, MUMPS, RUBELLA):</b> (Two immunizations required if born after 1957)				
1.	/ /	2.	/ /	
	<i>mm / dd / yyyy</i>		<i>mm / dd / yyyy</i>	
<b>Varicella Zoster: Or, Serological Confirmation of Immunity</b>				
1.	/ /			
	<i>mm / dd / yyyy</i>			

**LICENSED HEALTH PROFESSIONAL SIGNATURE:**

**LICENSED HEALTH PROFESSIONAL PRINTED NAME**

**NAME OF MEDICAL FACILITY:**

**STATE OF LICENSURE:**

**LICENSE NUMBER:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

**PHONE:**

**FAX:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First Middle



**PHYSICAL EXAMINATION (to be completed by primary Physician) Date of Exam \_\_\_\_\_**

1. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_
2. BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_\_ TEMP \_\_\_\_\_
3. Please indicate any abnormalities in the following and describe findings at right:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	Heart
<input type="checkbox"/>	<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	Lungs
<input type="checkbox"/>	<input type="checkbox"/>	Lymph	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen
<input type="checkbox"/>	<input type="checkbox"/>	Eyes/Vision	<input type="checkbox"/>	<input type="checkbox"/>	Genitals
<input type="checkbox"/>	<input type="checkbox"/>	Ears/Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Neurological
<input type="checkbox"/>	<input type="checkbox"/>	Nose/Smell	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	<input type="checkbox"/>	Mouth/Throat	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Stability
<input type="checkbox"/>	<input type="checkbox"/>	Neck/Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Breasts
<input type="checkbox"/>	<input type="checkbox"/>	Other _____			

4. Do you recommend any limitations to physical activities? Yes  No   
 If yes, specify in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

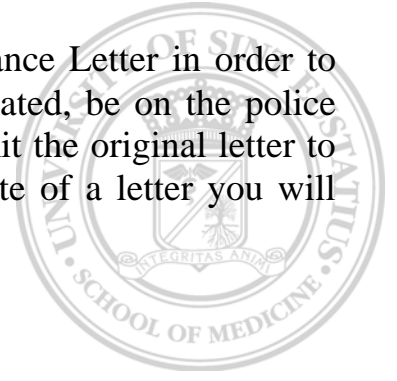
5. In your professional opinion, do you think this student has an adequate state of physical and mental health to function as a Medical student: Yes  No   
 If no, specify in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. General Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Your signature below indicates that you have reviewed this entire document*

**EXAMINERS SIGNATURE:** \_\_\_\_\_  
**EXAMINERS PRINTED NAME** \_\_\_\_\_  
**NAME OF MEDICAL FACILITY:** \_\_\_\_\_  
**STATE OF LICENSURE:** \_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**FAX:** \_\_\_\_\_

**Police Clearance Letter:** Every student must have a Police Clearance Letter in order to enter the clinical medicine phase of the program. The letter must be dated, be on the police departments letterhead and stating a 5-year “clear” history. Please submit the original letter to the New York office either by mail or fax. The following is a template of a letter you will request from your police department.



**(POLICE DEPARTMENT LETTERHEAD)**

Date:  
To: Clinical Department  
University of Sint Eustatius School of Medicine  
Suite 308  
50 Glen Street  
Glen Cove, NY 11542

The individual named below has applied to our office for a “Police Clearance” as part of his/her requirement in order to complete his/her clinical rotations for medical school at the University of Sint Eustatius School of Medicine.

Name \_\_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

A review of our records indicates that to the best of our knowledge, this individual has no outstanding warrants and no arrest record which would prevent him/her from completing clinical medical training.

\_\_\_\_\_  
Signature of Police Official

\_\_\_\_\_  
Name & Title of Authorizing Officer

**Blank Clinical Evaluation:**

**UNIVERSITY OF SINT EUSTATIUS**  
*Clinical Evaluation Form*



Student's Name \_\_\_\_\_  
 Rotation: \_\_\_\_\_ Preceptor: \_\_\_\_\_  
 Rotation Dates: \_\_\_\_\_ Weeks: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ City/State: \_\_\_\_\_

	<b>Clinical Competence</b>	Outstanding	Very Good	Satisfactory	Marginal	Unsatisfactory	Cannot Evaluate
1	Ability to collect & organize a meaningful history						
2	Ability to perform a thorough & accurate physical examination						
3	Ability to organize & assess data						
4	Ability to formulate diagnostic & therapeutic plans						
5	Self-learning						
6	Technical Skills						
	<b>Personal Characteristics</b>						
7	Interpersonal relations with patients						
8	Interpersonal relations with health team						
9	Diligence						
10	Reliability						
11	Thoroughness						
12	Efficiency						

<b>GRADE:</b>			
<b>HIGH HONORS</b>	<b>HONORS</b>	<b>PASS</b>	<b>FAIL</b>

**COMMENTS: (Required)**

Strengths: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas to work on: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please mail completed form to:*

University of Sint Eustatius School of Medicine  
 50 Glen Street, Suite 206  
 Glen Cove, NY 11542

Signature: \_\_\_\_\_  
*Please return within 2 weeks of rotation completion*

# Student Questionnaire:

## Student Questionnaire



TO: Students Exiting Basic Sciences

FROM: Clinical Medicine Office

Please answer as completely as possible.

NAME: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Permanent Home Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Permanent Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Pager: \_\_\_\_\_

United States citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If not: what is your visa status? \_\_\_\_\_  
Marital/Family Status: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Single \_\_\_\_\_ Married \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

I plan to exit the basic sciences in: \_\_\_\_\_ GPA \_\_\_\_\_  
(Mo.) (Yr.)  
I am taking a Step I review course. Yes \_\_\_\_\_ No \_\_\_\_\_ Completion Date \_\_\_\_\_  
I plan to write Step I: \_\_\_\_\_

Geographical Preference Priority for Clinical Training: (1 for first, 2 for second etc.)  
Eastern U.S. \_\_\_\_ Mid-Western U.S. \_\_\_\_ Western U.S. \_\_\_\_ Southern U.S. \_\_\_\_ Outside U.S. \_\_\_\_  
List any specific states where you are connected by family, friends, or interest. \_\_\_\_\_

If you have a family, will they be staying at: \_\_\_\_ Home Base, USA \_\_\_\_ traveling with you during clinical training?

\*\*\*\* If you have any contacts that you have already investigated within a hospital or any that you might want the clinical office to groom on your behalf, please provide the following: (go to back if you need more room)  
Contact Name/Physician/Preceptor: \_\_\_\_\_  
Hospital Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone and/or e-mail: \_\_\_\_\_

Specialty Area: (IM, Peds, FP, etc.) \_\_\_\_\_

*If at any time you have knowledge that might establish new clinical rotations for you or others students in your region of origin, please do not hesitate to contact us toll free at 866-878-2842 or (516) 656-9250 and by fax at (516) 656-9261 **Marc Poulin, Ronya Bracey and Rick Castronova**  
**PLEASE MAKE ADDITIONAL COMMENTS ON THE BACK IF YOU DESIRE!***

## Resume/CV Template

John Q. Public  
1 Central Street  
Anywhere, ID 12345  
Citizenship



### EDUCATION:

University of Sint Eustatius School of Medicine:  
Basic Sciences (Start-4/03)  
Clinical Services Program (Start-Present)  
University of Far Far Away  
Bachelors of Science: Zoology

### WORK & VOLUNTEER EXPERIENCE:

Department of Surgery: Surgical Tech May 97-June 00  
EMT Anywhere Emergency Services: Jun 00- April 01  
Volunteer Services Senior Citizen Nursing Home-400 hours

### INTERESTS & HOBBIES:

Skydiving, Scuba, Pet Rock Collecting, Weight Training, Poetry

## **Clinical Medicine Program:**

One of the most unique features of the University Of Sint Eustatius School Of Medicine is its clinical program. We are strongly committed to the idea that third and fourth year clinical clerkships are an indispensable step in the pursuit of a medical career. The Sint Eustatius staff acts as each student's ambassador and "case manager" to maximize efficient utilization of our clinical resources. We have created a network of strategically-located placements throughout the United States to ensure that each of our students finds an appropriate clerkship.

The clinical program and requirements discussed in this document applies to students who have completed the Sint Eustatius Basic Sciences program, as well as those students entering our program as clinical transfers. For students who begin their didactic training at Sint Eustatius, we begin the process by the start of the second year to ensure a well-planned, meaningful experience.

Barring any unanticipated changes in our clinical clerkship pool or unanticipated poor performance or delays on the part of a student, the University will provide each student with the opportunity to complete the 48-week clinical core clerkships and 24 weeks of electives. Allowing for time to prepare for exams and the occasional time off due to staggered clerkship start dates, most students should be able to complete these assigned rotations in 20-24 months.

## **Transfer student to the Clinical Sciences:**

All students who transfer to the University of Sint Eustatius School of Medicine after completing basic sciences at any other University's Doctor of Medicine program, may apply for sponsorship of the USMLE exam but will not be allowed to participate in any clinical clerkships until such time as a USMLE Step I passing score is reported to the Clinical Administration office. Rotations will then be considered and facilitated for such students. If a potential transfer fails the USMLE Step I (exceptions are considered for additional attempts), clinical opportunities will no longer be an option and the student will no longer be sponsored for the USMLE Step I exam followed by formal dismissal from the program.

## **Core Clinical Clerkships:**

These clerkships (Surgery, Internal Medicine, Family Medicine, Psychiatry, Obstetrics/Gynecology and Pediatrics) must be completed by all students and are designed to provide a basic understanding and competency such that you will be prepared to sit and pass the USMLE Step ICK and ICS exams which are a measure of your clinical knowledge, and clinical skills respectively. These rotations are typically completed in your 3<sup>rd</sup> year and before you begin elective rotations since core competencies are required before getting involved in more specialized or technical areas of clinical practice. There is great variability among these rotations as to geography, physical location (hospital, clinical or private office), and hours expected to work. In general you will work the hours asked of you but it can be expected that days in Surgery and OBGYN have unpredictable hours and can be as much as 80 hours per

week. On the other hand the primary care clerkships tend to have less hours and coincide with a doctors office hours (40-60hours/week). It is very likely, and you would be expected if asked, that you will keep a log book of patients you interact with, give case presentations during rounds and/or complete some special research projects to elevate your level of knowledge in each discipline. It is probable that all these methods of assessment will be factors in your overall evaluation and grade. It is also possible nearing the conclusion of clerkships that you will be asked to take an assessment exam to show your basic level of competence based on your experiences and exposure during the rotation.

Keep in mind that Core Clerkships provide the foundations for Step IICK and it is prudent to gain access to Step IICK and IICS review/preparation materials in order to study in conjunction with clerkship responsibilities. Students do not typically take as much formal time off to study and prepare for Step II exams since you are able to structure formal study time during clerkships.

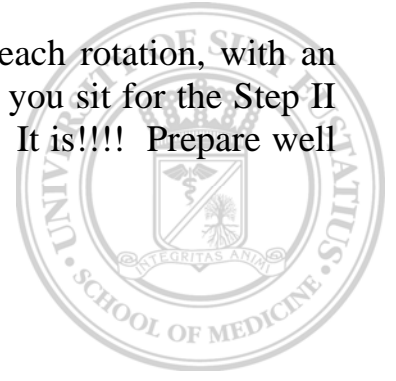
### **USMLE Step IICK and Step IICS:**

After having completed the majority of your core clerkships you will need to start thinking about sitting the Step II exams. The process for applying to these exams is virtually identical to the process you followed for the Step I exam at [www.ecfm.org](http://www.ecfm.org). Once the registration process is completed you will then be able to make an appointment within your 3 month window for Step IICK. For the Step II CS exam you will be able to make an appointment for a center near you, for any available dates for up to one year after your registration. Keep in mind that there are only a handful of sites around the US to take the CS exam and typically requires significant travel, some expense and more time away than the Step I and IICK. The timing for the Step IICS exam is also critical since there are a limited number of locations to sit the exam. It is possible that all dates will be filled if you do not sign up far enough in advance and you might not be able to sit the exam in time to become eligible for the MATCH rank list deadline (discussed further in this document). It will be important to speak with the clinical support team in order to understand and meet appropriate deadlines and eligibility criteria. The Step IICK is a test of your clinical knowledge and is a 350 question, 7 section exam of multiple choice questions. The Step IICS by contrast is designed to test your clinical skills and your ability to interact, assess and document your activity with live patients.

### **USMLE STEP IICK and IICS Preparation:**

Full description of these exams can be seen at [www.ecfm.org](http://www.ecfm.org). These exams are designed to test information as it related directly to patient care, diagnosis and treatment plans. Although most students do not take extended periods of time to review as with Step I, it is prudent to develop a plan of study that is incorporated with your clerkships in your third year. Most of the same resources that you might have explored for Step I review also have Step II review materials and it would be especially recommended to get the various Q-banks. Since you will be practicing your techniques and knowledge on a daily basis with patients during your 3<sup>rd</sup> and 4<sup>th</sup> year clerkships you want to be practicing for the exam by doing as many questions and

vignettes as possible. If you review and study 10 hours/week, during each rotation, with an effective review and reading schedule you should be in good shape once you sit for the Step II exams. Don't let your guard down thinking this exam is not challenging. It is!!!! Prepare well and take it seriously and you will perform to your expectations.



### **Elective Clerkships: 4<sup>th</sup> year:**

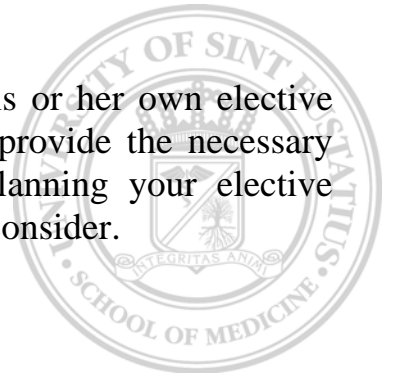
There are many possibilities open to you for fourth year electives. As you will most likely have developed interest in particular areas by this stage in your medical training, we advise you to complete elective clerkships that will enhance your application to a residency program in your chosen field.

A minimum of **24 weeks of electives** are required to fulfill the **72-week** minimum requirement for graduation. Elective (sometimes referred to as “selective”) rotations are structured to provide you with the opportunity to explore specific areas that may have sparked your interest during core rotations where you wish to gain more experience. You will be pleased to learn that electives are readily available and relatively easy to attain for most students.

### **Planning Your Elective Schedule:**

- ◆ Most medical university programs will allow you to participate in high-quality electives as a visiting student.
- ◆ Some programs have specific requirements that students must meet in order to participate in their program. For example, Cook County Hospital in Chicago requires that students have fourth-year status and proof of immunization with titer results in order to be eligible.
- ◆ The best opportunities for attaining electives are often provided by preceptors, supporting staff and attending physicians that you may have interacted with during your core clerkships. Requesting an invitation to work with the anesthesiologist or radiologist you worked with during Surgery, for example, might well open opportunities for you as a fourth year student.
- ◆ Electives should be appropriate for areas that you plan to pursue as a resident. If you are not interested in applying for a residency in Pediatrics, for example, do not do twelve weeks of pediatric electives. Be sensible.
- ◆ Participating in programs at hospitals that you feel might be potential MATCH sites is an excellent strategy for structuring your elective schedule.
- ◆ If time permits before beginning a residency program, apply for sub-internships in the field in which you MATCHED. This will give you an advantage by enhancing your knowledge of the field.

Keep in mind that each student is primarily responsible for planning his or her own elective schedule. The clinical team will support students in their efforts and provide the necessary documentation to establish rotations. If you are having difficulty planning your elective schedule, we can suggest user-friendly, high quality programs for you to consider.



## **Geographic Location of Clerkships:**

In developing and maintaining the options for students to participate in clerkships, the goal is to provide a wide variety of possibilities offering quality experiences and excellent clinical teaching. Sint Eustatius has been fortunate to build a strong, well-respected program with options that most students find very interesting and appropriate. We currently work regularly with over 70 programs in at least 25 states. Visiting our website at [www.eustatiusmed.edu](http://www.eustatiusmed.edu) and looking under the clinical tab you will find additional information regarding the states represented that offer us clinical rotations currently and additional information on the successes of our students entering residency.

As you become eligible to enter your first clinical rotation our support team will work with you to develop a clinical schedule that takes into account many factors. Although we may not have rotations in every student's home town or maybe even home state we will be able to develop a quality experience for each of you who are part of the clinical training experience. We have taken very seriously the development and maintenance of our program and encourage students to assist if possible. A healthy proportion of our current clinical clerkships came on line as a result of students seeking out or being aware of doctors or programs who might offer to teach their specialty. We are pleased to facilitate any situation that might arise on behalf of any student in our program and clerkship that might service their needs and then perhaps continue to serve others after them. We look forward to serving your needs and assisting to provide an exciting, fun and informative clinical schedule that will ensure your success on Step IICK and Step IICS.

## **The MATCH and Residency**

The clinical team is proud of your accomplishments and excellence in your clinical clerkships to date and wishes you every success in applying to and attaining a residency of your choice. There are numerous factors that will influence a committee's decision to select you as a candidate for their residency program, and we urge you to be realistic in the application process. Top programs require top scores and credentials. It is advisable to view the programs in terms of their relative competitiveness, keeping in mind both a "Plan A" and backup "Plan B," as it were. In a similar way that your Basic Science foundation was able to influence your success on Step I your level of achievement in your clinical clerkships and ability to score well in the Step IICK and IICS will directly influence your competitiveness. The Step exams are one of the best and universal methods for residency programs to assess your candidacy. If a residency has a threshold or minimum level of achievement they usually set it at 80/200 on the step

exams. Not all programs have these minimum requirements and typically the larger, more reputable and university based residency programs might impose these minimums.

Consider applying to programs that you have already had exposure to during clinical rotations, as a “known” competent applicant will have an advantage over an unknown one. If you are a U.S. citizen, highlight this fact, as there remains some question regarding the future funding and sponsorship of non-citizen residents. You will be provided during this phase a list of the locations where our students have matched for residency in the past. These are programs you should think about since they have already identified our students to be competent and worthy of taking residency positions on their training teams. There are special MATCH processes for Neurology and Ophthalmology-San Francisco Match-sfmatch.org which have different timelines to the standard process so be informed if these are your areas of interest.

**Please note that all residency programs and state licensure boards will require ECFMG certification.** In order to be ECFMG certified, you must complete all curriculum and clerkship requirements, pass the USMLE Step I and Step II CK and ICS exams and provide a final official transcript. As there is a tremendous glut of certifications in May and June, finishing a little early will help you beat the rush. Taking extended breaks or leaves of absence to study is discouraged, as you may “get off track” with respect to important timelines.

Be aware that once you have secured a residency training position, most residency programs will require that you apply for a **state training license**. You should familiarize yourself with this process in the states to which you are applying. The administrative secretary or residency coordinator of the program will be familiar with this process. You are advised to contact the state licensure boards as listed in the Federation of State Medical Boards membership directory ([www.fsmb.org](http://www.fsmb.org)). Most states are quite reasonable, requiring minimal documentation such as the ECFMG certificate. However, as several states maintain strict requirements, be certain that you meet all requirements **before** applying to residency positions. We have identified Pennsylvania, Massachusetts, New Jersey, Illinois, Missouri, North Carolina, Michigan, and Virginia as states that maintain special criteria and requirements. Due to a variety of criteria New York, New Mexico, Kansas, Tennessee and California, pose particularly difficult challenges.

## Residency Application Calendar and Time Line



Year previous to graduation

### **APRIL-MAY**

- Compose resume and draft of personal statement
- Request and gather Letters of Recommendation after each clerkship signed in **BLUE INK**
- Apply for Step IICK and IICS

### **MAY-JULY**

- Request MSPE (Medical Student Performance Evaluation) from the Clinical Office in writing, noting areas of interest
- Submit personal statement for review
- Submit updated CV/Resume

### **JULY-AUG**

- Request TOKEN at [www.ecfm.org](http://www.ecfm.org)
- Register for
  - \*National Residency Match Program (NRMP.org)
  - \*Electronic Residency Application Service (ERAS.org)
- Receive copy of MSPE Letter for proofing

### **SEPT-OCT**

- Receive final copy of MSPE and transcript for ERAS
- Send documents to ECFMG for transmission to ERAS (photos, Transcript, MSPE and Letters of Recommendation).
- Complete and mail applications to programs (not in MATCH)
- Complete ERAS (for programs in MATCH)
- Take Step II (CK & CS should be taken no later than Dec 15<sup>th</sup>)
- Arrange interview appointments with residency programs

### **NOV-JAN**

- Begin interviewing at residency programs
- Write thank you letters to residency program committees
- Repeat visits to top programs on your list

### **JANUARY**

- Continue with repeat visits to top programs on your list
- Sign contract with your first choice, if offered!

### **FEBRUARY 15<sup>th</sup> (approximately)**

- Deadline for submitting rank list and scores to ERAS
- If you do not post passing Step IICK or IICS exams, you must withdraw in writing from the MATCH

**MARCH**                      **-Match Day**                      Good luck!

### **APRIL-JUNE**

- Scramble
- Completion of Graduation requirements
- ECFMG certification and credentialing process
- State application for residency or Temporary License as a Resident

### **JULY 1<sup>st</sup>**

- **Residency Begins**

## **Tips and Discussion for Residency Application**

**Resume:** Providing an updated copy to our office will allow us to have the most up to date information to use for composing your MSPE and an updated version you can refer to when completing your application. If you are a US citizen or hold a Permanent Resident Green Card it is suggested you mention this on your CV/Resume since it can be an advantage for the program knowing they will not face the challenges of assisting you with visa or citizenship status. A template/example for a CV follows:

John Smith  
5 Glen Road  
Anywhere, PA 10000  
215-555-1234  
youremail@yahoo.com

### **OBJECTIVE:**

Excellent training in Pediatrics which will offer me the opportunity to practice over the span of my career in an academic setting.

### **EDUCATION:**

M.D., University of Sint Eustatius School of Medicine  
Sint Eustatius, NA  
September 1990 - May 1994  
B.A., Yankee University  
Barrington, Massachusetts  
September 1984 - May 1988  
Major: Psychology

**CITIZENSHIP:** United States

### **CERTIFICATION:**

United States Medical Licensing Examination (USMLE)  
Step I - June 1992 – Passed (Score)  
United States Medical Licensing Examination (USMLE)  
Step II - March 1993 – Passed (Score)

### **RESEARCH PRESENTATIONS & PUBLICATIONS:**

Book, S. and Martin, WH. "Hearing Loss in Children." Presented at the American Society of Pediatrics Meeting, April 2, 1994

### **PROFESSIONAL ORGANIZATIONS:**

American Medical Student Association

### **LANGUAGES:**

English (Fluent - written and spoken)

## EXTRACURRICULAR ACTIVITIES:

Student Peer Advisor for 1st and 2nd Year Medical Students, 1991 - 1992

## PERSONAL:

Married

Excellent Health



## REFERENCES:

Excellent references furnished upon request.

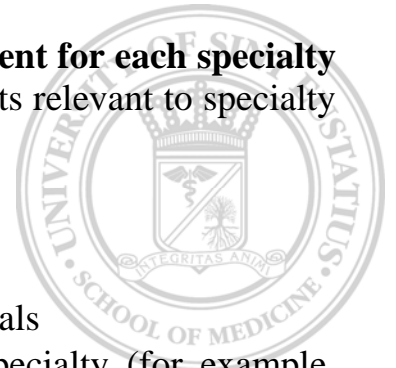
**Letters of Recommendation:** You will have the opportunity to submit several letters of recommendation with your ERAS application and it is important that you request a letter from the preceptor at the conclusion of the clerkship. This will ensure letters that are specific to your skills and progress and having multiple letters will provide you with options for submission. Letters from department chiefs and attending physicians carry the most weight with a committee. Letters from residents working with you will not have as much impact.

**Applying to Step IICK and IICS:** This process will be similar to your process for Step I by visiting [www.ecfm.org](http://www.ecfm.org) and going to the appropriate application. It is important to take both these exams by December 15<sup>th</sup> the year before you are applying for a MATCH. This will ensure that the scores will be reported before the February MATCH deadline. If you do not post passing Step IICS and IICK scores by this deadline you must formally withdraw from the electronic MATCH process. The dates for the IICS exam have historically filled very quickly and waiting to apply in October or November might not afford you a date to ensure your score comes back before the MATCH Rank list deadline. Apply in advance and consult with your clinical support team to best realize your specific timing issues.

**Requesting MSPE:** Since the timing of completing the program is different for many students we will ask that you request your MSPE formally after July 1<sup>st</sup> so our team can put your letter in the queue to be composed. These evaluations are fully personalized and take several hours each to develop so advance notice is important for efficient completion. Let us know in your request of any specialty interests, committee participation, publications, special awards, achievements or accomplishments that we can use to enhance your MSPE.

**Personal Statement for ERAS application:** The personal statement is your chance to highlight specific points in your educational career that relate to the specialty to which you are applying. The statement is an excellent opportunity to emphasize your strengths and qualifications. In most cases, the personal statement is a chronological document highlighting the experiences and influences that have led to your decision to become a physician in your chosen field. **The statement should emphasize your medical training experiences. Please see several good examples of personal statements at the end of this handbook.**

**Please note that your ERAS application will accept a personal statement for each specialty area you are applying.** Therefore, be careful to write personal statements relevant to specialty area and designate appropriately in the application process.



**Basic guidelines for constructing your personal statement:**

- First state why and when you decided to pursue this specialty
- Explain how your chosen field will fit with your personality and goals
- Provide examples of experiences that led you to choose this specialty (for example, working with a particular patient or physician.) Aim to include two to four examples of experiences that had a personal impact on you.
- Emphasize the qualities that make you a good candidate for your chosen specialty. You might find it helpful to talk to faculty and residents about the skills and characteristics that they feel are particularly important in their field
- See The Personal Letter Samples to follow:

**PEDIATRICS**

During my late adolescence and early adulthood, I decided that I wanted to make a difference in people's lives. At that time, I was not exactly sure how I would accomplish this, but I was sure of two things: I loved being around children, and I enjoyed learning about the human body and the diseases that affect it. Therefore, it seemed logical that I should choose pediatrics as my ultimate career goal.

During college I majored in biology with the goal of eventually attending medical school. I also became actively involved in extra-curricular activities. One of my most rewarding experiences in college was with the Asian Children's Charity Association (ACCA), an organization that raises money to help children on a local, national and international level. I dedicated myself to this organization throughout my four years in college. As president during my senior year, I worked with my fellow members to accomplish a number of goals. These included fund-raisers to sponsor six children in five different countries, a stuffed animal drive for local children during the holiday season, a bone marrow testing drive for the Cammy Lee Leukemia Foundation, donations to AmeriCares, an international medical relief agency, and donations to the Children's Make-A-Wish Foundation. I felt proud that our organization helped to make a few children happier, and I acquired valuable skills in leadership, organization and mediation.

I also had the opportunity to spend some time at Matheny School/Hospital/Home for severely disabled children. I encountered the considerable challenge of working with seven children, age's five to eleven, who had severe cerebral palsy. All of the children were confined to specially-made wheelchairs, had limited motor skills, lacked bowel or bladder control and could not follow instructions. The one child who had some verbal skills was blind and could only say one or two words. The experience proved challenging to me, as in the past I had always been able to interact very well with children of all ages. I had always been able to connect with children at their level, but in this case I could not. When I talked to the children, I did not know whether or not they could hear me. When I looked at them, I did not know if they could see me. I felt awkward. As I interacted with the children more and more, however, I

slowly began to realize that they were capable of responding to external cues, albeit in subtle ways. I became more adept at picking up on these subtleties. I was better able to see the children at their level, which was fascinating for me to witness.

ACCA and Matheny were just two of the many experiences during college that reinforced my interest in caring for children. Upon graduation, my desire to become a pediatrician was as strong as ever. Unfortunately, I was not accepted at a U.S. medical school. I made the decision to attend Ross University, a school situated on the island of Dominica. I spent seventeen months on the island studying the basic sciences. After passing the USMLE Step I, I started my clinical rotations in U.S. hospitals, which I enjoyed immensely. I transferred to Saba University during my fourth year of medical school to gain better clinical rotations and to allow myself to enter the 1997 residency match program.

I have worked very hard during the past few years to develop a strong foundation in medicine, and I expect to enter a residency program that will help me gain expertise in pediatrics. I am confident that my work ethic and compassion for children will be a valuable asset in my future as a pediatrician. With the help of a quality, education-based pediatric residency program, I am sure I can reach the goal of becoming a fine pediatrician.

## **INTERNAL MEDICINE**

When I began the clinical portion of my medical training as a third year medical student, I was open-minded with regard to my future specialty plans. In other words, I had not yet decided which avenue of medical practice to eventually pursue. I progressed through the year enjoying each of my core rotations, seriously entertaining the notion that I might eventually specialize in each given field. However, it was not until my Internal Medicine rotation that I found my true niche.

Internists have a broad education encompassing a wide array of disease processes, each of which requires in-depth study and knowledge. A deep understanding of the path physiology, etiology and clinical manifestations of disease is the Internist's forte. The Internist's focus on the art of diagnosis, supplemented by a broad knowledge base, strongly appeals to me. Diagnosis is the essence of medicine, and while all physicians spend a portion of their time in this critical endeavor, it is the heart of an Internist's specialty.

The Internist plays a crucial role in our health care system by providing continuity of patient care. The formation of enduring alliances with patients, based on mutual trust and respect, is one of my foremost ideals as a maturing student of medicine. I have come to appreciate the importance of the patient's understanding of his or her disease as a vital component of successful medical care. I continue to emphasize patient teaching in my clinical rotations, and find that I particularly enjoy this aspect of patient management.

I realize that in recent years the specialty of Internal Medicine had veered from the course envisioned by its founders. The reputation of the specialty has suffered, resulting in a decline in the number of applicants to Internal Medicine programs. However, most recently, this trend has begun to reverse. It is gratifying and exciting for me to be applying for an Internal Medicine residency when the specialty is experiencing resurgence. In choosing Internal Medicine, I realize that I am selecting the medical field that requires perhaps the widest knowledge base, and probably the greatest intellectual demands of its practitioners. However, I am eager to

accept the challenge inherent in this decision. I feel that I am well suited for a career as an Internist. I have strong analytic, investigative and organizational skills, and am successful in building a rapport with patients and in interacting with my colleagues.

I would like to pursue my Internal Medicine training in or near a major University in a metropolitan area. This is of importance to me, as these centers provide a stimulating academic environment, a large patient-care population and considerable "hands on" experience. While I eventually hope to sub specialize, I do not wish to abandon the skills I learn in a general Internal Medicine residency. I know that the successful subspecialist can view the patient as a whole person, rather than as a single organ system. One aspect of residency training that I most look forward to is the clinical education of medical students. I plan to continue teaching when I begin my medical career as a member of the staff of a teaching hospital.

While undertaking my Internal Medicine training, I hope to have time to pursue my outside interests. My involvement in physical fitness activities, especially basketball and weight lifting, contribute to my overall well being. I am a hopelessly devoted student, and enjoy studying classical music, history and the fine arts. My favorite pastime, though, is travel, experiencing other cultures and reading a good novel on the trains!

## **FAMILY PRACTICE**

Although making the decision to become a family physician was not an easy one for me, I am confident that this career will suit both my personality and my long term goals. Throughout most of my third year of medical school I had trouble deciding between obstetrics and gynecology or family practice. However, with the help of some excellent role models, I have realized that I can still pursue this interest in obstetrics and gynecology while enjoying a career in family practice.

I have always believed that what one gains from an experience correlates with the energy one invests into the activity. I tend not to let things happen to me or assume they will get done; rather, I enjoy making changes and moving forward. My leadership skills have been developed by the activities I participated in while in medical school, including election as Student Body Vice-President, participation in our school's Family Practice Interest Group and service in the statewide organization California Student Association for Family Practice. I am proud of the extensive course in human sexuality that another student and I organized when we noticed a deficit in our education in this subject. Through lectures, panel discussions and small groups we dealt with issues from Sexual Dysfunction to Altered Body and Sexual Image. Students and faculty alike said that the series was a highlight of their medical education. The school has now made the program part of the required curriculum.

As women's issues--both social and medical--have always been of interest to me, I plan to incorporate this interest into my practice of medicine. As co-chair of UCI Women in Medicine, I helped inform fellow students about issues affecting women as health care consumers and as medical personnel. This experience helped me be more receptive to the needs of my male and female patients alike.

Another of my priorities as a family physician will be my role as a teacher. Through my experiences as a high school tutor and as a college Vertebrate Biology lab teaching assistant, I have learned the importance of effective teaching. I believe that one of a physician's primary

functions is that of a teacher, as the education of patients is key in improving their health and well-being. I also plan to be a teacher of the next generation of health care professionals, as clinical faculty at a medical school or residency program.

Beyond my desire to teach, I am still considering the different possibilities of where and how I will practice medicine. I hope to have a practice that allows me to spend time in other activities that I enjoy, such as skiing, sewing, dancing, camping and spending time with my family.

I am seeking a family practice residency program that will help clarify some of my career decisions. I hope to find a program in which family practice is of central importance, rather than an afterthought. An ideal program would also support my commitment to patient education and community service. No matter how or where I practice family medicine, I will strive to give my patients' high-quality, comprehensive medical care while recognizing their needs as individuals and members of a broader community. Overall, I see my personal attributes and goals fitting in well with the practice of family medicine.

## **OBGYN**

Although making the decision to become an obstetrician and gynecologist was not an easy one for me, I am confident that this career will suit both my personality and my long term goals. Throughout most of my third year of medical school I had trouble deciding between obstetrics and gynecology or family practice. However, with the help of some excellent role models, I have realized that I can still pursue this interest in family practice while enjoying a career in obstetrics and gynecology.

I have always believed that what one gains from an experience correlates with the energy one invests into the activity. I tend not to let things happen to me or assume they will get done; rather, I enjoy making changes and moving forward. My leadership skills have been developed by activities that I participated in while in medical school, including election as Student Body Vice-President and service as Freshman Class Council member. I am proud of the extensive course in human sexuality that another student and I organized when we noticed a deficit in our education in this subject. Through lectures, panel discussions and small groups we dealt with issues from Sexual Dysfunction to Altered Body and Sexual Image. Students and faculty alike said that the series was a highlight of their medical education. The school has now made the program it part of the required curriculum. Education and sensitivity to both women's and men's sexuality is an important aspect of obstetrics and gynecology, and I am confident that the field will be a "good fit" for me.

As women's issues--both social and medical--have always been of interest to me, this subject will be an important part of my practice of obstetrics and gynecology. As co-chair of UCI Women in Medicine, I helped inform fellow students about issues affecting women as health care consumers and medical personnel. In addition, I strive to remain abreast of issues via the national Women's Health Network and the American Medical Student Association's task force on Women in Medicine. I feel I can best meet women's unique healthcare needs by remaining open to suggestions from beyond the "traditional" medical community, while analyzing new ideas critically and scientifically before implementing them.

Another of my priorities as an ob-gyn will be my role as a teacher. Through my

experience as a college Vertebrate Biology lab teaching assistant, I have learned the importance of effective teaching. I believe that one of a physician's primary functions is that of a teacher, as the education of patients is key in improving their health and well-being. I also plan to be a teacher of the next generation of health care professionals, as clinical faculty at a medical school or residency program.

Beyond my desire to teach, I am still considering the different possibilities of where and how I will practice medicine. I hope to have a broad-based practice that permits me to treat my patients as whole people, rather than as pieces of anatomy. I plan to have a practice that fulfills my professional goals, yet allows me to spend time in other activities that I enjoy, such as skiing, sewing, dancing, camping and spending time with family and friends.

I am seeking a residency program that will help clarify some of my career decisions. An ideal program would also support my commitment to patient education and community service. No matter how or where I practice, I will strive to give my patients high-quality obstetrical and gynecological care, while recognizing their needs as individuals and members of a broader community. Overall, I see my personal attributes and goals fitting in well with the practice of obstetrics and gynecology.

## **GENERAL SURGERY**

I have considered my decision to pursue a general surgical career very carefully. Surgery first developed as my primary field of interest during my third year core rotation. I have found that my interest in surgery has continued to grow throughout my fourth year. I find surgery to be intellectually challenging, demanding both a full understanding of physiologic principles and the ability to make accurate and prompt decisions in the treatment of critically-ill patients. I am confident that a career in surgery will provide me with the opportunity to be an activist, in that I will work to overcome complex medical problems through direct operative intervention. Performing with the surgical team in the operating room even during long and intricate operations, will provide me with both unique and gratifying experiences. Furthermore, I have participated in a research project that has heightened my interest in surgery. My work under the direction of Dr. Jakowatz has given me an awareness of the challenges and rewards of surgical research, and has provided insight into the stressful yet fascinating life of a surgeon.

Given my interest in and commitment to pursuing a career in surgery, I feel it necessary to provide some explanation for the grade I received in my surgery rotation. My grade was not a true reflection of my interest in, or clinical performance in, surgery. Rather, the grade was solely a reflection of my final exam. This exam counted for fifty percent of the grade for the entire rotation. As surgery was my first clinical rotation, my efforts were chiefly directed towards learning the clinical responsibilities of a third year student and the complexities of patient health management. As a result, I failed to spend enough time preparing for the final exam. Nevertheless, my grade in surgery was a spur, rather than a deterrent, to me to improve my knowledge of surgery and to excel in the other clinical rotations.

Based on my overall performance during the first two years of medical school and my subsequent rotations during my third year, I am confident that I am capable of becoming a good surgeon. I am highly motivated, striving for perfection in all that I do. Working long hours is not unfamiliar to me, and I have the endurance to think and work efficiently despite long hours.

Years of studying piano have provided me with the manual dexterity and coordination necessary for a career in surgery. Also, the research I have done on two projects, one involving monoclonal antibodies to pancreatic cancer and the other involving NK cell activity in ALS patients, has given me a good basic science foundation. This base will prove useful in a career in academic medicine. My research encouraged me to think critically and creatively, which I am confident will help me deal effectively with clinical problems for which there are often no textbook solutions.

I have acquired a good base in surgery, and am now seeking a fellowship in surgical oncology. I am eager to begin applying the principles of surgery in the diagnosis, staging and treatment of cancer. My primary goal is to enter the field of academic surgery upon completion of residency and fellowship training. By combining the practice of general surgery, clinical research in surgical oncology and teaching medical students and residents, I look forward to a challenging and fulfilling career as a surgeon.

## **ANESTHESIOLOGY**

As I gained my initial exposure to clinical medicine, I hoped that one area would be so exciting and interesting that there would be little question in my mind about its future pursuit. Some specialties were rather easy for me to exclude; others were not. By the completion of my third year of medical school I was heavily leaning towards general surgery, although I had not ruled out internal medicine. I was intrigued by the fast pace and aggressive nature of surgery, yet at the same time I enjoyed the intellectual stimulation of generating extensive differential diagnosis in medicine. I felt that in the long run I would be satisfied in either field. Surgery was to be my choice simply due to the aggressive nature of its treatments and diagnoses. It was not until the beginning of my fourth year, when I was introduced to anesthesiology that I began to seriously entertain this field as a possible area of specialization.

I began my anesthesiology rotation with the intention of learning what would be most important from a surgeon's view. It did not take long for me to reevaluate my goals. Quickly, it became apparent that I had severely underestimated the complexity of anesthesiology and the responsibilities of the anesthesiologist. I was fascinated as to how the anesthesia for each case was tailored to the procedure and to the patient's medical profile. Additionally, the use of highly sophisticated instrumentation and monitoring devices has made the anesthesiologist's duties both safer and more enthralling. On the other hand, such advances may tend to depersonalize a patient. I was truly impressed by the sincere efforts of the anesthesiologists to maintain respect towards the patient and remain sensitive to their needs. By the end of the rotation, anesthesiology was ranking extremely high on my list of possible specialties.

Anesthesiology combines the aspects of both medicine and surgery that I enjoyed. The anesthesiologist must have a large fund of knowledge of medical problems in order to provide the best and safest route anesthesia. Additionally, the anesthesiologist has an active role and must be able to correct acute complications which often occur during the various phases of anesthesia. What ultimately has persuaded me to pursue anesthesiology is the compulsive nature of my personality. I am a person who pays great attention to detail and is constantly making adjustments and corrections in my projects whether it be cooking, gardening, or patient management. I believe I am very well suited for the anxious moments of anesthesia, the close

monitoring of the patient, and maintaining a sense of respect towards the patient.

I would like to begin my path towards becoming an anesthesiologist by completing one year of a general medicine residency. This will provide the greatest benefit to my understanding and management of medical problems. The ideal anesthesiology residency program for me will be university based, with a moderate to demanding case load and an overwhelming emphasis on teaching. Research should be either highly encouraged or required of its residents. Upon completion of residency I will be considering a fellowship to further develop my expertise in a particular area of anesthesia. Ultimately, I am uncertain as to whether I would like to enter academic medicine or private practice. A program which encourages professional and personal growth will be of utmost importance to me.

### **Registering/Applying to Residency:**

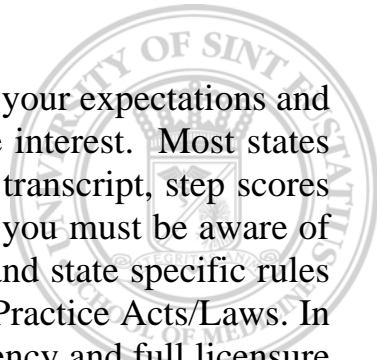
There are a few guides that some students find helpful as they prepare for residency: “*Getting into a U.S. Residency: A Guide for Medical Students*” by K.V. Iverson and “*The International Medical Graduates’ Guide to U.S. Medicine*” by Louise B. Ball.

Basic Process:

- Visit [www.ecfm.org/eras](http://www.ecfm.org/eras) to register for a token
- Email confirmation of token availability and how to access ERAS application
- AAMC # assigned during this process will be your permanent # used throughout the process.
- Central Application Process will accept your documents and produce an electronic file.
- Register at [www.nrmp.org](http://www.nrmp.org) to discover and learn about all the residency programs in the United States.

You will need to visit several sites as you apply for the MATCH. First you will want to register for a token at [www.ecfm.org/eras](http://www.ecfm.org/eras). This token will provide you access to the application and resources for the application process. The Electronic Residency Application Service [www.ecfm.org/eras](http://www.ecfm.org/eras) is a central processing area where you will submit all your information and documents. An electronic file will be made for you and this electronic information will be forwarded at the correct time to the residency programs you identify. In discovering the residency programs you will want to visit [www.nrmp.org](http://www.nrmp.org) which provides comprehensive information about all the residency programs in the US. It is typical for our students to apply to at least 50 programs to as many as 100 in a few cases.

You should supply all of your documents to ERAS by October 1<sup>st</sup> via the ECFMG document center and earlier if possible. Applications can be downloaded to programs as early as September 1<sup>st</sup>. MSPE’s are typically released to programs on November 1<sup>st</sup>. Please keep in mind that it is typical for a residency program to review applications before Step Scores are reported since most students are taking Step II exams in the September to December time frame. Residencies will schedule interviews based on your application materials, transcript to date, Step I scores and understanding that you are on track to be eligible to accept a residency the following July when most residencies formally begin.



In deciding which programs you should apply, be sure you are realistic in your expectations and you must become aware of the requirements for the states you may have interest. Most states have unique requirements and depending on your portfolio of education, transcript, step scores and other factors like the potential that you transferred into our program, you must be aware of these issues before formal application. A very useful website to understand state specific rules and laws is [www.fsmb.org](http://www.fsmb.org) which provides a link to each state's Medical Practice Acts/Laws. In reading these laws and rules be sure to find the areas describing the residency and full licensure requirements for non-US Medical School/IMG/FMG students. It is required that you become familiar with these rules as you begin to narrow down the programs and states of eligibility and interest.

**Interviews:** Interviews can begin as early as October but usually begin in November supporting the idea of getting your ERAS materials done and submitted on time. Interviews can require 1-3 days depending on the length of travel and committee interview process. You obviously want to be at your best and showcase your communication skills, maturity and academic successes. **BE YOURSELF.** Do not put on any false airs as this will not serve you well in any case. Confidence, strong work ethic, willingness to work as a team member and knowing you have much left to learn to become a competent physician will get you a long way in an interview. You want to try to apply to enough programs to get 5 or more interviews as this number has usually resulted in graduates being **MATCHED** to residency. Send Thank You notes to each program you interviewed expressing your interest and potential for visiting for a second interview with the committee. **DO NOT BE LATE.** Pay attention to details, travel with enough time to spare and discover driving directions in advance. If unavoidable situations occur call the program and let them be aware of your situation and what is causing you to be late. Programs are not supposed to let you know how you stand compared to other applicants but it could happen. Be cautious in interpreting these comments! Take in the entire experience and after the interviews are concluded you then can assess each program and begin to rank them for your Rank List to be submitted in February.

Bring to each interview a complete set of your application materials to include copies of your MSPE, transcripts, CV, personal statement, letters of Recommendation and Step Score reports. It is possible things could go wrong with computer technology or that pieces of your application might not have been transmitted clearly to the residency review committee. Have on hand more recent evaluations and letters of recommendation that might not be part of your ERAS document or reflected on your submitted transcript.

**How you are ranked:** There are several factors that will contribute to how a program will rank you.

#### **Positive Factors**

- Excellent Basic Science grades and in the clinical clerkship evaluations
- Excellent letters of recommendation from managing preceptors
- "Academic contact" with a faculty member at a desired hospital
- Excellent MSPE

- Excellent USMLE Scores (Step I and Step IICK)
- Research experience and/or interests
- Pleasant attitude, charisma, maturity and poise
- Enthusiasm and energy
- Eagerness to learn, compatibility with staff and program
- Knowledge and compatibility with the geography and climate



### **Negative Factors**

- Weak interpersonal skills, lack of eye contact
- Weak letters and scores
- Academic failures
- Extended leaves of absence (Medical or otherwise)
- Lack of enthusiasm and excitement
- Long winded or curt answers
- Mentioning dislike for area or climate
- Being Late

**The MATCH and SCRAMBLE:** Once you have completed ERAS, finished your interviews and submitted your rank list, you will need to wait while the algorithm figures out who is going to fill the residency positions. Around the 15<sup>th</sup> of March you will be informed through email of your success or not in getting a MATCH. If you have been successful you will not learn of the program you have been MATCHED for a few days. If you have not been MATCHED you will learn immediately and the following day a list will be available to you of all the unfilled positions. Attaining a residency after the MATCH is referred to as the SCRAMBLE. During the scramble you will need to submit your application either electronically to those programs still having positions via ERAS or be prepared to fax your materials to any programs requesting your documents. Since both you and the program are anxious to fill any unfilled spots, it is possible to be accepted to a residency without interview during this scramble time. The height of activity and duration of this time varies but immediate action is required since after 2-3 weeks most programs have made commitments to students in this scramble process, although positions can continue to be filled long after this initial 2-3 week scramble so long as slots remain open. It is natural for you to look first at the residency programs where you interviewed or had previously submitted information to determine if they have open slots. If they do, you have an advantage over students who have not previously submitted documents to those programs. You must stay attentive and be aggressive to follow up on any leads and possibilities during this time. Although this is a stressful process most students are able to secure a residency during the Scramble. Your clinical support team will be prepared to assist and support your efforts during this time as well.

**Post MATCH, Graduation, ECFMG Certification:** Once the MATCH is over and you know where you will be working as a resident, there are many things yet to accomplish. The first thing for our team to get done once you receive your Diploma is for us to submit your Diploma and Transcript to the ECFMG so you can be certified as having completed a medical education

compatible to that of the U.S. medical schools. You will be advised of your responsibilities in this process when it happens. Your ECFMG certificate will entitle you to accept the residency that has chosen you. Almost without exception you will also need to submit an application for a temporary license or residency training permit to the state medical board where you have been accepted. This process can vary greatly and immediate attention will give the best chance of having everything completed before the residency begins. In some cases when the application and license is not in place in July, new residents may be assigned desk work, no patient contact or may not be invited to begin the residency until completed. Some states are notoriously challenging and efficient communication and coordination with the clinical support team is a must.

## **A Final Note from the Clinical Support Team:**



Dear Clinical Student:

Now that you have made it through this guide, you might well have some additional questions. Please accept this invitation to call us and utilize our offices as your primary resource throughout your clinical schedule and residency application.

Our success as a team will provide you with more opportunities, which in turn will help you attain a high quality residency position. Your work in the medical community will enhance our reputation and build long lasting relationships with medical programs around the country. Your success in signing a contract for a residency position will provide benefits to you, the residency program, our school and the patients that you have an opportunity to assist.

Please feel free to call, e-mail or write if there is anything we can do to make this experience an interesting, dynamic and rewarding one for you.

Warmest Regards

Your Clinical Support Team

*Marc A. Poulin, MS*  
Assistant Dean

*Ronyia Bracey*  
Clinical and Credential  
Services

*Rick Castronova*  
Clinical Support