



MATCH SURVEY *STUDENT GUIDE*

*Student Experiences Data from
AY20 through AY23*

Produced September 15th, 2023

Produced by the Office of Medical Education

In consultation with the Office of Student Affairs

MATCH Survey AY1920 - AY2223				
Overall Results				
QUESTION	n	Response		
Are you going through the match, or not?	470	No	3% (n=12)	
		Yes, going through match		97% (n=458)
Are you going through the Couples Match, or not?	467	No	93% (n=434)	
		Yes, going through Couples Match	7% (n=33)	
What is your prime specialty choice?	467	Anesthesia	5% (n=22)	
		Dermatology	4% (n=19)	
		Emergency Medicine	5% (n=24)	
		Family Medicine	2% (n=10)	
		Internal Medicine: Categorical Medicine	25% (n=116)	
		Internal Medicine: Primary Care Medicine, Primary Care	3% (n=16)	
		Medicine: Dermatology	0% (n=2)	
		Medicine: Pediatrics	1% (n=6)	
		Neurology	1% (n=7)	
		Neurosurgery	1% (n=6)	
		Obstetrics/Gynecology	7% (n=33)	
		Ophthalmology	4% (n=19)	
		Oral & Maxillofacial Surgical	1% (n=3)	
		Other (please describe)	2% (n=9)	
		Otolaryngology	3% (n=15)	
		Pathology	1% (n=4)	
		Pediatrics	6% (n=29)	
		Physical Medicine and Rehabilitation	1% (n=3)	
		Psychiatry	5% (n=22)	
		Radiology: Diagnostic Radiology	3% (n=15)	
		Radiology: Interventional Radiology	1% (n=3)	
		Radiology: Radiation Oncology	2% (n=10)	
		Surgery: General Surgery	6% (n=28)	
		Surgery: Orthopedic Surgery	6% (n=29)	
Did you apply to a second specialty as a parallel plan?	458	Yes	8% (n=36)	
		No		92% (n=422)
Did you apply to preliminary or transitional programs, or not?	456	Yes, applied to preliminary (medicine or surgery) or transitional programs	21% (n=95)	
		No		79% (n=361)
(IF YES)How many preliminary or transitional year programs did you apply to?	121	0	22% (n=27)	
		1-4	7% (n=9)	
		5-9	17% (n=21)	
		10-19	36% (n=43)	
		20+	17% (n=21)	
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	51	0	24% (n=12)	
		1-4	22% (n=11)	
		5-9	33% (n=17)	
		10-19	18% (n=9)	
		20+	4% (n=2)	
(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	49	0	24% (n=12)	
		1-4	24% (n=12)	
		5-9	33% (n=16)	
		10-19	16% (n=8)	
		20+	2% (n=1)	
(Follow up to Yes)How many preliminary or transitional year interviews did you rank?	48	0	27% (n=13)	
		1-4	25% (n=12)	
		5-9	27% (n=13)	
		10-19	17% (n=8)	
		20+	4% (n=2)	
How many programs in your specialty did you apply to?	450	1-4	3% (n=15)	
		5-9	8% (n=36)	
		10-19	37% (n=166)	
		20+	52% (n=233)	
How many programs in your specialty invited you to interview?	449	1-4	4% (n=20)	
		5-9	29% (n=132)	
		10-19	55% (n=247)	
		20+	11% (n=50)	
How many interviews in your specialty did you accept?	450	1-4	5% (n=22)	
		5-9	37% (n=168)	
		10-19	55% (n=248)	
		20+	3% (n=12)	
How many programs in your specialty did you rank?	449	0	0% (n=1)	
		1-4	7% (n=30)	
		5-9	39% (n=175)	
		10-19	51% (n=229)	
		20+	3% (n=14)	
In total, how much did you spend on interviews?	454	\$0 - \$500	56% (n=255)	
		\$501 - \$1000	14% (n=62)	
		\$1001 - \$2000	10% (n=46)	
		\$2001 - \$3000	9% (n=40)	
		\$3001 - \$4000	6% (n=25)	
		\$4001 or more	6% (n=26)	
Did you complete a research project in the field you matched?	457	Yes	84% (n=385)	
		No	16% (n=72)	
Did you have a publication during medical school?	461	Yes	85% (n=394)	
		No	15% (n=67)	
Did you look at the Post-Match surveys from previous years?	437	Yes	68% (n=299)	
		No	28% (n=124)	
		Don't know	3% (n=14)	
Did you use the AAMC Careers in Medicine website?	432	Yes	35% (n=152)	
		No	61% (n=265)	
		Don't know	3% (n=15)	
How many research experiences did you put on your application?	437	0	0% (n=1)	
		1-4	54% (n=234)	
		5-9	35% (n=155)	
		10-19	8% (n=34)	
		20+	3% (n=13)	
How many volunteer experiences did you put on your application?	436	0	2% (n=7)	
		1-4	43% (n=189)	
		5-9	45% (n=196)	
		10-19	9% (n=39)	
		20+	1% (n=5)	
How many work experiences did you put on your application?	435	0	6% (n=26)	
		1-4	77% (n=334)	
		5-9	16% (n=70)	
		10-19	1% (n=5)	

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Prime Specialty Segmented Results

	QUESTION	n	Response	
Anesthesia	Are you going through the match, or not?	22	Yes, going through match	100% (n=22)
	Are you going through the Couples Match, or not?	22	Yes, going through Couples Match	86% (n=19)
	What is your prime specialty choice?	22	Anesthesia	14% (n=3)
	Did you apply to a second specialty as a parallel plan?	22	Yes	100% (n=22)
	Did you apply to preliminary or transitional programs, or not?	22	Yes, applied to preliminary (medicine or surgery) or transitional programs	95% (n=21)
	(IF YES)How many preliminary or transitional year programs did you apply to?	22	No	77% (n=17)
			23% (n=5)	
		17	0	6% (n=1)
			1-4	6% (n=1)
			5-9	6% (n=1)
			10-19	41% (n=7)
			20+	11% (n=2)
			6% (n=1)	
	(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	8	1-4	50% (n=4)
			5-9	50% (n=4)
	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	8	0	13% (n=1)
			1-4	38% (n=3)
			5-9	50% (n=4)
	(Follow up to Yes)How many preliminary or transitional year interviews did you rank?	8	1-4	75% (n=6)
			5-9	13% (n=1)
	How many programs in your specialty did you apply to?	22	5-9	18% (n=4)
			10-19	64% (n=14)
Dermatology	How many programs in your specialty invited you to interview?	22	5-9	18% (n=4)
			10-19	64% (n=14)
	How many programs in your specialty invited you to interview?	22	5-9	32% (n=7)
			10-19	59% (n=13)
	How many interviews in your specialty did you accept?	22	5-9	32% (n=7)
			10-19	73% (n=16)
	How many programs in your specialty did you rank?	22	5-9	23% (n=5)
			10-19	73% (n=16)
	In total, how much did you spend on interviews?	22	\$0-\$500	27% (n=6)
			\$501-\$1000	68% (n=15)
			\$1001-\$2000	9% (n=2)
			\$2001-\$3000	9% (n=2)
			\$3001-\$4000	9% (n=2)
	Did you complete a research project in the field you matched?	22	Yes	86% (n=19)
			No	14% (n=3)
	Did you have a publication during medical school?	22	Yes	86% (n=19)
			No	14% (n=3)
	Did you look at the Post-Match surveys from previous years?	22	Yes	77% (n=17)
			No	14% (n=3)
Emergency Medicine	Did you use the AAMC Careers in Medicine website?	21	Yes	52% (n=11)
			No	43% (n=9)
	How many research experiences did you put on your application?	22	1-4	64% (n=14)
			5-9	36% (n=8)
	How many volunteer experiences did you put on your application?	22	1-4	50% (n=11)
			5-9	32% (n=7)
			10-19	14% (n=3)
			20+	5% (n=1)
	How many work experiences did you put on your application?	22	0	14% (n=3)
			1-4	59% (n=13)
			5-9	27% (n=6)
			10-19	1% (n=0)
	Are you going through the match, or not?	19	Yes, going through match	100% (n=19)
	Are you going through the Couples Match, or not?	18	No	94% (n=17)
	What is your prime specialty choice?	19	Dermatology	100% (n=19)
	Did you apply to a second specialty as a parallel plan?	19	No	94% (n=18)
	Did you apply to preliminary or transitional programs, or not?	17	Yes, applied to preliminary (medicine or surgery) or transitional programs	100% (n=17)
	(IF YES)How many preliminary or transitional year programs did you apply to?	17	5-9	35% (n=4)
			10-19	65% (n=11)
	(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	4	5-9	25% (n=2)
			10-19	100% (n=4)
Family Medicine	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	4	5-9	100% (n=4)
	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	4	5-9	100% (n=4)
	How many programs in your specialty did you apply to?	18	20+	100% (n=18)
	How many programs in your specialty invited you to interview?	18	1-4	6% (n=1)
			5-9	22% (n=4)
			10-19	67% (n=12)
			20+	6% (n=1)
	How many interviews in your specialty did you accept?	18	1-4	6% (n=1)
			5-9	28% (n=5)
			10-19	67% (n=12)
	How many programs in your specialty did you rank?	18	1-4	6% (n=1)
			5-9	28% (n=5)
			10-19	67% (n=12)
	In total, how much did you spend on interviews?	18	\$0-\$500	39% (n=7)
			\$501-\$1000	6% (n=1)
			\$1001-\$2000	17% (n=3)
			\$2001-\$3000	17% (n=3)
			\$3001-\$4000	11% (n=2)
			\$4001 or more	11% (n=2)
	Did you complete a research project in the field you matched?	18	Yes	100% (n=18)
Internal Medicine: Categorical Medicine	Did you have a publication during medical school?	18	Yes	100% (n=18)
	Did you look at the Post-Match surveys from previous years?	17	Yes	71% (n=12)
			No	29% (n=5)
	Did you use the AAMC Careers in Medicine website?	17	Yes	82% (n=14)
			No	18% (n=3)
	How many research experiences did you put on your application?	17	1-4	29% (n=5)
			5-9	53% (n=9)
			10-19	6% (n=1)
			20+	12% (n=2)
	How many volunteer experiences did you put on your application?	17	5-9	35% (n=6)
			10-19	65% (n=11)
	How many work experiences did you put on your application?	17	0	6% (n=1)
			1-4	71% (n=12)
			5-9	18% (n=3)
			10-19	6% (n=1)
	Are you going through the match, or not?	24	No	96% (n=23)
	Are you going through the Couples Match, or not?	24	Yes, going through match	96% (n=23)
	What is your prime specialty choice?	24	Emergency Medicine	100% (n=24)
	Did you apply to a second specialty as a parallel plan?	24	No	100% (n=24)
	Did you apply to preliminary or transitional programs, or not?	24	No	100% (n=24)
Internal Medicine: Primary Care Medicine, Primary Care	(IF YES)How many preliminary or transitional year programs did you apply to?	24	1-4	4% (n=1)
			5-9	29% (n=7)
			10-19	67% (n=16)
			20+	9% (n=2)
	How many programs in your specialty invited you to interview?	24	1-4	4% (n=1)
			5-9	21% (n=5)
			10-19	46% (n=11)
			20+	29% (n=7)
	How many interviews in your specialty did you accept?	24	1-4	8% (n=2)
			5-9	21% (n=5)
			10-19	71% (n=17)
	How many programs in your specialty did you rank?	24	1-4	13% (n=3)
			5-9	21% (n=5)
			10-19	67% (n=16)
	In total, how much did you spend on interviews?	24	\$0-\$500	58% (n=14)
			\$501-\$1000	25% (n=6)
			\$1001-\$2000	4% (n=1)
			\$2001-\$3000	17% (n=3)
			\$3001-\$4000	8% (n=2)
			\$4001 or more	4% (n=1)
Internal Medicine: Categorical Medicine	Did you complete a research project in the field you matched?	23	Yes	61% (n=14)
			No	39% (n=9)
	Did you have a publication during medical school?	24	Yes	75% (n=18)
			No	25% (n=6)
	Did you look at the Post-Match surveys from previous years?	22	Yes	68% (n=15)
			No	32% (n=7)
	Did you use the AAMC Careers in Medicine website?	22	Yes	50% (n=11)
			No	50% (n=11)
	How many research experiences did you put on your application?	23	1-4	22% (n=5)
			5-9	22% (n=5)
			10-19	30% (n=7)
			20+	13% (n=3)
	How many volunteer experiences did you put on your application?	23	5-9	30% (n=7)
			10-19	52% (n=12)
			20+	4% (n=1)
	How many work experiences did you put on your application?	23	0	9% (n=2)
			1-4	57% (n=13)
			5-9	35% (n=8)
			10-19	1% (n=0)
			20+	1% (n=0)
Internal Medicine: Primary Care Medicine, Primary Care	Are you going through the match, or not?	10	Yes, going through match	100% (n=10)
	Are you going through the Couples Match, or not?	10	Yes, going through Couples Match	100% (n=10)
	What is your prime specialty choice?	10	Family Medicine	100% (n=10)
	Did you apply to a second specialty as a parallel plan?	10	No	100% (n=10)
	Did you apply to preliminary or transitional programs, or not?	9	No	70% (n=7)
	How many programs in your specialty did you apply to?	10	5-9	20% (n=2)
			10-19	70% (n=7)
			20+	10% (n=1)
	How many programs in your specialty invited you to interview?	10	1-4	10% (n=1)
			5-9	10% (n=1)
			10-19	20% (n=2)
	How many interviews in your specialty did you accept?	10	1-4	10% (n=1)
			5-9	30% (n=3)
			10-19	60% (n=6)
	How many programs in your specialty did you rank?	10	1-4	10% (n=1)
			5-9	60% (n=6)
			10-19	30% (n=3)
			20+	10% (n=1)
	In total, how much did you spend on interviews?	10	\$0-\$500	70% (n=7)
			\$501-\$1000	10% (n=1)
Internal Medicine: Categorical Medicine	Did you complete a research project in the field you matched?	10	Yes	80% (n=8)
			No	20% (n=2)
	Did you have a publication during medical school?	10	Yes	70% (n=7)
			No	30% (n=3)
	Did you look at the Post-Match surveys from previous years?	9	Yes	67% (n=6)
			No	22% (n=2)
	Did you use the AAMC Careers in Medicine website?	9	Yes	78% (n=7)
			No	22% (n=2)
	How many research experiences did you put on your application?	8	1-4	25% (n=2)
			5-9	25% (n=2)
			10-19	13% (n=1)
			20+	13% (n=1)
	How many volunteer experiences did you put on your application?	8	1-4	88% (n=7)
			5-9	13% (n=1)
			10-19	100% (n=8)
	How many work experiences did you put on your application?	8	1-4	100% (n=8)
	Are you going through the match, or not?	115	No	97% (n=120)
	Are you going through the Couples Match, or not?	115	Yes, going through match	93% (n=107)
	What is your prime specialty choice?	116	Internal Medicine, Categorical Medicine	100% (n=116)
	Did you apply to a second specialty as a parallel plan?	109	No	100% (n=109)
Internal Medicine: Primary Care Medicine, Primary Care	Did you apply to preliminary or transitional programs, or not?	110	No	97% (n=106)
	(IF YES)How many preliminary or transitional year programs did you apply to?	5	0	15% (n=1)
	(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	2	0	100% (n=2)
	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	2	0	100% (n=2)
	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	2	0	100% (n=2)
	How many programs in your specialty did you apply to?	110	1-4	6% (n=7)
			5-9	15% (n=17)
			10-19	57% (n=63)
			20+	21% (n=23)
	How many programs in your specialty invited you to interview?	110	1-4	9% (n=10)
			5-9	37% (n=42)
			10-19	39% (n=43)
			20+	5% (n=6)
	How many interviews in your specialty did you accept?	110	1-4	8% (n=9)
			5-9	62% (n=68)
			10-19	28% (n=31)
			20+	2% (n=2)
	How many programs in your specialty did you rank?	110	0	1% (n=1)
			1-4	9% (n=10)
			5-9	60% (n=66)
			10-19	27% (n=30)
Internal Medicine: Categorical Medicine	In total, how much did you spend on interviews?	113	\$0-\$500	58% (n=66)
			\$501-\$1000	18% (n=20)
			\$1001-\$2000	13% (n=15)
			\$2001-\$3000	6% (n=7)
			\$3001-\$4000	4% (n=5)
	Did you complete a research project in the field you matched?	112	Yes	81% (n=81)
			No	19% (n=21)
	Did you have a publication during medical school?	113	Yes	84% (n=95)
			No	16% (n=18)
	Did you look at the Post-Match surveys from previous years?	109	Yes	64% (n=70)
			No	31% (n=34)
	Did you use the AAMC Careers in Medicine website?	108	Yes	34% (n=37)
			No	62% (n=67)
	How many research experiences did you put on your application?	106	1-4	4% (n=4)
			5-9	65% (n=68)
			10-19	29% (n=31)
			20+	5% (n=5)
	How many volunteer experiences did you put on your application?	104	0	1% (n=1)
			1-4	2% (n=2)
			5-9	50% (n=52)
			10-19	41% (n=43)
			20+	7% (n=7)
Internal Medicine: Primary Care Medicine, Primary Care	How many work experiences did you put on your application?	104	0	5% (n=5)
			1-4	80% (n=83)
			5-9	13% (n=14)
			10-19	2% (n=2)
	Are you going through the match, or not?	16	Yes, going through match	100% (n=16)
	Are you going through the Couples Match, or not?	16	No	69% (n=11)
	What is your prime specialty choice?	16	Internal Medicine, Primary Care Medicine, Primary Care	100% (n=16)
	Did you apply to a second specialty as a parallel plan?	15	No	27% (n=4)
	Did you apply to preliminary or transitional programs, or not?	14	Yes, applied to preliminary (medicine or surgery) or transitional programs	73% (n=11)
	(IF YES)How many preliminary or transitional year programs did you apply to?	4	0	14% (n=2)
			20+	86% (n=12)
	(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	1	0	50% (n=2)
	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	1	0	50% (n=2)
	(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	1	0	100% (n=1)
	How many programs in your specialty did you apply to?	16	5-9	6% (n=3)
			10-19	25% (n=4)
			20+	19% (n=3)
	How many programs in your specialty invited you to interview?	16	5-9	6% (n=3)
			10-19	75% (n=12)
	How many interviews in your specialty did you accept?	16	5-9	25% (n=4)
			10-19	75% (n=12)
Neurology	In total, how much did you spend on interviews?	14	\$0-\$500	79% (n=12)
			\$501-\$1000	7% (n=1)
			\$1001-\$2000	7% (n=1)
			\$2001-\$3000	7% (n=1)
			\$3001-\$4000	7% (n=1)
	Did you complete a research project in the field you matched?	15	Yes	87% (n=13)
			No	13% (n=2)
	Did you have a publication during medical school?	16	Yes	94% (n=15)
			No	6% (n=1)
	Did you look at the Post-Match surveys from previous years?	14	Yes	57% (n=8)
			No	36% (n

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Prime Specialty Segmented Results

Pathology

QUESTION	n	Response		100% (n=64)
Are you going through the match, or not?	4	Yes, going through match	<div></div>	
Are you going through the Couples Match, or not?	4	No	<div></div>	75% (n=3)
What is your prime specialty choice?	4	Yes, going through Couples Match	<div></div>	25% (n=1)
Did you apply to a second specialty as a parallel plan?	4	Pathology	<div></div>	100% (n=4)
Did you apply to preliminary or transitional programs, or not?	4	No	<div></div>	100% (n=4)
How many programs in your specialty did you apply to?	4	No	<div></div>	100% (n=4)
How many programs in your specialty invited you to interview?	4	1-4	<div></div>	50% (n=2)
		5-9	<div></div>	50% (n=2)
		10-19	<div></div>	25% (n=1)
How many interviews in your specialty did you accept?	4	1-4	<div></div>	75% (n=3)
		10-19	<div></div>	25% (n=1)
How many programs in your specialty did you rank?	4	1-4	<div></div>	75% (n=3)
		5-9	<div></div>	25% (n=1)
In total, how much did you spend on interviews?	4	\$0-\$500	<div></div>	75% (n=3)
Did you complete a research project in the field you matched?	4	\$501-\$1000	<div></div>	25% (n=1)
		No	<div></div>	50% (n=2)
Did you have a publication during medical school?	4	No	<div></div>	50% (n=2)
		Yes	<div></div>	100% (n=4)
Did you look at the Post-Match surveys from previous years?	3	Yes	<div></div>	33% (n=1)
		No	<div></div>	67% (n=2)
Did you use the AAMC Careers in Medicine website?	3	Yes	<div></div>	67% (n=2)
		No	<div></div>	33% (n=1)
How many research experiences did you put on your application?	3	1-4	<div></div>	33% (n=1)
		10-19	<div></div>	67% (n=2)
How many volunteer experiences did you put on your application?	3	1-4	<div></div>	33% (n=1)
		5-9	<div></div>	33% (n=1)

Pediatrics

Are you going through the match, or not?	2	Yes, going through match	<div></div>	100% (n=2)
Are you going through the Couples Match, or not?	29	No	<div></div>	97% (n=28)
What is your prime specialty choice?	29	Yes, going through Couples Match	<div></div>	3% (n=1)
Did you apply to a second specialty as a parallel plan?	29	Pediatrics	<div></div>	100% (n=29)
Did you apply to preliminary or transitional programs, or not?	28	Yes	<div></div>	4% (n=1)
Did you apply to a second specialty as a parallel plan?	28	No	<div></div>	96% (n=27)
Did you apply to preliminary or transitional programs, or not?	28	No	<div></div>	100% (n=28)
(IF YES)How many preliminary or transitional year programs did you apply to?	4	0	<div></div>	100% (n=4)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	1	0	<div></div>	100% (n=1)
How many programs in your specialty did you apply to?	28	1-4	<div></div>	4% (n=1)
		5-9	<div></div>	18% (n=5)
		10-19	<div></div>	75% (n=21)
		20+	<div></div>	4% (n=1)
How many programs in your specialty invited you to interview?	27	1-4	<div></div>	4% (n=1)
		5-9	<div></div>	26% (n=7)
		10-19	<div></div>	67% (n=18)
		20+	<div></div>	4% (n=1)
How many interviews in your specialty did you accept?	28	1-4	<div></div>	4% (n=1)
		5-9	<div></div>	39% (n=11)
		10-19	<div></div>	54% (n=15)
		20+	<div></div>	4% (n=1)
How many programs in your specialty did you rank?	27	1-4	<div></div>	4% (n=1)
		5-9	<div></div>	41% (n=11)
		10-19	<div></div>	56% (n=15)
		20+	<div></div>	76% (n=22)
In total, how much did you spend on interviews?	29	\$0-\$500	<div></div>	14% (n=4)
		\$501-\$1000	<div></div>	3% (n=1)
		\$1001-\$2000	<div></div>	3% (n=1)
		\$2001-\$3000	<div></div>	3% (n=1)
		\$3001-\$4000	<div></div>	3% (n=1)
Did you complete a research project in the field you matched?	29	Yes	<div></div>	69% (n=20)
		No	<div></div>	31% (n=9)
Did you have a publication during medical school?	29	Yes	<div></div>	79% (n=23)
		No	<div></div>	21% (n=6)
Did you look at the Post-Match surveys from previous years?	27	Yes	<div></div>	52% (n=14)
		No	<div></div>	48% (n=13)
Did you use the AAMC Careers in Medicine website?	27	Yes	<div></div>	26% (n=7)
		No	<div></div>	70% (n=19)
		Don't know	<div></div>	4% (n=1)
How many research experiences did you put on your application?	26	1-4	<div></div>	15% (n=4)
		5-9	<div></div>	42% (n=11)
		10-19	<div></div>	54% (n=14)
		20+	<div></div>	4% (n=1)
How many work experiences did you put on your application?	26	0	<div></div>	4% (n=1)
		1-4	<div></div>	12% (n=3)
		5-9	<div></div>	85% (n=22)

Physical Medicine and Rehabilitation

Are you going through the match, or not?	3	Yes, going through match	<div></div>	100% (n=3)
Are you going through the Couples Match, or not?	3	No	<div></div>	100% (n=3)
What is your prime specialty choice?	3	Physical Medicine and Rehabilitation	<div></div>	100% (n=3)
Did you apply to a second specialty as a parallel plan?	3	Yes	<div></div>	33% (n=1)
		No	<div></div>	67% (n=2)
Did you apply to preliminary or transitional programs, or not?	3	Yes, applied to preliminary (medicine or surgery) or transitional programs	<div></div>	100% (n=3)
(IF YES)How many preliminary or transitional year programs did you apply to?	3	0	<div></div>	33% (n=1)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	3	10-19	<div></div>	67% (n=2)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	3	5-9	<div></div>	67% (n=2)
(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	3	10-19	<div></div>	33% (n=1)
(Follow up to Yes)How many preliminary or transitional year interviews did you rank?	3	5-9	<div></div>	100% (n=3)
How many programs in your specialty did you apply to?	3	1-4	<div></div>	33% (n=1)
		5-9	<div></div>	33% (n=1)
		10-19	<div></div>	33% (n=1)
How many programs in your specialty invited you to interview?	3	1-4	<div></div>	33% (n=1)
		5-9	<div></div>	33% (n=1)
		10-19	<div></div>	33% (n=1)
How many interviews in your specialty did you accept?	3	1-4	<div></div>	33% (n=1)
		5-9	<div></div>	33% (n=1)
		10-19	<div></div>	33% (n=1)
How many programs in your specialty did you rank?	3	1-4	<div></div>	33% (n=1)
		5-9	<div></div>	33% (n=1)
		10-19	<div></div>	33% (n=1)
In total, how much did you spend on interviews?	3	\$0-\$500	<div></div>	100% (n=3)
Did you complete a research project in the field you matched?	3	Yes	<div></div>	33% (n=1)
		No	<div></div>	67% (n=2)
Did you have a publication during medical school?	3	Yes	<div></div>	100% (n=3)
Did you look at the Post-Match surveys from previous years?	3	No	<div></div>	67% (n=2)
Did you use the AAMC Careers in Medicine website?	3	Yes	<div></div>	33% (n=1)
		No	<div></div>	67% (n=2)
How many research experiences did you put on your application?	3	0	<div></div>	33% (n=1)
		1-4	<div></div>	67% (n=2)
How many volunteer experiences did you put on your application?	3	0	<div></div>	33% (n=1)
		1-4	<div></div>	67% (n=2)
How many work experiences did you put on your application?	3	1-4	<div></div>	100% (n=3)

Psychiatry

Are you going through the match, or not?	22	Yes, going through match	<div></div>	100% (n=22)
Are you going through the Couples Match, or not?	22	No	<div></div>	95% (n=21)
What is your prime specialty choice?	22	Yes, going through Couples Match	<div></div>	5% (n=1)
Did you apply to a second specialty as a parallel plan?	22	Psychiatry	<div></div>	100% (n=22)
Did you apply to preliminary or transitional programs, or not?	22	No	<div></div>	100% (n=22)
Did you apply to preliminary or transitional programs, or not?	22	No	<div></div>	100% (n=22)
(IF YES)How many preliminary or transitional year programs did you apply to?	3	0	<div></div>	100% (n=3)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	2	0	<div></div>	100% (n=2)
(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	1	0	<div></div>	100% (n=1)
(Follow up to Yes)How many preliminary or transitional year interviews did you rank?	1	0	<div></div>	100% (n=1)
How many programs in your specialty did you apply to?	20	5-9	<div></div>	15% (n=6)
		10-19	<div></div>	75% (n=15)
		20+	<div></div>	10% (n=2)
How many programs in your specialty invited you to interview?	20	5-9	<div></div>	35% (n=7)
		10-19	<div></div>	60% (n=12)
		20+	<div></div>	5% (n=1)
How many interviews in your specialty did you accept?	20	5-9	<div></div>	45% (n=9)
		10-19	<div></div>	50% (n=10)
		20+	<div></div>	5% (n=1)
How many programs in your specialty did you rank?	20	1-4	<div></div>	10% (n=2)
		5-9	<div></div>	55% (n=11)
		10-19	<div></div>	30% (n=6)
		20+	<div></div>	5% (n=1)
In total, how much did you spend on interviews?	21	\$0-\$500	<div></div>	48% (n=10)
		\$501-\$1000	<div></div>	24% (n=5)
		\$1001-\$2000	<div></div>	19% (n=4)
		\$2001-\$3000	<div></div>	4% (n=1)
		\$3001-\$4000	<div></div>	5% (n=1)
Did you complete a research project in the field you matched?	21	Yes	<div></div>	81% (n=17)
		No	<div></div>	19% (n=4)
Did you have a publication during medical school?	21	Yes	<div></div>	62% (n=13)
		No	<div></div>	38% (n=8)
Did you look at the Post-Match surveys from previous years?	22	Yes	<div></div>	82% (n=18)
		No	<div></div>	14% (n=3)
Did you use the AAMC Careers in Medicine website?	22	Yes	<div></div>	9% (n=2)
		No	<div></div>	45% (n=10)
		Don't know	<div></div>	45% (n=10)
		Don't know	<div></div>	9% (n=2)
How many research experiences did you put on your application?	21	1-4	<div></div>	76% (n=16)
		5-9	<div></div>	24% (n=5)
How many volunteer experiences did you put on your application?	21	0	<div></div>	5% (n=1)
		1-4	<div></div>	43% (n=9)
		5-9	<div></div>	43% (n=9)
		10-19	<div></div>	10% (n=2)
How many work experiences did you put on your application?	21	1-4	<div></div>	9% (n=2)
		5-9	<div></div>	90% (n=19)

Radiology: Diagnostic Radiology

Are you going through the match, or not?	14	Yes, going through match	<div></div>	100% (n=14)
Are you going through the Couples Match, or not?	14	No	<div></div>	100% (n=14)
What is your prime specialty choice?	15	Radiology, Diagnostic Radiology	<div></div>	100% (n=15)
Did you apply to a second specialty as a parallel plan?	15	No	<div></div>	100% (n=15)
Did you apply to preliminary or transitional programs, or not?	15	Yes, applied to preliminary (medicine or surgery) or transitional programs	<div></div>	100% (n=15)
(IF YES)How many preliminary or transitional year programs did you apply to?	15	5-9	<div></div>	7% (n=1)
(IF YES)How many preliminary or transitional year programs did you apply to?	15	10-19	<div></div>	27% (n=4)
(IF YES)How many preliminary or transitional year programs did you apply to?	15	20+	<div></div>	67% (n=10)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	9	5-9	<div></div>	11% (n=1)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	9	10-19	<div></div>	67% (n=6)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	9	20+	<div></div>	22% (n=2)
(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	9	5-9	<div></div>	11% (n=1)
(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	9	10-19	<div></div>	11% (n=1)
(Follow up to Yes)How many preliminary or transitional year interviews did you accept/attend?	9	20+	<div></div>	11% (n=1)
(Follow up to Yes)How many preliminary or transitional year interviews did you rank?	9	5-9	<div></div>	11% (n=1)
How many programs in your specialty did you apply to?	15	5-9	<div></div>	7% (n=1)
		10-19	<div></div>	7% (n=1)
		20+	<div></div>	87% (n=13)
How many programs in your specialty invited you to interview?	15	5-9	<div></div>	13% (n=2)
		10-19	<div></div>	27% (n=4)
		20+	<div></div>	60% (n=9)
How many interviews in your specialty did you accept?	15	5-9	<div></div>	13% (n=2)
		10-19	<div></div>	27% (n=4)
		20+	<div></div>	60% (n=9)
How many programs in your specialty did you rank?	15	5-9	<div></div>	13% (n=2)
		10-19	<div></div>	27% (n=4)
		20+	<div></div>	60% (n=9)
In total, how much did you spend on interviews?	14	\$0-\$500	<div></div>	78% (n=1)
		\$501-\$1000	<div></div>	78% (n=1)
		\$1001-\$2000	<div></div>	14% (n=2)
		\$2001-\$3000	<div></div>	7% (n=1)
		\$3001-\$4000	<div></div>	8% (n=1)
Did you complete a research project in the field you matched?	15	Yes	<div></div>	20% (n=3)
		No	<div></div>	80% (n=12)
Did you have a publication during medical school?	15	Yes	<div></div>	20% (n=3)
		No	<div></div>	80% (n=12)
Did you look at the Post-Match surveys from previous years?	14	Yes	<div></div>	14% (n=2)
		No	<div></div>	86% (n=12)
Did you use the AAMC Careers in Medicine website?	14	Yes	<div></div>	36% (n=5)
		No	<div></div>	64% (n=9)
How many research experiences did you put on your application?	13	1-4	<div></div>	78% (n=1)
		5-9	<div></div>	46% (n=6)
		10-19	<div></div>	46% (n=6)
		20+	<div></div>	8% (n=1)
How many volunteer experiences did you put on your application?	13	1-4	<div></div>	69% (n=9)
		5-9	<div></div>	31% (n=4)
How many work experiences did you put on your application?	13	0	<div></div>	8% (n=1)
		1-4	<div></div>	69% (n=9)
		5-9	<div></div>	23% (n=3)

Radiology: Interventional Radiology

Are you going through the match, or not?	3	Yes, going through match	<div></div>	100% (n=3)
Are you going through the Couples Match, or not?	3	No	<div></div>	100% (n=3)
What is your prime specialty choice?	3	Radiology, Interventional Radiology	<div></div>	100% (n=3)
Did you apply to a second specialty as a parallel plan?	3	Yes	<div></div>	100% (n=3)
Did you apply to preliminary or transitional programs, or not?	3	Yes, applied to preliminary (medicine or surgery) or transitional programs	<div></div>	100% (n=3)
(IF YES)How many preliminary or transitional year programs did you apply to?	3	10-19	<div></div>	67% (n=2)
(IF YES)How many preliminary or transitional year programs did you apply to?	3	20+	<div></div>	33% (n=1)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	2	5-9	<div></div>	50% (n=1)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	2	1-4	<div></div>	50% (n=1)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	2	5-9	<div></div>	50% (n=1)
(Follow up to Yes)How many preliminary or transitional programs invited you to interview?	2	10-19	<div></div>	50% (n=1)
How many programs in your specialty did you apply to?	3	10-19	<div></div>	33% (n=1)
		20+	<div></div>	67% (n=2)
How many programs in your specialty invited you to interview?	3	10-19	<div></div>	67% (n=2)
		20+	<div></div>	33% (n=1)
How many interviews in your specialty did you accept?	3	10-19	<div></div>	100% (n=3)
How many programs in your specialty did you rank?	3	10-19	<div></div>	100% (n=3)
In total, how much did you spend on interviews?	3	\$0-\$500	<div></div>	33% (n=1)
		\$501-\$1000	<div></div>	33% (n=1)
		\$1001 or more	<div></div>	33% (n=1)
Did you complete a research project in the field you matched?	3	Yes	<div></div>	67% (n=2)
		No	<div></div>	33% (n=1)
Did you have a publication during medical school?	3	Yes	<div></div>	100% (n=3)
Did you look at the Post-Match surveys from previous years?	3	Yes	<div></div>	67% (n=2)
		No	<div></div>	33% (n=1)
Did you use the AAMC Careers in Medicine website?	3	Yes	<div></div>	67% (n=2)
		No	<div></div>	33% (n=1)
How many research experiences did you put on your application?	3	5-9	<div></div>	67% (n=2)
		10-19	<div></div>	33% (n=1)
How many volunteer experiences did you put on your application?	3	1-4	<div></div>	33% (n=1)
		5-9	<div></div>	67% (n=2)
How many work experiences did you put on your application?	3	1-4	<div></div>	100% (n=3)

Surgery: General Surgery</

Question	Prime Specialty	Response
Are there any advanced electives you'd recommend for students applying in your field?	Anesthesia	Anesthesia (BWH)
		Pulmonology (MGH)
		ED/pediatric ED
		Anesthesia Sub-I, SICU
		anesthesia, SICU, cardiology, and would also consider a surgery elective (though I did not do this)
		Cardiac anesthesia,
		Cardiology, ICU
		Core Anesthesia, OB Anesthesia at BIDMC
		EM Bootcamp
		I think the only truly necessary post-PCE courses are one anesthesiology rotation and one ICU rotation. I did Anesthesiology at MGH and SICU at BI and both were fantastic. Other electives that would be useful but aren't really needed are: Emergency medicine because you do 1-2 months of EM during the intern year, the emergency ultrasound elective to get more comfortable with the ultrasound machine, ENT to see lots of complicated airways, and MICU for more critical care exposure.
		ICU
		Emergency Medicine
		Ultrasound
		MGH Anesthesia, BWH Anesthesia, MGH Pulm
		MGH SICU, BWH anesthesia subI
		OB Anesthesia SubI
		OB Anesthesia, PICU, Anesthesia SubI
		SICU and OB Anesthesiology
		SICU, Anesthesia
		SICU, Emergency Ultrasound, Anesthesia
		SICU, MICU, ED, Anesthesia
		The respiratory and surgical critical care elective at MGH! Absolutely my favorite elective in medical school, if you let them know you're interested in Anesthesia they will put you on the Anesthesia-run SICU team and you'll get to do a ton and learn a lot.
	Dermatology	Advanced Derm Elective
		Advanced Dermatology
		Advanced med dermat, rheumatology
		Advanced Medical Dermatology
		Advanced Medical Dermatology, Oncodermatology
		Dermatology rotations: intro and advanced.
		Dermatology, Advanced medical dermatology
		Did an ID rotation and found that to be extremely helpful and enjoyable
		General Derm
		Advanced Derm
		Immunology AISC
		Intro Dermatology
		Advanced Dermatology
		Oncodermatology
		Rheumatology, Advanced Dermatology
		Rheumatology, Pathology
		Anesthesia
		Anesthesia at BWH
		Anesthesia is very helpful
		Anesthesia, MGH Cardiac Anesthesia, Ultrasound at MGH, SICU
		EM Sub-Internships (1 home + 1 away), EM Bootcamp, Intensive Care, Orthopedics, Cardiology

	Emergency Medicine	EM ultra sound MGH BWH
		Emergency Medicine Sub-I and MICU Sub-I at BIDMC
		Emergency ultrasound
		Highly recommend MGH anesthesia (practice intubation and line placement in a controlled setting) , BWH dermatology (gain exposure and approach to skin rashes), BIDMC ICU (Commitment to teaching is unparalleled)
		If interested at all in a County program (or just curious) BE SURE TO COMPLETE an AWAY. Many County programs only consider students who have completed an away in this. Also, EM Ultrasound at MGHWH is a great and chill rotation to give time for research and warm up for away rotations. I'd recommend it right before your away rotations.
		International clinical electives
		MGH anesthesia
		MGB EM Ultrasound
		MICU
		SICU, Emergency ultrasound, medicine, anesthesia
		SICU/MICU, medical subspecialties, radiology
		ultrasound
	Family Medicine	Ultrasound Elective
		- midwifery independent study -- hands-down best clinical experience at HMS
		- ob/gyn in community health clinics
		- EM elective
		- PM&R elective -- can learn lots of sports medicine in a non-ortho context
		- developmental pediatrics
		- Ob/gyn and women's health in urban setting
		- Community engagement elective
		- Family medicine elective
		- IM primary care elective
		- ED
		- Dermatology elective
		ACE in Family Medicine
		Outpatient OBGYN
		LGBTQIA elective
		Advanced Elective in Family Medicine (I did mine at the Union Square site, would *highly* recommend)
		Derm Elective at MGH
		Away rotations to meet residents/actually get a sense of what family medicine residency is like
		I really liked my away outpatient sub-I at Tufts and my inpatient sub-I at UCSF.
		I also did ED, family planning, derm, pediatric infectious disease, and an away rotation in Santiago, Chile. I highly recommend all of them!
		CHA Family Medicine Advanced Elective w/ Dr. Kathe Miller
		IHS Northern Navajo Medical Center Family Medicine Sub-I
		Advanced Elective in Adult Primary Care w/ Dr. Allan Goroll at MGH.
		Family Medicine - Windsor St Clinic - Kathe Miller
		Ambulatory Women's Health - Fish Center, BWH - Eve Rittenberg and Kari Braaten
		MGH Primary Care - IMA at MGH - Allan Goroll
		Palliative Care/Psychosocial Oncology - BWH/DFCI - Irene Yeh
		Family Medicine elective
		Sports Medicine at childrens
		+ Cardiology @ BWH
		+ Heme-onc @ MGH
		Advanced Medical ICU
		Advanced primary care elective
		Any medicine sub-specialty consults elective

	Internal Medicine: Categorical Medicine	BIDMC MICU
		BWH Cardiology
		Something at all HMS hospitals
		Both cardiac and medical ICUs
		BWH Cardiology
		BWH Cardiology was a helpful refresher before my medicine subI.
		BWH Cardiology, BWH ID
		BWH Cardiology, MGH Infectious disease
		Cardiology
		Emergency Medicine
		Infectious Diseases
		Cardiology at BWH is an excellent inpatient experience to prepare for a sub-internship. Also, do an elective in your area of research interest; could be great for a letter and better informing your research too.
		Cardiology, CCU or MICU, gastroenterology
		Cardiology, Gastroenterology, MICU, ED
		Cardiology, ID
		cardiology, ID, nephrology, GI
		Cardiology, Infectious Diseases, Heme-onc, Emergency Medicine
		Cardiology, MICU
		Cards, Renal, ID
		Clinical Cardiology - BWH
		Clinical Cardiology, Infectious Disease, MICU
		Endocrinology elective at MGH was really good!
		Hematology/Oncology; Palliative Care; Bone Marrow Transplant;
		I loved my renal and cardiology electives -- renal at MGH was consult service, cardiology at BWH was a cardiology floor service. I learned a lot from both!
		I thought the BWH infectious disease elective was fantastic, also really enjoyed the palliative care elective, and women's health community medicine elective
		I took the ID and GI consult electives (I was assigned to MGH for both) and had a great experience with both -- they made me feel more prepared for my medicine sub-internship, and one of my ID consult attendings also became one of my recommendation letter writers for my residency application. I also had a really great experience self-designing a primary care elective with my prior PCC longitudinal preceptor, which was a great way to gain more experience with internal medicine/HIV primary care in the outpatient setting, and gave me further continuity with an attending I really enjoyed working with who also ended up writing another one of my recommendation letters for my residency application.
		I would recommend Crimson Care Collaborative because it is a unique opportunity to have a longitudinal primary care experience. I would also recommend the Advanced Elective in Family Medicine with Dr. Kathe Miller.
		ICU, as long as HMS doesn't kick you out of it because of scheduling errors...
		ICU/CCU
		PCP
		ID (BIDMC was excellent, have heard great things about ID at BWH/MGH as well). MICU (BWH) was very good for thinking about complicated patients and could be done as either a 3rd or 4th year.
		ID at MGH
		ID, Cardiology
		ID, GI, MICU
		ID, ICU, EM
		ID, MICU, cardiology at BWH
		Infectious disease at BIDMC
		Emergency Medicine (anywhere)

		Infectious disease, cardiology
		Infectious disease, Emergency Medicine
		Infectious Diseases at BWH, Renal at BWH (good learning), EM at BIDMC (lots of autonomy, good teaching, and high-yield)
		Infectious diseases, nephrology, cardiology
		Medical Intensive Care Unit (MICU), Infectious Disease, Gastroenterology, Cardiology, Nephrology, Emergency Medicine
		MGH and BWH Cardiology
		MGH ICU
		Cardiology (MGH or BIDMC)
		Emergency Medicine for something outside of IM
		MGH ID, BWH/DFCI BMT
		MICU
		MICU @ BWH, ID at MGH, HemeOnc at BIDMC, Cards at BWH
		MICU at BIDMC
		MICU at BIDMC and GI at MGH
		Also Hospitalist medicine capstone at BIDMC
		MICU at MGH, BMT at DFCI
		MICU at the Beth Israel
		Cardiology at BWH
		MICU, Cardiology, EM (if you need a flexible month and want to hone in your H&P)
		MICU, Cards Consults at MGH
		Nephrology, Cardiology, Gastroenterology
		Not necessarily in IM, but I would highly recommend Diagnostic Ultrasound at BWH. It is a hidden gem. Fabulous faculty, amazing experience, highly technical, super useful for any specialty.
		Palliative Care
		Pharm elective, ID, Cardiology
		rheumatology @ BWH
		endocrine @ BWH
		cardiology ward @ BIDMC
		There are no MUST electives, in my opinion. Try to select electives that (1) allow you to explore any particular interests you have within the field of medicine and (2) that will allow you to develop good, basic skills as a future internal medicine physician. Cardiology (ideally on an in-patient primary service), gastroenterology, hematology/oncology, and infectious disease are popular options.
		Would recommend doing an IM (or IM subspecialty) elective at each of the three major HMS hospitals!
	Internal Medicine: Primary Care Medicine, Primary Care	Boston Children's pediatric ophthalmology
		MICU
		Cardiology
		MICU, infectious disease, cardiology, GI
		Palliative care, infectious disease
		Primary Care at a Neighborhood Health Center (MGH Charlestown)
		Renal at BI, Palliative Care and Psychosocial Oncology at BWH/DFCI
		Yes - cardiology
	Neurology	Advanced neurology elective
		MICU, EM, cardiology
		Neurology
		Neurology in the Harvard hospitals where you didn't do PCE unless you feel a bit shaky about your PCE Neuro performance. Try to experience a range of services and get some outpatient experience if possible.
		Palliative Care, ID
	Neurosurgery	Away rotations in neurosurgery. I also liked neuropathology and neuroradiology.
		Neuroradiology, neurosurgery sub-Is
		Neurosurgery sub-Is x3 or x4, neuroradiology at BWH

		Neurosurgery subl. Neurology subl. Neuroradiology subl.
	OB/GYN	- MFM at BIDMC; I had a wonderful experience with the MFM team there and learned a lot
		Brigham MFM sub-I, Brigham Family Planning, Surgical Anatomy/AT 501 (super high yield)
		BWH Family Planning, BWH Women's Mental Health
		BWH MFM, BWH GYN ONC
		Family Planning
		Family Planning
		OB/GYN in the Community Setting (BI)
		MFM at MGH
		Family Planning
		BWH MFM
		L&D Nights at BI
		Ultrasound radiology
		Family planning at BWH
		Family Planning, MFM at BWH, Gyn Onc at BI
		Family planning!!! MFM at BWH (more team-based experience than MGH)
		Gyn Oncology
		Gynecologic Oncology, Maternal-Fetal Medicine
		I think the recommendation of at least 1 team-based and 1 outpatient-based was a very good recommendation
		L&D Nights at BI, MFM at BWH, ED at MTAH
		Labor nights
		Maternal Fetal Medicine, Gyn Onc, Family Planning
		MFM at BI, gyn onc at BWH
		MFM at BWH
		Family Planning at BWH
		MFM at BWH
		FP at BWH
		MFM at BWH
		Labor Nights at BIDMC
		MFM at BWH, LGBTQIA+ Health at Fenway, Family Planning at BWH
		MFM Sub-I at BWH
		GynOnc Sub-I (I did mine at MGH, though have heard good things about doing it at BWH too)
		OB/Gyn in Community Settings (BIDMC)
		MFM, Gyn Onc, Family Planning
		MFM, GYNONC, Family Planning, Emergency Medicine, SICU
		MFM, L&D nights
		MGH Gyn Onc - tough hours but so worth it. Unparalleled surgeries and structured well so that you naturally learn/progress through. Capstone experience is especially worthwhile because it prepares you extremely well with managing common complications and running a tough floor.
		BWH MFM
		MGH Gyn Onc and BIDMC MFM were both great experiences!
		Definitely take the advanced clinical anatomy course if you have the time!!!! It's a really well-organized course and gives you so much hands-on learning. Without a doubt the best course I've taken at HMS.
		MGH MFM, BWH Gyn Onc
		One "intense" OBGYN subspecialty - MFM or Gyn Oncology, and one "less intense" subspecialty/rotation - Family Planning, Urogyn, Community OBGYN, etc.
		The MFM rotation at BWH
		The L&D rotation at BIDMC
		Independent study ob-gyn pathology rotation with Drucilla Roberts at MGH (EXCELLENT TEACHER!)
		Advanced Ophthalmology 502
		I was able to do eye pathology at MEEI w/ Dr. Stagner during the BWH path elective, and it was super cool and interesting. I'd recommend spending time in eye path even if not as a full elective.

Ophthalmology	MEE Ophthalmology Elective
	MEE Research Ophthalmology Elective if requiring research mentors
	Pediatrics Ophthalmology if requiring good mentor - David Hunter
	OP501
	OP502
	Pediatric ophtho
	OP501 @ MEE; Pediatric Ophthalmology @ BCH
	OP501-OP503
	OP501, OP502 (dedicated time for research), OP503 - Pediatric Ophthalmology was a valuable elective
	OP501, peds ophtho
	OP501; OP502 or other research
	OP502
	OP503
	If interested in genetics, can do clinical genetics and see a number of patients with inherited retinal degenerations
	OP503 (Pediatric Ophthalmology at BCH)
	Pediatric ophthalmology
	Pediatric Ophtho at HMS.
Take OP.501 as your first rotation. You'll meet potential research and application mentors and build a project for OP.502. I also strongly recommend the BCH Pediatric Ophthalmology elective for good hands-on skills in the OR with Dr. Hunter.	
Otolaryngology	Absolutely need to do Mass Eye and Ear Sub-I! I found it helpful to do another ENT sub-I beforehand to ensure my interest/commitment and get some experience before MEEI.
	Anesthesia hands down. Let them know you are applying to ENT and they will put you in ENT cases. So so so helpful!
	ENT at MEEI
	MEE sub-i is essentially required
	MEEI Advanced Elective in Otolaryngology (absolutely essential to do)
	BIDMC Advanced Elective in Otolaryngology
	Radiology Advanced Elective (ideally at MGH)
	MEEI Otolaryngology
	MEEI Otolaryngology sub-I
	MEEI rotation, BIDMC rotation, Neuroradiology
	MEEI Sub-I in Otolaryngology
Neuroimaging course, ENT sub-I at MEE, additional ENT sub-I at another hospital.	
Neuroradiology	
Pediatrics	(at BCH): ED, ICP sub-I, onc, ID
	Adolescent Medicine (BCH), Pediatrics GI (BCH)
	BI NICU, BCH Pediatric Cardiology, MGH PICU, BCH Pediatrics Sub-I (in ICP), BCH ED
	BIDMC NICU
	Palliative care
	Anesthesia (for practice with pIVs, intubation, pressors, etc)
	Cardiology at BCH
	Cardiology at BCH, Peds sub-I at MGH, Developmental Pediatrics at BCH
	MGH pedi EM
	MSICU
	NICU
	Pediatric cardiology at BCH, pediatric oncology at BCH, PICU at MGH, pediatric sub-I at either BCH or MGH
	Pediatric cardiology, a pediatric sub-I, PICU at MGH
Pediatric ICU at Boston Children's	
Pediatric oncology	

		Pediatrics sub-internship at BCH Pediatric cardiology at BCH peds sub-I, fenway health elective, medicine sub-I (just to know what the alternative is!). I hear pedi derm and sports medicine are both really applicable too. would NOT recommend EM - does not prep for medicine sub-I and not enjoyable for me, plus harsher grading. PICU at MGH - great way to get a feel for critical care PICU at MGH, PEM at BCH Sex and Gender Informed Medicine Would absolutely recommend doing a Pediatric sub-internship. Even though sometimes people say it's "optional," you basically need one for the letter of recommendation, and it is also incredibly helpful to know the bread & butter of pediatrics/confirm this is the right specialty for you. Otherwise, I really Pediatric GI at BCH, and PICU at BCH (though that was very hard!).
	Physical Medicine and Rehabilitation	Rheumatology, Neurology, Sports Medicine
	Psychiatry	-Advanced psychosis at McLean - you get good 1:1 time with attendings over the whole month and really get to know your patient panel and make treatment decisions for them. -emergency psychiatry at MGH - can be a very hectic environment but I really enjoyed my time there because there were lots of attendings coming through, you had autonomy to go see patients on your own, do a whole interview, collateral collection, and presentation to the attending. Less oversight/teaching, but such amazing exposure to interviewing and many psychiatric presentations -Consult psych at BIDMC - good exposure to what consult is, but less autonomy. You work with a resident (which is great for mentorship) but a different attending for each case (not as great if you want a letter out of it).
		AB2 at McLean AB2 at McLean, CL at MGH Bipolar and Psychotic Disorders Unit at McLean: work with 1 attending for entire month so great for letters of rec CHA Advanced Elective in Community Psychiatry, McLean Advanced Elective in the Major Psychoses CHA community psych elective, MGH consultation psychiatry elective Child and adolescent psychiatry at McLean (very good for letters as the attending observes you with patients regularly) Consult liaison psychiatry at MGH Child psychiatry at Boston Children's, Adult psychoses at Mclean Child Psychiatry at McLean, APS @ MGH Geriatric psychiatry at McLean is a great teaching rotation with exposure to dementia, though less independent Advanced adult psychiatry (Deac 4) at BIDMC is a nice rotation for exposure to inpatient psychiatry if you haven't done it already Inpatient Psychiatry, Cambridge Health Alliance; Consult-Liaison Psychiatry, Brigham and Women's Hospital McLean AB1 and AB2 rotations McLean Major Psychoses McLean psychotic disorders unit MGH APS elective, McLean psychoses elective, Psychiatry in a Community Setting, McLean Psychosis Rotation Psychosis Elective at McLean Hospital - 1 month of working with the same team, excellent teaching and exposure Psychotic Disorders at Mclean; MGH Consult Psychiatry and one other
		- Diagnostic Radiology - Interventional Radiology if you think may want to apply directly into IR

	Radiology: Diagnostic Radiology	Advanced Diagnostic Radiology at both MGH and BWH, take research months, whatever interests you (I also did child abuse pediatrics at BCH and pathology at BWH in Jan). No one asked me specifically about any of these electives during interviews (or the fact that I had so many research/unscheduled months.....).
		advanced radiology rotation at any hospital, virtual rads Mt Auburn
		BWH and MGH Advanced Radiology Electives, Medicine Sub-Internship (for prelim years)
		BWH radiology (get to dictate)
		I enjoyed both advanced electives at Brigham and MGH
		MGH MSK radiology elective was great. Had the opportunity to actually read and interpret cases like a resident and has a thorough reading curriculum. Felt comfortable reading knee radiographs by the end, and somewhat comfortable with knee MRIs. Rotation does take more work than others though with a weekly presentation.
		BWH DR rotation was great as well, had the flexibility to make my own schedule and see/participate in what I was interested in.
		Neuroradiology
		Neuroradiology at BWH
		Nuclear medicine
	Radiology: Interventional Radiology	Ultrasound Elective at BWH
		- Home sub-internships
		- Surgical anatomy
		Advanced elective/subinternship in interventional radiology. I would also recommend 1-2 away rotations - they are becoming very common among applicants in IR.
	Surgery: General Surgery	Definitely IR and DR, at least one surgical elective, others according to interest (such as infectious disease, GI). Advanced anatomy if possible.
		- Anatomy
		- Brigham surgery
		2-3 general surgery sub-Is at different hospitals
		Anesthesia
		Radiology
		SICU
		Emergency medicine - should be required for everyone
		250-SU506M.23 Gastrointestinal Surgery (BWH)
		250-SU501M.3a General/GI Surgery (MGH), Baker 4
		250-SU512M.7 Pediatric Surgery (BCH)
		SU525M.12 Respiratory and Surgical Critical Care (BIDMC)
		Advanced Anatomy (AT501), Surgery Bootcamp for laparoscopic skills and knot tying, ICU (SICU or MICU) at BIDMC, general surgery at all hospitals as possible
		Advanced anatomy, SICU, ED
		Advanced Clinical Applications of Anatomy
		AT501 - Advanced Clinical Applications of Anatomy
		MGH Surgery Sub-Internship - Baker 8 Service (Surgical Oncology/HPB)
		BWH Surgery Sub-Internship - Moore Service (Surgical Oncology/HPB)
		Be thoughtful about which sub-I in gen surg you select at MGH. Play to your strengths.
		BIDMC SICU, BCH Pediatric Surgery, MGH Transplant Surgery & Management of the Allograft
		Cardiac Surgery at MGH, Cardiology at BWH
		cardiology consult rotation
		Do a general surgery sub-I at each of the three Harvard-affiliated hospitals and be particularly strategic on which team you choose at MGH. Advanced anatomy was my absolute favorite course at HMS--even if it's still in January, don't worry too much about missing class for interviews--the course directors are very understanding. (About half the class were MS3/5s and half MS4s.) Radiology and anesthesia at BIDMC are really great--they're not required to prep for sub-Is, but would recommend taking them to help prep for intern year.
		Do at least one surgery subI at all the harvard hospitals

		<p>General Surgery at MGH - Baker 4. You'll get tons of individual exposure with Dr. Fernandez, an excellent teacher and advocate.</p> <p>SICU at BIDMC. Worth having ICU experience before residency, and I really enjoyed the atmosphere here in particular.</p> <p>General Surgery sub-I at MGH, SICU at BIDMC and Pediatric Surgery at Boston Children's.</p> <p>general surgery; anesthesia</p> <p>HMS applicants in general surgery should do at least 2 surgery sub-I's in a general surgery field (e.g., surgical oncology, trauma surgery, colorectal surgery, etc.). These should be at different Harvard-affiliated hospitals (for example, you could do one at BWH and one at BIDMC). Many HMS applicants choose to do a third surgical sub-I, which could be SICU or another general surgery sub-I.</p> <p>I would do general surgery Sub-Is at all Harvard Hospitals and at least 1 away rotation at a west coast hospital (Stanford, UCSF, UCLA).</p> <p>MGH Cardiac Surgery MGH Transplant Surgery BI MICU MGH general surgery sub-I MGH subI on baker team 1, 4, or 8 Brigham subI on Cutler Pediatric surgery at BCH MGH Team 4, BWH Surg Onc, BI Thoracic radiology surgical SUB-I's at the different HMS hospitals Thoracic surgery subIs Gen surg subIs Pathology if interested in science or cancer surgery trauma/sicu</p>
	Surgery: Orthopedic Surgery	<p>advanced anatomy definitely, surgery bootcamp</p> <p>Advanced Anatomy Elective, Boston Children's Hospital Peds Ortho</p> <p>Advanced Anatomy, MSK Radiology</p> <p>Anatomy, MSK Radiology</p> <p>Any radiology elective, but especially MGH MSK Rads</p> <p>AT501 (Advanced Surgical Anatomy), Diagnostic Radiology (at MGH)</p> <p>Children's Orthopedics at BCH. A really phenomenal experience!</p> <p>Emergency medicine</p> <p>I heard the MGH MSK radiology elective is good, but did not take it.</p> <p>Loved my home ortho sub-I at the Brigham. I did it in the month of July, then took a month "off" to finish research and ERAS, then completed two away rotations in September/October and really liked that timeline.</p> <p>MSK Radiology Elective - it was the most useful month of medical school overall</p> <p>MSK radiology, vacation ;)</p> <p>None besides doing aways at places you really want to go</p> <p>Obviously do the Harvard combined ortho sub-i--if you're only going to do one home sub-i, I would recommend doing the normal/adult one instead of Children's because you will meet more residents and get to work with them more closely.</p> <p>The Children's ortho sub-i was also a good experience, but it definitely felt like a harder rotation to impress anyone on so I would probably not recommend doing it as your only home rotation. I was also told at other interviews that doing 2 home rotations was a clear sign that I wanted to stay at Harvard, which I didn't realize was the case.</p> <p>The skiing medicine rotation at Stratton was awesome and actually was good exposure to ortho injuries but I would recommend only doing this after you've submitted your application so you can just relax and enjoy it.</p> <p>Ortho sub-I Peds ortho sub-I SICU</p>

		Pediatric Orthopedics at BCH was a great rotation
		Plastic Surgery, Stratton Ski Elective
		PLASTIC SURGERY. VERY Highly Recommend.
		MSK Radiology. Highly recommend.
		Radiology. Msk rads. Rheum.
		Skiing Injuries and Family Practice (incredible class), MSK Radiology at MGH
		Surgery Bootcamp, Advanced Anatomy, Health Systems Science
	Surgery: Plastic Surgery	Plastic surgery rotations
		Plastics at BI, BWH or MGH
		plastics electives (gen surg electives are unnecessary)
		Vascular surgery if more surgical sub i's are needed/wanted
	Urology	1. Advanced Anatomy
		2. Surgical Bootcamp
		3. Urology Sub I at MGH and BWH
		Adult and Pediatric Urology at BWH/ BCH
		Advanced clinical electives in urology at BIDMC and BWH
		BWH Urology, BI Urology
		radiology, any general surgery ones
		medicine sub-I is actually quite helpful too
	Medicine: Dermatology	Urology at BWH or BI
		Urology Sub-I at BI and BWH
	Medicine: Pediatrics	Advanced Medical Dermatology, Clinical Rheumatology (BWH)
		I thought the peds sub-I at MGH was a good as a more intern-like experience (more autonomy). In terms of determining your post-PCE schedule, I did a medicine sub-I, peds sub-I, medicine elective, and two peds electives, and that seemed to work well.
		Pediatric ICU at BCH: tough but great Good idea to do both peds and medicine Sub-Is
	Pathology	Do at least 2 pathology rotations and have in-depth exposure to both AP and CP
		Radiology
	Radiology: Radiation Oncology	1) I would advise doing an away rotation. Radiation oncology at Harvard is not entirely representative for what the field looks like as a whole, and I believe that a lack of away rotations prevents HMS students from getting interviews at good programs that don't usually have HMS students match there.
		2) It is worth exploring other fields in oncology during medical school (medical and surgical) to enter residency with a broader understanding of the field as a whole.
		For people planning to do a true medicine prelim year before radiation oncology -- cardiology, ICU, +/- ED are helpful to see a broad array of medicine pathologies you'll be dealing with. That being said; none are essential.
		For the rad-onc component -- palliative care elective is helpful. If have time to do advanced radiology elective can see how that would be helpful as well.
		Med onc
		Rad onc elective at BWH/DFCI
		Rad onc rotation is required. Other onc rotations like med or peds would be helpful.
		rad onc; med oncmt
		Radiation oncology
		Radiation Oncology at BWH
		Heme/onc at DFCI
		Radiation Oncology elective at BWH/DFCI, Psychosocial Oncology and Palliative Care

	Surgery: Thoracic Surgery	Cardiac surgery sub-internships at MGH and BWH General surgery sub-internships at MGHWH Cardiac anesthesia sub-internship at MGH can be nice for additional experience in the cardiac ORs (and provides additional time for residency applications/academic endeavors)
	Surgery: Vascular Surgery	Vascular surgery at BI and away rotations
Do you have advice or information that would help HMS students applying to your specialty in the future?	Anesthesia	Apply broadly even if you know you want to be at a particular institution or in a particular city. It is helpful to make connections and get a feel for multiple programs to help compare them when making your rank list. If there is somewhere you really want to be, ask someone if they can connect you to one of the APDs or PD. Anesthesia is a small field and personal connections can help you if you have them!
		Decide where you want to be geographically and apply based on that. You don't need to apply to more than 10 programs, only go on interviews that you want to go on.
		Definitely state who your number 1 is.
		Focus on the things you have control over, like your personal statement. Make sure that you have at least one activity in each of the three major sections of ERAS (work, volunteering, and research). Research isn't really that important, and publications definitely are not required (I had none and had no issues), but you should have some project down (even if it's just your SIM project like it was for me!) It helps also if that is relevant to anesthesiology bc that gives you a mentor in the field automatically, and also you will be able to talk about it more in interviews. Interviews are probably the most important piece of the application, but they are also pretty relaxed and conversational usually. Prepare by making sure you have an answer to the usual questions (tell me about yourself, why anesthesiology, tell me about "x" interesting thing on your CV, why are you interested in this program, omg i'm excited about x hobby too let's geek out about it together, and do you have any questions for me), but otherwise just treat it like a fun conversation with a potential new mentor. Also as a source of reassurance: remember that it's a huge advantage that we have so many affiliated anesthesiology programs that also happen to be very large. You're gonna do great!
		Get an anesthesia-specific advisor to look at your application and truthfully give you a sense of your competitiveness. This saved me unnecessarily wasting time and money from applying to too many programs. Also, if you think you might be interested in Advanced spots, I would apply to a good number of prelim positions (I went ahead and applied to most of the prelim/TY's in the main geographic area I was considering). I ended up deciding to rank Advanced > Categorical for my top two programs, and I was glad that I had applied to and interviewed at enough prelim programs, since this gave me a lot of flexibility and reassurance that I was going to fully match.
		Have all of your exams completed early. Finish Step 2 before you start interviewing so that you have the best focus on the interviews.
		If applying outside of the 'typical' programs, reach out to them ahead of time and let them know why you're interested in interviewing
		If there is a program you are really interested in, don't be shy about reaching out and meeting with APDs or PDs.
		It is all about connections! Make an effort to get to know people and stay in touch with them throughout the process.
		Reach out to programs that you're interested in to connect with possible faculty or residents and share your interest.
		Reach out to students who recently applied! We/they love to help and have lots of information. Faculty advisors are also helpful after speaking with students. Avoid random websites! They are scary and unhelpful.

Dermatology	Southwest has a great flight cancellation policy
	Download Thalamus onto your phone early in the process (many interview invitations come through Thalamus)
	Think of people from all programs as potential employers, collaborators, allies, and advocates; I met many wonderful people with whom I hope to work in the future, even at programs I didn't rank as my top 3
	If you're highly interested in a non-Harvard affiliated program, make that very clear to programs; programs are used to seeing HMS grads attend HMS residencies in anesthesia, and non-HMS programs can be skeptical of genuine interest unless you make it very clear
	Talk to lots of residents for advice! Use Southwest to save money on flight transfers. Make an ERAS-specific email. Consider getting a card with travel benefits before paying for STEP exams and use it to pay for them to get travel perks for interviews.
	Try to relax – the Anesthesia interview process is very friendly and more relaxed than others! If there is a program you really want to go to, the program directors at HMS-affiliated hospitals are usually very happy to reach out on your behalf to make the connection.
	Although having a lot of publications or high board scores is certainly not going to hurt your application by any means, I think there is now an increased emphasis on having a compelling narrative or vision for your career in dermatology. With each application cycle, it is becoming a more political and difficult process. It's virtually impossible to appeal to all the different facets of what programs want these days because of how competitive it is and how the field is changing. Just be yourself, trust your mentors, apply broadly, think about what your values are and strengths, as well as what you'd like out of your career and what you'd bring to the field.
	Derm is difficult. Advising is extremely varied and the specialty is extremely competitive. Helpful to get involved early and meet people who will help along the way. Make sure to solicit input and advice from multiple mentors/advisors with wide-ranging perspectives.
	Do NOT submit the ERAS application late. I delayed submitting despite my application being otherwise complete because one of my research mentors and I were almost done with a case report, and publications are valuable currency in my competitive specialty. The case report ultimately wound up not being published, so I delayed for nothing. Some schools use a first-come-first-served method of reviewing applications. You will miss out if your app is at the bottom of the stack and they've already more than filled their possible interview slots with highly qualified candidates; this happened to me. A number of programs never even reviewed my application. Although everything ultimately worked out well and I am very pleased with the outcome, delaying submission was the single most regrettable thing I did in this process. Be kind to yourself and submit as early as humanly possible. If you have any significant updates later on, you can usually let programs know.
	Don't stress too much about the number of interviews you receive, be in frequent touch with your mentors during the process, and have faith in yourself!
Dermatology	Find a mentor early and work with them consistently. Research years are very common for HMS students applying in dermatology, so if you think you may want to do one I would reach out to mentors early (during PCE or soon after finishing). Some of the best mentors have students from other medical schools reach out very early, so it would be best to reach out as soon as you know you may want to do a research year.
	Find a mentor early.
	Identify a specialty advisor early.
	Listen to specialty advisors about how many programs to apply to. For most HMS students 30-50 will be enough. Talk with specialty advisors early and often to assess your competitiveness and guide where to apply, accept interviews, and how to rank
	Networking is important in a field as small as dermatology.
	While it's good to have publications, having a specific project/initiative you can talk in-depth about and show your passion is important for you to shine during interviews

**Emergency
Medicine**

- Try to do an away rotation at a county EM program to get a feel of that clinical setting. This will help you get interviews at county programs, but also help you learn whether that is an environment you can work in.
 - Network with faculty and students at your away rotation. Network with fellow interviewees.
 - Try to do a second look at a program you really like or are hesitant about. I learned so much about the culture and patient population during second looks
 - sign up for a chase sapphire card in January of MS3. You can easily meet the signup bonus because you will be paying for Step 2CK/CS and applying on VSAS. I used the bonus points to fund some of my flights and hotels and keep my total expenses under \$1000.
 - HIGHLY recommend signing up for pre-check, you'll save so much time at the airport
1. Your clerkship evaluations and letters of recommendation are VERY important. Work hard on your rotations and be eager and curious! (But don't be too hard on yourself, learning EM is hard!)
 2. Be proactive - start personal statement early. Start crafting your application early, including getting involved in relevant activities (that you are also personally interested in/excited about) as early as possible.
 3. Prepare for every interview - know the program, know the interviewers, be honest and true to yourself.
 4. Personally, I wrote short thank you emails and don't regret it. There is a lot of uncertainty about this but in the end I decided this is what I would do in any other professional setting.
 5. Get to know HAEMRIDMC residents and faculty. They can provide lots of helpful advice about the process! Reach out to HMS grads for advice about applying.
- Applications to emergency medicine will dramatically change in light of the covid19 pandemic. But know that the specialty is adaptable and it is in everyone's best interest to make sure that you are supported through these challenging times. I look forward to staying in touch and supporting future students in any way I can.
- Don't over-apply. Instead, try to tighten up your list and include a range of different places. In other words, I would use my away(s) to figure out what sort of program I want, and rather than just applying to the top 50 programs, I'd take time and seek advice to try to identify a range of programs that match my criteria (e.g., program with tons of community time vs. urban county program with social medicine focus, etc.). This can save you a ton of money and can prevent you from overlooking programs that will make you happy in favor of programs with a good name but are less suited to provide what you want. Above all, do not submit ERAS without speaking to a good advisor.
- EM advising at programs you are NOT interested in. Everyone says they can be unbiased, but it has not been true.
- Focus on clinical electives and always check in the the clerkship faculty! SLOEs are so important. Also, include some of the strange/unique research projects or opportunities you've had. I felt like the things most applicable to EM were never discussed during interviews and instead they wanted to discuss the extracurriculars that were different from what they typically see.
- Also, join the academic societies! ALiEM, SAEM and EMRA for example. They provided so many resources and webinars during the application season and this was extremely useful.
- Make the most of the socials. Virtual socials were so difficult, but set goals and intentions ("I want to figure xyz out about the program by the end of the event") and that will make it so much more beneficial.
- Identify specialty mentor early, get started on apps early, get Step 2 done before September, don't schedule more than 2-3 clinical rotations in a row, reach out to someone from every program you're interested in
- If couples matching, meet with advisors from both societies early on in the process, it was so helpful! It was a stressful process, but my partner and I matched at our #1 programs in the same area and are so thrilled with our decision. Prioritize your Away Rotations (most important part of your residency application) and be sure to look into them around January/Feb of your MS3 year--spots fill quick, and lots of vaccination/mask fit info is required.

Family Medicine	Make sure you cultivate relationships with EM mentors EARLY in school that can help advise you through the process, write strong letters for you, and advocate for you.
	Also EM always are crucial especially if you want to go to a county program. Being from Harvard will hurt you if you don't show your genuine interest and devotion to county programs and their ideals.
	Plan for away rotations earlier. Don't do Essentials II 3rd year - use that time to have more clinical experience.
	Reach out proactively to all of your top choices before rank lists are submitted. I have no idea how to play the post-interview communication game, but I think reaching out to all of your top choices to express interest may be the right move.
	Family Medicine - Kathe Miller is WONDERFUL and has a whole list of people to reach out to. Would recommend finding people you feel really comfortable going to as a whole person to talk over who to ask for letters of recommendation and also go over personal statement.
	Find mentors at Tufts or other programs that have stronger family medicine and primary care programs
	Reach out to alumni, work closely with an advisor, work with the center of primary care, take a leadership role in FMIG and promote FM in the class
	Talk to as many family medicine residents and recent graduates as possible, especially those who come from similar medical schools to HMS, such as UCSF, Yale, Johns Hopkins, Penn, etc.
	talk to as many people as possible in programs you are interested
	Talk to residents and FM faculty (who work at residency programs) frequently. Happy to be that person for you!
	Try to talk to current residents outside the interview process for your top ~5 programs -- this really helped me with my match list.
	Unfortunately, HMS does not provide many resources -- people or otherwise -- for the Family Medicine specialty. It really feels like only faculty member is really holding down the entire specialty, which is truly places an unfair burden on her.
	- As someone who is hoping to have children during residency, I found it difficult to assess the "family-friendliness" of different programs. Most programs did not mention anything about maternity leave or support for parents during the interview process. For the programs I was most seriously considering, I reached out to residents to ask them if they knew of anyone who'd been pregnant during residency and then I got in touch with those people.
	- Talk to people who know you about culture and fit at given programs, especially during interviews which are not in person - Stay organized: I had a big Google Sheets worksheet and folders for each program where I would keep notes from the conversations I had. - Trust your gut; even in a virtual setting, I got pretty distinct impressions of various programs. I wrote reflections after each interview day to help me remember the sense I had of each program and reread these later while making the rank list. - Don't be afraid to reach out to current residents to ask more candid questions about things like family friendliness, cost of living, the program director, work hours and culture, especially if they are not involved in the admissions process. You do need to find these things out. - If all else fails, the Ottawa Personal Decision Guide (https://decisionaid.ohri.ca/docs/das/OPDG.pdf) is helpful to break the tie between different choices.

1. Begin working on your personal statement early (spring or early summer). You'll want it to send to letter writers, advisors, etc. well before the submission deadline and it is nice to have as your craft your ERAS application so the messaging across your application is cohesive.
 2. Include your hobbies in your application - they come up in every interview!
 3. Interview season is exhausting and busy - try to keep your other responsibilities to a minimum during October-January
- Check-in regularly with your advisor - they are an invaluable resource.
- Don't apply to too many programs -- I was very happy that I didn't travel much, and I talked to many people who were really burned out from the process.
- Don't be afraid to reach out to mentors to ask for advice! You don't need to worry alone.
- Don't over-apply!
- Don't trust phone calls

Don't worry too much about trying to match into internal medicine. HMS students match really well and despite all the nerves, most people matched in their top 3 programs for IM.
Follow your interests during medical school! Internal medicine seems to be more interested in getting to know you as a whole person and has less "checkboxes" to get through during medical school.
For IM applicants, strong clinical performance + USMLE scores is no longer enough to be a competitive applicant for the top programs. I would recommend differentiating yourself through significant achievements in research, community service, etc.
For IM, only apply to programs where you can really see yourself going there. It's easy to make a list too long, and the interview process can become exhausting. I limited myself by geographic region and I'm so glad I didn't go overboard with interviews!
Have transparent, honest conversations with trusted advisors about your goals and competitiveness in assessing where to apply. These goals may be similar to or very different from your classmates'. Try to connect with current or recent trainees at institutions you are seriously considering but have not rotated.
I didn't do this myself, but many people scheduled meetings with the local PD's early in 3rd year to talk about what makes a successful residency application. Do not use it as a chance to sell yourself; that's not what the meetings are for.
Some programs require Step 2 CS to rank you, so make sure you take it early enough so that in the very small chance you fail, you have enough time to retake it and get your score back in time for the rank list deadline . Refer to the score reporting schedule online to plan this. Took it in September but taking it July or August would have been better in terms of not worrying so much whether I would pass or not.
I heard that you need to do away's to demonstrate interest to California programs if you have no ties, but I got several interviews without doing an away. Don't feel pressured to do aways even if you have no ties.
If you were to send a letter of intent (only do this for 1 program), then do it in mid-January. Many programs have ranking meetings by late January. Don't send multiple letters of intent; word gets around.
Look sharp. Don't wear an ill-fitting outfit.
Some programs have their residents provide feedback on internal applicants. BWH residents specifically told me that their PD solicits their input (formal narrative comments) on HMS applicants to decide who to interview and rank. Get along well with everyone you meet; if you're a nice person, it should be natural.
Don't get wrapped up in the stereotypes of different programs. Make your own assessments for yourself by talking to as many residents as possible. And don't just ask about the intern experience on your interview trail. Learn about the junior and senior years too.
If a program tells their applicants that they will be releasing interview invitations at a specific date and time, you should look up their interview dates and plan in advance which ones you would want. On whatever scheduling platform it is, they go very fast!!!! Try to group geographically close programs together on your interview trail.
If you are an anxious person, avoid the reddit spreadsheet. Interview invitations are often staggered and seeing someone else get one (or allegedly, no way to verify honesty on an anonymous sheet) may bother you.
MGH has a team interview. It's really the same kinds of questions as a normal interview, but if the concept of being interviewed by 4 people simultaneously throws you off, then arrange a mock session with some friends

I wanted to share my experience regarding DSAs. I would appreciate if the specific info about myself and the programs I mention below were kept confidential as well, but I hope to pass along the general sentiment. I want to preface this by acknowledging that my medicine Sub-I performance was not optimal (received Honors and not glowing comments), and since the DSA is essentially a reflection of the sub-I I ended up with H in the DSA as well, which is what I deserved based on my performance and the structure of the DSA as is.

However, I feel like the narrative put out by HMS (I'm basing this on the DSA pre-read sent out on April 17 prior to the Post-PCE Zoom meeting on DSAs) is that even students who received H on their DSAs still had favorable match outcomes and that implementation of DSAs has not significantly affected the # of students matching to HMS-affiliated residencies. While this may be true in aggregate, I just wanted to acknowledge based on my experience I do not agree with this sentiment and I felt it was very difficult to get interviews at programs relative to my peers. While I acknowledge there could have been deficiencies in my personal statement or CV that I may not have perceived, I mostly had similar step scores to my peers with the main difference being the DSA.

All in all, I was quite disappointed in where I ended up for residency. I ended up at my #3 choice (a very safe option that I ranked to prioritize being close to home); this most could have dropped even further had I put more competitive east coast programs ahead of it. However, my focus for applying had been west coast programs. In fact, I was initially rejected from all 6 of the most competitive west coast programs. I did manage to get interviews at 2 of those programs after appealing, and ended up ranking those programs #1 and 2 but did not end up matching at those programs.

Of course it is impossible to draw a causative link here or neatly tease apart all the factors that go into how programs select applicants. But, based on talking to other peers I feel like the DSA was the major difference in our applications. And of course, students with HDs in their DSA HDs DO deserve to be matched into better programs than those with H, that's the point of a grading system. I just take issue with the following:

1) The perception I gleaned from the DSA FAQs is that students with Honors in their DSA are doing just as well and that there "are no significant differences" in the % of students matching to HMS-affiliated programs pre-post DSA implementation. This is a biased statistic to look at since there are so many students who go to HMS-based programs and 80% get HD in the medicine DSA anyway, so there will only be smaller fluctuations in where the other 20% go. Additionally, I would be curious how as to how east vs west coast programs perceive DSA grades. Just from my own experience, I did well getting boston and east coast program interviews but had a very difficult time with west coast ones.

I was psuedo-couples matching into IM with my partner, who was matching into Urology (which has an earlier match). We met early and often with our society advisors together to come up with a game plan, which I found super helpful. During the process, my partner and I would email programs where he had an interview and I did not - I ended up with 2 more interviews because of this. After interview season was over and my partner matched to Boston in February, I emailed my top choice, as well as my second and third choices, letting them know my situation and that I was either ranking them number one or extremely highly (I would only let 2nd/3rd choices know in a couples-matching situation; otherwise I would have only sent a letter of intent to my first choice). I think communication with programs was key during this process for us!

I would not have done Emergency Medicine as both an elective and the capstone unless you were strongly considering applying to it. EM isn't as relevant to IM as you probably think it is. Also, don't be afraid to trust advisors outside of the societies. Yes, they often have a dual role with the residency program, even if it is not formal, but even if they do, they seem particularly good at putting on their HMS hat vs their hospital hat when advising students.

Identify mentors/advisors early and don't be afraid to reach out, be quick and upfront about asking for rec letters even if you are not 100% sure about the specialty (Given HST's timeline), schedule advanced electives early, get a letter from your HST research advisor if you have substantial research background, step scores may be more important than what HST advises, the name HST doesn't really mean that much to the outside world (or even Harvard hospitals) anymore.

**Internal
Medicine:
Categorical
Medicine**

If you are an international student who needs H1B sponsorship, make sure that you: (1) Email program directors/coordinators before you apply to ask about H1B visa sponsorship policy. The policies could change year by year, so it's better to double check. (2) Apply to a good number of programs based on your profile, to make sure you have good options to choose from. (3) When you make your rank list, reach out to your top five programs again to get email confirmations from PDs that they will sponsor you a visa. Be honest about what you need. I discussed my visa needs when I met with the PDs during some of my interviews. Some nice PDs (e.g. Vanderbilt) even brought this up to me and told me that they will be willing to help. You will make a lot of good friends during the trail! Work hard but don't forget to enjoy the process!

If you are really interested in city/ program outside of Harvard, let your advisor know early so they can help put the word out to programs that you are interested. Get involved in research on the earlier side.

If you don't get an interview, email the program to tell them you are interested. Ask an advisor to email them too.

Get advice from more than one advisor as everyone has different opinions.

If you want to end up somewhere outside of boston, strongly consider away rotations because many applicants this year didn't get interviews unless they had previously done aways at places

It's important to be thoughtful about your expectations and the prior match lists. From 2022 for internal medicine, BWH IM took all MD/PhDs and 5th years. MGH took all MD/PhDs and 5th years except 3-4, all of whom completed multiple rotations at MGH and met the right people. This is not to say that is good or bad. This is just to say - your advisors will tell you you are amazing and Harvard will want to keep you if you want to stay, but if you are a 4-year MD student the likelihood of you staying in the MGB system is VERY low.

It's quite a random process, but the one thing for certain is who you know and get letters from matters. Some students that had the best scores/evals/personalities didn't get their top choice and those that weren't perceived as clinically strong but had connections through research etc get their top choice. After a certain point, your ability is less relevant given there are so many people who are good enough to be excellent. Overall, it seems like almost everyone that wanted to match to MGH or BWH did, but seemed there were a significant number of people wanting Cali/NYC that got shafted compared to prior years (seems like UCSF in particular is an issue with the new PD).

Just rank where you want to go and you will most likely get there. I personally don't think there is much value in trying to determine "which program is ranked highest? which is most prestigious?"

Always think proactively about letters when entering any advanced elective. Think about who has worked with you extensively and knows you well in terms of character and clinical abilities.

I started working on my personal statement in April and basically had it done by June - helpful to get PS done early because it will aid your letter writers. Started working on ERAS in August - use bullet points for your ERAS experience descriptions.

Do poster presentations as much as you can - easy way to get publications in your ERAS application.

Reach out to HMS alumni in your programs after interviews if you still have programs.

Keep an open mind! There is no "perfect" program, and so if you decide that there is, you're probably wrong. Try to think of your preferences in buckets/tiers.

Many people ended up finding themselves not getting interviewed by places because those programs think we just want to stay at Harvard programs, while Harvard programs does not keep all of its own. It's an odd donut hole where you're left without options - get ahead of this before interviews and don't let advising convince you otherwise, they often take a too chill approach.

My advice is to develop strong mentoring relationships with faculty early on in HMS and continue to proactively reach out to them and update them on how you're doing. I also remember being very worried about how many programs I should apply to and how many interviews I would get - truthfully, HMS students do very well in the match. I would put yourself in a position to succeed, but don't stress too much on number of applications you should send in or number of interviews you receive, especially in internal medicine. Things work out very well and the HMS network of advisers will help you through it all! Another thing I recommend is to really keep an open mind while going on interviews and write down immediately after what your reactions to the program are - it is critical to do this, otherwise it's so easy to forget the details months later when you sit down to make final decisions.

Last thing, please take step 2 CS early so you get your scores by December 31 of the year you are applying (ideally earlier). I did not do this and while I hoped I had passed (and did!), it was unnecessarily stressful since I wouldn't have time to retake before rank lists were due.

Reach out to programs with a letter of interest email once the first batch of interviews start going out across the nation or when the reddit IM spreadsheet online shows that the program you're interested in has sent out at least 1 round of interviews. Don't be too late with this letter of interest if you want it to work--in my experience, I was able to get a few additional interviews (at excellent programs) by simply reaching out.

Make sure you have a solid mentor (if you can) who is well known & willing to advocate for you to the program. It doesn't mean the most famous researcher at the institution, rather someone who is well-respected and involved with the residency program directly.

As said before, success on the sub-I is critical.

If you feel stressed or anxious about anything leading up to applying (USMLE scores, sub-I grade, LORs you've solicited, overall competitiveness) you should reach out frequently and early to a trusted advisor at HMS who routinely helps IM applicants. They can give you helpful advice putting your fears into perspective and/or helping you to game plan around any red-flags. Some of them have really advised all types of applicants, through all flavors of potential 'red flags.' Earlier is better. You might even be worrying for nothing. Reach out.

Really set yourself up for success for the Medicine Sub I. I went into it without any rotations between PCE and the Sub-I. Highly recommend doing other medicine rotations (Cardiology, GI, Pulm, etc) before going in.

Relax on interviews, be yourself - try to show the passion/emotion for what you did (which is harder over Zoom). Also on Zoom, it's hard to know how much to speak during "social settings" with other applicants/residents - would be social but not overly social. Definitely plan for at least 5 warm-up interviews on Zoom before your top choices. If someone in an interview asks you "Do you have any questions for me" towards the beginning of an interview, don't feel pressured to ask 30 minutes worth of questions. My best interviews were half way-ish through the season. If you want to go to a Harvard affiliated institution, the importance of good letters of recommendations from that particular institution in the field you are applying into cannot be understated. Take STEP 2 earlier (preferably before apps are due) - it'll help avoid unnecessary stress and probably net you more interviews.

Seek candid advice from specialty advisors regarding the process and trust what they have to say. HMS IM applicants are generally very competitive and will be in most cases be highly recruited by residency programs. Once you know what your top choice is, it does not hurt to share that preference with that specific program director. There are many excellent internal medicine programs around the country with similar cultures and resident outcomes - the similarities are much greater than the differences and your education at HMS will prepare you to be successful no matter where you train!

Some programs seem to have clear "types" of candidates they want in their program based on its overarching mission/strength (medical education, developing hospitalist/general internal medicine, physician scientist, diversity/equity/inclusion, etc). I would've kept this in mind more closely in order to elevate certain strengths of my application while downplaying others when figuring out how to sell myself to certain programs.

Reach out to interns and residents you have worked with and know very well in order to have them vouch for you during the resident selection process. It's critical to have house staff support you when it comes time for the PD to create the rank list.

If you'd like to leave the Harvard system or match out in California, it seems like some programs have been historically incredulous that an HMS student is leaving Boston. Figure out which programs may think like this and ask your specialty advisor to reach out to that program to let them know you're serious about their program.

Know yourself and your application. If you rotated at BWH/MGHIDMC and perhaps did not impress the residents/attendings as well as you'd like (i.e. did not receive an HD), think about applying to more programs than you would have. Seek honest feedback from your IM advisor to assess this to prevent surprises down the line.

Start rotations earlier in the summer so there is time to ask for letters

Step 2 didn't really matter to my residency process (and I shouldn't have stressed about it at all!) That being said, I don't know if my perception would have been different if I were planning to apply to fellowship or if I took Step 1 pass/fail.

Stress less.

Talk to people in different stages of their careers (residents, attendings, etc) about their experiences. Don't leave any questions unanswered.

Talk to residents at programs off-line!

The personal statement does not matter that much.

There seem to be some internal medicine programs that skip interviewing HMS students unless you've done an away there, have a personal connection to the city/school, or have exceptional research, etc. (Penn falls in this bucket, also sometimes Duke and NYC programs, and some CA programs if you're not from the West Coast). No one told me this going into the process, so I applied to some of these and did not receive interview invitations. It was a very stressful period given I was unsure whether this was due to the strength of my application or due to other reasons like stated above (I'm from New England, so I also wondered if some programs thought I wasn't likely to leave New England and did not send interview invites as a result). An advisor even recommended adding on a safety program in October, which I did (and never heard from). All of this is to say there's a lot of stuff going on behind the scenes for receiving interview invitations. While ranking 7-8 is recommended, it really depends on your situation, and I'd recommend checking in regularly with your society advisor and specialty advisors during the process. They can advocate for you, reach out to programs on your behalf (my research mentor ended up reaching out to a couple of programs which was helpful), etc. I ended up ranking 6 (lower than average for IM) and matched at my top choice! However, I still remember the uncertainty at the start of this process -- remember that you don't have to go through that alone!!

There's a fantastic resource available through the HMS Alumni Advisor List. The email I used to reach them was dea.angiolillo@gmail.com. Whatever the email is should be made more easily accessible to students! They are able to connect you with HMS Alums who would be willing to give you advice. I asked for someone who had recently matched at one specific program recently or a few years out. In addition to getting those contacts, they also gave me contacts for people who had trained at home programs and gone to that program for fellowship for more insight. These conversations were really helpful! Try if you can to get input from non-Harvard program advisors especially if you are seriously considering programs away from Boston.

	Throughout the application and interview process, it's important to think about what type of internal medicine physician you aspire to be. The answer to this question might be what type of non-clinical work you'd like to be involved with (e.g., policy, medical education, public health), a specific type of work as a physician-scientist, or a particular sub-specialty. Thinking about how you will craft your application in this light is perhaps the most difficult part of your application (it was for me). While many of our journeys are non-linear, work with your advisors to think about your interests at the moment and how many of your prior experiences led you to this point. You are not obligated to pursue the path you lay out in your application, but explicitly stating your future goals (however non-concrete) will give the residency selection committee an idea of what type of applicant you are. I generally felt that an interest in internal medicine residency programs has to be more than a simple interest in "internal medicine" – you have to differentiate yourself a bit more.
	Time spent with residents during interviews is most valuable; HMS graduates at the program can be a super valuable resource. Monitor your emotions and take time to reflect soon after interviews. Your mentors, friends, and loved ones can help you make your decision. Keep an open mind - I ended up matching at a program that I didn't even apply to until December (over halfway through interview season) in a field that I hadn't previously considered (primary care)!
	Try to do rotations at all of the Harvard affiliated hospitals to get a sense for the differences. If you really want to match outside of Boston, I feel like the programs sort of expect you or an adviser to reach out to them.
	Use your HMS mentors and come with specific questions to guide their advising.
	While it's not a big deal, I would be a little cautious when discussing thoughts on residency programs and rank lists. While I'm sure it is almost always well-intentioned, I found that classmates (and even some residents at the local hospitals!) were often interested in talking about where students were hoping to end up for residency. The (light) gossip gets around fast and can be a bit stressful in some situations.
Internal Medicine: Primary Care Medicine, Primary Care	Don't worry about # interview invites early on, some of the best programs send out very late Try to do non-clinical months in Nov/December to help with residency travel Have an interesting hobby to talk about - every interviewer seemed to ask about the 'hobbies' list Have at least 1 research project you can speak about during interviews in depth, does not need to be published
	Getting exposure to non-HMS IM trained primary care doctors was key for my decision to pursue this residency. I would highly encourage HMS students to branch outside of the HMS bubble to see what IM-primary care is like outside of our system.
	I have several points about applying into primary care, especially when applying both into categorical and PC programs. Particularly, around how to frame application and interview day, and what questions may be most helpful to get a sense of the program fit. I am more than happy to connect with others applying in the future.
	I would be sure to engage with your advisors/mentors early. If you are really interested in a place, don't be afraid to show your interest before/after the interviews (you don't have to promise a ranking or use language like that, but convey your interest!).
	n/a
	Start early. Find an advisor you can trust and rely on.
	Talk one-on-one or in-person to a few residents at different stages in the programs you are most interested in. I found it especially helpful to do this in the last month just before I made my rank list.
Neurology	If you have a strong location preference, away rotations are very helpful!
Neurosurgery	Reach out to attendings. They are so happy to help guide you.
	"Volunteer" does not mean community service, necessarily, so don't think you need 10 community service jobs on your CV! It just means activity that was not paid and was not research.
	Apply to more programs than you think you need to- OB/GYN is getting really competitive! Also reach out to programs you really want interviews in advance in advance of interview drop day!
	Away rotations can be very important for students who will "do well" on them. I chose to pursue away rotations despite advising from HMS that they weren't necessary, and I am certain I would not have matched to my top choice program without having rotated there.
	Consider away rotations!! Reach out to HMS grads who did away rotations for advice
	Get advisors early
	Go to your advisors early and often

OB/GYN

Have a calendar of interview dates of the programs you applied to ready for when interview invitations are sent out so that you can quickly reply with your preferred date (the OB/GYN reddit spreadsheet was helpful for this!). I had an alert system created for a separate email I created specifically for eras. Until the system is reformed (hopefully soon!), unfortunately the interview scheduling process is quite stressful.

Have a really clear picture of who you are and what you will bring to a program. It's ok if that changes in the future, but it's helpful to have an application that tells a story. Even if your prior work isn't in this specialty, reach out to advisors and mentors who can help you craft a story based on the work you have done thus far. I decided my specialty a bit more last-minute than most people, and I just had to be very thoughtful about demonstrating on my application and in the interview how I saw my future in that field based on my prior work. Also, don't be afraid to ask for help! Students, residents, faculty, and advisors are all here to support you. It's really great to rely on your fellow classmates for what to do but it's so helpful to check in with those who have been through the process, and we are all happy to help!

It's a good idea to send a letter of intent to your #1 choice, but don't assume that no response is a bad sign or that a positive response reflects a program's true intent to rank you to match.

Keep in mind that between the single interview offer date and virtual interviewing, there will be a lot less movement off of waitlists. We had been told to expect waitlist movement and that advisors reaching out to program leadership at some of our top programs could help if we didn't get interview offers there, but at least for me, this wasn't the case.

Keep in mind that OBGYN match, at least from HMS, may be changing more quickly than expected. The post-match surveys have a wealth of useful information to benchmark yourself, but this most recent application cycle was surprising to many of us who had also set expectations based on previous years' data. Our year may have just been a strange year or it could be a signal towards shifts in the way that many programs consider HMS applicants. I think it's helpful to have a heads up about this so that you can mentally prepare yourself if needed--please feel free reach out to people from the year ahead of you if you want to talk more about this!

Look for opportunities to get a sense for programs since interviews will be virtual. For instance, I followed many programs' Instagram accounts. ACOG also offers a virtual showcase in late Summer. And the Zoom happy hours are helpful as well. Some programs even offered Zoom "second look" sessions after interviews had concluded!

Make a list of programs you are interested in early and reach out to current residents or faculty at that program before interview season begins (ie, over the summer) to start getting a sense of fit and honing your list

Meet with multiple members of the OBGYN advising team, as each person lends a useful perspective on personal statements, CVs, etc.

OB-Gyn is getting very competitive and is very stressful. I had some pretty strict geographic restrictions that made it so that my list didn't change much pre-interviews to post-interviews. If you are partnered in any way, your partner is going to have opinions about where you go, and your list might not totally reflect how you felt about the program on your interview day. Know that everyone goes through this. Also, I recommend looking up HMS people who matched at your top choices and contacting them before your interview. Their feedback may be priceless.

Ob/Gyn is pretty competitive and maybe more so than what I believed initially

Be sure to create a spreadsheet to keep interview dates organized prior to interview drop days

Our specialty has such great advising resources, use them! Also, remember not to compare yourself to others - you are a stellar applicant and you bring something unique to the table. I have basically no publications and am not super interested in research as a field, and that weighed on me for a while because I thought I had to look a certain way to be a good applicant and apply to the most prestigious places to be a good Harvard student, but that is not at all the case. This is your life and your career, and you can make decisions according to that. Just be yourself and let that shine - you're going to do great!

personalizing personal statements to different programs

Start earlier (late second year-early third year) to prepare your research, talking to advisors, thinking about letters, getting involved in advocacy activities.

Start early on the personal statement and make sure it feels specific to you and can show your lens on why OB/GYN. Be proactive about having people reach out on your behalf.

Start research early - faculty may not emphasize this but it ends up being important for residency selection

	Stay in contact with your specialty advisor throughout the process, particularly when deciding which/how many programs to apply to. I would also recommend Sarah Dolisca's OB/GYN application info packet - very helpful!
	Talk with HMS alums; they give you more candid reflections of the residency programs. Stack interviews in the same city so you can minimize flights.
	Trust your gut when interviewing. Don't value prestige of a program too much. Go where the residents align with your values/vibe and the program administrators are excited to support you do the things you want to do.
Ophthalmology	<ul style="list-style-type: none"> - Think about rec letters EARLY - Engage in research earlier in medical school - You have assess your own competitive for the field. You only match once, and you are tied to that program for 4 years, so if you think that you have a weak application then you should try to actively think about what needs to happen to strengthen it. - Go to the open-houses - Make friends with a resident, they can be very helpful - Write down all your activities you engaged in during medical school - Take the peds rotation
	Ask your ophtho mentors to reach out to residency programs you have a strong interest in on your behalf before interviews go out (ask each of your mentors to reach out to 1-2 programs, and try to strategically draw upon your mentors in this regard depending on which programs they have connections with)
	At this point, anyone who tells you favoritism, cronyism, and nepotism don't play a role in small, hyper-competitive specialities like ophtho are doing you a disservice. To ensure future generations match well, students should be made aware of the highly subjective components of applying into the speciality.
	Finding a good research mentor is key Network with the attendings/ pinpoint good career mentors and advisors early on Networking/ attending conferences for abstracts and posters rather than try to publish a first author pub will take you further
	For interviews, be able to talk about your research in depth and have a few anecdotes ready to answer common behavioral questions
	I applied to more programs than the HMS average, and I was glad I did so. I ended up with a comfortable number of interviews from applying to more programs. You may not get interviews from places you expect to be an obvious fit, and you may get interviews from places you didn't anticipate.
	I wish I had appreciated the competitiveness of the process earlier so that I could feel more prepared. At the same time, I wish I had believed my advisors and mentors when they told me I was a good candidate and that the process would work out, as I am very happy with my match.
	Ophthalmology is a small world so meeting people at Mass Eye and Ear getting well connected will do you wonders! Dr. Shah is a phenomenal resource for students so be persistent on scheduling a time to meet with him or have a phone call with him.
	reach out to dr shah as soon as you are interested in ophtho
	Talk to HMS alumni at different programs before your interviews if possible to get a sense of the programs.
	You might be surprised by which programs you like after interviewing, so keep an open mind. It's okay to not be/not want to be a basic science researcher. You can include meaningful experiences that happened prior to med school in your application.
	A few things: start looking at programs as early as M2. This will help you understand how programs differ so that you can realize what you want. And 100% do an away rotation unless you are absolutely sure that you are wanting to stay at Harvard and have no preferences otherwise. Some may discourage it, but if you look at the data, most of the spots at the top programs are filled by either home students or students who completed an away rotation there. Its great to have a leg up on another top program outside of just your home Harvard programs.
	Do an away rotation
	Dr. Deschler and your society advisors are your greatest resource!! Attending and resident mentors are extremely important. You will do great!!
	Find projects, mentors and all that jazz early, but do it in a way that helps your story and allows you to work on things you are passionate about. This will help for interviews. ENTs just really want to know that you are a kind person who loves the bizarre world that lies within the holes in our heads
	Pick letter writers who know you and like you, not just people with big names.

Otolaryngology	Reach out to ENT mentors early, start research early, don't stress too much about step 1 scores.
	Reach out to older medical students, ENT residents, etc for guidance throughout the sub-I and application process.
	Create an application that feels genuine and expresses all of the great things you have to offer, and have confidence that you will end up in the place that is right for you. There are so many advisors and mentors who are eager to help along the way.
	Avoid comparing yourself to those applying alongside you, and avoid falling into deep, dark Reddit/otomatch holes.
	Try to begin research as early as possible if you are interested in otolaryngology, develop relationships with multiple attendings across HMS early on
	Work hard on your ENT sub-internships and consider doing away rotation(s) -- always are excellent ways to get to know a program and can provide additional letters if done by August (maybe September)
Pediatrics	Believe in yourself! Don't stress about "what committees are looking for" in terms of extracurriculars or research experiences. While "playing the Match game" can certainly be the case for many of our friends/classmates applying to other specialties, most of the time in Peds, they just want compassionate, thoughtful clinicians, who can speak to their passions. For practical things, also reach out to and set up meetings with the program directors/intern chairs at our home programs if you want to stay in the Boston area! For BCRP specifically, the website will ask for a half-page "Addendum" to your personal statement, which Dr. Growdon can guide you through. Not sure if this is "allowed", but I made a Google doc with further logistical advice! https://docs.google.com/document/d/1ofmBUQoNSbJ18gtUJIC_1uLKcs4vbQ0vLJKt6XjCaM/edit?usp=sharing
	couples match was really hard. the best advising i got regarding couples match did not come from HMS - find a mentor and advocate and work with them through the process.
	don't apply to more than 5 unless you really want to check them all out
	It can be hard to tell programs apart by websites and written information alone. I found it helpful to look at what residents did after graduation, what the required rotations were, and how much time there was to customize your experience to get an idea of what programs valued most highly.
	no need to panic at last minute and apply to more programs (I added on 3 the night I submitted ERAS). Would've been fine just applying to 5-8 in retrospect
	Speak candidly with current residents and observe how they interact with each other!
	The zoom interview process is exhausting and time consuming with the happy hours and interviews at different times and sometimes days. Try to do them together if possible with studying for Step 2. Write down your feelings about each place the day you do the interview, so you can look back on it later as you make your rank list.
	Yes Yes- talk with Dr. Growdon, find faculty in your area of interest and learn from them about which residencies are well-received and which aren't.
Physical Medicine and Rehabilitation	Additional neurology exposure was helpful for me (ALS clinic, neuromuscular, stroke clinic). Also additional anatomy or ultrasound experiences would be helpful! All above would be great additions but NOT required
	1. At the start of the process, spend some time reflecting on what is most important to you. This could be location, proximity to support network, prestige, training sites (VA, county, academic), research opportunities, fellowship opportunities, cost of living, call schedule, supportive training environment, psychotherapy supervision hours, etc. All programs have pros/cons and most are going to give you solid training. Try to figure out what you value most and construct your rank list based on this. 2. If you do not receive an interview from a program you are truly interested in, feel free to send them a letter of interest. Briefly and politely explain your interest in the program and that you would love the chance to interview with them. I reached out to 3 programs that I did not receive an interview from and ended up getting interviews from 2/3 of them in the next 1-2 days. This can be especially helpful if a program does not typically match HMS residents. They may believe you are not interested and just applied to them as a back-up, so your expression of interest can go a long way.

Psychiatry

<p>A lot of psychiatry residency programs have recently added or upgraded their research track components. I would reach out early to residents and research faculty to figure out if that's a path you're interested in. I was told that it was appropriate for residents who envisioned something like an 80/20 split for research/clinical work. Of note, a lot of the east coast programs I applied to were very flexible about residents being able to join the research track during PGY1.</p>
<p>Be thoughtful about how much therapy training you would like to get, as this can vary widely from program to program. Get a sense of the Harvard psychiatry programs as some will want you to have done a rotation there and one explicitly asked why them versus the other Harvard programs.</p>
<p>Geographic bias is hard to overcome, so if a program has started sending out invites (e.g. per reddit spreadsheet) and you are really interested, can talk with your specialty advisor about how to contact them and advocate for why you're interested in them. Family/geographic ties are most helpful.</p>
<p>Doximity/US News rankings are particularly inaccurate for psychiatry so don't put much stock into them. Mentors' opinions are super valuable as well as how you feel about programs based on rotating there or interviewing. Overall look for a place where the culture, people, and values align with you, as you'll be much happier there!</p>
<p>Residents may not always give the whole scoop at interview dinners/lunches because they are surrounded by their co-workers. So if you want the inside scoop you can reach out to alumni or other residents closer to match time, and set up a time to talk on the phone - this is a great opportunity to ask about things like program weaknesses, what they wish they had known, and what they would want to change about the program.</p>
<p>I would recommend meeting with multiple specialty advisors early with pointed questions, especially about pursuing specific interest in the field during 3rd and 4th year.</p>
<p>If there is a program that you are interested in, and you aren't getting interview invites early on, have a low threshold to contact the program and say you are very interested before they fill up all their slots. I did this for one of my top programs, and received an interview invite soon after I sent the email to their PD. I ended up matching at that same program.</p>
<p>Many programs will be a good fit for you - open yourself up to the possibility that you will be happy and get wonderful training to becoming a psychiatrist at multiple programs across the country.</p>
<p>Meet with advisors early, try to complete personal statement early for feedback. Learn from advisors in advance about how to navigate post-interview communication.</p>
<p>N/A since I did not apply yet (applying this upcoming cycle).</p>
<p>Reaching out to residents individually after the interviews gave me the best sense of a program's strengths and weaknesses.</p>
<p>Try not to stress out about non-Psychiatry grades/DSAs. Acknowledge there are a lot of great programs in Psychiatry, and that you are a competitive candidate coming from HMS. Also, some programs might not think you will actually come based on how competitive you are (which includes coming from HMS), so they won't offer you an interview (my rationalization) - if you are interested in those programs, send letters of interest. If region is important from the beginning of the app process, then there is unlikely to be a program far away from where you think you need to be that will ultimately be high on your Match list - this will save you money and stress.</p>
<p>You are more competitive than you think, so don't feel the need to apply to a lot of places. But do what feels right and best for you. You don't want the added stress of regrets.</p>
<p>You'll match at a top program but do not expect to get an interview everywhere you apply, psychiatry is getting more competitive with top med schools graduating high volumes of psychiatry applicants.</p>
<p>- Find an HMS student who just matched into that specialty that you can talk to. They are an invaluable resource because they know what you are going through, are still familiar with the process, and actually remember what programs are like that they interviewed at. - Find a mentor within radiology who you can be truly honest with. This can be tough because many of them are involved with admissions in programs you will likely be applying to! But you want to be able to tell them that you want to go outside of Boston if that's the case, while not hurting your chances of matching to their program as a backup.</p>
<p>1) Make an appointment with Laura Avery asap 2) Seriously, make an appointment with Laura Avery 3) Find a research mentor for a project in DR - even if you want to go into PP later, this was a crux of many of my interviews</p>
<p>Don't rely on post-interview communication, always have very specific information on each program to share during the interview to signal you are interested.</p>

Radiology: Diagnostic Radiology	Don't rush on sending a letter of intent unless you've fully thought it thorough
	Have fun with it! Residency applications can be very stressful, but they can also be a lot of fun.
	high step 1/2, high honors med sub-internship, 2 strong medicine/primary care letters, 1-2 radiology letters from rads rotation and/or research project
	If you know you want to interview at a program, I would consider sending a message directly to the program director when you submit ERAS letting them know why you are very excited about their program
	It's important to be well-rounded to match into DR and TY/prelim with extracurriculars, research, passions, and hobbies.
	Meet radiology faculty through advanced rotations if possible. That is how I met 2 recommenders and got connected to a variety of research projects. Faculty are also very welcoming when you know you are interested in the field. Research also helps your application as not all applicants are research heavy. It is also not a detriment to have had interests in other specialties—I met many radiologists during interviews that were interested or were residents in some other specialty.
	Talk to Laura Avery and Sara Durfee, definitely send a letter of intent to your number 1 only (and send it before Feb), don't worry about sending thank you notes/emails after interviews unless they ask for it
	Talk to Laura Avery! She is AMAZING. She always knew exactly what to do at my stage of training and provided high yield advice. She also has a calming and hilarious presence that just zaps any anxiety way. Perfect mentor for anyone interested in radiology.
Radiology: Interventional Radiology	<ul style="list-style-type: none"> - Get involved in professional societies early on if possible, or at least befriend someone who is. The field is so small, dynamic and heterogeneous that a lot of useful information only exists via word of mouth - Don't be afraid to ask advice of the PDs/Chiefs at home hospitals, even if it's about going elsewhere. Everyone is very supportive and wants what's best for you - Rotate at your home institutions as they all pretty different practices and procedure types. I didn't do away rotations, but it would have been nice to see how IR operates at different places
	Get involved in research early, with the caveat that research is broad and the most important thing is to work on a project that is personally exciting.
	Step score cutoffs are lower than most students think. It is worth applying if you are passionate about the field (and this is evident in your application) even if you think your scores aren't the best. Just be ready to address them in interviews.
	<ul style="list-style-type: none"> - Do a general surgery sub one month at all the 3 harvard hospitals - Research isn't everything, focus on being a complete person - Think a lot in advance of what you want to use your 2 research years for as you will get asked about this a ton during interviews - go to as many practice interview sessions as possible - prepare for scenario based interviews
	<ul style="list-style-type: none"> - It is necessary to have multiple research papers in surgery journals in order to feel confident in the match - It is necessary to do away rotations for general surgery in order to have west coast programs take you seriously. HMS does not give appropriate advice on away rotations in general surgery. - Identify a well-connected surgeon to be your mentor so that someone can advocate for you - HMS does an extremely poor job of providing advisors for general surgery. The current list of possible advisors is outdated and inaccurate. It is extremely difficult to find someone who knows you well, who is senior enough to advocate for you, and who knows enough about the application process to be helpful. If I were an HMS advisor, I would pay significant attention to the lack of organized, coherent advising in general surgery and I would try to amend this.
	Consider carefully how many places to apply to, and anchor more to recent applicants and less to what mentors tell you
	Develop and utilize faculty mentors/contacts. Who your letter writers are may matter to some interviewers - general surgery is surprisingly small. Get involved in surgical activities/research to demonstrate interest, as an interview talking point, and to meet more people in the field.
	Don't listen to the step score cutoffs posted on the programs website. I was interviewed at multiple programs where I did not meet the cutoff score.
	Form an advising relationship with Dr. Lillemoe. He is a very good advisor and resource.
	General surgery programs seemed to be open to post-interview communication, I would recommend taking advantage of this (emails/calls with PDs/attendings/residents in programs you're interested in) to figure out which program is your top and then inform that program tactfully if it seems like they would be open to hearing that from you.

**Surgery:
General
Surgery**

Get to know mentors in surgery as soon as possible. Especially coming from HMS, letters are key.
Get your letters as early as possible.
I met most of my mentors during my sub-I's, so don't stress too much if you feel that you don't have enough mentors at the end of PCE. Reach out to the PD/chair (pick one) at the three Harvard-affiliated hospitals for advice around August before applications are due--they're all really great and welcome questions from HMS students. If you're thinking of staying in Boston, you should do surgery sub-I's at all three Harvard-affiliated hospitals, as this is the most direct way of expressing your interest in them. Reach out to HMS alums who are residents at the programs you're interviewing at. Form a group text with your co-applicants and use it!
I think it's helpful to start thinking about getting letters early on. You do not have to ask for a letter from each sub-I (that's what I thought originally, and what I did), but having a good letter from a research mentor, a good clinical letter, and a chair letter is sufficient and you should try to plan ahead to make this happen. Also, having research projects ongoing during interview process is fine! it's okay not to have a completed product while on the interview trail, as long as you can talk intelligently about your research and why it's important.
I went to 10 interviews and thought that was the perfect amount--enough exposure to learn about the field/make comparisons, but not so much that I was constantly traveling and exhausted. Schedule a low-stakes one at the beginning as you're getting used to the routine. I had two in January, which I'm glad I did because they were good programs, but it also might have been nice to be finished before winter break.
I would just advise them to make sure they have advocates. General surgery despite being larger than the subspecialty surgery programs is still quite small and everyone knows everyone. So having faculty who are in your corner is a surprisingly important aspect of a successful application.
If you think you might want to go somewhere outside Boston for General Surgery, consider doing an away rotation in that region of the country (e.g. the Southeast). This seems to result in a higher likelihood of getting interviews in that region (level 5 evidence based on anecdotes from people I met on interview trail).
Info: interviews only give you a glimpse of the program. very difficult to assess unless you have either done a SUB-I or know residents there. Advice: stress less, be yourself, enjoy the process.
Meet early (by summer before residency season) to strategize on program list and application components (e.g. letter writers especially). My specific letter writers were often a topic of conversation during the interviews - academic surgery is a small world, and faculty at top programs are colleagues as well as close friends. Communicate interest very explicitly to top 3 programs by early February (ideally), but certainly by mid-Feb if at all possible.
Reach out to fellow applicants who are in programs that you're planning to rank highly to find out from their perspective what the culture, PD, residents are like; set up meetings with residents individually to ask more specific questions
see above. talk to many residents, try to get to know medical students at these different programs to help you talk through things, find mentors at outside institutions who can be unbiased, unfortunately you will learn during this process that no mentor at any HMS hospital is truly unbiased and it can feel lonely and nerve-wracking to know who to talk to and speak honestly about your concerns, you want to talk to people who know surgery but honestly it's sometimes easier not to because otherwise you constantly have to filter what you say
Talk to Dr. Lillemoe, he is the best and very helpful.
The department chairs at all three hospitals (BWH, MGH, BIDMC) are all great resources for students who are applying into general surgery. This is particularly helpful since you will need a letter from a department chair if you are applying into general surgery.
Residents that you meet through your sub-I's are another great resource for information about the application process, and they often can advocate for you! Feel free to reach out to any HMS alumni who are general surgery residents at the Harvard-affiliated hospitals.
There are a lot of people, especially in the Harvard system, who will doubt you and try to convince you that things won't go well for you in the match. Do not listen to anyone that gives you this advice. Stay focused on your goals and what you are trying to do. In my case I ended up with my top choice and what I believe is the best program out there. Look at our match list from this year and realize everyone went to an incredible program. I promise you this was not the tone that we heard along the way -- just stay strong, focused and you will get there. Also Dr. Lillemoe gives great advice. So does Dr. Phitayakorn.

	<p>Try to do rotations (surgical or not) at each of the Harvard hospitals over the course of medical school -- you may close doors in the application season if you look like you've played favorites. Similarly, try to get letters of rec from different hospitals. Make sure to take ownership of at least 1-2 research projects before application season that you can put on your application and discuss on the interview trail (for those interested in academic programs). It's normal to change your mind last minute and decide to do a specialty like surgery late but, if you do so, make sure to connect with people who can provide you the right support as I think it can make the application season more difficult.</p>
Surgery: Orthopedic Surgery	Ask home students from other schools if they would be willing to stay at their programs - very telling about the residency culture.
	Asking mentors to reach out to specific programs I was interested in after ERAS was submitted and prior to interview invites going out was the most helpful thing I did. Most of the interviews I received were places a mentor had contacted for me.
	Be normal and nice
	Build strong relationships with the faculty that you are going to ask for letters of recommendation
	Choose your away rotations wisely. If not sure what kind of program you're interested in (blue collar, white collar, community, etc) I'd recommend rotating at one of each. You'll then have a good idea of where a certain program you're interviewing at falls on that scale and can rank accordingly. For example, it would be hard to go throughout the whole process without a county experience and then try to use that as a rank determination.
	Connect with as many HMS grads as you can, especially if there are some where you want to match. I would advocate for you!
	Do not hesitate to reach out to students, residents, faculty. People want to help.
	Dr Dyer holds a very unique position as the adviser for Med students and concurrently the residency PD. It's almost impossible for him to juggle those two duties independently.
	Figure out where you want to live for 5+ years. Almost every ortho residency in the country will train you to be a good surgeon. Think more about where you will be most happy living for 5+ years. I considered being close to family/friends/loved ones as something more important than where the residency program was ranked on Doximity--I'm glad that I did and would also recommend that future applicants do the same.
	Get to know/stay connected with fellow applicants in ortho your year. Fun and helpful throughout the process.
	<p>HMS specialty guide</p> <p>Prior Match lists</p> <p>HMS alumni advisors to help decide on final rank list</p> <p>HMS post match surveys</p> <p>ortho google sheet</p> <p>doximity rankings</p>
	<p>I think many people apply to too many programs. Ask Dr. Dyer how many programs you should apply to, and generally trust his advice. It's also a great idea to get plugged in with him early on because he is a fantastic resource and a great person to have on your side.</p> <p>Do away where you actually think you want to end up.</p>
	I would do research as early as possible, and do a good job. Be reliable, work hard. That is the best way to get letters from people who really know you. With HMS having basically no grades, research and letters are really the name of the game.
	Meet with an advisor early on to gauge how competitive you are. Try and tailor the list of programs that you will apply to based on this feedback. Have a mentor reach out to 2-5 programs that are high on your list; this is especially helpful for programs that you are seriously interested in but may dismiss your application as "too competitive" coming from Harvard.
	Rotate at both blue collar and white collar programs and try to do them in different geographic locations. This will open up more regions for potential interviews
	Talk to and create relationships with residents and attendings early at hms or hms alumnus at other programs you're interested in
	Talk with us (students who went through the process). Never hesitate to reach out. Start the process early (research in first or second year). Find mentors early.
	The current residents are a great resource when it comes to Sub-I selection, where to apply, and questions about the Harvard program.
Surgery: Plastic Surgery	Plan away rotations early!

Urology	Do Sub-I and seek out mentors at BI and BWH, not MGH
	Even if something is not urology related, it is not a waste of time. Interviewers loved talking about a variety of components on my application and were more interested in engaging conversations than impressing them with my urologic knowledge. Have fun with the process (easier said than done, I acknowledge)!
	Get a Urology specific advisor, and speak to them honestly about your competitiveness and which programs to apply to
	Get involved early - connect with mentors, classmates, and residents, explore the field and related subspecialties, get involved with research projects that interest you, and plan out what your post-PCE time will look like (e.g., home rotations, away rotations, dedicated research time, conference opportunities, scheduling STEP, etc.).
	Getting started early on research projects that are finite and doable in a reasonable amount of time Finding mentors who are available and ideally with a well-established reputation in urology
	I will pass on and strengthen the advice I got from older HMS students, which was to do research with, and get advice from, BWH and BI, not MGH.
	Mentorship at BWH and BI >>> MGH
Medicine: Dermatology	See above. Also, DO NOT trust ANYTHING you hear from mentors, interviewers, or PDs/APDs about your application or competitiveness. You will get compliments throughout this process and you should believe absolutely none of them. I was lulled into a false sense of security, confidence, and sense of ability to stay at my home program, which ultimately did not happen. PDs/APDs telling you that "we want to keep you" or "we are very interested in having you here" means absolutely nothing. Take nobody's word for anything.
Medicine: Pediatrics	- For med-peds, if you are also applying in either medicine or pediatrics, you can get two letters from the same person. For example, my research mentor addressed one letter to the "Medicine-Pediatrics Program Director" and another to the "Pediatrics Program Director."
	- It's okay and helpful to reach out to a lot of people in the field if you feel so inclined. For example: Evangeline Galvez, Niraj Sharma, Colleen Monaghan, Susan Hata, and the chiefs at each of the Boston programs. They are expecting this and it's part of their roles.
	-It is a good idea to get chair letters in both medicine and pediatrics. Also consider getting a letter from the subI; don't make all your non-chair letters from the PCE.
	-If you are running short on letters (I was advised 4), consider combining letters (for eg. perhaps one of your attendings can contribute a paragraph towards the chair letter if you are out of space for a full additional letter)
	-Dr. Galvez is a great resource. I found her advice very accurate and helpful throughout the process. She is also really invested in her mentees, to the extent that she can appear intimidating but she is really just very energetic when it comes to helping interested students.
Pathology	-Away rotations seem to not be necessary in med peds; didn't do one and have not heard of others needing one
	-Not fully necessary, but good idea to do rotations at both MGH and BCH/ BWH even if you are not planning to stay in Boston to get a sense of the differences, especially on the peds side
	Be yourself!!! Follow own dreams not some "path"
Radiology	If you applied in pathology you will be fine.
	It's largely a buyer's market in terms of residency
	1) Do away rotations
	2) Even if you are given advice to put the highest ranked programs first, I would not advise following it. It is most important that you find a place where you are happy so that you can thrive.
	Consider doing a radiation oncology rotation earlier if you are even considering it! Can be very formative in career planning - wish I'd acted on my thoughts regarding the field sooner.
	Contact former HMS students who are residents, both at Harvard and at other programs to try to get as much information from them as possible. Spend no time on SDN/spreadsheets.
Radiology	Listen carefully to Dr. D'Amico.

	Radiation Oncology	<p>Listen to Dr. D'Amico's advice! Connect with current/soon-to-be Rad Onc residents (best resource for research opportunities, career advice, and application process)!</p> <p>Rad onc research/publications/attending ASTRO is a plus but not absolutely necessary. However, strong reference letters from Rad onc mentors (ideally someone you worked closely with in clinic/research) are crucial.</p> <p>Reach out to a few alumni who went through the process in the last year or two, we will have good advice!</p> <p>Sign up for a travel credit card to gain points on expenses for interviews. Make friends with the interviewees that you meet - you could be co-residents or colleagues in the future.</p>
	Surgery: Thoracic Surgery	If dual applying into CT and general surgery, do not neglect the general surgery side of your application.
	Surgery: Vascular Surgery	Dont be scared to do away rotations especially if you are trying to not match at a program in Boston. Great to see vascular surgery practiced in different institutions in different parts of the country
If you had to do anything differently in the residency matching process, what would it be?	Anesthesia	Apply to fewer programs
		Apply to fewer programs, go on fewer interviews
		Email programs about my interest in their program if I had not received notification of an interview.
		I would apply to more preliminary and transitional year programs. I would also do an (just one) away rotation at a place that I really wanted to go to.
		I would have changed my prelim med personal statement to a prelim med statement not just submitted my anesthesia one.
		I would not have scheduled Step 2 one week before the ERAS application was due. I would have spaced those out more.
		If anything, I might not accept as many interviews once I had enough invitations so that I could do fewer interviews (no more than 3/week) and dedicate more time and energy to the interviews that were most important to me.
		Not apply to prelim programs, categorical only
		Nothing in particular, I was very happy with how the process turned out.
		Recorded my stream of consciousness thoughts of each program immediately after each interview.
		Should have reached out to programs ahead of my application to let them know why I was applying outside of New England
		Start writing the personal statement earlier so there is less stress in the last month before submitting
		study for step earlier
		Try to constrain programs to apply to early on (e.g. by geography). Think hard about whether prelim programs are worth it to apply to -- I did because I was thinking of moving for one year and then switching, but may not be as necessary for everyone.
	Dermatology	Apply to fewer derm programs. Don't stress too much - things tend to work out very well for HMS students. If you are told you have a strong application, believe it. Don't over apply and over accept interviews.
		Apply to fewer residency programs
		Attempted to minimize spending as much as possible.
		Be more specific about why I wanted to attend certain programs
		Could have considered applying to fewer programs
		I would have canceled a few interviews. I think beyond 10-12 interviews there is not much benefit to doing them, and travel fatigue is very real.
		Initiate more conversations with my mentors to get their advice on crafting my narrative in ERAS
		Nothing
		Start on research early, think hard about which mentors to work with given their track record as well as number of other students they are working with. Reach out to programs to express genuine interest early.
		Submit my application as early as possible.

	Emergency Medicine	- I neglected my physical health because I was eating out and drinking frequently at pre-interview dinners. I should have prioritized working out.
		- I started to lose sight of the bigger picture during the interview process and spent too much time on very intricate program details that did not matter at the day. As a result, I almost committed to a program that was not a good fit for me. Try to not focus on the trivial details like (# shifts/month, salary, free swag, prestige, etc). Focus on the culture of the program, the type of people who work and train there, and your fellow applicants invited to interview. Can you see yourself working with those people?
		- Maybe apply to fewer programs (if the process had not been virtual)
		Apply to more programs initially and a broader range of competitiveness, if I had known that I would have problems with getting interviews due to one of my LORs.
		Create a list of things you want for residency first. Look at a few different types of programs to get an idea of which ones fit your list - community vs academic, 3y vs 4y, etc. Look into programs earlier and apply to less.
		Find more EM advising/mentoring
		I am happy with how it went. Was couples match with strong SLOEs at 3 locations and strong board scores, applied to 25 programs, got all interviews I applied for, went to 16, and ranked 16 programs. I ended up at my #1.
		I really think it's important to have intentional, specialty-specific mentorship from advisors. It's hard to know what you don't know sometimes, and I think many of us could have benefitted from EM-specific talks with faculty about creating your rank list, navigating couple's match, crafting a personal statement, etc.
		I waited until completing interviews to start seriously thinking about my rank list after my number one choice--I'd recommend putting thought into the entire list as you go so that you don't move things around as much months later when your impressions are less fresh. Also, I'd recommend notifying your number one program once you're ready, ideally soon after your last interview--a lot can be decided on their end before the submission deadline.
		I would apply to only 15 programs, instead of 30 programs, as commonly advised.
		I would have better navigated post-match communication. My number one and two choice (BIDMC and UChicago) both reached out to me expressing their interest in having me as a resident. However, I somehow didn't end up matching to either. I think I had a false sense of security that I would match at either of these programs because of the positive outreach.
		I would have talked to some of my mentors more. I felt strange trying to stay at one home program vs. another and therefore felt like I couldn't talk to many HMS mentors for fear of offending or upsetting someone.
		I would've found a different specialty advisor.
		More selective in deciding which programs to apply for
		Nothing. I had a strong plan and executed it.
	Family Medicine	explore more unopposed programs e.g. via an away elective
		I wish in hindsight I had not dual applied. I was strongly leaning FM based on my sub-I, self-assessment of fit and career plans, etc; but given my limited exposure at HMS and especially during the pandemic I felt compelled to also apply to IM primary care tracks that I was more familiar with. I think from the beginning I knew I wanted FM, and wish I had just been more secure in my gut from the beginning.
		I wish that I sought more input on how to make my rank list.
		not limiting myself geographically due to marriage plans
		Take better notes during/after the interviews
		-For internal medicine: spend more time thinking about subspecialty choice and whether the residency program had good resources in a range of subspecialties
		- Don't stress so much
		- Make sure to consider specifics of programs that may not have been at the top of the list; I had more or less decided to leave Boston and then decided to stay after interviews, and realized I hadn't spent much time really evaluating the local programs.
		Apply to fewer programs
		Apply to fewer programs maybe, but it was still good to learn about programs at other parts of the country.

		apply to less "safety" programs
		Apply to less programs
		Apply to slightly less programs (as my advisor had told me to)
		Be more proactive about reaching out to programs with updates and expressing my interest.
		Choose a specialty from the start rather than dual-applying
		Discuss couples rank list sooner and much before the deadline
		Do away rotations at places I wanted interviews at outside of Boston.
		Don't stress so much about number of interviews. Get involved in research on the earlier side in med school so that you have projects you can list on ERAS/ discuss during interviews
		Don't trust phone calls
		Don't waste a lot of time creating an extensive scoring system based on pros and cons of each program and asking many people about their opinions about each of these programs. Ultimately I just went with my gut and didn't need to have wasted all this time.
		Find more mentors
		Focus less on the brand and more on the program itself. Went in and came out of interviews having completely different thoughts on programs.
		Get a residency advisor who knows me better and is more reachable.
		Having an advisor call one of my top choice programs before interviews were offered because by the time I wasn't offered an interview it was too late.
		I found the post-interview communication period to be very stressful! I was hoping to end up at a program in NYC, so that probably impacted my experience because I did not already have connections with faculty at the programs. Although most programs told us not to send thank-you-notes, I still felt very uncertain about whether or not I should reach out to my top programs to ask questions and organize second looks as a way to demonstrate my interest in the program. I ended up doing two second looks. And in late January, I reached out to my top program to tell them that they were my first choice. I don't think I'd do anything differently, but I wanted to acknowledge the uncertainty that I felt. I think this is normal/expected and I'm happy to talk with students about this part of the process!
		I was interested in staying in Boston, and I wish I had networked a bit more with the IM program directors of the Harvard programs. It didn't end up mattering, but I think would have given me a little more peace of mind during the process.
		I would have applied to fewer "safety" programs.
		I would have applied to significantly fewer programs than I did (8-10 instead of 15). I also didn't reach out to folks from the different residency programs I was considering or to mentors for their advice until about 2 weeks before the rank list was due. Even though I ultimately felt very comfortable with my decision, in retrospect it all felt rushed at the end.
		I would have reached out to some of my informal IM mentors for residency guidance rather than waiting to be matched with my IM advisor in June of the year I was applying. I think I could have used more specialty specific guidance immediately post-PCE.
		I would have thought a little bit more carefully about my rank list after the top 3. I thought I had a fairly good chance at one of the Partners programs and had received strong feedback from advisors, course directors, and programs that I would be a solid candidate at those programs. I spent most of my rank list thoughts on which order to put the Partners programs that I liked, and then I did not match at any of them. I felt misled regarding my candidacy at these programs, and it's hard to tell what specifically made it so neither ranked me - my research experience, my Step 1 score, my interview, or something else? If I wasn't ever going to be a candidate for either one to want to actually take me, I would have rather not even been given an interview at those programs.
		I wouldn't change anything.
		I'd apply to more programs, and also prepare myself for the possibility that you won't match to your top choice or top 1/2. Everyone I talked to made it sound like a sure thing for IM, but I know several people who didn't!
		Identify a specialty advisor much earlier in the process (e.g. half-way or 3/4 through PCE, but this is really hard to do with HST's schedule), did more advanced rotations in my specialty to get better recommendation letters or mentors, use my HST research mentor's letter in more programs (despite not doing a 5th year), have a research project that IS related to my specialty and easy to talk about during interviews, apply to less programs, study slightly harder for Step
	Internal Medicine: Categorical	

	Medicine	If aiming to get into a top IM program, don't underestimate how competitive it will be. Plan your courses, their timing, and your LORs thoughtfully.
		More contact with programs, I felt as though I got advice
		N/A
		No need to write letter of intent to my top choice, probably.
		None
		Not look at the Reddit Page
		Not much, I got my first choice!
		Nothing
		Nothing - I applied to programs I knew I wanted to go to (California and the Harvard Programs) and felt like it was the perfect number.
		Nothing, other than perhaps not apply to Tufts and BMC internal medicine programs. I strongly desired to stay in Boston and expressed that to them but neither offered an interview despite the expressed interest. This seemed to be a trend among HMS IM applicants who hoped to stay in Boston.
		Once ERAS is transmitted, don't worry about getting interview invitations for at least 2-3 weeks. The MSPE's are transmitted two weeks after ERAS is transmitted and most programs will not even process applications until the MSPE's are in. I remember being very anxious after I submitted ERAS but there was really nothing to worry about.
		I probably would have applied to less programs, but hindsight is 20/20. I saw that advice on last year's survey but it's hard to accept it when you just start out applying unsure of what the end result will be.
		HMS applicants do really well so avoid the temptation to impulsively add more programs to your list after you apply.
		Picked a single specialty to apply in! (I dual-applied IM and med-peds, and ended up in IM-Primary care.)
		Probably go to fewer interviews
		Reach out to programs of geographic interest earlier to emphasize your interest BEFORE interview invites are sent out, even if your advisor does not think it's necessary. IM Advising here overestimates the power of the HMS name, while not everyone is guaranteed a spot at the HMS programs.
		Reach out to programs.
		Reached out to programs in other geographic areas sooner.
		Really think hard about where you want to live. In retrospect I had no desire to live in New York City and should not have applied to or wasted time interviewing at programs there. I also absolutely loved a program in the Southeast and ended up ranking it very highly. I matched above it but in retrospect it would not have been a good fit for me as I had no family or friends in the region. I was also asked at every single non-Boston interview both what I thought of HMS and whether I was seriously contemplating leaving.
		Relax more about the process
		Start talking to residents off-line one-on-one at programs I was more highly considering earlier in the process
		Stayed more connected to advisers throughout the process, they are super helpful!
		Stress less after interviews, don't worry about post interview communication (I didn't send a number 1 email and matched at my top choice), accept less interviews, network more where you do have interviews (talk to residents/chief residents/attendings).
		Stress less.
		Taken my Sub-I before entering my research year -been more aggressive in reaching out to programs after not getting an invite on the initial wave of interviews
		Talk to more advisers early on in deciding on my rank list -- I was thinking about it for a long time on my own, and then ending up meeting and getting advice very close to the rank submission date. It was a more difficult decision that I thought it would be
		Trust the process and try not to stress too much about where you will match.

		Try to take advice you hear with a grain of salt and get a variety of perspectives. You likely aren't even applying to places where you wouldn't get good training, but sometimes the advising can make you feel like going to a non-Harvard place for your training is a step down even if it might not be. Try to get a variety of perspectives and make your own call about this.
		Understand that almost all programs will say "you don't need to contact us after the interview" but standard practice is still to let your first choice know they are first. Really annoying that this is the way things are, but that's just the way it is, and applicants should know that.
	Internal Medicine: Primary Care Medicine, Primary Care	Applied to fewer programs
		Apply to fewer programs
		I would recommend doing less interviews or to do them with more time interval between days when possible.
		I would write down impressions and gut reactions at the end of each interview so that I could remember how I felt about each program later.
		n/a
	Neurology	Get a higher Step 2 score, find connections to top program to call program on my behalf
		Interview at fewer neurology programs
		Make sure that I knew exactly how many linked spots vs unlinked spots programs had for their preliminary programs.
		Nothing
	Neurosurgery	Applied to fewer programs, or skipped applying to programs very far away that I was pretty sure I would not rank in my top 5. This wasted a lot of travel money.
		1. Applied to a more programs (than expected based on previous HMS match surveys) to save stress on the interview release date. Ultimately I was able to get all the interviews I wanted with the help of my adviser but it was still stressful to not get them all on the first interview release date. 2. Going along with #1, I would definitely have asked my adviser to reach out to a couple of programs in a desired geography AHEAD of the interview release date. Not sure if it has to do with NY programs typically being stingy with HMS students vs a lack of clear ties to geography in my ERAS...anyways, again it would have saved initial stress. SO SO IMPORTANT to express specific personal interest early on to non-HMS programs. 3. Keep in mind that if you want to maximize everything you can do for yourself, you should have a #1 set by mid-January at the very latest in order to have time to send out that #1 choice email/adviser reach out. I waffled in really deciding and then wasn't ready with my firm #1 until really mid-Feb, when an email update might matter less.
	OB/GYN	applied and interviewed at less programs
		Applied to fewer programs given signaling - I applied to 48 programs, signaled 18, and only got 1 interview from a program I did not signal (the rest were all from signaled programs)
		Applied to less programs, advocated more for interviews at certain programs, away rotations
		Apply to less programs
		Apply to more programs
		Apply to more programs, probably would do an away rotation
		Figured out my #1 earlier and sent a love letter to them early - many places figure out their ranklists quickly after interview days.
		Get as much degree requirements done before interviews as possible, particularly research requirements for dual-degree programs, as the deadlines/homework for other programs are not conducive to interview season.
		Go to all of the interview dinners. I was always felt like my experience was lacking when I didn't go to the interview dinners. Also, sometimes there weren't a lot of residents there on the interview day, so I felt like I didn't get to know the program as well if I didn't go to the dinner the night before to meet future colleagues.
		I think it would have been helpful to have a frank conversation about my competitiveness so that level of stress and anxiety about # of interviews could be appropriately modulated
		I would do an away rotation at my top one or two places.
		I would have talked to more advisors about my rank list and been upfront about who I was ranking 1-3 so they'd make calls on my behalf
		I'd have reached out to my advisors quickly after interviews were announced to have them contact programs I was still interested in but didn't hear back from yet.

	<p>I'm not sure if this would've made any difference, helped or even hurt my application, but I think if I could go back, I would try to include a sentence or two in my personal statement that was personalized to a couple programs about why they were among my top choices and particularly geographic connections I had there. Instead of frantically emailing programs after the official interview release day in October after realizing many of us didn't receive as many interview offers as expected, maybe having that info about geographic ties to an area could have been more useful for programs ahead of the interview offer day. That being said, prior to this application cycle, I received lots of mixed reviews from advisors and current residents about whether to do this or not, so I ultimately decided against it.</p>
	<p>Interview at fewer programs</p>
	<p>Now that residency interviews are virtual, I think prior projections regarding interviews are outdated. For instance, prior to COVID-19, students were advised to apply to ~30 Ob/Gyn residency programs and to expect ~15 interviews. Many of us did not receive more than 10 interviews in this most recent cycle. In retrospect, I would have applied to closer to 45 programs and done more leg-work on the front-end of applications to express interest (i.e., personalizing a few of my personal statements for my favorite programs).</p>
	<p>Organize my interviews more intentionally so that (1) fewer cross-country trips were needed, and (2) my 'most desired' programs' interviews happened later in the cycle. It worked out well, but I felt that I really found my stride in terms of interviewing around #8, and definitely could have performed better in some of my interviews before then.</p>
	<p>Reached out to program that I wanted to interview at earlier</p>
	<p>Spend more time researching schools before sending tokens</p>
	<p>Would assess earlier whether it's beneficial to reach out to programs re interest even before ERAS is submitted/interviews are offered since only a set amount of interviews tend to be extended in OBGYN. Wish I had known how quickly you need to respond re interviews (<5min!), and organized myself ahead of time to know programs' interview dates to avoid conflicts.</p>
	<p>would have done away rotations</p>
Ophthalmology	<p>Accept fewer interviews - burn out is real even in virtual interviews.</p>
	<p>Apply to MORE than 40 pgms (even though HMS ophtho advisors suggest applying to only 40). The national average is 90+ programs applied to</p>
	<p>Be more proactive about asking my advisors to reach out to schools for me in parts of the US that I don't have ties.</p>
	<p>Found career mentor/ advisor third year of medical school instead of during the application process</p>
	<p>Talked to more students about good mentors for research and career guidance- there is no conglomerate resource section to consult, so finding it on my own/ finding honest unbiased opinions were difficult</p>
	<p>I actually can't think of anything</p>
	<p>I think the yield of invites to interview this year for Ophthalmology applicants from HMS was lower than in previous years given the amount of people that applied. Although we all did great, I personally would have applied to more programs from the beginning (the national average is somewhere around 70 and HMS's is around 45) just to have a better sense of security and well being during the arduous process of applying and waiting to hear back. It would have been nice to have more options.</p>
	<p>I would have done away rotations in my geographic location of interest</p>
	<p>I wouldn't have gone in expecting the process to be entirely merit based. I think it would've saved me some heartache.</p>
	<p>Seeking out information from students in previous classes earlier and more often.</p>
Otolaryngology	<p>Take OP503 earlier; would have been a stronger recommendation letter based on more meaningful interaction than my OP501 experience.</p>
	<p>Applied to more programs, used signals differently.</p>
	<p>As someone from the Boston area and who has spent my entire life in New England, I received no interview offers from midwest and southern programs. If you are in a similar situation, it could be helpful to include a line in your personal statement stating that you are hoping to/open to training in a new geographic location or explaining ties you have to specific places.</p>
	<p>Bring flats for tours if you are wearing heels</p>
	<p>Do an away rotation</p>

		I may have applied earlier to aways in order to do one before applications were due
		I would have considered applying to more residency programs.
		Nothing
		Start drafting my personal statement way earlier, getting my scholarly project out of the way before the interview process, and talk to residents from outside programs earlier.
	Pediatrics	Applied to fewer programs
		apply to fewer programs, not stress as much
		apply to less programs, esp fewer peds programs
		Apply to way fewer programs!! I got nervous and added a few programs right before submitting, but I think almost all applicants should be completely fine applying to 8-10. Then you can have more time/money for other things.
		Get to visit programs in person - much easier to sense program vibes! (Even if this means organizing your own little weekend trip, socially distanced, where you get an idea of the area for your top couple programs)
		I may have applied to fewer programs, but hard to say.
		Not do an away. It was a waste of alot of money.
		Start my ERAS application/essay earlier
		Try to stress less, focus on the culture of the place you are going, look at the call schedules
	Physical Medicine and Rehabilitation	Accept fewer transitional program interviews or cancel the last 2-3 if not that interested
	Psychiatry	apply to fewer programs
		Apply to fewer programs.
		Apply to less programs and less broadly
		Apply to more places because I did not receive as high of an interview yield as I was told to expect
		Be honest about which cities would be a good fit for me at the outset and only apply to programs in those cities.
		Been a lot more thoughtful about what I actually wanted from a program
		Finish my personal statement draft sooner and send it to more people
		Use the FREIDA database sooner. It's part of the AMA/AAMC website, and it's is great for looking up different programs' stats! They have detailed info about salary and benefits, reported work hours, and so much more!
		Get more information about post-interview communication and how to navigate that.
		I often had questions about programs in the weeks after I interviewed. I would feel free to reach out to residents or faculty after the interview day. The few times I did this were very helpful. I wish I had done this more.
		I would have met with specialty advisors earlier, more frequently and with a different focus. Specifically I would have asked more about my my research interest to get myself better connected with a good research mentor in the field early on. I would also have tried to get connected with some sort of clinical mentor that I could have worked with more longitudinally.
		Only applied to locations I would be willing to live-- regardless of rank.
		Talk to more residents within each program after the interview and before ranking. So much of the interview and ranking process was gut feeling for me (I wasn't matching with a partner in mind) and I struggled with that. I think speaking to more residents would help me get a different sense of these programs outside of how they portray themselves over zoom on interview day.
		think hard about your goals and what excites you in psychiatry, then be genuine and honest about that in your whole application (personal statement, letters, interviews), don't try to be something you're not because you think program(s) are looking for that (e.g. don't fake an interest in research if that's not what you want to do!)
		Apply to and interview at fewer programs
		Apply to less prelim/TY programs FOR SURE.
		Apply to less programs - maybe like 25 rads, 25 prelim/TYs is more than enough for most HMS applicants
		I would have paid more attention to answering the questions carefully on the supplemental application and putting more thought into how I used my signals.

	Radiology: Diagnostic Radiology	n/a
		Possibly apply to fewer programs, but I went into it knowing I was applying to more than I needed, but my goal was to apply broadly and use the time to try to see many different programs because that is what I wanted to get out of the process.
		Scheduled interviews immediately when receiving emails. Within a few minutes, often spots fill up and I ended up on a few waiting lists.
		Send a signal to UCLA DR if you want to have SoCal as an option. If geography is important for prelim year, apply to a few programs in each geographic location. In my personal experience, I wanted to apply to 20 DR programs and was convinced to add another 15+ to be safe. I almost exclusively went to interviews from the original 20. I didn't really get interviews from the 15 "safety" programs, it felt like I was reversed screened.
	Radiology: Interventional Radiology	Applied to fewer programs
		Apply to fewer programs, and attend fewer interviews
		Start networking earlier and get to know the people in the field
	Surgery: General Surgery	- I wish that I had better guidance and mentorship from advisors and faculty
		Apply to fewer programs.
		Apply to less places
		Consider in-person visits to a subset of non-Boston programs that were very high on the list.
		Fewer interviews
		Honestly nothing, I reached back out to many residents at each program I was highly interested in and I also reached out to former med students to get an unbiased view and I would do this again, I took a lot of notes and I took them not as much about program specifics but about how each place made me feel, the vibe I got from interviews and resident socials like if someone was warm or made me laugh, if I wanted to go out to drinks with these people, how thoughtful someone's questions were, and those were ultimately the notes I relied most on when looking back and things started blending together
		I think I may have been more thoughtful about having research mentors in my field. Given that I came into PCE with a PhD, I did not think much about having additional research experience but I think it is a good way to develop connections in the field you're applying into, even if it is a small clinical research project.
		I think I would have taken Step 2 before applying. I found that a lot of programs require a Step 2 score before they review your application.
		I think, in hindsight, I didn't need to apply to so many programs or interview at so many but I really felt it was valuable to search broadly. I declined interviews at the few schools I absolutely did not think I would rank highly, but I think it would have been helpful to have clearer guidance about how many to apply to -- but you don't really know how competitive of an applicant you are until you submit and see the results.
		I was nervous about switching late and overapplied/probably went on too many interviews.
		I would have found a better specialty advisor and done west coast away rotations.
		I wouldn't have done too many interviews, >15 interviews are exhausting and might be unnecessary, especially if you don't like a program much. Don't stress too much, everything will work out!
		Not much. I wish I stressed less but then again hindsight is 20-20, and it's really hard not to stress about this.
		Play to my strengths in sub-I selection. Not panicked as much.
		Put more thought into which programs to apply to. Do research on each program before applying, rather than before the interview. Do more extensive research on the research opportunities/labs available at each program before the interview.
		Start personal statement earlier
		Stick to interviewing at programs that you would actually consider going to. Otherwise it is a waste of money.
		stress less
		Taken trips to cities/programs that didn't know enough about due to virtual rotations
		Talk to more residents from programs I am most interested in

		Try not to compare the timeline of when interviews come to others (it's different for everyone)
		Worry less
	Surgery: Orthopedic Surgery	Applied to fewer programs (like 30 with the current signaling system)
		Apply to fewer away rotations and apply to them earlier.
		Apply to fewer programs
		Apply to fewer programs, attend fewer interviews
		Apply/interview less.
		Communicate intent earlier and more strongly.
		I don't think I'd do much differently. While I was lucky to receive interviews at places I was most interested in, I'm still glad that I applied broadly and would do the same again!
		I would change my approach to away rotations. I would do more of them and diversify the types of programs that I rotated at (more blue collar programs)
		Information gathered by the post match survey should be a graduation requirement and more easily assessed for trends. Now that we are submitting our program and interview lists to HMS by linking ERAS, this info should be correlated and graphed against step 1/2 scores, publications, etc. There should also be a table breakdown of the number of HMS students in each specialty going to each residency program over at least the last 10 years so that it is easy to see where HMS students typically go without having to check each PDF match list that isn't always searchable one at a time.
		Not really do differently, but to do the same: would recommend being in touch with your fellow HMSers--you are really more of a team than competitors and can go farther working together than competing with each other (look at the ortho match list this year - everyone ended up at an amazing place that was likely their top choice).
		Nothing, I think it went well.
		Reach out to programs when I applied to indicate serious interest--I think many programs immediately disregarded my application because I hadn't spoken with them before they reviewed my application. There were a few other programs I was very serious about that are traditionally "not as competitive" that I didn't get to interview at
		Scratch the itch, look at the internet ortho forums once, and then don't go on again. It's really not relevant to your application.
		Talk with your classmates who are applying to get a sense of where they want to be geographically so that you can all work together to maximize your chances of matching.
		Try to find out which places are known for trying to "pressure test" applicants during away rotations and avoid those as much as possible.
		What was really great was having local contacts set up meetings for me with attendings at programs that I liked while at aways. Having a strong advocate with good connections is one of the most important things in the match.
	Surgery: Plastic Surgery	Nothing
		Taken step 2 ck earlier
	Urology	1. Get plugged into BWH urology earlier rather than spending so much time at MGH urology. 2. Make sure to apply EARLY to the separate AUA Urology match 3. Network more 4. Start research earlier
		Applied to less programs
		Apply to fewer programs
		Establish better, more involved mentorship early on. Should have kept looking until I found it. Network with residents - they often play a role in the selection process - as well as attendings if possible
		I eventually learned this, but I would network more with the different attendings at the Harvard-affiliated hospitals. They can help steer you to projects, provide life advice, and overall give you a feel for the different programs.
		Start urology research sooner
	Medicine: Dermatology	Court/suck up to the interviewers for the Med-Derm program here if you are interested. The list is available online. ***DO NOT*** just try to get on the good side of one PD or APD if you are trying to match to Harvard Derm. I made the mistake of investing everything in one PD, and it didn't work out for me. A large voting committee decides the rank list. Having 1-2 people in your corner is not enough. Also prepare for your interviews insanely. Practice with everyone you know - mentors, letter writers, family, friends, peers, everyone. I was underprepared.

	Medicine: Pediatrics	<ul style="list-style-type: none"> - Schedule interviews you're less excited about later in the cycle, so you can still cancel two weeks in advance if you decide not to do them. - If you're planning to interview at 10+ places, consider not trying to study for step 2 at the same time. - You can look at previous interview dates and try to map out your planned interview schedule in advance, so that as you get invites you can try to group interviews by location (especially if you're applying throughout the country).
		I would have applied to fewer programs. I also think I should have run my list by my specialty advisor.
		Reach out more frequently throughout the process (despite the non-response policy) and give regular updates Manage expectations - do not put too much weight on "verbal offers" from pds/apds
	Pathology	n/a
		Stress less.
	Radiology: Radiation Oncology	1) Decided on a specialty earlier/talked to D'Amico/radiation oncology advisors earlier when I was contemplating the field (made a late switch into radiation oncology)
		2) Considered applying to fewer programs. With the pandemic it was hard to know how many to apply to, but I think I may have over-applied slightly, especially to prelim programs (14 prelim/TY programs, 16 RO programs). Specialty advisor was great at giving concrete advice for how many radiation oncology programs to apply to; and also used the post-match surveys to inform my #. Would advise discussing with your specialty advisor how many programs specifically (both prelim/TY and RO are likely to be necessary for your specialty).
		Apply and interview at fewer places for Rad Onc. Try not to stress out.
		Apply to fewer places where I have no geographic ties unless I truly am excited about the program and wanting to meet the people there.
		Apply to less programs, worry less, spend less time looking at the residency application spreadsheet (google excel).
		Apply to more LA prelim programs because I thought it would be easy to get an LA prelim to stay where my husband has to be for a year. Instead, I matched at my #3 prelim (MGH) and will be long distance for a year.
		Ask for letters of recommendation sooner. Shortly after rotations and before starting my research year, I gave 2 letter writers notice. However by the time the letters were actually written a year later, I suspect that they were not as strong as they would have been.
		Complete a clinical publication in radiation oncology by the time of application. Try not to get enamored with programs immediately after interviewing with them. Spent a lot of time and energy projecting life at programs that ended up not being at the top of my rank list once everyone had a say.
	Surgery: Thoracic Surgery	Worry less.
	What were your most useful career resources?	American Society of Anesthesiology, residents, reddit
		Attendings and residents with whom I had worked during clerkships/electives.
		Careers in Medicine, conversations with other residents
		Dr. Lasic, Dr. Bader, residents I met on my Anesthesia rotations, Anesthesia applicant reddit spreadsheet (enter at your own risk...).
		HMS alumni, current residents, reddit/discord group (though take the advice on there with a copious amount of salt)
		I used several different resources including specialty and society advisors, former HMS students, and attendings/residents I worked with in other ways (clinical, research, other projects).
		Mentorship
		MGHWH program directors and APDs
		Not Reddit
		previous HMS students, residents with whom I had worked
		residents in the programs
	Anesthesia	

	Specialty advisors
	Students from HMS who applied into anesthesia, career advisors above -- avoid online spreadsheets!! they are very misleading.
	Talking with anesthesia residents, especially ones who had couples matched
Dermatology	Advisors, HMS previous years' match information
	Arash Mostaghimi, Nicole LeBoeuf, Elizabeth Buzney
	Derm spreadsheet
	former medical students who had successfully matched into dermatology, faculty mentors/advisors; also found Topical podcast to be helpful
	Harvard Dermatology Faculty
	Research mentors
	Specialty advisors
	Topical Podcast
	Residents in the derm department
	Speaking with faculty and other students
	Specialty mentors, current residents
Emergency Medicine	Advising, online (google), AAMC, upperclassmen for sure for the minute details.
	Available, engaged, remembered who I am, kind, supportive, straight-forward
	Dr. Adaira Landry
	Dr. Alden Landry, Dr. Shappell, Dr. Nadel, Dr. Matt Wong, Dr. Shappell, Dr. Adaira Landry, Dr. Pozner, Dr. Peak
	Emergency Medicine Resident Associate Guide
	Emergency Medicine Residents Association (EMRA), HMS Emergency Medicine Interest Group (EMIG)
	EMIG, clerkship directors
	EMRA
	EMRA, ACEP, advisors
	EMRA, EMClerkship Podcast, Doximity, CORD couples match resources
	EMRA, fellow students
	Former HMS students, clerkship directors/other advisors (Eric Shappell, Adaira Landry), Dr. D'Amico, EM resident mentors (via EMIG mentoring program), EMRA communities online (EMRA website, EMRA leadership posting updates on Twitter, EMRA Zoom sessions), CORD guidelines
	- Alumni who matched in my specialty
Family Medicine	- Residents I met on away rotations (since Harvard doesn't have my specialty, so I couldn't meet any residents in my specialty at HMS)
	- AAFP website
	- AAFP conference (with expo hall with all residency programs (directors & residents))
	AAFP strolling through match guide; AAFP conference - talking to specific programs; Harvard FM guide including alum contacts
	Center for Primary Care at Harvard
	Kathe Miller, MD
	Jeremy Stricsek, MD
	Harvard Home for Family Medicine
	American Academy of Family Medicine
	I honestly wish there were far, far more career resources available for my specialty.
	Kathe Miller, Anita Vanka
	Kathe Miller, Nhi-Ha Trinh, Yamini Saravanan, Allan Goroll, med students who shared their application lists in a primary care/FM post-match panel the year before.
	Talking to other HMS students who matched that programs I was applying to about their experiences

Internal Medicine: Categorical Medicine	<ul style="list-style-type: none"> - Asking Rick Mitchell and Loren Walensky for contacts including HST and MD/PhD graduates in fields I was considering. I got to talk to some great radiation oncology, pediatric ID, med/peds, and other specialists who I wouldn't have been able to talk to just by finding them on the wards. Generally people were very friendly and even let me do some virtual shadowing during the height of COVID. - Talking to advisors including Rick Mitchell, Loren Walensky, Eric Rubin, Thomas Michel, Doug Kwon who had known me for a while about career opportunities and what made sense for me - Talking to Anthony D'Amico about how to figure out specialties in the winter-spring of M3 - Talking to recent graduate friends about their residency application process and what their program was like - Talking to friends who were now in fellowship about their residency programs to get a more complete view of the training
	-advisors
	+ Talking to as many people as possible
	+ Interview days
	AAMC graph showing how many programs to apply to based on your step 1 score.
	Advisors.
	HMS internal medicine specialty resource (based on previous match survey responses).
	The residency app meetings hosted by Dean Saldana.
	Advisor, Peers, Doximity
	Advisors
	Advisors and recommendation letter writers (especially Jeff Schnipper, Bill Taylor, and Kate Johnston), research advisor (Steve Lubitz), older students
	Anthony D'Amico
	Calls with Dean Saldana and other faculty about Personal Statement, ERAS, Interviews, etc
	Clinical faculty, older students/residents, research mentors,
	Crimson Care Collaborative, Harvard Home for Family Medicine
	Direct insights from current practitioners
	Discussions with advisor(s), discussions with residents
	Discussions with mentors/advisors/trainees in my specialty and subspecialties of interest; HMS post-match surveys.
	Doximity
	Dr. Leigh Simmons was a fantastic internal medicine residency application advisor -- she gave very helpful and specific guidance regarding which programs to apply to, how to best prepare my application, and how to ultimately prepare my rank list.
	Dr. Adaira Landry gave prompt, specific, really helpful feedback on both my MSPE bullets and my personal statement -- she is a phenomenal writer and really strengthened my own writing.
	Fellow classmates, students who matched last year
	Friends who had been through the process before me
	Friends/classmates who had applied previously
	HMS, ORMA, Student Affairs, Alumni, Residents/Fellows
	https://www.residencyexplorer.org/Account/Login?ReturnUrl=%2FExplore
	internet
	Just talking to mentors
	Leigh Simmons at MGH and Bernard Chang at HMS
	letter writers, research mentors, specialty advisor, society advisor
	Mentors
	My advisors themselves, HMS alumni who are at programs I wanted to match to.
	My mentors, ERAS resources, HMS guides
	Older students, residents, and fellows
	Online resources
	Post-Match Survey, Society Advisor, Reddit (for timing/logistic questions), Letter Writers
	Prior students
	Recently matched students

		Reddit for ERAS, SDN, IM application spreadsheet (listed on reddit every year), HMS published post-match surveys, attendings who are current/former PDs or APDs of programs
		reddit, im applicant google drive, co applicants
		Society (Sara Fazio) and specialty (Evangeline Galvez) advisors were both extremely helpful. Speaking with senior residents and recent graduates of local programs who were doing similar work to what I wanted to do was also very helpful.
		Society adviser, attendings from rotations, friends in residency/fellowship
		Society advising, mentorship from people I've worked with clinically, mentorship from research experiences at HMS
		Society advisor, my research mentor
		Talking to individual physicians in the fields I was interested in and going to talks in those departments.
		UChicago/Pritzker has a publicly available website for their fourth year they call 'Road to Residency' and that has a lot of really helpful info and advice.
		Upperclassmen
Internal Medicine: Primary Care Medicine, Primary Care		Advisors, word of mouth from recent grads
		careers in medicine website and periodic emails from HMS
		Faculty and residents I independently connected with
		Mentors, alumni
		Prior students
		research mentor (non-HMS affiliated), society advisors, PCE clerkship advisors
		Talking to residents and attendings in the field
Neurology		Advisors, clerkship/elective directors
		Advisors, lab members
		Rick Mitchell, talking with current residents, AAMC website
Neurosurgery		Attendings on faculty in the neurosurgery department at BWH and MGH were immensely helpful to me during the application process.
		Few specialty mentors I met during my subl. My PhD thesis advisor.
		Mentors in the field
		Mostly speaking to other neurology faculty including Dr. Chang, Dr. Reda, Dr. Hovaguimian, Dr. Milligan, and Dr. Berkowitz
OB/GYN		- The list of OB/GYN programs HMS students apply to
		- The ERAS application guide
		Advising from Dr. Celeste Royce and Dr. Deborah Bartz
		Advisor, reddit OB/GYN spreadsheet
		Advisors, faculty, APGO Residency page
		career advisor in my specialty, HMS advisor, resident in my specialty
		Core clerkship, sub-I's
		Doximity
		APGO Residency Navigator
		SDN OB-Gyn National Spreadsheet
		FREIDA network
		Dr. Johnson, old OB/GYN mentor from job before med school
		Faculty advisors, fellows, residents
		Faculty/fellows/residents, clinical experiences
		Doximity
		HMS post-match surveys
		APGO
		ACOG
		Handbook on matching from prior HMS classes
		HMS graduates at various residency programs, fellow OB/GYN applicants, Celeste Royce, post-match survey from previous years

		HMS post-match surveys from previous years, specialty advisors (Dr. Royce & Dr. Lau), the google spreadsheet for all ob/gyn applicants around the country (in small doses only - it has some useful info, but can also be very stressful and anxiety-provoking!)
		Meetings with Specialty/Career Advisor; Individual residency program websites and social media accounts (i.e., Instagram)
		Packet given out by Dr. Lau on prior OBGYN residency match results
		Post-Match survey results HMS Alumni
		Residency advisor, Society advisor, PI from a research project in another field
		Specialty resource guide from HMS
		To figure out which programs to apply to: FREIDA Residency Program Database, US OBGYN Residencies by Competitiveness document.
		To learn about ERAS/how to fill it out for competitiveness: Previous years' post-match survey, "Pursuing ObGyn Residency HMS" PDF, any of the sessions held by the OBGYN advisors
		To keep track of interviews coming out, our class made our own spreadsheet to avoid having to use studentdoctor.
		To learn about programs pre-interview: current residents, each residency's website
		Advisor, reddit, online specialty guides, current residents and attendings
		Ankoor Shah, current residents, HMS alumni
Ophthalmology		Bernard Chang, Lucy Shen, can also ask Dr. Lorch for help, ask your OP501 mentors
		Current residents & med students who matched the cycle prior to me
		dr shah, dr lorch, research mentor, previous ophtho students
		James Chodosh Bernard Chang Other students
		MEE attendings and residents
		Minority Ophthalmology Mentorship Program
		Online resources I found via googling, such as Ulowa.
		other students, MEEI residents, ophthalmology application guide from Vanderbilt
		Recent HMS alums in ophthalmology, HMS advisors, current ophthalmology residents you meet on rotations
		Residents, fellows, and attendings I met during specialty rotations
		Dr. Daniel Deschler, Otomatch, residents at MEEI, prior HMS students
		Otomatch
Otolaryngology		Otomatch (take with a grain of salt)
		Otomatch, program websites, talking to interns
		Residents/past students
		Various mentors from Harvard Medical School, McKinsey & Company, family, and friends. YouTube videos from others in my field.
		AAP
		Advisors, current residents (esp HMS students in residency where you want to go)
Pediatrics		Classmates, internet, Dr. Mateo
		connections and reflections from mentors
		Doximity
		Dr. Amanda Growdon, interns and residents on my pediatric electives, Dr. Sam Lux (for BCRP)
		Dr. Growdon, research mentors, current residents
		Katie Greenzang
		Mentors in the field
		Most useful were conversations with residents I knew at the programs I applied to. I also spoke with the former chief resident in pediatrics at MGH who was extremely helpful.

	my advisors, peds peers, and friends in different pediatric residencies
	Talking with people in the fields
Psychiatry	- HMS post-match survey - UCSF post-match surveys (https://meded.ucsf.edu/student-services/specialty-information-and-advising#Psychiatry) - Talking to HMS grads at various programs I was interested in - sdn historical reviews of programs
	AAMC, HMS specialty advisors and mentors
	Attendings/residents
	Doximity, US News, current residents
	former hms students who recently matched in my specialty with research interests; auxillary advisors from other aspects of my education
	My academic advisor and specialty/residency advisors, along with the class meetings to help start thinking about important residency application milestones and to formulate questions for my advisors.
	My advisors, resources in psychiatry provided by HMS re: Match (document written by Dr. Scott Beach and Siva Sundaram re: Match process in Psychiatry), talking to other applicants, and talking to HMSers who graduated in psychiatry the year above me.
	my specialty advisor, my pre-med advisor from Harvard College
	post-match survey, specialty advisors and other mentors encountered throughout rotations, SDN program reviews, reddit spreadsheet
	psych residents, classmates applying into psychiatry
	Society advisor who also happened to be in my field
	Specialty advisor, recent HMS grads in psychiatry residency, Reddit psychiatry applicant spreadsheet
	This guide, friends who had previously matched in psych
	- Talking to attendings and residents. - AMSER Guide to applying into Radiology - HMS Specialty Resource Guide for Radiology - Doximity - list of residency programs
Radiology: Diagnostic Radiology	Advice from residents who already matched in the year above me.
	Advisor, AMSER online application guide, residents I met on rotations, AAMC careers in medicine site
	Apps of Steel, Rad Discord
	Dr. Avery (MGH) and Dr. Durfee (BWH) are incredible resources. I did not have much interaction with other advisors, but I have heard they are also great. The AMSER guide you can find online was also a helpful resource.
	Internet (Reddit spreadsheet)
	Laura Avery and Sara Durfee AMSER Guide to Applying to Diagnostic Radiology
	Mentors
	radiopedia, anki, reddit, aamc careers in medicine, aamc medloan manager, ben white student loans ebook
	Reddit, Radiology discord, radiology excel spreadsheet
	Upperclassmen, alumni, resident friends
Radiology: Interventional Radiology	Attending conferences, online IR resources/podcasts, research projects
	SIR website, attending in the field (Dr. Sarwar and Dr. Walker especially), speaking with residents/fellows at conferences
	- Internet - Class videos advisor
	Dr. Keith Lillemoe (most helpful in determining which programs to apply, reviewing personal statement and the number of interviews that were enough to do), Dr. Genevieve Boland (which programs to apply to and reaching out to programs), Dr. Thomas Clancy (which programs to apply and general life advice)

Surgery: General Surgery	Dr. Ortega was my mentor during my dedicated research year. He is an exceptional and supportive advocate for medical students both regarding research and clinical development. He was invested in understanding me and my goals and crafting a plan with me to achieve them.
	Dr. Qadan and Dr. Lillemoe
	faculty mentors and advisors in my field, residents in my field
	General surgery residents, attendings
	Other school websites (Michigan handbook, UCSF post match report, Penn career night booklet)
	HMS students the year above me, Dr. Lillemoe
	Interns and residents who recently applied
	Meeting with Dr. Lillemoe, both early on in the application process and then again when forming my rank list, was very helpful.
	Multiple surgeons, peers, and RESIDENTS (especially ones I had a strong relationship with)
	One or two meetings with attendings I worked with on my sub-internship and the PCE clerkship director; websites for residency programs; talking with residents during the interview process
	PCE surgery director, PCE surgery preceptor, surgery attendings and residents who I met on my sub-Is, surgery interest group events
	Talking directly with attendings and residents during clinical rotations
	talking to attendings I met on sub-i's and former HMS students, unfortunately, general surgery is not nearly as organized as other specialties and specialty advising essentially doesn't exist, surgery is very word of mouth and political, you really have to make connections with ppl you work with on sub-i's and keep in touch
	Talking to residents and attending
	Talking to residents and faculty
	The American College of Surgeons has amazing resources for medical students on their website -- med students can also get a free membership.
Surgery: Orthopedic Surgery	Asking residents for advice
	Current residents and medical students who were the class ahead of me
	Dr. George Dyer (HCORP Program Director), Online ortho google spreadsheet, and 2019 HMS Alum who matched ortho
	Emergency medicine websites
	fellow away rotators, other friends in medical school, mentors (Dr. George Dyer, Dr. Jeff Katz, Dr. Eduardo Novais)
	Fellow med students, recently matched residents
	HMS specialty guide Prior Match lists HMS alumni advisors HMS post match surveys specialty interest groups
	Meeting with advisors and attendings I worked with, talking to residents I trusted from rotations, reviews of programs on the ortho spreadsheet
	Mentors and classmates, prior post match surveys
	Mentors, orthopedic residents, Dr. Dyer, ortho google sheet (use sparingly and consider things with a pinch of salt)
	National google doc. Reddit. Classmates. Residents.
	Peers, residents, junior faculty
	Previous HMS students
	Prior HMS students or interns who went through the process the previous year.
	Society Advisor, Mentors in field
	Students above me, post-match HMS students, HCORP residents, Dr. D'Amico, Dr. George Dyer, Dr. Jeffrey Katz, Dr. Michael Weaver
	Talking to residents
	Talking to residents was by far the most useful. Residents in your specialty of your choice that you become friends with will give you the best advice.
	The faculty mentor/advisors I developed relationships with
	The HCORP residents, Dr. Dyer, Dr. May

	Surgery: Plastic Surgery	Alumni!
		Mentors
		specialty advisors, residents
	Urology	AUA website
		Classmates applying into urology
		Discussing with other students.
		Mentors, classmates, AUA resources, previous post-match surveys
		previous urology applicants, current residents, attendings
	Medicine: Dermatology	Med-Derm residents, Dr. Merola, Dr. Steven Chen, Derm spreadsheet, Dr. Bernard Chang
	Medicine: Pediatrics	Dr. Galvez is a wealth of information and is very invested in her Med-Peds mentees. Med Peds is a very niche specialty and therefore it can be tough to get tailored advice about the specialty from categorical IM or peds advisors. It might feel challenging to speak with her since she is also the program director, but I have overall found my conversations with her safe and very helpful.
	Pathology	Current residents in my field and faculty in practice in that field that I connected with during rotations
	Radiology: Radiation Oncology	Advisor, current rad onc residents, rad onc mentors
		Anthony D'Amico
		Anthony D'Amico
		Residency Explorer (www.residencyexplorer.org)
		Conversations with Dr. D'Amico, my research mentor, and current residents
		Conversations with faculty members, residents that I knew
		Dr. D'Amico - had scheduled meetings regarding next steps every step of the rad onc application process and post-PCE planning. Would recommend that you chat with him early if you are considering the field!
	Surgery: Thoracic Surgery	Personal conversations with attendings in my specialty of interest
	Surgery: Vascular Surgery	Residents, attendings at my aways
Which programs contacted you after your interviews?	Anesthesia	2 programs
		MGH - calls and emails
		BIDMC - email
		Yale - email
		Columbia - email
		NWH - email (TY)
		MGH (RTM), Stanford (RTM), BWH (Love note), UCSF (Love note).
		MGH and Stanford for rank-to-match calls. BWH emailed personally to check in. A bunch of other programs sent emails that weren't personalized to me.
		MGH sent a postcard
		UNC sent post-IV thank you, a post-card, and an additional 'highly enthusiastic' email ahead of rank list finalizing
		UVA had interviewer email a thank-you
		MGH, Brigham, Vanderbilt
		MGH, Stanford, BWH
		Most programs responded to thank you emails if I sent them. Approximately 4-5 reached out to me independently of that.
		None
		Penn, MCW, BWH,
		several (MGH, Vanderbilt come to mind, but I think there were others)
		Stanford, BWH
		Stanford, Mayo, Vanderbilt, MGH
		Stanford, MGH
		Stanford, UCSF

		Stanford, WashU, BWH, MGH, BI, UMich, UCSF
		UPMC, Stanford, Wash U, UCSD, Mayo, Wash U
	Dermatology	0
		N/A
		None
		Northwestern, Albert Einstein
		Stanford (RTM)
		Stanford, a couple prelims
		Stanford, Harvard, Einstein, BU
		Stanford, University of Florida
		University of Washington and Northwestern University both had RTM contact
		Yale
		Northwestern
	Emergency Medicine	0
		All 4 military programs
		Beth Israel, NYU, Hopkins, UW, New York Presbyterian, Brown
		BIDMC, MGHWH, UVM, Brown, University of Chicago
		Brown, UChicago, HAEMR, Cook County, UCSF, BIDMC
		Dartmouth, George Washington
		HAEMR-BIDMC, HAEMR-BWH/MGH, Brown, NYU, Jacobi, NYP-Columbia/Cornell
		MGH-BWH
		BIDMC
		U Chicago
		MGHWH, BIDMC
		None
		None of them
		Ohio State
		UMaryland, Northwestern, Harbor-UCLA, UCSF, University of Chicago. Highland after I sent my letter of intent (they just said a nice "thank you" no specific rank language)
		University of Chicago, Cook Country, University of Pennsylvania, Highland Hospital
		University of Cincinnati, Mayo, University of Chicago, BIDMC, MGHWH HAEMR, Advocate Christ, HealthPartners/Regions Hospital
		UofM, Harvard HAEMR, Detroit Medical Center, Johns Hopkins
	Family Medicine	- University of Washington - John Peter Smith - Brown - CHA-tufts
		Brown
		Montefiore
		Montefiore
		Michigan
		Contra Costa
		Nearly all contacted me in some way, but most were not personalized emails except in response to my thank-you emails.
		UCSF IM, UTSW IM, GLFHC FM
		UNC, Brown, BUoston Medical Center
		0
		All of these were purely informational and did not say anything like "we love you": MGH, UCLA, NYU, OHSU, Stanford
		BWH, MGH, MSSM
		Many programs has optional post match seminars and one had a phone call about a hobby I shared with one of the physicians in the program. However they specified that these would have no impact on the match

	Internal Medicine: Categorical Medicine	Massachusetts General Hospital IM residency program
		Mayo
		MGH
		MGH
		UT Southwestern
		MGH (emailed me to set up a short phone call with the program director; the email explicitly stated that I was under no obligation to respond), Stanford (sent a 'ranked to match' email for their Global Health Track within the internal medicine residency program; the email explicitly stated that I was under no obligation to respond)
		MGH (RTM phone call), UMich (letter), Northwestern (letter)
		MGH emailed offering to schedule a phone call to "schedule a brief phone call with Eli Miloslavsky (Co-Chair, Internship Selection Committee) in the coming weeks to touch base and discuss how we can help support your training at MGH." Other programs provided generic follow-up and information that went to all applicants and/or interviewees.
		MGH for optional call (something along the lines of "you are in a spot that matches typically"). Otherwise, some optional open houses from Stanford, UW, BIDMC. Some optional events from UW, BWH, MGH, Stanford, BIDMC, UCLA, UCSD, UCSF
		MGH IM
		MGH internal medicine
		MGH, BIDMC
		MGH, BWH, Hopkins, Brown, Yale, UCSF, Miami, UCLA, Duke
		MGH, Cleveland Clinic
		MGH, Mayo
		MGH, Northwestern sent me a mail
		MGH, Stanford
		MGH, UCLA, Cornell, Mayo
		MGH, UCLA, UCSF, Stanford
		MGH, UCSF
		MGH, UCSF, Stanford
		MGH, Yale, UCLA, UCSF, Stanford
		Most programs where I interviewed, but all to avail themselves for any additional questions.
		N/A
		No direct contact
		No individualized contact
		No programs initiated post-interview contact without me contacting them first. Some programs (UCSF, Brigham) mentioned they would not contact us after interviewing.
		No programs reached out me reaching out to them first (unless mass email). And no programs sent me specific "you are ranked to match" emails.
		None
		None - technically shouldn't per NRMP, but apparently MGH IM gives a special call to those who get ranked highly. They will of course never mention this on interviews.
		None (But I reached out to two programs to do a second look)
		None (generally forbidden in internal medicine)
		None besides post interview surveys
		Northwestern
		Northwestern - Generic letter saying they think I would be a good fit
		Northwestern (mail from PD), Mayo (email from PD), MGH (call from intern selection committee chair), UCSF (email from faculty), UPMC (email from track director)
		Stanford
		Stanford (TIP), UCSF (Molecular Medicine), MGH
		Stanford, Columbia, MGH
		Stanford, Duke, MGH, WashU

		UCSF
		UNC Cleveland Clinic Others for URiM second look events
		UTSW Vanderbilt
		WashU, Yale, MGH, UPenn, UCSF
		Yale (matching me with a student for more information), Cornell (about research opportunities), MGH (optional informational sessions + personal meeting with Stanbury Pathway head), BWH (optional informational sessions), BIDMC (optional informational sessions), Stanford (follow up about research), Emory (meeting with IM program head)
	Internal Medicine: Primary Care Medicine, Primary Care	4 of the programs (Kaiser Santa Clara, SCVMC, UCSF, UCLA) contacted me after with both personalized and general messages.
		All, but only with standardized communications
		Almost all replied to thank you emails
		BIDMC, Colombia, NYU, MGH
		MGH Columbia
		MGH and Yale to ask if I had further questions.
		Most of the programs sent out post-interview surveys or emails to all of the applicants. None contacted me individually.
		Most programs had some sort of contact after the interviews, offering to chat more if I had any more questions.
	Neurology	UCLA
		JHU, WashU, UCLA, Yale
		NYU Penn
	Neurosurgery	BWH, Stanford, MGH, USC, UCLA, Yale, Cornell, University of Washington, Miami, Barrow Neurological Institute, OHSU, Northwestern, UVA
		Northwestern, NYU
		UCLA, UCSF, Barrow Neurological Institute, Columbia, MGH, Duke, Utah
	OB/GYN	Columbia, Brown, BMC
		Cornell
		Einstein Yale
		Others said pretty explicitly positive things in response to thank-you emails: Hopkins, Cornell
		Einstein/Montefiore; Emory; UCLA
		Emory, Yale and Columbia
		I did not receive any unsolicited contact from programs after my interviews. Both Beth Israel and Cornell responded to my emails telling them that I was ranking them highly.
		Montefiore
		Montefiore-Einstein
		Montefiore/Einstein
		none
		None initiated contact with me personally.
		BI responded to my letter of intent and Northwestern responded to Dr. Johnson's email of interest on my behalf.
		None- some responded to letters of interest
		Several
		Stanford, Albert Einstein

		U Mich
		NYU
		Columbia
		BIDMC
		UCSF
		UNC, UCLA (contacted me directly, hinting that I was ranked highly)
		Columbia, Emory (mass emails)
		UNC, UPenn, Stanford, Mayo, UWisconsin
		UNC, Yale, U of Utah
		Utah
		Kaiser LA
	Ophthalmology	1
		None
		None.
		Stanford, Johns Hopkins, UCSD
		UCSD, OHSU/Casey, most (not all) responded to thank you emails
	Otolaryngology	Just know most programs, especially in the top tier, do not contact at all. But Iowa was an exception and contacted me.
		Mass Eye and Ear, Yale
		MEEI
		none
		Not going to say names but there were 2.
		UCLA, WashU, UMiami
		Vanderbilt, WashU
	Pediatrics	Almost all
		BCRp, CHOP
		BCRP, CHOP, UCLA, CHLA, Lurie
		BCRP, Cincinnati, Maine Med
		Boston Children's
		Children's National
		CHOP
		CHOP, BCRP, Johns Hopkins
		CHOP, BCRP... not sure who else
		CHOP, Hopkins
		hopkins, bcrp, brown, upmc, children's national, tufts
		NOT columbia, mt. sinai, chop, mgh, or georgetown
		Hopkins, CHOP, CNMC
		individually - boston childrens, upenn, johns hopkins
		Johns Hopkins, University of Pittsburgh
		Lurie Children's (Northwestern), Children's National, Boston Children's Hospital, Vanderbilt
		Mayo Clinic
		Rush University Medical Center
		Advocate Children's Hospital in Oak Lawn
		None
		Stanford, UCSF, JHU
	Physical Medicine and Rehabilitation	BWH, BIDMC, CHA, Mt Sinai, UPMC, Temple, NYU, Northwestern, NYP
		Brigham and Women's Hospital, Beth-Israel Deaconess Medical Center
		Brigham and Women's Hospital, BIDMC
		BWH, Cornell, UMiami, Zucker Hillside, Emory, BU

	Psychiatry	Columbia, Cornell
		Columbia, Cornell, U Chicago, CHA, NYU, MGH/McLean
		Columbia, NYU, UCSD
		I think one point of confusion is that there are multiple different types of communication after interviews. These included: - General update about program email - General we liked you email that seem copied/pasted (e.g., "Dear applicant" instead of "Dear <my name>") - Personal ranked to match or guaranteed to match email I heard in some way from the following programs after interviews: MGH/McLean, BWH, UWashington, LAC+USC, UCSD, Brown, Colorado, and OHSU.
		Some programs explicitly state that they will not contact you after the interview day. Others keep it vague. This can leave you guessing about what the meaning of not hearing from a program means. Of note, I did not receive post-interview communication from my number 1 choice, and I matched there anyways. I would take the presence and/or absence of post-interview communication with a grain of salt.
		MGH/McLean
		Johns Hopkins
		Most if not all
		Mount Sinai
		None
		NYU called me
		Stanford, Columbia
		UCLA (research track)
		UCSD, MGH/McLean
		Yale (for updates/info on program and to connect me with people in their program), Duke, UCSF (for survey), Hopkins (for survey), CHA (for updates/information on their program)
	Radiology: Diagnostic Radiology	Colorado, UCLA, Duke, Northwestern
		Duke
		Emory, MGH
		Massachusetts General Hospital
		Mt Carmel (ohio) reached out multiple times
		NYU, MGH, Duke
		UCSF, MGH
		WashU and Michigan
	Radiology: Interventional Radiology	- UCSF - MGH - UPenn - UCLA
		MD Anderson/University of Texas, University of California San Diego, University of Pennsylvania, University of Virginia, MGH, Vanderbilt, and University of California Los Angeles
		Almost all of them
		BIDMC, Cleveland Clinic, UVA, Wash U
		BWH x2, UVA x2, Michigan, UNC, BIDMC
		BWH, MGH, NYU, Michigan, Cleveland Clinic, Maryland
		BWH, Stanford, Penn, BIDMC, Cleveland Clinic
		Duke gen surg (personal) Yale Gen surg (personal) Uva Gen surg (generic, calls everyone)
		Duke, Penn, Stanford, UCSF, MGH, BWH, BIDMC, UTSW, BMC, NYU, Cornell
		General Surgery: Duke, MGH
		I-6: Duke, Columbia, Cleveland Clinic
		Hopkins, Columbia, Duke, MGH, BWH

	Surgery: General Surgery	Johns Hopkins, UCSD, UPenn, UCLA
		Maine Med, WashU, Mayo, Colorado
		MGH Hopkins Penn Michigan Stanford Pitt BIDMC
		MGH, BWH, BIDMC, Rutgers, NYU, Mount Sinai, UPenn
		MGH, BWH, WashU, Stanford, UCSF, UVA
		MGH, Penn, UNC, Vanderbilt, Wisconsin
		Quite a few (12/16)
		UC Davis, Stanford, U Colorado
		UCLA, Stanford
		UCLA, UCSD, University of Washington, Penn, Beth Israel
		UCLA, Univ Wisconsin, Hopkins, WashU
		UCSD, Penn (for a second look)
		University of California, San Diego
		University of California, Los Angeles
	Surgery: Orthopedic Surgery	
		Almost none. Don't fret if you don't get PIC - there will be a lot of trolls on the spreadsheet making things up.
		Cedars Sinai
		Harvard
		Harvard, Duke, Vanderbilt, & Vermont. But the character of that communication was starkly different (ie, not all were explicit "Ranked to Match" by the Chair/PD) and none of it felt coercive or manipulative.
		Harvard, HSS
		Harvard, HSS, Duke, Pittsburgh
		HCORP HSS Mt Sinai Hopkins
		HCORP, Sinai
		I had communication both with HCORP and UCSF
		Jefferson & Harvard
		Johns Hopkins, Hospital for Special Surgery, Northwestern, Harvard Combined Orthopaedics Residency Program
		Mayo, Harvard, NYU formally
		Residents at a few other programs reached out informally
		None
		PDs mostly didn't contact but most programs spoke through residents or attendings that I worked with (I'd say about half of programs did this)
		UMichigan, Johns Hopkins, Henry Ford
		UT San Antonio UT Austin UVa, Baylor
		Wisconsin, Duke
	Surgery: Plastic Surgery	None
		none (per policy)
		None, not allowed in my specialty

		Not allowed in plastics (I know Duke, JHU, Northwestern among others reached out to my mentors)
	Urology	0
		None
		none beyond generic letters sent to everyone
		This is not allowed in urology
	Medicine: Dermatology	Northwestern Med-Derm (among highest ranked candidates)
		Northwestern Derm (among highest ranked candidates)
	Medicine: Pediatrics	I talked to a few programs about visa sponsorship post interviews. No post-interview communication for purposes of ranking.
		None
		UMich, UCLA
	Pathology	WuStl, Yale
	Radiology: Radiation Oncology	General communication emails to all interviewees: HROP - Email describing no need to contact them post-interview UCSF - Email about diversity and inclusion event MD Anderson - Email about letting the program coordinator know if wanting to rank the affiliated transitional year program + sharing the transitional year program code
		Most of the rad onc programs, MGH for prelim
		None
		Not me specifically, but some programs emailed all interviewees about "second looks."
		Prelim: - Very few programs (1-3 out of total list). Those that did simply sent messages letting me know that I could reach out if any additional questions arose after interview (not indicating interest or commitment).
		Rad-Onc: -Very few (maybe 4-6 total)? Those that did predominantly sent standardized messages asking if I had follow-up questions. No messages were sent indicating interest.
		WashU, Stanford
	Surgery: Vascular Surgery	Penn, Umass