

Step 3: Planning a 4th year curriculum for your career

There are six tasks to accomplish in fourth year:

Step 1: Write your CV. Document what you have done thus far.

Step 2: Choose a career. Choose wisely: this decision is for the rest of your life.

Step 3: Schedule your fourth year based upon your career.

Step 4: Write a personal statement

Step 5: Complete ERAS

Step 6: Interview and choose a residency.

Step 7: Squeeze the last juice from this orange you call medical school

Step 8: Clean up details: i.e., take step II of the boards.

Step 9: The Match

This chapter will give you some principles useful in scheduling your fourth year.

In March of your third year, you will be asked to design your fourth year schedule. For the first time in medical school, the curriculum you design will be your own. This chapter will give you some principles to guide your choices.

The goals of scheduling are:

1. Maximize your chance of matching in your preferred specialty and program.
2. Receive instruction in topics you are unlikely to be taught in your residency

To accomplish these tasks, you will have to decide what electives to take, the order in which to take them, and if it is important to do an “away” elective. You will also want to allow time for preparation for the USMLE exam and residency interviews. Careful foresight and planning can make for a successful final fourth year.

I. STEP 3A: BUILD YOUR APPLICATION: SUB-INTERNSHIPS (JUNE TO OCTOBER)

Focus the first part of your fourth year on strengthening your residency application. There are three ways to do this. During this time:

- A. Do a **sub-internship** early in the year. This will:
 1. Give you increased exposure to your career choice. If you do not like what you see, it is not too late to change careers at this point.
 2. Give you an additional letter of recommendation in your field.

3. Doing your sub-internship early in the year will ensure that it will not be compromised by interview planning and travel. There is a lot going on during fourth year, but do not let it interfere with your sub-I. You must perform well here; **this is your chance to show how you will function as an intern.** To do so, you must focus 100% of your efforts on the sub-I. **Do not study for USMLE exams or leave for interviews during this month.**

B. Research months.

1. Complete any research abstracts upon which you have been working during the spring and summer. Having a pending presentation at a local or national meeting will be a bonus for your interview discussions.

2. Begin new research only if it interests you. At this point, it is too late to make any meaningful research contributions prior to your interviews. Starting a new research project is useful if it is something you plan on continuing into your residency, if you will acquire new skills (i.e., a new laboratory technique) or if it interests you.

C. Electives related to your field. If you are unable to schedule an early sub-internship, do an elective in your field of interest. You can still obtain an additional letter of recommendation.

II. STEP 3B: (AFTER OCTOBER) SQUEEZE THE LAST REMAINING JUICE FROM YOUR SCHOOL

A. Take courses you are unlikely to receive as part of your residency. This may be your last chance to become trained in areas outside of your specialty. Your goal should be to gain as much experience in areas related to, but outside of the formal curriculum of your residency. The better you are at these related fields, the better you will be in residency. Suggested ancillary courses are listed in Table 1.

B. One week of residency training is worth one month of medical school training. Do not waste your fourth year on rotations that will be more effectively delivered during residency.

III. STEP 3C: SHOULD I DO AN AWAY ROTATION?

A. There are four good reasons to do an away rotation.

1. You want to have a look at your favorite program. The converse is not true: do not do an away rotation so that your favorite program can have a look at you. See below.

2. You have a social reason to be in a different city (i.e., your significant other, family, etc. is in that city and you want to spend some time with them).

3. Your medical school is not highly regarded by your favorite program (i.e., your school has not placed a student at that program in several years).
 4. You are applying in a highly competitive program accepting a very small number of residents each year (i.e., orthopedics, neurosurgery).
- Individual politics can be very important in smaller, competitive residency programs. Establishing a connection in the department can make a big difference in the application process.

If one of the above reasons is your main reason for scheduling an away rotation, then be prepared to work hard. Schedule a rotation with high visibility, and make sure that you meet the residency director.

B. Reasons not to do an away rotation. If you do not meet the above criteria, the risks of doing an away rotation may outweigh the benefits. Consider the following:

1. The deck is stacked against you. You will be compared against sub-interns from the home school. Unlike them, however, you are at a disadvantage.
 - a. You will not know the city (i.e., traffic patterns, etc.); you are more likely to be late, lost or frazzled.
 - b. You will not know the hospital infra-structure (i.e., how to get labs, how to find films, who to call for help, etc.)
 - c. You will not be sleeping in your own bed. You will be without your social support network.
 - d. You will not have access to your home library.
2. The benefits may be smaller than you think.
 - a. It will be no secret that the reason you are doing an away rotation is to show your stuff. Even the best performances may be discounted as not representing your authentic work.
 - b. Larger programs (i.e., internal medicine, pediatrics) are less likely to be swayed by one faculty member's evaluation.

IV. WORDS OF CAUTION

Be realistic about the year. Medical school has likely sapped more energy from you than you think, Interviews will sap even more. Do not schedule difficult rotations in the back part of the year.

V. STEP 3D: STUDYING FOR USMLE EXAMS:

The final thing to consider in creating your fourth year schedule is deciding when to complete USMLE Steps 2 (CK & CS). USMLE Step 1 should have been completed prior to beginning the third year; if not, do it ASAP. USMLE Step 2 should be completed by the end of fourth year. When you take the exam depends upon your residency choice and your step 1 board scores.

A. Board scores are used for two reasons:

1. As a quick screening criteria for deciding who gets interviews. This is especially important in competitive residencies such as orthopedics, ophthalmology, neurosurgery, ENT, dermatology and radiology.
2. As a way of standardizing grades from medical schools that are unfamiliar to your residency program.

B. Therefore, board scores are especially important in the following situations. If you find yourself in one of the following situations, it will be to your advantage to take Step 2 before the interview process begins (September, October):

1. Applying in a competitive specialty.
2. Your school is not well known at the residencies to which you are applying. How can you tell this? Ask your Dean of Students, or ask him to give you a list of where the last two years of students have went for residency. Match it with the list of programs to which you are applying.
3. Your school does not give grades. Your board scores will be used as a substitute for grades.

C. Having a strong Step 2 score is to your advantage in the interview process; having a weak Step 2 score, however, may hurt you. If you feel confident about your step 2 chances, take the test early. If you are unsure of how well you will do, you may want to delay the test until after December.

D. Most programs will look to step 2 over step 1, but in lieu of Step 2 scores, step 1 scores will suffice. This means that if you have a very good step 1 score (>220), it is less important to take step 2 before November. If your score is less than 220, it may be worth taking the test early so that you will be able to report the scores before interview season begins.

E. Do not take USMLE Step 2 during a sub-internship month. If necessary, take a month off or a light elective to study for Step 2.

F. The importance of the Step II clinical skills exam is negligible for the application provided you pass. **BUT DO NOT TAKE THIS TEST LIGHTLY.** As many people fail this exam as they do the Step II knowledge exam. You have to pass. Go back and review your clinical diagnosis material from second year, paying particular attention to the following pitfalls:

1. Introducing yourself to the patient.
2. Washing your hands
3. Not auscultating through the gown.
4. The importance of explaining everything to your patient before you do it. i.e., "May I listen to your lungs now?"

Table 1

<u>Your anticipated residency</u>	<u>Suitable ancillary training</u>
Dermatology	Pathology, surgery subinternship
Emergency medicine	Radiology, neuroradiology, surgical ICU
Internal medicine	Emergency medicine, radiology, surgical ICU, dermatology, pharmacology.
Neurology	Neurosurgery, pathology, or neuroradiology
Pediatrics	Obstetrics sub-internship or neonatal/pediatric ICU
Psychiatry	Pharmacology or neurology
Cardiovascular surgery	Cardiology; medicine ICU
General surgery	Surgical ICU, ID, cardiology, ER
Neurosurgery	Neurology, pathology, or neuroradiology
Orthopedics	Bone pathology, radiology, rheumatology
Pediatrics	Obstetrics sub-I, genetics, medicine
Plastic surgery	Dermatology, pathology
Psychiatry	Pharmacology, neurology, medicine
Urology	Renal, oncology, pathology
Otolaryngology	Allergy/immunology; hematology, medicine
Ophthalmology	Endocrinology; Surgery; ER
Obstetrics/Gynecology	NICU, PICU, ER, medicine