Guide to the (Radiology) Match

'AAPPS OF STEEL'
(“Match Me Yes You Can...”)
2017-2018
12th EDITION

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DEDICATED TO ALL THE HOPKINS MATCHLORS AND MATCHLORETTES
OF '04, '05, '06, '07, '08, '09,'10, ‘11, ‘12, ‘13, 14, 15 and '16...
WHO ALL MATCHED

*Opinions are those of the author alone; caveat emptor!
WITH APOLOGIES TO D12
(THE RAP GAME, 8 MILE):

"THE MATCH GAME--HOOP-HOPPING 101..."

YOU CAN'T LEARN THIS BIT IN NO MEDICAL TEXT.

THE MATCH GAME, THIS MATCH GAME

I AIN'T SELLING MY SOUL FOR THIS MATCH GAME,

I AIN'T DIGGING NO HOLE FOR THIS MATCH GAME

...THIS MATCH GAME, THIS MATCH GAME

IN THE BEGINNING......INTRODUCTION From the first edition, 2004:

The student's voice:
Congratulations on choosing a career in radiology! You have already made one of the most difficult decisions in medical school. The coming months and the ensuing match process will be a test of your will and your ability to pay attention to details. There is a plethora of misinformation on the interview trail - the purpose of this guide is to help you successfully navigate the match process and get the placement that you want.

As Hopkins students, you have the benefit of experienced advisors and advocates to help you through this process. I would urge you to seek out these people early and establish relationships with them. Their advice and influence later in the process will become invaluable.

I started writing this guide after I had matched - my inspiration was my belief that students at our peer institutions received more guidance in approaching the match. It started off as a random collection of notes that I had made to myself while going through the match process. This guide is my attempt at giving back to the Hopkins community. It has taken many hours to compile this information, and many more hours to process the information into something that is organized and comprehensible. Some portions of this were written at insane hours of the night in attempt to cure me of my insomnia... All of this was happily done at the expense of studying for Step 2.....

George Kuo
Hopkins Med, Class of 2004
Hopkins Radiology Residency, Class of 2009

The Faculty voice 2004:

Ah yes, Match 2004... . George had been hammering me to `write a book' with him, which I robustly repeatedly refused. His Match envelope declared him a Hopkins resident, and since his anti-gravity and highly vocal response to this information made all major newscasts that evening, I suspect he was as thrilled as was I. Most students then vanish, spending the next few days partying, celebrating or nursing hangovers. Yet my email, less than 72 hours later, revealed that George apparently had manically `celebrated' by writing his part of what became the first version of this Guide, and he expected me to follow suit. So if any one out there gets any tiny bit of help, comfort, or information from this document... thank George.

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2017: SO! You (think you) want to be a Radiology resident .... well, welcome to an admittedly verbose, opinionated, yet hopefully helpful, document. A more traditional, compact, bulleted and highly informative guide to the Radiology Match is available from my talented colleagues in the Alliance of Medical Student Educators in Radiology (AMSER, a special interest group of the Association of University Radiologists) and no doubt you should ingest both approaches -- there is no one-size-fits-all answer. The tone and excruciating detail of this endeavor have evolved partially from responding to the slightly (and usually appropriately) OCD flavor of the applicants, and from the ever-growing examples or experiences of how Gen Y may inadvertently stumble on even the most noble and deserved of pursuits.

Non-Radiologist Matchlorettes, there are many generic nuggets in here, from dress codes to the Personal Statement to Interview oddities; hope they help.

For the past 3 years the Match-obsessed have noted that we were approaching “an interesting moment in Radiology Match history, where two parabolic curves are crossing, in your favor. That is...as the number of Radiology PGY 2 slots have been slowly creeping up, economic vicissitudes and changes in medical practice, real or impending, led apparent student interest to dip slightly over the last few years”. (Notice how carefully the obnoxious and grammatically dubious phrase ‘trending now’ was avoided). Do the math: (more slots + a few less applicants) = less hysteria and far improved odds, from your point of view. The once Program-centric Rads Match has become far more student-centric. (Sadly, the last 3 years of the Ortho Match suggest that Ortho has taken over the Program-centric, ridiculously-difficult-to-Match pinnacle)

Interestingly, 2015’s parabolic shift was far more rapid than expected, leading to what Programs considered an alarming 150 (13%) unmatched 2015 slots in Radiology residencies. This rapidly rebounded for 2016:
- 164 programs offered 982 slots, filled 947 slots
- 1360 applicants, including 805 US SOM seniors
- 661 of the US senior matched; total 947 Matched
- 30 programs (15%) had a total of 45 openings (4%) (www.NRMP.org; A.Rozenshtein AUR 2016). Yes the math is screwy but the big picture is—far more balanced event that 2015, and showing rapid rebound (18% increase from 2015) of applicant pool, reflecting the general positive perception of Radiology’s business future.

The 2017 Match was again brilliantly summarized by Dr Rozenshtein at the 2017 May AUR meeting (op cit). Radiology happily (for programs) went from the 2016 45 slots unfilled above to a mere 22 in 2017. The drop in slots available, from 1183 to 1090 for 2017, reflected more the change to split off IR than actual program shrinkage. Applicants for the ‘Advanced” ie PGY2 positions went up to 2088 from 1873; US seniors in that category went up to 1332 from 1138. The fill rate was 98,2% (72% US seniors up from 67 in 2016), 100% of the slots opened to SOAP filled (some programs elected to take their slots off the open market).

IR: “I’m SO confused!”:
- This does not mean you will not compete for coveted slots or popular cities— the average Step One scores for 2015 remained high (2016 apparently still being generated as of 6/2016), 241 for Rads and 245 for Ortho (unmatched averaging 221 and 231 respectively)—BUT it just means The Rads Game has developed far less ludicrous odds, for US SOM seniors and for the ‘Independents” (ie ‘others”-- prior US grads with gaps or other intervening activities; US students studying abroad; osteopaths; non-US citizens at non-US medical schools; Canadians). Chance will favor the prepared. There will always be a wild-card element of luck no matter how obsessively you analyze the algorithm. We will approach the finish line in stages.
Let The Games begin!! Caution--by reading this far you have just agreed to join in the organic stream of constant feedback that will let us keep this document current for those behind you. And-
views expressed here are opinions (mine, primarily, influenced annually by current applicants’ Match Memoirs), and neither generated by nor officially endorsed by the Department, the Dean of Student Affairs, Johns Hopkins Medical School, the Medical Institution or the American Board of Radiology. Any errors or suboptimal advice are mine, and mine alone. Caveat Emptor.

DONNA MAGID, MD, MEd

HOW COMPETITIVE IS THE RADIOLOGY MATCH? 2017-18 UPDATE

At the time of my Jan.2004 Editorial in Academic Radiology it was indeed uber-tight; virtually no ‘scramble’ slots and 2:1 ratio of applicants:slots. The wheel always rotates; over the next several years many programs expanded a slot or two, some new med schools opened, and tectonic plates made their subtle shifts beneath us. The 944 2012 slots swelled to 979 by 2013, with a total of 1307 applicants (865 of which were US SOM seniors). Remembering that this handbook was started just after THE most competitive year ever (2001), and at a time when ‘scramble’ (now SOAP) slots were slim to (literally) none (still as low as 6 slots 2010..yet inexplicably expanding to 86 in 2012 and 150 in 2015), take a deep breath and marvel that in 2013 there was a 99% Match rate in Radiology for US seniors. 928 of the 2013 Radiology slot filled, 724 with US seniors; with a then-astonishing 51 slots still open for the post-Black-Monday negotiations. (Statistics from NRM data, www.nrmp.org, and the excellent must-read article by JY Chen and MT Heller, How Competitive is the Match for Radiology Residency? Present Views and Historical Perspective, J Am Coll Radiol 2014; 11:501-506)

The 2015 NRMP data: 166 programs, 999 slots; when the dust settled Black Monday there were 55 programs unfilled and 150 SOAP slots on the table.US seniors supplied 680 applicants (ranking a total of 8400 positions) of whom 579 Matched; the ‘other'/Independents accounted for 1141 applicants (and 11,524 applications) of which 862 Matched. (When you go through the NRMP site numbers get slippery; total Rads numbers and per centages variably reflect or include the small number of programs providing a total of 133 PGY 1 slots on top of the 999 PGY 2 slots—hard to tease apart but main themes quite clear). 2016 NRMP data: 164 programs, 982 slots, 45 slots in the SOAP. 2017: NRMP data: 1090 slots total (PGY1 and 2), 22 unfilled, SOAP → 100% fill of remaining openings.

The unexpected new beast to battle emerged in the 2016 Rads Match and continued to be a vexing obstacle in 2017: the ACGME-approved (and mandated) PGY 1 year. In 2015 47 Matched radiology candidates could not find same—ACGME deferred one year. 2016: 26 successful Rads Matchlorettes had no internship post-SOAP (18 reclassified as ‘Categorical’ ie PGY 1, no internship required). (www.NRMP. org and A.Rozenstein AUR 2016). The inability to find internships has led many programs to consider providing a PGY1 Position, especially for IMGs.

67% of Rads slots were filled by US SOM seniors in 2016 (57% in 2015); >90% of US SOM seniors Match across US, FAR higher % of JHU SOM seniors. 54% of US citizens graduating international med schools (IMG) and 45% of non-US citizen IMGs Matched. The national average score in 2016 (2017 not fully ready) was just above 240, but ‘better’ programs continued to average higher in the 240s. The 2016 Match Rate was 98%.
“Back-Up Specialty”: were we the ‘second choice’ for many? For years, US seniors dual-applying made up about 3% of the Rads applicant pool, ie 97% truly wanted Rads as unequivocal 1st choice. In 2017 9% were apparently ‘second choicers’, which may reflect the problem with using last year’s info to ‘game’ the next year’s Match—we were already wildly rebounding from the 2015 Match.

2017: IR-DR emerges: Interestingly, while IR-DR programs finally came to the marketplace (2015 only 8 programs had been approved to offer this program; 2017 saw 61 accredited programs offering about 125 positions, 6 were unfilled. 2016 IR-DR applicants included 424 US seniors of 589 applicants. It is felt that the ‘decrease’ in NRMP Radiology slots actually reflects the transfer of positions to IR-Dr in these 61 programs—Categorical (PGY1) ‘lost’ 30, Advanced (PGY2) ‘lost’ 60 slots but when IR is included, there was a 2% increase in total slots. 36% of the IR applicants positioned IR-DR as ‘backup’, implying decreased commitment—or extreme caution in a novel situation, which can be a good thing in a physician)

Why the apparent tilt? There is no obvious one reason or explanatory factor. Many terrific programs had an inexplicable empty seat or two. In the past, when programs failed to fill several slots, there tended to be lurking smoke if not fire—program on probation, major funding issues for that SOM, civic or natural catastrophes, brand new program with no track record, unwarranted rumors about residents/city/faculty... impossible, in many cases, to totally verify or assign. This year’s (decreasing) empty slots were more likely to reflect Programs misreading the tell-tales and interviewing and/or ranking inadequate numbers, still living on the assumption and luxury of high tight Matches. It is now estimated that a program will need to rank at least 7 candidates per Advanced, 10 applicants for Categorical, slots in 2017 (Rozenshtein 2017). Our Dean of Student Affairs also now advises students in Rads and Ortho to apply to far more programs than might have been suggested just a few years earlier. Meaning, the increasing number of applicants per program does not necessary reflect increased desirability of said program, as opposed to increasingly OCD/cautious behavior on applicants’ parts. The volume makes it harder to screen applications, increasingly pressuring programs to cut the volume with arbitrary Step One or other arbitrary cut-offs; and means the Interview process costs far more, both for programs and applicants, as each side has to expand their nets to make the catch.

https://www.memorangapp.com/widget/NRMP-match/

RADIOLOGY EMPLOYMENT PREDICTIONS: Generally, one can conjure the economy and potential huge looming cuts in Radiology reimbursements—which in turn severely tightened the job market for Rads Fellows last 3 years and discouraged many older Radiologists from leaving the employment pool. BUT Good news: the economic uptick has had these same people relaxing, many having weathered the storm or recovered; they are now implementing or contemplating the career slow-downs or retirements they hastily deferred in the wake of October 2008. This is turn has released a cascade of excellent employment opportunities and current Fellows had very happy hunting. Of course Trump is President so who knows....

Dr. Ed Bluth surveyed the employment market for the 2017 AUR. There are over 33,500 Radiologists in the US now, up from 31,000 2012. 22% are over 55, 6% over 65, most are 36-55 yrs. Old. Of the approximately 700 Radiologists retiring in 2015, 26% were part-, 74% full-time at retirement and not all were over 55 yrs. old. Another ~500 went from full- to part-time in 2015. The fastest-growing fields were night-hawks and body imagers; and IR, breast and neuro. There was a projected hiring increase of 16% (2200 job openings predicted for 2016) from 2015 ; 55% of new hires were post-training (vs 45% from earlier job). The most job openings were across the South and Midwest, the fewest New England and West Coast.

The problem with trying to predict the 2024 economy and the future job market for a 2018 Radiology Matchlorette is the time frame: you need an 8-year crystal ball. No one applying to Radiology September 2007 could have predicted the professional impact of the 2008 Recession, Obama-care, Super Storm Sandy, Fukushima, Justin Bieber, Ebola, 3D printing of bio-parts, or
Caitlyn Jenner, all of which lay in the near-future and some of which impacted those who finished Fellowship June 2016, signed job contracts for July 2016 and contemplated options for 2017. (PS as of this June 2017 writing, as in 2016, all the JHU MSK Rads Fellows and many of the other JHU Rad Fellows have secured terrific jobs in their geographically preferred zip codes). And practice itself is changing: as the traditional independent private practice groups merge into larger mega-conglomerates, or are bought by huge care systems, and as the economics of medicine weaves increasingly complex webs, concepts like ‘partnership’ or ‘ownership’ are rapidly fading. Like the changing: as the traditional independent private practice groups merge into larger mega

RECENT HISTORY: The ERAS-run Radiology Match is now 17 years old. Match 2010: 166 programs offered 949 Rads slots, an increase of 5 and 18 slots over Matchs ’09 and ’08; with ‘scrambles’ of 4 slots in 2010, 7 in 2009. But suddenly in 2011 and 2012 things shifted. For multi-factorial and not-yet entirely clear reasons, there were, astonishingly, over 80 unfilled Radiology Residency slots in play in the new SOAP process following 2012’s, and 65 slots following 2013’s, Black Monday. In some cases—a program failing to fill most, or even all, of its slots—one may assume something seems off, be it a city's economic implosion, financial or other woes at a host Institution, or issues—real, misperceived, imaginary, or just ill-timed—in a Department. But an enormous cross-country swath of excellent and desirable Radiology programs in great Institutions and in great cities, across all ‘tiers’, also had one or two unmatched slots, in many cases for absolutely no fathomable reason. 2015 magnified that trend: many superb programs used to shooing off overflow applicants found themselves, shockingly, with a hole or two on Black Monday.

The average 2008 Step Ones were 235 Rads, 240 Derm, 243 Plastics. A USMLE Forum says ‘237’ for 2010 Radiology Match; for 2011 the mean score was 240. 2012 NRMP postings said the mean Step One was 240, Step Two (increasingly requested) 245, confirming the impression of upward drift. 2015 average Step One: 241. 2017 not yet officially released, guesstimated by many to be in the low 140s. And once one focuses on the mythologic ‘top tier’, beware—actual averages here MUCH higher. Careful webwork can extract the average Step scores for some programs (for example Mallinckrodt is reported, on radiology.matchapplicants.com, to have had an average 253 Step One score in the 2011 interviewed pool.) In screening 650 applications to interview about 100 people for the 2010 Match, Hopkins unofficially seemed to find 240s to low 250s about average, started raising eyebrows at most 230s (although unlike many programs had not been using any official cut-off point); and saw an impressively increased number of applicants sporting scores in the 270s and even, for only the second or 3rd time, a 280 or two. Meaning: ‘national average Step One 240” doesn’t offer any guarantees.(conversely— Chen and Heller cheerfully pointed out that 92% of US seniors with Step 1 scores 211-220 Matched). International students tend to need higher scores to get attention, since potential visa and credentialing issues etc weigh against them; while on the other hand lower scores still may be countered by other positives, including popularity on home turf, grades, personality, research, community service, LORs, compelling narratives, connections. Confused? You should be!

IMMEDIATE FUTURE GUESSTIMATES: My personal read on trends up to June 2017: the Match has again ‘tightened’ and become more competitive, but has not returned to the panicky apply-to-80-programs level of Ortho currently. Particularly it favors that group I think of as the “VeryGoods”: they would make terrific residents, are rock-solid hard workers, can be tolerated for a 12 hour shift in close quarters, contribute to the team, will mature like fine wine, but do not necessarily dazzle on paper or possibly in person. Hundreds of applications and dozens of interviews into the season, the VeryGoods may be overlooked and under estimated as the occasional Rock Star distracts the interviewers. For years the VeryGoods were scarier to me, as an advisor and mentor, than some of my far weaker applicants. VGs would get the upscale interviews, would seem to be in sight of home
The other group likely benefitting: the IMG subset of excellent, highly motivated, high-scoring, and deeply accomplished international med grads, festooned with research accolades and intense effort. In the past they were unfairly crowded off-stage by the unduly competitive imbalanced Match; now many of these excellent future residents and faculty have a better chance of being seen in the crowd. Still a higher bar compared to a US senior—but no longer the too-often-futile pursuit of 10-15 years ago.

What is a Rock Star? They'll still be around; you'll know one when you encounter one on the Interview Circuit. The nauseatingly perfect 260s and 270s (and those gasp-worthy 280s?!?) Step One scores, Jr. AOAs, the PhDs, the 37 publications in Nature and NEJM, the Olympic athletes, the ex-NFL players, patent-holders, the budding garage entrepreneurs from the cover of Business Week or Time; applicants who have built clinics in 3rd world nations, testified as experts before Congress or the UN, have perfect teeth, really great shoes, and dress like Dan Draper. Remember there is a huge spectrum of programs and applicants and factors at play; less academic types or those with less sparkly numbers, those who know you want to be excellent and in private practice, take heart. If I suggest you spread your nets wide and apply to at least some programs off the beaten trail (away from the Coasts, plus away from whatever is popular that year with your direct competition), it is to enhance your likelihood of interviewing and matching. Many of you are heading for the dozens and dozens of excellent residencies outside the elite academic Top Ten (a figure of speech, like 'tiers', without precise definition; don't ask for that list!). It may not help many superb but indifferently academic applicants to be compared to the very elite top of the food chain; getting prestigious interviews is reassuring but not sufficient. (“The perfect is the enemy of the good”—Voltaire’s Dictionnaire Philosophique 1764). Be realistic, honest, and open-minded and it is (in my opinion) VERY highly likely you will Match—happily.

It remains a bit of a Numbers game: you need adequate grades and USMLE scores just to be allowed to step up to the plate. Red flags, hard or soft, must be dealt with. However, bear in mind that from the programs’ perspective there is some validity to establishing a cut-off point (which may vary widely with programs and which appears to be loosening after the past 3 years’ experiences with unfilled slots), below which most programs will not interview you. Radiology has become a high-performance and scientifically complex field, requiring not only a masterly command of medicine but of physics, electrical engineering, statistics, biochemistry, and manual dexterity. There will be for incoming residents the newly restructured arduous two-phase national Radiology boards (including the dread Physics) one must pass to complete residency and then licensing. Current applicants must be life-long learners who can qualify for recertification every 10 years. We find there is some correlation between Step Ones and the national residency In-Service exams, for example, that encourage us to cling to our Step One scores yardstick. No matter how lovable you are, if your numbers don’t match up to their current Residents’, some programs will not regard your application with open enthusiasm. Your advisors may urge you to accept the fact you need to get off the high-traffic 'first tier' trail. Do so—and become ‘that Hopkins applicant’ instead of “that other Hopkins applicant, with the lower scores”. Sorry—but having experienced the anguish of the unmatched yet totally qualified and deserving student (not to mention that of a Resident failing mandatory exams), I’d rather you feel rebuffed or redirected now than let you set yourself up for defeat. Remember the 'average' or 'weak' potential Rads app at a place like Hopkins may look like an Alpha Animal to smaller programs, to many other sub-specialties, or to an Institution only rarely graced with a Hopkins applicant. Prestigious Institution #1 may have a totally different 'take' on you, or be looking
for wildly different flavors, than Prestigious Institution #2. Be you faint-of-heart, lopsided, or weak-in-numbers...be prepared and strategize— but don’t be dissuaded, if this is truly your dream.

**IR-DR: What does it mean?** Most of this section is derived from Dr. Emily Webb’s, Dr LaBerge’s (both UCSF) and Dr. J.Bailey (UMich), excellent 2017 AUR session on same. Here is the new lingo: “**Integrated**” rolled out first, Matching for 2017. “**ESIR**” is independent and will not be reality until 2019 or 2020; ESIR programs are currently evolving/accrediting rapidly and will be very competitive. “**DR**” currently may or may not have IR Fellowships for current applicants (ie Fellowship 2024!); ask about this at Interviews if a real concern.

By convergence and tweaking, ‘They’ hope to have IR, DR, and the overlap in a ‘steady state” by 2023—about the time current rising 2017-18 Matchlorettes expect to be done. For now one would apply to IR-DR; those only applying to DR are quite likely to have viable later Match options, if later deciding to focus on IR, as the ESIR and Independent IR pathways emerge. At this moment in time, look for programs where IR and DR ‘cross-talk’ and cooperate, rather than compete; if seriously interested in an IR path of some sort go for a surgical internship—the far-sighted programs are already arranging carefully-tailored PGY-1 experiences. (Conversely, a mandatory PHY-1 will only make it harder for those who liked the freedom of doing a PHY-1 year elsewhere to deal with family issues, a Significant Other, etc). Interview days for now will include IR, DR, and Surgery—take your vitamins. While IR and DR officially are not supposed to ask if you are applying to both, and IR and DR file different Match lists, it becomes very apparent what you are doing by where and when you show up. Either PD can veto discordant applicants; you must be desired by both the IR and DR factions. Programs have the option to revert unfilled IR slots (6 slots went to SOAP in 2017, although 500 people applied for 120 positions) to DR rather than dip to lower-ranked IR applicants. An IR residency will provide a 6-year focus on curriculum, starting with a Surgery internship; and hopes to eventually set the national standard for patient management and care, both in- and out-patient.

If this info seems confusing—it is. Not even all IR PDs know exactly how this will all play out. Eventually there will be an IR path and uniform highly specialized IR training—not necessarily comforting to those being snared in these transition years. Those of you reluctant to be pioneers or not yet sure what Imaging sub-specialty is your future destiny—stick with IR; there will still be chances to add IR if it beckons you down the road.

Super advice from a 2017 Star Matchlorette: If you love an Institution prioritize that—apply to DR and IR-DR; Fellowships will still be around for rising Matchlorettes. He also noted some nerve-wracking texts and calls 5 hrs before the lists closed, which is not necessarily illegal but can be awkward if the call is not from a top-choice program—perhaps duck calls with ‘wrong’ area codes.

**ORTHO MATCH 2017: STILL ROUGH**

Brief opinions derived off the NRMP site suggests that 2017-18 applicants must bite the bullet and apply to upwards of 80 programs—absurd, expensive, exhausting, and…average, possibly even an underestimate.. This has rapidly expanded from 59 apps per student average in 2001, 64 in 2012 and now tops the apps-per-applicant of ANY sub-specialty in the Match. The number of slots offered, 692 in 2013, has risen only to 727 in 2017; This means programs and applicants must expend far more time, energy, and money chasing the goal.

NRMP statistics state that 91.9% (668) of the 2017 Ortho slots filled with US seniors (3 DOs, 13 IMGs, in case any one wondered). Don’t count on SOAP—one lonely slot there in 2017. And as always happens, tightened competition elevates average Step One scores – for 2017 hovering at 247, with a scary number of the *un* matched also seemingly safely in the low-to-mid 240s so... stay sharp, stay humble, don’t get over-confident. The 2016 Match rate was 75%.
APPROACHING THE STARTING LINE: ARE YOU A PLAYER?

Here’s a strange new resource for guesstimating your Match potential into some specialties: https://www.memorangapp.com/widget/NRMP-match/ a widget posted on a blog (memorangapp.com) crunching Match data. I make no claims to its accuracy nor validity.

Since 2005, the Hopkins Radiology VERTICAL ADVISORY system has been in effect. I want first or second year students reading this, or third years who are still uncertain, to take advantage of the Radiology Peer Counseling System BEFORE asking to see me. While with my weekly e-mails, Gross Anatomy, and TTW appearances I am probably the Radiologist a first or second year knows best, be warned I usually do not meet with Basic Science students. I will instead refer you to those more junior, but also more current and relevant, than me. My present and future residents and the clinical students are excellent sounding boards and superb advisors. You will be far more relaxed around them than around me, and able to ask those ‘stupid questions’ (which PS never are stupid). Talk to my Radiology Interest Group/Radiology Applicant senior students (from about January to Graduation, when they are seasoned survivors), my Pre-Clinical Interest Group people, my first year Rads residents (aka The Elite Corps), and/or ex-Hopkins students doing internships/PGY1 in town...

This system works!! Data-mine it for personal enlightenment.

Don’t invite disappointment, in this or any endeavor. Do some home work and listen to your advisors. For the most competitive academic Radiology residencies, USMLE scores must soar well above 230s/mid 90s, transcripts groan under the weight of A’s, Honors, and applause; accepted publications bend your mailbox from sheer volume; whole communities praise you as their savior; and your letter-writers must reflect deep faith in your future. This loosens up rapidly as one considers other less assertively academic programs or those many great programs dedicated to turning out superb future practicing radiologists without emphasizing research. Anywhere on the spectrum, accept that rigid red flags – initially failed courses or Step exams, ethical or behavioral charges or concerns, DUIs, suspensions, substance abuse, and more—remain massive speed bumps. Whether aiming academic or clinical, Coasts or fly-overs, large or small, aim for a sparkling and error-free ERAS, a compelling even if not Pulitzer-level Personal Statement, and a personal presentation showcasing yourself in person as someone people would like to hang out with for...oh, say, five years.

(Further caveat for Hopkins students: If a Rads application appeals to you primarily on life style issues; or worse, you feel insecure about the whole scary Match process or torn between two fields, and want to go with the choice that might give you more Faculty helicopter parenting, nudging, nagging, and nurturing through the Match process -- you may not be adequately committed, and I may not agree with your choice. I am a catalyst, not an alchemist, and try to avoid the impossible. I am also an ardent advocate of truth in advertising, and transparent integrity. Find another babysitter).

I send out unsolicited generic Match info and reminders to the whole class on a regular basis. Remember, the SOM, the Colleges system, and our superb Deans of Students are committed to supporting and informing you ALL; I have talked to other schools and we have unusually good fortune in having these people. And at some point before we shovel ourselves too deeply into this Game, I will ask you to be 200% honest with me or any other advisor: have you left out, glossed over, or cleverly camouflaged anything I/we should know, personal or professional, which could rear up and bite us (you as applicant, us as advisors needing great credibility, and/or your institution) down the line? Did you flunk or repeat something, ever get investigated for cheating or dubious ethics, have misdemeanors or felonies that will show up on background checks (yes, misdemeanors will, in some places), spend a year committed against your will or having intractable seizures? Carrying diagnoses or challenges which we should discuss, confront, explain, or counterbalance? On
a chronic medication which will impair performance or show up oddly in a drug screen? (There are HIPAA issues here, disclosure or discussion is your choice, but some issues cannot or will not be concealed and/or will show up in ubiquitous legal pre-employment drug screens and antibody tests). Ever been suspended or asked to leave (college, med school, the country)? Are you dependent on illicit substances or 12-Stepping to recovery? Under suicide watch? On probation for shoplifting? Is your visa under review? Have you made the news lately in some unflattering manner? What will Facebook, Instagram, SnapChat, Google, Twitter, Vine, Tumblr, etc tell me/others/Program Directors about you? Does something need addressing, clarifying, finesing, spin? Is there an elephant on the couch? Sharing with me or any advisor behind closed doors does not mean these things will become public, but not sharing may be lethal if attempted concealment fails. DO NOT conceal or misrepresent here- honesty and integrity are numbers 1, 2, 3 and 10 on everyone’s list of sine qua non. We have helped students to overcome serious issues and red flags to support their efforts to Match; we have withdrawn support from students when it transpired they were gaming us, overtly deceptive, or unwilling to play by the rules. This is a Zero-Tolerance Zone. If you ask my opinion I will express it, and you may not like what I say.

SOCIAL MEDIA: CLEAN UP YOUR ACT

Being snowed into the hospital for 3 days during major snowstorms in 2010 led to boredom so intense I started running backwards through all my med student ‘friends’ Facebook accounts. By an dreary night’s end I had enough astonishing, offensive, dubious, legally unwise, and occasionally nearly-pornographic photographic and written material for a new lecture, “How to Kill Your Career on Social Media”. Review, clean and purge all such publically-accessible sites NOW—raise your privacy barriers, better yet just get off for a few months. Google yourself; you can’t always remove or modify such results but at least know what others are going to encounter (and occasionally, one must prepare to explain how there is another human with your name, who unfortunately has no taste, no sense of propriety, and no future in the professional world but is NOT you). Consider any Tweet, posting, text, or SnapChat to be potentially viewable on a highway billboard. Exercise impulse control and censor yourself at all times. Don’t agree with Mr. Trump? Proceed with caution and don’t go all Kathy Griffin. Be it Halloween in Fells Point or the Preakness Infield, assume someone is capturing you at your worst or least tasteful, indelibly. Stay sober, or you won’t even remember generating those offensive photos, situations, or quotes—but every one else will have trouble forgetting them. Cell phone cameras, Instagrams, hospital and mall security cameras—the world is watching you 24/7, so be squeaky clean and behave.

POTENTIAL RADS APPS AND THE CLINICAL YEARS

For Hopkins students, the Basic Elective is the usual entrance point, intentionally or otherwise, to exploring Radiology as a field. We cannot offer the Elective during the summer (June, July, August); those who MUST do it then may need to arrange something at Bayview or even, if you know your eventual geographic destiny, elsewhere. (At this point in time it would seem odd to some other Institutions to have a Hopkins student apply in Rads without some sign I know them; please feel free to introduce yourself and become a Matchlorette even if you take the Elective elsewhere). Although it sometimes seems that the majority of the class is inclined to Rads for at least 10 minutes somewhere along the way, we do realize most of our students actually are destined to become our referring or consulting clinicians. Our Elective emphasizes how to request exams, what each imaging modality can/cannot do, how to choose imaging exams wisely and safely, and basic survival skills for house officers and students. You spend one or two mornings a week on Tutorials, seeing how CT, fluoroscopy, EMed Rads, US, IR, etc, really work. The Elective size is rigidly limited to 10 students to protect the experience and to insure that we can get to know you. (Begging to be the 11th, or to be pushed to the front of the line because you are more annoying, is not necessarily helpful to your long-term goals). Be forewarned that there is, on my days, a heavy unofficial emphasis on perfecting professional, communication, interview, and interpersonal skills—Walking the Walk and Talking the
Talk. You --hands off your face! Stop jiggling! Drop the, like you know, UpTalk? We digress often to debate and discuss relevant medical, legal, ethical, interpersonal, or educational topics.

Most people would recommend doing at least one other radiology elective to confirm your interest in the field. Popular choices among students in the past have included virtually if not literally every Division in Imaging. 2nd months include NeuroRads (Drs. Blitz, Lin, Kraut, et al), Pediatric Rads (an area wonderfully extremely pro-student); IR (Drs. Cliff Weiss, K. Hong, Yim) (The IR elective, for example, is a great rotation and a must for those interested in interventional radiology pathways, oncology, hands-on stuff, research, and adrenaline. The day typically starts at 7 am with sit-down rounds where the cases for the day are reviewed with an attending. Typically there are 4 cath labs that run throughout the day and a huge spectrum of pathology and procedures. The Catheter Cowboys really love their work.), Body CT (Drs. Atif, or L. Chu, are great first contacts), Nuclear Medicine/PET (terrific student-friendly faculty and wonderful Fellows), MR (Dr. Kamel), MSK (Drs. Demehri, Ahlawat, Fritz) and occasional other choices (Ultrasound, Mammo , molecular biology research, etc) depending on your background, interests and sophistication. Whether you are a Hopkins student or hoping to visit from elsewhere (in or out of US), subspecialty electives must be arranged on your own, once you identify and speak with a contact attending. Use the Vertical system here-- my residents and students preceding you may have the best feedback on whom to approach.

While a 2nd month of some sort is highly suggested to those still exploring or confirming a tentative Rads interest, remember that we expect you to produce something from it--a paper, case report, poster, abstract, teaching program. No free rides!

RESEARCH: MUST I?

Research remains one of the tickets one must punch to be interviewed in a serious top-tier academic program. Academic programs wish to begat more academic radiologists. Research has become one of the primary screening tools for such programs, in addition to the traditional grades, USMLE, and letters of recommendation. The range of research experience is quite varied. Some applicants will have several publications in major journals (include Science and Nature) and presented at national meetings (like RSNA). Others will have had just a smattering of case reports. And still others will have projects in progress. It will help tremendously to have research experience, and while publications are nice, they are not mandatory. Ask around for research opportunities because they are abundant. The Dean's Office offers some summer opportunities with small stipends; talk to more senior students who have already trod your prospective path, and ask my junior residents for advice. Pick your research advisor wisely, as this is probably one of the most important factors in getting something productive out of your time. Most applicants will spend at least 2 months doing research; many spend more time than this. Some of the most competitive programs are very committed to research and to training future academic Radiologists (MIR, MGH, UCSF, Hopkins, etc.) and will not take you seriously as a dedicated future researcher if your research background is comparatively weak. Also remember that anything listed as `in progress' or `submitted' does not yet officially exist, as far as programs are concerned.

Research in other fields certainly counts—while the nature of endeavors on your CV may make it blindingly clear that another field enticed you initially (whip-tailed lizard spinal regeneration or retinal vascular studies anyone?), rigorous scientific pursuits and publishing have much in common and show dexterity and experience.

Be honest with yourself; not every one wants to stay in the ivory tower forever. If you are bright, test well, have played the game in other ways, but know you have zero intent of becoming academic, you absolutely can do well in Radiology, but you will likely need to focus on programs slightly less strongly identifying as academic powerhouses. There are so many great programs with
less or no emphasis on academic production. Do your homework and take a close look at the many
MANY other excellent programs that are very strong clinically but neither emphasize, expect, nor
scrutinize, research as heavily. For such programs, research is a non-issue, unlike the hard-core
academic fast-track.

An interesting discussion with a PD from an excellent state school 3 years ago, initiated on behalf of
a strong student with sincere interests in being in a particular geographic locale, revealed that this
program tended to be less excited about applications with a fair amount of research because it
implied to that program that such students might be regarding them as a 'safety' school. The PD was
reluctant to waste precious interview slots on someone far less likely to be truly interested in or to fit
in well with the program’s clinical emphasis. Other PDs from wonderful 'second tier' (I detest that
phrase) training programs also confirm that my high-powered research students can look less
attractive to them than an equally-solid but under-published student. Some programs do not want to
give research time and remain very clinically and goal-oriented. Conversely, given two Hopkins
students with 99% boards, high grade-points, great letters, wonderful community service and great
interpersonal skills, most 'name-brand' elite programs look at the publications and research track
record.

Bottom line: Figure out who you are and channel yourself appropriately. Assess your background
and goals and apply intelligently; you should be able to identify programs delighted to make your
acquaintance. If your numbers qualify but your Research section is anemic, be prepared to hear me
directing you away from wherever the bulk of your more-academic Hopkins competition is looking.
Doesn't mean you couldn't do the work at a superstar program, just that it is less likely for you to
land one. I want you to be able to get the attention and respect you deserve wherever you

Interview; if you are always traveling with and being compared to The Academic Rock Stars, that
won't happen. It's a bit like speed-dating; everyone wants the supermodels but pragmatically put
yourself where you are a good fit.

If you have never done research and still intend to compete at the academic programs, be realistic.
Arrange some research months as early as possible; most attendings can only work with one student
per month, not every month; and are popular. Have a game plan. Pre-assess your interests, skills,
inclinations, short-comings. Check the Dean’s collection of opportunities for students. Approach a
potential research mentor with a CV or summary of your experiences and special skills, if any;
knowing you have claims to an electrical engineering, biochemistry, or computer or website
background may lead to different suggestions than those elicited by the "I'm new to all this but gee
whiz I'd like to try" ex-Fine Arts or Psych major. Do not expect us to have huge menus of instantly-
available projects ready to pluck; remember that you may need to exercise some ingenuity and
initiative getting someone to show you how to search a database, the literature, or Pathology. Do
not expect to bite off and chew the whole carcass at once; even a simple case report may seem like
the Rosetta Stone for neophytes. Nor can someone who woke up one August morning early fourth
year and said "Wow-it just came to me-RADS!!" realistically catch up research-wise with someone
who has been punching in goal-directed research tickets all along.

"TIERS" ARE IN THE EYE OF THE BEHOLDER

If you decided quite late, have no research background, yet want to go to a top-tier academic
program, you may need to consider spending an extra year or two developing your research
credentials and CV. If you decided quite late, do not have strong academic career goals, but have
still racked up the grades and Step One scores, you can target the less-academic 'first' and 'second'
tier and smaller programs, who would be thrilled to have a bright talented Hopkins student and are
not as preoccupied with future researchers. This is where you have the Hopkins advantage: I will
help these programs understand and believe that you *do* want to be taken seriously (again, they
may automatically assume you consider them a 'safety' while you pursue a huge brand name, and so
snub you pre-emptively in favor of more likely candidates) and would be delighted to be interviewed. And remember this: there are dozens of super programs just below the elite academic handful, which will provide excellent training, superb mentoring, and spring-board stupendous careers. The so-called 'third tier' (and these titles are informal; there is no secret rank list somewhere), and indeed many "2nd tier" places, are excellent choices for those absolutely not heading for academics, and would be the only viable choices for an applicant with marginal grades or Step Ones, embedded red flags, or other suboptimal attributes. Students who meet these latter criteria: do not expect me to lavish reassurances or to hide truly important negative info; I can and will be blunt. **CAVEAT EMPTOR:** In the past I have occasionally agreed to help a student who, against my strongest instincts and direct advice, insisted on trying Rads. Certainly it is your life and your choice—but in such cases, my now-well-known letters (and I do not guarantee I will write anyone a letter in such cases, no matter how much I adore you personally), to programs who have read epistles from me previously, are CLEARLY more vague, less enthusiastic, and less specific. You WILL NOT stack up well against your Hopkins brethren. Success may mean a strategic retreat to the smaller or more geographically far-flung programs not often/ever seeing a Hopkins applicant, and if you want my (written) support in January ("Hey my student Katniss is absolutely ranking you Number One!") YOU MUST choose a realistic #1-choice target.

**TO GO OR NOT TO GO: AWAY ROTATIONS**

I'm not sure I have a valid opinion here. As Director of an Elective which is locked against outside visitors (with a one-year Hopkins waiting list, we just can't do it) I don't have much experience with how visitors subsequently do at any one visited school. By all means, if your ideal future includes institutional or geographic specificity, target them early on. Becoming an 'inside outsider' helps, especially if you dream of fantastically competitive and geographically coveted (read: California) programs. DO NOT repeat the Basic Elective; it reads poorly on your transcript ("Hey, look, another out-of-town try-out brown-noser" is a direct quote from a Left Coast PD and we are not impressed. Try to identify both your area of interest/ability and an area which will expose you to the residents, Program Director, or other people vital to the selection process. Surprisingly (to most students), in most places the Chairman often has far less to do with daily functions, research, or Residency Selection than one might expect; do your homework. Talk to students or residents with ties to that program, jump online, and do your ground work, to identify appropriate entrance points.

**CAVEAT:** we have had super, talented, and likeable students spend months at Cali schools and still not even get an interview invite to same. Others did a month there, interviewed, and Matched. No guarantees. If you do go: sparkle, sparkle, sparkle. Be first in, last out, dress well, spend your evenings looking things up, preparing, studying, playing the game—if you're thinking it's a mini-vacation with great sunsets and rollerblades you are wasting your time.

**OPINION: The Prelim Year** As of 2016 and again in 2017, this is a Hot Spot and has caused unusual problems. 2015 Match data shows something both interesting and concerning: there were 47 Matched students in Radiology who did NOT have an internship as SOAP dust settled, would not be starting internship July 1, 2015, and therefore COULD NOT take their July 2016 Radiology slot. ACGME and NRMP made some short-term exceptions/accomodations which let most but NOT ALL of the 2015 and 2015 Rads Matched students to keep on track. I had not heard of such a squeeze before, but after 15 years of 'Don't worry, if you are qualified for Radiology residency any internship would be happy to grab you", I will be encouraging **far more energy and effort on the PGY 1 applications**, both from you and from me. (Ironically one 2015 JHU Rads applicant, considered one of the top 10 applicants in the US, opened their Match envelope to find they had dropped down a few slots to secure an internship while scoring their Number One ranked residency—my first warning that once again the celestial spheres were shifting. Expanding the PGY 1 search will be sad,
expensive, annoying—and necessary. We may see more Residencies offering to help with that PGY-1 position but that is unclear.

I do not happen to think an Osler sub-I is necessary for a Rads app. Do it if you wish, but not because you think you ‘have to’. Again—my opinion and mine only! Internship is something you must do and hope to do well, but think about what you want from that year as you consider options.

EMAIL ETIQUETTE
We use email so constantly and casually that we forget to think about the impression it makes. It may well be the first impression of you received by a future employer or letter-writer. Like that interview suit, err in favor of the formal and conservative. In ‘business’ email communications of any sort during this process, remember to adhere to professional format and phrasing. HEADERS in particularly are important. No header may lead to deletion by the viral-cautious. One hopes the inappropriateness of “Hey”, “Hi’, ‘Yo’ as headers need no further commentary. I find the most professional and efficient way to draw positive attention, approbation, and even a response is to make the header a succinct summary of what the recipient will find within and from whom: eg “Query: Possible LOR/Chuck Sheen MSIII”; “Request for Advisory Meeting/K.Everdeen MSII”,”Request for Vertical Advisor Referral/B.Obama MSI’. If you met the addressee briefly but they are not necessarily going to remember (you were one of 16 people who stayed after the lecture to ask a question; you introduced yourself in a crowded elevator 9 months ago; they coached your kindergarten T Ball) briefly allude to that point and re-introduce yourself in first line. “Hello it’s Katniss, I sat next to you at the Pan-Asian Orientation lunch last Sept…”

Open with “Dear Dr. XXX….”. And spell the person’s name correctly. Re-introduce or define who you are. (“I am a Hopkins MS III currently applying for your Radiology residency…”).Keep sentences and paragraphs short, tight and to the point. NEVER use text abbreviations (LOL, OMG, IMHO, YOLO…) . NO emoticons, XOXOs or emojis of any sort. If you have a photo on your email make it a professional-style head shot, not in a one-shouldered gown, bow tie, or T shirt. Ditch the pithy quote, sports team emblem, or other personal touch under your signature. Use a formal sign-off such as ‘Sincerely”; possibly “Best Wishes” if a relationship exists. Do not assume Spellcheck will catch everything (there/their; its/it’s)

Any doubts? Sit on it 15 minutes or an hour. Have someone else read it. Re-read. Edit. Repeat.

ON-LINE RESOURCES: GOOD, BAD, MOSTLY UGLY
Certainly one starts at the official NRMP Match website, which someday someone may translate into English. Sooner or later every frantic Radiology applicant succumbs to auntminnie.com. There are some useful sources of info and statistics here, a lot of great quiz cases and career updates, but remember that, like Wikipedia, students and applicants can post whatever random and occasionally irrational thought skitters across their convoluted minds and make it sound like fact. I made my first foray into the anonymous Aunt Minnie Residency Applicant chat room in January 2004. Wow. The rumors, the spin, the unduly-vivid imaginations, the sour grapes, the gratuitous sniping--wear Kevlar and take 3 grains of salt. There was some accurate and positive stuff there, but just as much dead-wrong or harmful info. Be skeptical, and triple-check anything alarming or worrisome with a Hopkins resident, Match survivor, or mentor before getting too excited. The JHU Radiology Vertical Advisory has a platinum track record and involves non-anonymous, knowable, sources—use it, not the Web. We are developing an unhealthy respect for and belief in anything on the Web; lose it. BACK AWAY FROM THAT SEARCH ENGINE!

Remember it is not unheard-of for residents or faculty to skim auntminnie.com, so if you are moved to ventilate/confabulate Gen Y blog-style, declare yourself suicidal, or trash-talk someone or something, think twice--like that picture of you passed out dead drunk on the bathroom floor posted on FaceBook, it may come back to haunt you. Better yet--STAY OUT OF THIS CHAT ROOM!!!
Which reminds me—this is the era of social networking. It has spread like flu. You are all unduly plugged in, and communicate words and images freely—too, too freely. Indiscreet verbal or visual postings of any sort, anywhere, may come back to bite you on the rump. Do you really think no one over 25 is looking? Those adorable self-expressive misadventures and digital dirt gain immortality once on-line. Sex, drugs, alcohol abuse, violence, profanity, dishonesty, antisocial behavior, any act or comment of dubious taste or integrity: purge your sites and search your souls NOW. Mind your Tweets. Go to FaceBook, Pinterest, SnapChap, InstaGram, Twitter, BeBo, your blog, or its equivalent right now and take any photo or message or quote off there that could reflect badly on you now or at any point during the next 90 years. Do not have faith in the mythology that certain sites actually succeed in erasing transient comments or photos (screen shot or photo, anyone?). Passed out running the urinals at Preakness? Bared some anatomy in a regrettable drunken moment 8 years ago? Delete, delete, delete; and pray. If Rolling Stone caught you naked at Bonnaroo or Burning Man do NOT give your real name. Better yet—keep your cloths on and stay cyber-squeaky clean. I now have a lovely 5x7 print-out of one of 2008’s star JHU candidates, obtained in public domain, where he and a dozen of his BFFs are jubilantly celebrating their approaching completion of 1st year college—stark naked except for strategically placed hats. You have no idea how eternal these ill-advised images can be. And surprise --committees know how to Google you. We do it routinely at Hopkins before interviews, and a recent survey of recruiters indicted as many as 83% of recruiters (!) may now do the same.

And don’t use Facebook, Twitter, or text messaging to communicate with advisors. Even if we are on it, play the professional game and use the business email approach. DO NOT ask ‘Cn U C me 2dA!’

**LETTERS OF RECOMMENDATION: Whom should I ask?**

Your letters are a key to distinguishing you from the (talented, accomplished, likable) pack. I suggest at least 2 Rads people, with the other one or two chosen from whomever you feel/hope will write the best letters. (See my comments above—my letters are nationally popular, but I will be honest, titrate my opinions and clarify your place on the Hopkins and national food chains, for better or worse). Your writers need to be a) enthusiastic, b) knowledgeable, c) credible, d) literary, and e), ALL of the above. They need to know more about you than the factoids or accomplishments on your resume or ERAS; the committee's collective eyes glaze over the third time this CV info is recycled. A Nobel-prize winning scientist or world-renowned Department Chairman who doesn't know you, reiterates your CV and mumbles generic praise is less effective than a less well-known person who can make you leap from the page, elaborating and specifying your many glowing personal and professional attributes. (Of course, if you can land one who is both a recognized Rads Nobel-level world figure and can warble your praises in 3-part harmony, mazel tov). And there are some real cheerleaders out there who can't get the message into effective words. Some people are just so habitually understated, or perhaps translate poorly to paper for one reason or another. No way to really check this factor out; just word-of-mouth and crossed fingers. There persists a rumor the Rad Chair has to write a letter— this is NOT TRUE. NOT. And some LOR writers can tweak the epistle to fit both PGY1 and residency applications.

As to what they need know about you—go back to page one and re-read my comments about honesty. If you misrepresent ANYTHING in your information packet, you are in essence encouraging an attending to (inadvertently) misrepresent you—and drill irreparable great gaping holes in his/her own credibility. Sins of omission count as heavily as those of commission. I have been burned a couple times by both carefully orchestrated omissions and blatant misrepresentations (neglecting to mention flunking Step One; claiming AOA status; carefully not mentioning that silly little ‘F’ or DUI...). By then writing super-supportive but inadvertently erroneous letters, I have had my credibility scorched. Unless you have strong back-up plans, such as running your brother-in-law's dog walking business, come clean. This is another **Zero Tolerance Zone.**
Once you identify a potential LOR author—preferably by late third year—make sure they KNOW you. Let’s say the only reason Dr. Who seems like a potential LOR author is the glowing comments she made grading your IM rotation. Do you email her interesting follow-ups, web sites relating to a case recently under mutual discussion, updates on your joint research projects or notification that your mutual patient from Dr. W’s service, Mrs. Baratheon from Westeros, turned up while you were in the EMed? Do you ever drop by her office or lab (be sensitive to cues that this is either a bad time, or in general a bad idea; not every one likes surprises), attend conferences or lectures in her area, make an appointment or dash off an email (professionally headed) every few months to touch base?

Once you have identified your potential LOR cheerleader (and probably 4 people should be in hand by late July, folks; don’t forget you also need LORs for that Prelim year), meet with them to discuss/request same. Approach by email to be clear about reason for meeting, potential times, and your hopes for their enthusiastic support. Remember to leave them wiggle-room to refuse (“I’m hoping I could ask you for a letter, if you feel you could write me a strong one”, or, "...if you feel you are the right person to speak up for me"). Come prepared with a NEAT, ORDERLY, and BRIEF resume (see numerous guide books and below; there is a Hopkins faculty format online which will not entirely suit a student but gives some generic sense to the format). Your procrastination or deadlines are not their problem. Many attendings disappear in August or early September (vacations, meetings, kids to be delivered to schools). Meet with and land their support by June if possible (remember the medical world goes head-over-heels and circles the wagons each July), mid July at the latest, and (tactfully, respectfully) double-check if they have plans to leave the known Universe late August/September. Get your whole package—final draft resume, transcripts, ERAS number and instructions, etc.—to these people no later than early August (ask if they prefer email or hard copy; if the latter, neatly and orderly assembled in clearly-labeled plain interdepartmental manila envelope is fine; please don’t go buy expensive glossy folders to lovingly cradle your fragile babies), telling them you will check back before Labor Day to follow-up. Then DO JUST THAT—tactfully and respectfully (email works well—"Just a reminder, my advisor insists my package be complete by September 10; please feel free to contact me if you have any questions or need more information"); or, "Dr. Magid is really neurotic about getting these letters in by Labor Day, if you put them on your letterhead* in a sealed signed envelope I'd be happy to hand-deliver them to the Dean") ). Whatever the current system of tracking, MAKE SURE these all get there. I will be nagging you relentlessly to have your entire package INCLUDING letters ready to hit ‘send’ in early September.

He/she who slides info under attendings' doors Sept 25 runs risk of getting a) no letter—faculty just left for 10 days at the Skeletal Society in Istanbul—or b) a hastily-produced letter by an annoyed and harassed doc who has several other deadlines pending the same week. Leaving it to the last second also makes one question your organizational skills, attention to detail, ability to follow through, and functional effectiveness. Especially when all your comrades beat you there by 3 weeks.

*Not enough to worry about? The DOSA office tells me that even now they get some LORs with typos, or not even on letterhead. Faxed or even scanned LORs tend to acquire lines or artifacts or blur they cannot correct. Be subtle but precise in requesting the letters, and in asking that you be able to hand deliver them in a sealed envelope which the LOR author has signed across the back. If they prefer to mail them, provide stamped addressed envelopes; JHH InterDepartmental Mail is awful. (No need to hand-deliver mine—-I promise you I personally hand-deliver them to DOSA).

INFORMAL AUTOBIOGRAPHY PLEASE!
If you want a letter from me, please produce an informal Autobiography by mid-July at the latest. This is a casual, free-form memoir/confessional/stream of consciousness plunge into your psyche. Use taste and common sense; there are things the NO ONE needs to share. I want family history (your choice how many generations back), info on parents, sibs, important relatives, where you got your core identity; earliest memories, school days,
siblings, circumstances, oddness, hobbies, quirks, passions, pitfalls, peeves, triumphs, mildly embarrassing moments, those stories every one breaks out over the holiday table, your décor style, things you feel are central to your identity, and more. Baby and family pictures are a wonderful charming conversation-starter when you bring me this opus (as one of my delightful and beloved '08 candidates 1st demonstrated. I’m considering making it required!). Do you wear lucky green socks to all exams, or carry a carved sea otter for luck? Ever been exorcised, abducted by aliens, lost or found your faith, collected bottle caps or roller blotters, hand-crafted a chess set, run a business, been homeless, lost sleep because the bees are dying or the polar bears are losing weight, been shipwrecked or in a plane crash, had some key pivotal experience? Careful sterile recitations will be resoundingly rejected for a re-do. No points of f for grammar, spelling, sentence structure—just let it flow. IMPORTANT SIDE EFFECT: I have been told endless times that in trying to perform this exercise, students found some inspiration or direction un-jamming them for that dread obstacle ahead: The Personal Statement.

THAT CV... .

You will be preparing a personal and professional resume for the Deans and for your advisors/letter writers. This must be a flawless opus, logically arranged, readable, oozing precision and integrity. This is not Freshman Creative Lit class, nor Hyperbole 101. Any errors, exaggerations, typos, or misstatements here will be lethal. Find a traditional format—compare notes with friends, or check the various guidebooks, and look at the Hopkins faculty CV format on-line (in the Silver or Gold books). Keep away from fussy fonts or quirky layouts. This is tricky: it is your primo sales document, your PR, must make you sparkle and stand out yet must be pristinely correct and traditional. Your skills and accomplishments must be clarified and show-cased. You are both distinguishing yourself from the crowd yet reassuring future employers you will fit in well with the crowd. You are marketing yourself—no time for understatement, modesty or oversight.

Common errors:
*Avoid "I...I...I...I..."
*Be telegraphic: "Spent 10 hrs/month...", not "I spent about 10 hours a month, mostly Thursday and Sunday afternoons unless it rained..."
*Work section--do not put "none" unless it is truly so, right back through high school. Virtually everyone has done something at some time. My MD-PhDs especially lead sheltered lives and may indeed never have worked since college-but if there is little to list here at least briefly mention that lawn service or burger-flipping career summers in college or if necessary, life-guarding or bus-person experience in high school. Working in the family grocery or sock factory certainly counts; "Cashier, stock clerk, accounts review, as needed, high school and college summers, family grocery" actually is a wonderful contrast to all that ivory-tower stuff and reassures me you've seen the gritty and pragmatic world in which the vast majority of us live. There's just something ... odd ... about a person who's never been Out There in the Real World. 'Odd' doesn't fly; Radiologists are People Persons.
*Research section: Be brief yet descriptive: "Worked in Dr. Siberia's Genetics Lab 6102-8/02" is ok, but "Dr. Siberia's Genetic Lab 6/02-8/02: 35 hr/wk extracting genetic material from Drosophila proteins via centrifuge and spectroscopy, with purity analyses" is certainly more informative (both about the nature of the work and about your ability to communicate precisely). Don't get carried away here; be telegraphic and avoid the word "I". Be accurate and prepared to be quizzed by someone who knows a lot about that topic (ie, be honest- anything else is LETHAL).

Same with activities/interests -when there is a certain vagueness or pure-list flavor, we wonder if you just did everything once so as to be able to add it to the list, or actually made a longitudinal commitment. Place yourself on a spectrum for each entry, defining effort/longevity of an activity or your level of expertise/accomplishment in an professed activity. "Habitat for Humanity, Big Brothers
Baltimore, Health Clinic volunteer, Suicide Hotline volunteer" may be perfectly accurate and adequate, but consider the extra effervescence of details: "Habitat for Humanity: survived 4 weekends 3/13-6/13 dry-walling and sheet rocking 3 inner city townhouses for homeless families, 15 hrs per wk'end. Big Brothers Baltimore: enjoyed 2hr every other week with a 9 year old from inner city, 9/14-9/15. Played ball, coached study skills and homework, field trips to zoo, Nature centers, and math tutoring. Health Clinic volunteer: annual spring Hypertension screening, one weekend 3/15. Suicide Hotline: after 10 hrs. of counseling training, manned phone lines 3 hrs/week for 7 months on JHU anonymous Help line."

We want to see the details-I am reassured both as to the sincerity of longitudinal involvement in said activity, and the applicant's general stylistic attention to detail (major trait requirement in a resident). Be precise about timelines, even when activity was quite brief. Conversely, a list lacking such specifics at best is non-engaging and at worst suspicious ("Hmmm, looks like one of those puffed-up jobs ..."). Also--details may spark conversation at interviews; perhaps your interviewer also learned to drywall for a similar project, wants to explore some detail of the Hotline training, or is also working their way through Bollywood’s Top 100. Who knows?

And try to use active, descriptive, lively verbs and adjectives here; 'helped', 'worked on', and 'contributed' are certainly accurate but a bit over-worked. Your Interests column is often the source of chit-chat at an interview. Ask the 2012 applicant which line on his long, PhD-laden CV elicited the most commentary and the answer is "I said I grew tomatoes...everyone asked about that". While "Art, music, cooking, movies, reading" may be an honest portrayal, "20th century sculpture, especially David Smith, occasional forays into sketching, 9 years of piano playing with a preference for Chopin, trying to learn to stir fry, working my way through the Great Books list, relax with 1930's detective novels, devour the New York Times on-line daily, with particular focus on international news" seems far more likely to either hit a connection in a fellow enthusiast, or to stimulate some conversation.

Your job is to come across well-rounded, interesting, distinguishable from the herd. Would you rather be asked, "Music--do you mean playing, or listening?" or "Chopin--can your left hand really keep up in that tricky Nocturne?". (Reminder-he/she who confabulates or exaggerates here may get busted!!). If you can lay claim to some form of computer skills acknowledge it, but be precise and honest; "enjoy web design and maintenance for my sister’s business", "Designed and programmed two Killer Apps for the new iPhone which paid my med school tuition" would be significant attributes to bring to the table, while 'Nearly flunked out of 3rd year due to my obsessive late-night porn site cruising and addictive poker-playing' are...suboptimal. Conversely, while cutesy-humble, confessing banality or lack of interest in the world, or commonly-disrespected weaknesses ("I love TV, especially SpongeBob", "I admit to being really poorly informed about current events", "Bulimia is my hobby") even if true are just...sad.

DO NOT embellish your level of proficiency in any given talent/interest. One student who described working on his medical Spanish was interviewed in (bad) Spanish; another was required without warning to demonstrate his ball-room dancing in front of the interview crowd (!). I do not invent this stuff. Don’t carry images or samples of your art/photography/poetry unless it is truly interesting, accomplished, and neither trite nor scary (no matter how gorgeous that jailhouse home-made tattoo seems to you...do not share).

**Academic publications or presentations** should be formatted in the conventional bibliography style. Check 'Instructions to Authors', AJR or Radiology. **Boldface** your name in each entry for easy visual scanning.

1) Mouse M, Duck D, **Coyote W.** Prospective Study of Wet Duck Feathers, submitted J Dubious Results Sept. 2011.

And since there can be more than 4 months between compiling your academic bibliography for ERAS and showing up for an interview, be alert and bring **one page updates** to interviews. There will be a lot of blank space on this addendum page. Live with it. (And do not update papers rejected and since re-sent to 2'd journal):
"Dear Dr. Evil,
Please add the following changes to my Radiology Residency application file:
2) Coyote W. Accelerated Neuroses Indices in Radiology Match Applicants, now accepted for abstract presentation at the April 2017 meeting of the Nailbiters Society.

Thank you. I look forward to my interview later this month.
Wiley Coyote, MS IV
The Lady Gaga School of Medicine"

THE PERSONAL STATEMENT: "I'M STUCK"

Join the deer-in-headlights crowd, the very concept is constipating. Paralyzing. Nauseating. Somehow, you need to cast yourself in the most flattering light without leaving the realms of honesty; align yourself with your chosen profession, be humble yet assertive, reassure us you seek rigorous training and intend to give back at every turn; underscore your ability to collaborate and play nicely with others; impress us with your literary skills and polish, possibly amuse us, avoid raising any red flags (we read between the lines, Hon), and lighten the deep coma into which the interviewers fall upon reading the 126th WhyIWannaBeARadiologist snoozer ... which, for 19 out of 20 of you, will be the topic. It’s a sales pitch and it is marketing—and remember that marketing is NOT advertising. (While the latter managed to sell a few Segways, Beta Max video players, and a six-pack of New Coke, when the products subsequently failed to live up to their hype they then sank without a trace. MARKETING means understanding both yourself and your chosen career inside out, and then finding the best fit possible to the mutual benefit of program and applicant. I will help you MARKET but I will not assist in any false advertising).

Exercises to break the writer’s block: Writing the informal autobiography for me often helps, I’m told. So does responding to the Dean’s form. Try a series of writing exercises: write yourself 1-2 pages never to be read by others, explaining what you have in excess; when you knew you were in hot water; apologizing for something even if you didn’t do it; reveal your most humiliating experience, reveal your most enlightening moment; what would you need to take to that desert isle; what you are proudest of, most deeply ashamed of… you get the drift. Prepare your proverbial ’elevator speech’—that brisk, memorable, and carefully tailored 30 second sales pitch and career/interest/accomplishment summary that would land you that dream job were you to find yourself briefly elbow-to-elbow and alone with The Powers That Be in that hypothetical elevator (Google ‘elevator pitch’—several sites offer great pointers). Dredge, dredge, dredge. You are looking for a narrative thread, a slight flavor, a burnished glow. This PS should also convey some information or insight into your product (you) that cannot be acquired elsewhere in the ERAS process. Ideally it also provides a few footholds for an interesting conversation at Interview.

Programs have set up the perfect cognitive dissonance experiment: the 600 plus truly fabulous applications on our desk begin to run together in one molten mass of indistinguishable but undeniable talent and potential. Frankly, programs learn to ignore about 90% or more of LORs, especially when they clearly are just another generic CV review sprinkled with overused words of lukewarm generic praise. Your grades and Step Ones tell us at least half of you could do the job perfectly well. Therefore the PS looms larger than you might think in teasing out not just the intelligent and capable, but the individuals we might actually want to be stuck with over a grueling 13 hour day or tough weekend. Your essay puts a face on your story, shows us the human behind the student, makes us root for you, perks up our ears with interest. We want to see insight, values, voice, energy, enthusiasm, perception, awareness of others, egos smaller than Everest, a desire to
contribute and give back. Don't waste our time reiterating your superb grades or research accomplishments, those are already showcased elsewhere in the ERAS, probably twice. Look for an opening-line hook (See the first few lines of Garcia’s One Hundred Years of Solitude: "Many years later, as he faced the firing squad, Colonel Aureliano Buendia was to remember that distant afternoon when his father took him to discover ice." Or Dickens’ A Tale of Two Cities: "It was the best of times, it was the worst of times... ". Marvell’s To His Coy Mistress: "Had we but worlds enough and time ..." Or “The earth was smitten with fire and brimstone...” Or even "The yellow glow of street lamps illuminated the rippling wake of street puddles made by Detective M, rushing through the foggy streets in search of his assailant": second year med student Mike L, rapidly ad libbing when I asked for a catchy opening line!). Maybe the hook is a special moment frozen in time, a view, a sound, a street festival, a moment, a headline, a personal transition. What are your passions? Probe your past, your history, your family, the quirky corners of your mind (some of you need to be real careful here; I've caught glimpses of those mental corners and There Be Dragons...). You wish to entice, intrigue, entertain, convince, reassure. It is a professional sales pitch, a confirmation of your validity, your values, your goals; a reaffirmation of your unique skills, attributes, enthusiasm, your ethos, your world view. It's like trying on jeans: you can stop when you get a pair which technically fit, or you can keep going 'til you find that mystical transmogrifying magical pair that accentuate and underscore and showcase every good thing there is to see about you. It can also be an intriguing opportunity to learn more about yourself. If you elect to share a personal tragedy, problem, or personal test which contributed to this choice, be careful: being compelled to go into Neurorads subsequent to sharing a family member's painful illness and death from astrocytoma is different than being propelled by the year you spent in bed following your devastating skull fracture, subsequent uncontrollable seizures, and massive personality change. Both are legitimate motivators, yet one--unfairly or otherwise--will derail us and raise concerns about your current and future health, ie, put some people off. As will your near-miss with that felony conviction or the enchanting tale of how you fast-talked your way out of those pornography charges. Honesty rules, but this is not an exercise in free-association or random musings. If there are any serious moguls in your personal or med school history which must be confronted to preserve the integrity of the medical school, they will be included or alluded to in the Dean's letter, if not elsewhere). Discuss with the Dean and/or your advisor how to best address serious issues—sometimes it’s better to let them handle it in their letters rather than in your PS.

While a paragraph ago I urged you to really stretch and stimulate, creativity is a gamble; I've seen a very few brilliant examples of odd-ball approaches or unique content, and far more flaming failures. Nor is it likely that your audience (20-30 schools times 5 committee members equals audience of maybe 150 or more..) has any predictable homogeneity. Get input from trusted friends and advisors. Trust those inner voices. And if an Adult (me, an advisor, a Dean, your mother, your calm, mature, and literate best friend) recoils in horror, absolutely rejects and detests it, finds it obnoxious or pompous--take their word for it; return to drawing board, do not pass Go. There are more Moms, English majors, and faculty on these committees than flakey senior students.

Remember it is a writing sample; we want to see your literacy, sentence structure, coherence; your ability to organize your thoughts and couch your arguments. You have one chance to make that literary first impression. Check your facts and spelling--I never forgave one other-wise solid candidate for calling an alligator 'an amphibian'; how could a trained scientist make such an obvious goof??? Double check their/there, its/it's, to/too and all the other snags Spell Check ignores. Proofread proofread proofread. Beware the awkward language usage, run-on sentence, poorly-phrased concept, exhausted cliché, grammatical lapse, historical error (which Armstrong did you mean, Louis, Lance, or Neil?) the typo--all deadly harpoons, implying sloppy habits, poor fact-checking, or imprecise thinking. Trust me, committees will not overlook the misspelled word or poorly phrased thought; Radiologists worship precision, accuracy, and the written and spoken word. We want future colleagues, who, umm, ya know, like, ummm, get it? English? Proofread. Don't trust
Spelchecker. Contain your thoughts to one page. **ONE.** NO emoticons. Probably no exclamation points, but certainly NEVER multiple ones!!!!!! Don't start every sentence with "I..."I..."I...

This has to be your baby. I can review and critique drafts, and nudge you away from obvious pitfalls (the look of sheer horror on my face is a dead give-away), but I've already done my residency; they don't want to know how I write, think, edit. And if I were to get too hands-on in this corner, both my applicants and I would lose credibility. It's terrifying. It's all up to you. And it is REALLY important.

**Should I personalize several versions?**

The answer: a definite 'maybe'. Certainly if you do take great care, so Siberia U doesn't accidentally get the version declaring your destiny lies with Atlantis U. (Do you want me, as a Hopkins committee member, to find your JHU application states "...and that is why Emory Radiology and Dr. P's cyclotron research are so attractive to me." ? It happened.) And if you are geographically truly limited by a spouse finishing graduate degree or who would be employable only in certain regions, if you are longing to return to roots, need for nearby family for childcare and support, cannot live without mountains one more day... say so in statement—without pleading or seeming pathetic—but be careful and edit/rewrite that portion if applying also OUTSIDE that stated area! (another statement received at Hopkins one year said "...and so my passion for winter sports and cross-country trekking drive my desire to become a Dartmouth resident". Maybe Dartmouth received "...and so my addiction to crab cakes and to the Chesapeake drive me towards Hopkins"?)

That said, if you know you absolutely must go to a particular city or program and wish to be particularly strong about that for those schools, sure--send those programs an extra line or two emphasizing the family, background, research mentor, fiancee, horoscope reading, dog's birth family, or personal situation mandating that program or town. Do some homework; what are some unique aspects of this program that so beckon you, and which of your attributes will be value-added to this particular program? Find some way to demonstrate your fit to and enthusiasm for that program's specific form and philosophy even if its main attraction is being in the right zip code.

Mean what you say and say what you mean. And if you are claiming geographic preference be prepared to discuss/defend it especially if it is not obvious from life history and paper trail—ie you went to high school, college, and med school in home state, have 6 siblings and 4 grandparents all within 25 miles of birthplace in Texas or Illinois or Baltimore—why should a program 1000 miles from there believe your claim you ‘can’t wait, really have to’ re-locate? And if you are a very strong academic applicant—you’ll know who you are—be prepared to be explain why you are willing to leave Hopkins. Awkward—but happens, every year.

**PHOTOS**

Do not submit your favorite snap on the beach at Spring Break, on the slopes in ski wear, or holding your pet python or an alcoholic beverage. Do not wear your favorite T-shirt and hemp necklace. No prom, wedding or hot tub pictures (have gotten all in past). Head-and-shoulder only. Do not wear a visor on backwards, sunglasses, hip-hop hair, or throw obscure hand-signs ("W": no). No game face. Nothing unduly artsy, dramatic, or creatively posed. Remove jewelry from any piercings that will show, aside from one through each earlobe (female); none if you are XY ("they" may not have strong feelings pro or con male earrings, but may wonder whether you understood the unwritten rules and conventions). Skip the over-spiky Woody Woodpecker surfer hair and puka necklace. Play it safe, put on a tie (NOT a bowtie) even if you're skipping the jacket, put on a reasonable blouse or blazer and skip the cleavage, fussy scarves, feathered hair bands, glittery or feather earrings (male or female). No props, no artsy poses leaning against a tree or supine in the grass. Head and shoulders only; full-body shots look odd, awkward and stagey. Don't tilt your head flirtatiously, don't fold your hands against one cheek. No stethoscope around neck. I like to see a pleasant but not too
casual look, a natural smile, something that makes me want to meet you. It's a black and white head-and-shoulders format; I strongly advise submitting a B&W image to be more certain of how it will transmit. In this digital era there's no excuse for suboptimal photos, keep going 'til it's just right. Don't hold the camera at arm's length and grab a selfie, it distorts your face. Do not try new hairstyles, Anime drama poses, or go to the Mall for a glamour-shot. Stay out of those awful 4-for-$2.50 booths with pleated polyester curtains. This is the first glimpse we have of your projected professional image, of your projected Brand and flavor. I'm told the Med School provides these, I may be wrong. JCPenney's and some other big-box stores do this, fairly cheaply; or find a friend with actual skills. Wherever, if it comes out unacceptably, politely insist on a re-do. For God's sake smile or at least imitate 'pleasant'; make sure it's technically adequate (no odd reflections, half-closed eyes, goofy faces; not overly-dark-- my students of color, be very careful here). These will be printed and photocopied at every program, getting worse with each rendering. And will someone PLEASE find out how ERAS handles these-- in the printed applications I reviewed, some of the photos come out postage-stamp size, so one needs a magnifier to identify the student; occasionally, some come out near-life size overflowing the edges of the page (scary). It'd be nice to see them about 2”x3” on the far side. (Students with both micro- and macro-sized photos have claimed to have submitted conventional photos, so maybe it's another cruel ERAS processing artifact).

Every year a couple of applicants decide to skip the photo. Bad idea. We meet you in person if you Interview; any visible traits such as ethnicity, religion, weight, injury, acne or injury scars, genetic syndromes, or some of the other surprising reasons I've been given to not submit a photo, become moot. When Committees have to get back together in January to finalize The List, all these wonderful applicants starttoruntogether. The photo is an excellent reminder that snaps you back into our conscious mind, not a secret profiler.

**TO HOW MANY PROGRAMS NEED I APPLY?**

These days, applying to 25-35 Rads programs is common. Applying to more happens, but may reflect your insecurity (or insight that your application is a long shot) more than a true odds-increaser. Every year nationally there are maybe 15 or 20 truly elite applicants who can get away with far less. I have no idea how many more nation-wide can apply to less because of private agreements. In 2016, Hopkins Rads applicants self-reported “35 applications, 22 invites, went to 12”; “35 applications, 8 invites, went to all 8”, “55 applications (special circumstances), 30 interviews” “20 Rads, 60 Prelim applications(!)” , “60 applications, 22 invites, went to 14” (a less traditional applicant)— ie it varies wildly depending on your status, geographic needs, degrees of freedom, perceived ‘tier’, couples match complexity, etc etc. You will need to listen to the Dean, me, and other advisors if we warn you to spread wide nets or move away from other Hopkins applicants to up your odds. **Numbers alone do not insure a match.** Go online and review the differences between Matched and unmatched candidates; there are some clues to be gleaned here. Most programs are interviewing anywhere from 8 to 15 people per opening (nationally now NRMP suggests each program rank just over 10 students per slot); just getting 18 interviews doesn't mean you will end up high enough on anyone's list. Apply wide, try to visit programs of definite interest and if necessary start canceling interviews in less ideal places in January if the vibes seem good. For Match 2012 I had 5 on-campus (ie not previously graduated, not international or other Institution students I’d agreed to mentor) Hopkins SOM seniors across a very typical spectrum of high-powered glitter-adorned PhD researchers through rock-solid with some research through later-deciders with no inclination to research; their Steps and other attributes also covered a decent spread of admirable to solid to wish-it-were-higher. The number of applications ranged from about 10 (rigidly geographically limited—and terrified at not having more choices) to an extreme of 80 from the candidate with a red flag who knew a wide net needed to be cast. IF of course your home team adores you and states pretty clearly 'If you want us you will get us’, and IF you do indeed wish to stay put— and IF your program has a history of sticking to that story of wanting you (alas, perfidity has happened on both sides of fence), you may be very comfortable reducing the number of applications sent. It is all so arbitrary—the
person with 30 apps, whom I would have urged Hopkins to take in a heartbeat with joy and gratitude, got 20 interview invites, went to 15, Matched to his/her 1st choice (elsewhere). The less traditional candidate with 80 apps got 14 invites, Matched to his/her first choice. The one with 10 and strict geographic limits got about 6 invites...Matched to 1st choice, in target city. The two with under 20 applications ....Matched to first choices.

Between your Dean’s meeting, your advisors, and me, you should have some idea of what your reality is. Don't feel insulted if, after a lifetime in the Ivy Leagues and at the 99th percentile, you are told you need to apply to 30 schools and/or look at 'second-tier' (horrible term) or less competitive programs. When 650 applications target 10 jobs, competition is artificially enhanced. Also, I can do nothing about the fact you are competing against each other, here and elsewhere. No one, in selecting 4 or 5 residents, wants them all to be from one medical school. If you are the 9th Hopkins student they have seen, you will be compared not just to the general applicant pack but to your school pool. They will assess whose Boards or grade points are higher; whose letters more vivid; whose interpersonal skills, verbal presentation, personal statement, or extroversion more appealing; who has the charismatic edge. Being from The Mecca carries less weight at such times. On the other hand, step slightly off the academic highway and show up somewhere where fewer Hopkins students apply, and your institutional luster is burnished. Plus, you get a chance to be assessed absolutely -- on your own personal and professional merits--instead of relatively. Dr. Siegelman says 'there are at least 50-60 great programs' which will deliver superb training”. If you know you are less competitive, and/or less academic, 'scope out the so-called 'second tier' and step outside your original geographic guidelines. There are many wonderful programs, world-class teachers and mentors, and gratifyingly affordable life-styles waiting in unexpected places.

**ERAS SUBMISSION: RACE IS TO THE SWIFT**

I cannot emphasize timeliness too much. In 2011, 164 programs offered 980 total slots, pursued by 940 US students and 1299 total applicants—but looked at another way, 11,925 (of 164) programs were ranked by the applicants. Translation: the math is confusing, but a more realistic number is not available slots:number pursuing them, but a multiplier around 30 or 40--the number of programs the typical antsy Rads Apps applies to and then ranks in our uncertain times. That means an Oklahoma Land Rush of applications at every program early every September, even though many applicants will not be weighed for interview invites until the Dean’s letter rolls in (early October as of 2012, which is great for Applicants and very tough on our poor wonderful Dean). In this buyer's market, many programs have received so many hundreds of superb applications before the end of September that they do not bother to open any more. Hearing that shocked me--we are OCD and review all 600-plus we receive--but the harsh reality is that your year(s) of preparation and toil may be tossed just because you waited until close to the closing deadline. This race is to the swift. 2017 has an unusually late Open date, Sept. 15, which should help get both applications and LORs herded into place—3rd week of September strikes me as ideal time to hit ‘Send” if you are hoping to play in the Major Leagues. GET IT DONE .

 PS—there is something tricky about the payments to NBME to release Step scores—one payment to RELEASE and a second less-obvious one to SEND—several 2016 Matchlorettes therefore had delays/confusion. Check it out.

**SCHEDULING: ANOTHER EXERCISE IN NON-CONTROL**

Remember that as a courtesy any Hopkins person applying to JHU is offered an interview. I will do my best to be real with you; not every one should bother to accept that courtesy offer (read: "Snowball in Hell..."). If I tell you "Perhaps you shouldn't bother unless you do it our first week, for practice”—please, listen to me, DO NOT show up in late January!!
Mostly one doesn’t ‘schedule’ interviews ELSEWHERE, they are scheduled for you--some places do only one or two massive weekend groups; others will offer you a rigid take-or-leave single date. Every so often you will need to choose between two conflicting offers on one fixed date. This is an indifferent Buyers’ market. Get addicted to your email, or have someone check it if you are going to be in a sealed biosphere underwater or in a mine shaft in a 3rd World country out of touch, because a tardy response to an email may get you a "Gee, sorry, we filled those slots". Do your best to clump prelims and Rads visits, but resign yourself to flying to California 4 times, Chicago 3 times, Houston 2ce, because no one is flexible and no one cares that you are going broke interviewing. I’ve heard Southwest is best about refunds or reschedules, but double-check me on this. Y’all are experts at ‘scoping out Web travel deals. Borrow family frequent-flyer points; try to carpool with classmates. And ask if there is an on-campus dorm for visitors, or check Priceline or other price-slashing sites, to try to control hotel costs.

(2016 note: one unhappy Hopkins traveler reported getting BEDBUGS on a prolonged multi-site Interview trip. Read all relevant advice, inspect bedding, consider packing in heavy plastic liners, and maybe buy one of those sleeping bag inserts…)

I DIDN’T GET AN INTERVIEW! NOW WHAT?

First accept that this is not encouraging news, though not necessarily fatal. Remember that Aunt Minnie is an unreliable source of 'I heard..' info. Outright rejections (Board scores below cut-off, for instance) are usually unsuccessfully appealed. Wait listings or didn’t-hear-yets might be more successfully wiggled. "Didn’t hear yet" is the most nerve-wracking; not every program sends out a clear-cut rejection, some just let the prolonged silence speak for them. By all means, if you are realistically competitive at and obsessed with a particular program/locale, find someone here with ties to that program who might be willing to send an encouraging email. Or (sigh) within reason, I will do so. Let the program know yourself, once and only once, that you were disappointed not to be offered an interview since they are so high on your list, and that you are hoping they can reconsider either now or if something opens up later in the season (dates tend not to re-open once taken, but it's worth gently reminding them you are available). Every so often there has been an oversight or legitimate delay and every so often, this actually works. One of the happiest recent Matchlorettes did not originally hear from their presumed first choice, got someone to nudge them, got the interview—and Matched.

But DO NOT CALL. Email works better and is less likely to annoy the program; you have more control and chance to polish/perfect, can't get into an argument, can force yourself to be brief, professional, articulate. Plus, it's there in front of them; remember phone calls are ephemera. Be brief, graceful, and coherent. Several initially-excluded students have scored interviews—and even Matches—this way, but do this only if the program is truly near the top of your list, not just to feel secure by landing yet another interview at your 27th choice.

If necessary I help beg for interviews here and there, and sporadically it seemed to help (getting the interview- not the job!) – some times, not always, sorry, kids. I don't like doing this; my input must be minimal and limited to programs you truly crave and for which you are very competitive (I'm not calling Harvard or Stanford for a weak applicant heading to private practice; nor do I want to call your 36th choice when I feel you are being unduly neurotic and already have 35 other interviews). However, I was surprised to discover that some slightly smaller or less geographically-popular but totally terrific programs may need gentle encouragement to know that a good Hopkins student really does want to be considered, and/or is not automatically staying here, or clinging to the coasts. "My superb candidate Jay-Z believes he is not going to be interviewed at BadBoy U. He has a ton of family in your area, a fiancee with 3 years left at BBU, and has previously done research with SJCombs in your Wiz Khalifa Lab. I am hoping you will take another look at his excellent application and reconsider". And remember, the more I beg for interviews at any one program, the less impact I have. ("Dear BadBoy U PD, The following six students are interested in being re-considered for an
They are willing to reconsider once, rarely twice. Don't dilute my credibility!

**INTERVIEW TIPS**

There are several medical and business how-to books out there about interviewing. I really don't intend to launch into instructions on grooming, jewelry, dental hygiene, nails, shoe polish, table manners, neurotic fiddling, hand shakes, cell phone silencing, and avoiding the temptation to check messages or emails... but all this and more are fair game in the many hours you and I will spend together before your hit 'send' on that ERAS application. (see below)

Do make sure your interview clothing is carry-on and relatively wrinkle-resistant. One applicant's electric razor broke, pack a back-up disposable. Pack extra contact lenses. Do be 10 minutes early, not 5 minutes late, and remember the non-medical staff can exercise astonishing veto power in a program. There are no throw-away moments, no re-do's. Be rude to a receptionist or administrator on the phone or in person and you may kiss it goodbye; these people have worked with us for years and are shrewd litmus test assessors who have our ear. No whining about air connections, hotels, parking, or acts of God. Be charming and considerate to all. Leave the water bottle outside. Don't touch your face or yank at your clothing. Be a Social Optimist: assume they will like you, practice that firm handshake and sincere smile and radiate quiet pleasure in being on board. And if the program puts you up with residents, specify if you have pet allergies—one too-polite applicant stayed silent and suffered miserably through the next day’s program, alternately fighting his swollen sinuses and the tendency to nod off on antihistamines.

Remember your Interview situation is likely to cross generational boundaries; PDs are usually Gen x or Boomers, applicants are usually Gen Y. While in General medical students form a very conservative sliver of their generation, there are occasional mis-cues or faux pas that could have been foreseen or avoided.

Here are some things Gen X and Boomers (Your Interviewers) do not quite ‘get’ about Gen Y (you): You want flexible work hours, you think jeans and casual Friday are appropriate garb, you text, you take selfies, you think getting into a car with a total stranger (Uber) or sleeping at a stranger's (airbnb) is great, you like to share, you ask questions, you want prompt feedback and transparency, and in school you got a trophy just for showing up. You want coaching and mentoring and rapid results.

Here are some things Gen Y does not quite get about Gen X and the Boomers: We will not retire and go away any time soon. We are digital immigrants, not natives. We grew up gathering data laboriously and crunching it for hours, not minutes. We have a few scars and regrets; it is called experience. We respect and expect hierarchy and loyalty. We paid our dues. We like Standard English, respect for the invisible rules and customs, and conventional ethical values. We think Gen Y is terrific.

**On financial aid?** Contact them and ask for a “Budget Adjustment for Residency”. I am told many of your expenses may be reimbursable in scholarship although I know nothing about the details. Keep all receipts on principle—either for this or possibly tax deductions. Ask current interns for ideas on cheap travel—airbnb, uber, Rotatingroom.com—that hotel room you occupy for 1 non-sleeping hour is a huge and possibly unnecessary expense. Look for old college friends or lost relatives in town and beg for the couch. Ask if the med student or any dorm rents overnight.

**AUTHENTICITY vs CONFORMITY**: This is not a time to hang on the tails of the bell curve. Extremism or soap boxes of any form (visual, sartorial, verbal, political, sexual, religious) will hinder your journey. To some extent you must emulate those you are hoping to join, and medical institutions tend to be conservative habitats. This is a particular issue for any sort of perceived minority, be it gender or gender-preference, religious, ethnic, or other valid core beliefs and lifestyle choices. Being yourself isn't wrong, but temper that with the need to prove you will fit in to group
and team process if chosen. Most of you are superb at donning protective coloration or tamping it down appropriately; those who do not yet ‘get it’ may benefit from (hopefully gentle, empathetic but constructive and clear) feedback from an advisor, dean, or peer. You cannot masquerade as something you do not wish to be—find your comfort level and try not to draw any (possibly belligerent) lines. And use judgment when asking ‘difficult’ questions—what happens when a female resident is pregnant; what if an observant Jew needs to rearrange call to avoid Sabbath call; how will this facility accommodate my physical challenge when I am on the XYZ rotation or at Facility Q. A compassionate interviewer or program often offers such information generically before it is asked, yet remember a program is not supposed to ask you certain personal questions (“Are you planning on having children?”; “Why aren’t you married?”; “Are you gay?” “How often do you drink?”).

**DO YOUR HOMEWORK:** Programs and Interviewers want to know you are a personal/cultural fit. You need to explore that culture and decide if it fits you; and if the program is of great interest, how to display your fit into their culture and comfort levels. Cultural congruence—shared passions, values, styles—are a secret handshake. Find a way to project your fit and your fitness, while remaining humble and real.

Research on-line the night before (take notes!) will help you flesh out your impression of the program and place to ask questions on-site that might otherwise not occur to you. Later in the season, notes taken before the Interview—and after!—will help revive impressions as your exhausted and confused mind spirals into February. Have some clue how the program operates; review the Department and Institution web site for cues to flavor, philosophy, regional bias, enthusiasms, possible gap holes, strong points (night call, paper vs digital records, organ-based vs modality-based, Fellow-heavy, how many hospital sites, how many residents total, how are conferences and teaching, …). If you can identify an ex-Hopkins student who has gone there (DOSA and I both have prior JHU Match Day lists filed), in Radiology or other specialties, last 4-5 years, perhaps check in with them beforehand to see if there is any additional insight to the Institution or town to be gained off-the-record. Have some intelligent inquiries (and avoid “What time do you get out most days?” or “Can I moonlight?”—these are turn-offs) ready for residents and faculty.

Selection Committees can read. We want to size you up in person; paper is too two-dimensional. A Radiologist is a doctor's doctor and needs, among other things, excellent verbal and interpersonal skills. Training the arrogant, lazy, argumentative, or psychotic exhausts us. On top of that, every institution and department has its own flavor and culture. You may be wonderful, but just not a good fit for the existing group marriage (think blind date: every thing sounded great on paper but after 5 minutes you both know ... ‘uh uh, no thanks, no one's fault’). I can't tell you much about interviews elsewhere, but here you usually have six 12-minute interviews with 3 faculty and 3 residents. All have arduously scrutinized your ERAS application, recreated time-lines (“I can't quite figure out where you were for that 7 months in late 2003..”), Googled and FaceBook'd and PubMed'd you. No one tells us how to interview; topics may veer wildly from sports to iguanas (a recurring sub-text in this document) to current events, as well more-anticipated topics. One never knows which phrase or factoid in your ERAS actually registered in those places where they bother to preview the paperwork prior to Interview Day. (I was astonished and horrified to hear from my students how many interviewers fly blind and have not pre-read the ERAS--after all that hard work! Trust me, though, we'll have done our homework here).

"His palms are sweaty, knees weak, arms heavy ... He's nervous, but on the surface he looks calm and ready ...."

**EMINEM, LOSE YOURSELF, 8 MILE ROAD**

We will buff you up for interviews. By the time we release you to fly in November, I will have spent a lot of time with you (I call the spring and summer **Match Boot Camp**) and have most likely already pointed out your personal peccadilloes. Hands off your face, sit up straight, make eye contact, no
knee-jiggling, no nail-biting, project confidence and joy. Maybe I’ve suggested modifications in hair or dress (Charm School). Possibly I’ve hammered your MallBonics (“Uhmm... .like.. so, uhhh.. .like, awesome.. ..), your Valley Girl uptalk? YaKnoww??, your nervous quirks, your discoverable personal flaws. I may suggest—gently, I hope, but I’m transmitting and not receiving—you have too much temper, are too shy, are too arrogant, talk too much, not enough, that your eyes glaze over and you babble and gush if someone mentions SpongeBob Squarepants, the NRA, Republicans, or child pornography. I’ll suggest topics best avoided, by the crowds in general but you in particular—the interview most likely is not the place to come out, to explain the poetry of Tupac Shakur, explain why Frylock is a demonic metaphor, show off your Anime pose, or to convert someone with born-again religious fervor. I will suggest not sitting on chair’s edge, and to curb the hand wringing, twitching, drumming; teach you to clasp your hands or hold your (small) briefcase to keep yourself still. Some say don’t steeple the fingers—can look arrogant. Interestingly, at Hopkins, the one time both residents and faculty on the committee seem to agree 100% is when someone comes off as arrogant or conceited. Make eye contact, smile, shake hands firmly (Carry alcohol wipes or tiny Purells; hope that swine flu and increasing disinclinations to touch will affect this ritual. If you coughed in your hand, explain and decline). Don't mumble. Put a lid on the nervous giggles and titters. No snarling rictus fake smile. NO GAME FACE, not ever, never!! This nonverbal stuff is hard to polish or practice with roommates or friends; video yourself if you really need major work. Don't hate me (and by all means don’t sue me!), someone has to be merciless here.

PS—should you be applying in 2 subspecialties, don’t go out of your way to explain or clarify that. It makes some programs look at you cross-eyed or wonder ‘what’s wrong’. Don’t be dishonest—just don’t bare all unnecessarily. Ditto ‘Where have you interviewed?”. It isn’t quite illegal but it is awkward—maybe look puzzled and say vaguely “A lot of places, I’m pretty happy and relieved” (unfortunately an honest ‘My advisor told me we didn’t have to answer that” may rub someone the wrong way even though true).

Never bad-mouth any one or anything. NEVER. Turn your cell phone off. Do not check it or let it ping you with updates. Do not comb hair, touch up make up, groom in any way, publically. Do not discuss activities usually occurring behind closed doors with or without another person. Don’t ask too much about hours or vacation. Look interested and engaged and pleased to be there at all times. There are no throw-away moments—not with a Resident, receptionist, administrative assistant, bus driver or Security guard.

In the fall I arrange Finishing School: a chance to meet with my residents to extract the final tips, pearls, and nuggets that let you embark on your journey feeling calm and ready to storm the fort. There are many things about my students I will never know, and many settings in which I have not seen you. If your interviews happen to include dinners or luncheons, make sure you have some basic etiquette down. GO to these dinners, it makes a difference. Wash hands, wait to be told to start (or wait ‘till the host/hostess starts), don't gulp down alcohol even if it's offered, don't comment if alcohol isn't offered; most of you are fine and can fake it as needed. If you are at some disadvantage here, study (in this era of instant uneducated athlete millionaires there are people who do nothing but teach rudiments of meeting and meal etiquette; Google some of these for ideas, or rent a proper period-piece British movie). If you find out ahead of time there’s a meal, let the PD's office know early on if you are a vegetarian or vegan or have special dietary needs (not every place has caught on yet; the Hopkins dinner is always someplace that works for most dietary preferences but students have been dined elsewhere in steak houses or places with very limited or pre-set options.) Do a Prelim or less-interesting Radiology interview first to break the season’s ice—or, if I have gently revealed reality to you that Hopkins is not in your future, take an early interview date with us for practice. Anywhere you go TALK TO THE RESIDENTS, not just the other applicants.

Interviews drag on nearly 4 months past ERAS compilation. If any of your academic work has progressed (ie, from 'in progress' to 'submitted', 'submitted' to 'in revision', 'in revision' to 'in press') type and print a neat brief update and bring multiple copies to each program for the folders. Before
I forget, I wanted you to have this update on my publications. Or email (publication updates, newly-awarded prizes or recognition, your AOA acceptance, or your brilliant Step 2 scores), about a week before your interview—much sooner and it might be lost. Speaking of Step Two—it's a gamble; take them too early, do less well than hoped, and they automatically go to all schools; take them too late and dazzle, who cares?? Search your soul and assess your previous test trends and schedule accordingly.

Woody Allen said "Ninety five per cent of life is just showing up". Don't count on driving 3 hours at 5 AM and making it on time. Don't be surprised if the parking garage is full and you are re-routed, if there is a construction or MVC delay, if it might take you 15 or 20 minutes to navigate from Parking or taxi drop-off to the proper building in a large complex. Murphy's Law rules. Go the night before. Carry, don't check, your interview clothes (ask primo resident Doug the interview story about losing his dress shirt and having to replace it at 6 AM in a strange town). Hippocrates advised physicians to be 'well-dressed and clean in person". Most of you will translate that to "Funeral Director, Stark", which is not necessarily true-- allowing a hint of color in the blouse or tie under that understated well-cut suit, or for women discrete jewelry and flattering understated daytime make-up, are absolutely fine and may make you feel more like yourself. Test-drive your shoes before leaving home: comfortable? Hospital tours can be endless; can you walk 2 miles and 4 flights of stairs in them? Do they slip on marble, catch in concrete or cobblestone, slip off as you ascend a staircase? If they make noise on hard floors go to a shoemaker and get plastic taps, or reject them. Wear or do nothing that a person over 40 might not 'get'. No companion pets, no flip flops, no 'do-me' heels, no sparkly chandelier earrings or huge statement jewelry, no corsages, no cleavage at either end, no excessive or odd makeup, no textured or odd-colored or patterned stockings, no facial piercings, no knitting, no cursing, no adjusting (or showing) bra straps, no whale's tails, no package checks, no kilts, no grinding, no political or ethnic or religious displays on lapels, no extreme hair styles or fauxhawks, no hair colors not normally seen in humans, no Princess Beatrice fascinator hair bands, no bizarre cuts or colors. No 3-day beards, no bow ties, no jail ing pants. Shine your shoes, ditch the Reeboks. No visible tattoos, no thumb, nose, brow, or lip rings. No clothing tempting you to fiddle—if you can't leave a collar, tie pin, mustache, bangs, earring, scarf, alone, lose it. No black or bloody or glittery nail polishes, no excessively long acrylic nails suggesting you neither work nor wash (we wash our hands at least 15-20 times a day; no one soaks those glued-on babies). Don't smell of overpowering perfumes or body washes, nor cigarettes, alcohol, or worse. This ain't the time to click your tongue ring against your incisors, Hon. Nothing see-through or come-hither, no inappropriate skin shows.

Have in mind at least 5 interesting hospital or patient vignettes or stories to use in some way—a patient inspiring great affection or great distaste; ditto for a service or medical team; maybe something the SOM encouraged students to do, academically or communally, that you like. No discussions of sex, religion, politics, gun control, legalization of marijuana, same-sex marriage, Obama-care (they may ask, don't initiate it yourself) or other trigger-topics; ya never know who is really sitting across from you. Act and look ENGAGED, make eye contact, face the interviewer. Play it VERY straight, very conservative—if only to convey you understand the unwritten ground rules. Do not write with or carry anything with overt medical advertising on it. (Some academic docs are violently opposed to pharma company `freebies'; why take a chance?) Don't get into a true argument even if 'they' are wrong; be willing to gracefully concede, change the topic, or 'agree to disagree'. (If backed into a corner, “My mom/Dr Magid told me not to argue with anyone” and smile winsomely)

"He opens his mouth but the words won't come out..." EMINEM op cit

Most questions get boring the 27th time you answer them. Remember specific answers don't matter so much as demonstrating cohesive and coherent thoughts, logical approaches, mental dexterity.
and admirable English language usage. You will be sick of many questions, and startled by a few. Practice brief, crisp, professional answers to these REAL queries (kindly reported by Matchlorettes):

"Tell me about yourself" (unimaginative but ubiquitous)
"Why Rads?" (ditto—avoid the overused ‘puzzles’ approach; come up with a brief but intelligent rational which may include your visual learner/assessment proclivities, the ‘doctor’s doctor’ stance, your superb IT skills, your growing realization that we will lead medical and technical change for the next few decades—whatever is true and real but just a bit more detailed than ‘I like it’)
"What are the challenges ahead for Radiology?"
"What sets you apart from the other Hopkins applicants?"
"Why did you apply here?" (esp. if it is your 4th or 5th choice or geographically suboptimal)
"Why don’t more residents go into (Ped’s, Rads, IR, etc)?"
"What are you looking for in a program?"
"Tell me about a decision you’ve made in the last year"
"Tell me about a bad decision." (saying ‘NO weaknesses’ or ‘NEVER made a bad decision’—NO GOOD)
"Do you want to be FAMOUS?"
"If everyone at Hopkins loves you, why would you leave and come here?"
"How does your mother describe you?"
"Why didn’t you do an Away rotation here?" (Money, sick parent, registrar discouraged it, whatever)
"You look like an East/West Coast type—why are you here?” (flyover state)
"Read this radiograph" (Describe 1st, Dx 2d!!)
"Where’s Waldo?” (hanging over a book)
"Did you get interviews at (named other programs)?” ILLEGAL!! Gracefully duck (“I’m just starting the season, thrilled I got some great interviews, seems like bad luck to discuss University B at University A”)
"Is Bill Cosby guilty or innocent?"
"Who would win in a fight, Hilary or Sarah Palin?"
"I hear a rumor about Hopkins that Dr XYZ might be fired....” Duck; “I’m just a med student, that kind of gossip flies right by me.”
"I hear Dr YY at your place is gay/getting a divorce/has a glioblastoma” Duck, deny, distance self.
"Can you tell me your greatest strengths?"
"Explain a time you had to make a rapid decision and got it right/wrong”
"Give me an example of an experience that proves you can work on a team”
"What was your biggest mistake?” (Again—have a wisely-chosen example; ‘None” does not fly)
"What was your worst hospital experience?"
"Tell me a joke” (!!!)
"Describe a challenge you have surmounted"
"If you were an animal/plant/salad dressing/dinosaur/disease.... which would you be?"
"Explain that “P” in Pediatrics”.
"Why here, for one year?” (PGY 1)
"What was your one defining moment?"
"Where are we on your rank list?” (ILLEGAL!!! Be tactful and elusive)
"What seminal papers has your letter writer written?"
"Have you ever lost your temper in a clinical setting?"
"What does it take to get you angry?” or “Ever been in a fist fight?”
"Favorite organ system? Discuss imaging of that system" (Caveat: Interviewer’s subspecialty?)
"Would Johnny Cash or Elvis make a better doc?"
"Tell me three things your significant other would say he/she liked (or didn’t like) about you. ”
"If you couldn’t do XXX what would you do? Why didn’t you do (yr answer) anyway?”
"What was the last museum (theatre, movie, public park, TV show, newspaper) you saw?"
"What is your greatest weakness?" (While one very adroit Superstar student got away with saying coyly, ‘My abs’, don’t count on this working for you!)
"What was the last book you read?" (Don't let it be a comic, nor X-rated, nor Clifford the Big Red Dog unless you were home with your 4 year old last night). And be familiar with the claimed book.

And of course those great conversation-stoppers, boring yet inevitable:

"Do you have any questions for me?"

"Where do you see yourself in 5/10/15 years?"

"Describe a good/bad team you've worked with and what makes them good/bad?"

"What is your biggest weakness, or alternatively, what do you anticipate will be the hardest part of residency?"

"Why you for this program" OR "why this program for you?"

That Standardized Question approach is rising rapidly; behavior-style questions probe your innards ("What is your life motto? Your most embarrassing moment? 3 things you DON'T like about this program? What would you do if you saw a classmate doing something unethical? What stresses you?"—research this style interview).

And occasionally an Interviewer just sits there, silent, to see your reaction...try not to babble. Keep up a good front, think before filling the void with word salad.

If it is a panel or group, make eye contact with all of them as you answer, not just the one who posed the question.

Starting NOW or sooner, keep brief notes on interesting, difficult or meaningful patient encounters—you will be quizzed on them unexpectedly.

It is not unheard of for an Interviewer to ask you a clinical question, or to show you a paper, coin, or toothpick mind-teaser ("using only these 3 pennies build a model of the Spaceship Enterprise..") or ask you to solve an odd puzzle question; there is simply no way to anticipate or prepare. Should you freeze and flail, practice saying "Interviews paralyze that part of my brain"—with a warm and winning smile.

I'll bet you a sushi dinner you get asked each at least once. These questions are stultifying and yet inevitable and "Oh.. gee...um...so..." is not an acceptable option. Be prepared to be crisp and eloquent without sounding as if you pre-memorized every word. Hate these cardboard questions? Then pour your efforts into the hobbies/interest section and that Statement, and toss some conversational fodder out there! And be prepared for questions about those movies, books, music, woodworking, tomatoes, iguana farming; read the papers and Newsweek during interview season, read at least one or two interesting books (and remember the author's name), be at least vaguely aware if today's interview is also the day that city's team is in Game 3 of the playoffs, that the Pope is visiting, or that half of the city is under 7 inches of water from the hurricane 2 days ago. The whole point of great letters and great PSs are to make sure you never get to the dreaded tedious "Tell me about yourself" or "Do you have any questions?" part of the program. Make sure you have not just an interesting question or two—but maybe 6 or 8 prepared queries/ Show that you've done a little homework on the program (ie, don't ask how many residents there are; but maybe "I see the program went from 6 to 8 residents last year, what further expansion to you foresee? Any new rotations in the works?"). If someone asks, "Why are manhole covers round?" or "What are baby aardvarks called?"* you are on your own. Smile.

*farrow

THANK YOU NOTES

There appears to be wide dissention among the Hopkins faculty and DOSAs regarding thank you notes. Quick, get me a bucket; I'm drowning in queries about these. My stance on email evolves
annually. I field an AMAZING number of questions about the dread post-interview Thank-You Note: To Be or Not To Be?? And other questions. I do not believe you need to blanket each person at each program, but the targeted letters you do send must present you as carefully as that funeral director’s Men in Black ensemble you wore in person on Interview Day.

Thank you notes: it’s business and yet it’s a thank you; intrinsically conflicting formats. Aim for professional with a warm and ‘real’ tone. Remember we are looking for verbally agile people; make sure this note doesn't undo the effort you put into polishing the ERAS and your personal statement. Spell every word and each person’s name correctly. Be succinct.

**IF BY SNAIL MAIL....**

Really, that is SO 2012. **Do email.** If you must, I think a computer-written printed typed snail letter is preferable (our eyes get tired) to hand-written, IF you get some GOOD (some body and texture, some class) paper stock (not the thin white stuff from the photocopy machine) and envelopes, and add your own letterhead. Some people add their head shot, most important if for some reason the program failed to receive yours (2 applicants had that problem one year and when February Ranking and Wrap Up came due, I could not remember who they are or why I ranked them as I did ‘way back on their Dec. Interview Days). If using commercial stationery notes, the goal is: simple, classy, professional. **DO NOT** hand-write unless you have GREAT writing. No micrographia. Do not cross out or use white-out. **DO NOT** use cutesy stationery with kittens or photos of your pet iguana in a lead apron or glitter. Don't use perfumed paper. Need not be custom-printed at $4 per note. PLEASE do not make it important by using Certified Mail or Fed Ex--pompous. **VERY** rarely, a truly gifted artist or photographer has gotten away with using one's own work on such stationery but be careful!! There are faux pas lurking everywhere.

**IS EMAIL OK?**

Yes, and actually **now preferred.** Do it within 24-72 hours but do **NOT** do it from the airport waiting room 90 minutes later—timing is everything. Since some will tell you 'No thank you note at all", versus my "Note, to selected parties", email may be a more-casual bridge between the 2 extremes. Use some judgment. And refer back to my earlier comments on business email. Older, stodgier, more traditional types might wonder where your manners are; conversely, we may be reaching a point where the more email-accustomed find the snail-mail awkward or annoying. I’d say that email has overtaken snail mail, but I doubt you will find 100% consensus on this across different advisors or different subspecialties. Email is fine for our program, probably preferred (although do not read anything into it if targeted attendings don't respond). Again, if emailing, be professional and formal. Format as if it were snailmail: "Dear Dr. SoAndSo.... . Sincerely, YadaYada". Grammar counts, as does sentence structure, literacy and clarity of thought. If you aren't sure you said precisely what you meant, don't hit 'send'; let it mature, get an objective friend to proofread. Proofread 9 times; Spellcheck is not adequate—won't catch name errors, to/two/too, its/it's errors, it/if typos—but the erudite reader certainly will, with raised eyebrow. If you worry it is too long, too whiney, too heartfelt--listen to your inner censor and DO NOT hit send 'til you calm down and edit. Contain your exclamation points!!!!!!! Don't blow it now!!!!!!! (Anecdotally, one applicant forwarded this experience: "I had one Residency Director tell me specifically that he hated email correspondence b/c it could be sent without thinking or editing, whether or not you had something to say (his exact words: 'any old brainf*** that pops out'). However, the Co-Director at that same program emailed me the day after the interview. I’ll probably write a traditional letter to the first, and email my note to the second").

The huge advantage of email is the ease with which one could hit ‘Reply’ should one wish to—when I have been impressed with a candidate I answer the email, to reinforce the new relationship, which certainly is unlikely with snail mail.
DO NOT TEXT your thank you, nor FaceBook, nor Pagerbox it. Bzzzt, points off. ITZ NT GD ID. If you are wondering WDALMIC (who died and left me in charge), well, trust me on this one. OMG, these people are not your BFFs. And while mentioning current tech gadgets — to every step forward there is a potential pitfall. DO NOT comment on your Interview, nor Program opinions/comments, by Twitter, Facebook, blast, or even the allegedly anonymous Aunt Minnie Chat Room. Hello, remember us? We are the technologically-competent professionals—especially Residents on Admissions Committees—who would be delighted to discover your indiscrete outbursts ("What a drag, glad that is over"; "Everyone here needs a fashion make-over", "Wow, did every nerd in the Universe Match here?"; "What a hick town, get me outta here!").

Take some notes as soon as possible, jot down the good bad and ugly—by late winter everything is one swirling blur. If you got some sort of ethereal ‘vibe’, good or bad, take note—those inner voices can be quite accurate. Scribble down key names, key facts, pros, cons, and trivia.

Be real--don't bother w/ programs you aren't too excited about. Make a few notes within minutes or hours of finishing the interview day, to help jumpstart your sodden brain when you start to write notes ("Was that Dr. F. who was in the military ...or Dr. M? Which one asked me to email them a photo of my award-winning 217 lb pumpkin? Which one gave me that great diaper rash tip?") Mention, if possible, something unique about the conversation you had with Dr. X ("It was intriguing discussing our shared passion for Aqua Teen Hunger Force", "Thanks for the insights into life in Siberia", "I pursued the factoid we were debating and you're right-- SpongeBob does live in a pineapple; it's Patrick who lives under that rock"). LISTEN TO YOUR INNER CENSOR!! If you wonder if some comment is out-of-line, over-the-top, too much, too sycophantic, too heart-felt---oh yes, it certainly is. Stop!!! And of course there is always room for unusual circumstances (eg, as happened a couple years ago, you were robbed at gunpoint leaving that interview in the Midwest and the program knows it) find some way to allude to the incident and let them know it's behind you.

**IF IT IS TRUE**, espouse your enthusiasm and allude to your hopes- "I hope you will keep my sincere interest in mind as I intend to rank you highly"; "I was very impressed with your program and appreciate the time and interest everyone shared w/ me", "It would be an honor and pleasure to train with such outstanding residents", "I am wildly enthusiastic about Siberia and USiberia Med; please feel free to contact me with any further questions or comments ". Do not send photos of you in a new USiberia sweat suit.

**The F Word**: Wait until mid-to-late January to use the word 'first', since it means little early in the Interview Season. And you CANNOT say "rank you first" unless it's TRUE. ie, only **ONCE**. Radiology is a small world and it will haunt you if you do this to 2 programs.

**DO NOT** make it too obvious a generic form letter where just the Institutional/Interviewer name changes.
**DO NOT** use lots of exclamation points!!!! It's, like, puerile!!!!
**DO NOT** misspell, cross-out, mis-use words.
**DO NOT** fawn or grovel or ramble on; we want enthusiastic, but dignified, professionals. Don't discuss how much your children and SO need/want this job. Don't send pictures of the iguana in an O's T-shirt.
And there you have it, folks. And whether by email or snail: don't be annoying and don't stalk.

**THE FINISH LINE: LATE JANUARY**

Decide on your true first choice, and tell them. ONE. **ONE PROGRAM ONLY!!** By email, not snail or phone. And once so announced, that door is closed tight. You can't say 'One' to anyone else. Use the words "Number One", if true, because programs shrug off 'highly' or 'at the top' as being vague
and meaningless. "Having wrapped up my interviews, I wanted to take this chance to tell you how impressed I was with your program. I am ranking you number one, and would be honored to join you in 2016. I hope you will keep me strongly in mind". It is within Match Rules to tell a program 'You are my first choice'. Revisit a couple if you feel compelled, but revisits usually DO NOT nudge you up any one's lists--do it for yourself only and don't spend a fortune doing it. Talk to me and if your choice is realistic, I usually agree to write the PD and reinforce your choice. I CANNOT support you if I do not agree with your choice. I CANNOT tell one PD to take 3 of you ('Yo, my 3 favorite peeps are all lusting to Match you'). If you wait 'til too close to the Feb. closing date, any help from me may be too late. Programs are less obsessive than people; PDs finish and submit lists and then head to all the great February Rads meetings in balmy climates, never revisiting said list again.

Can't decide between Twitter U and Tweet SOM? Then you cannot say 'No.1' to either. Revert to slight vagueness: "As the season winds down I wanted to reiterate how very impressed I was with my day at Twitter U, and how highly I intend to rank you...".

**Match violations:** there are very few points of clarity in the match process but this one is clear: programs SHOULD NOT ask you how you are ranking them. They can encourage, they can tell you 'If you rank us you will get us", they can cheerlead, but they CAN NOT put you on the spot like that. REPEAT: It is within Match Rules for a program to say 'We really want you" or "If you rank us you will get us". It is NOT legal for the program to press you to tell them where they are on your list (nor can you interrogate them for same). The last few weeks of several past Matches a generous handful of Hopkins students got not only email, but phone calls, to this effect. One, called at home at 10 PM by the PD at his/her 2nd choice, got flustered and mumbled something about how highly he/she regarded the program in question, then called me panicking to ask if he/she had just 'pinky swore' (made a binding commitment) and had to change his/her Match list. Unless you are lucky enough to be called by your Number One Dream Match (in which case you may certainly say 'YesYesYes!'), you need not answer directly.

Of course, telling a PD "Hey, you are breaking a rule!" is unlikely to win you popularity contests. Have handy a verbal shield or two if said program is not your #1: "Gee, I am so thrilled, thanks--I'm not comfortable saying anything til my (wife/significant other/iguana) and I finish negotiating out a few final points". "Thank you so much, that is a real thrill", "Wow, that is so great, I loved USiberia--I just promised myself some time in a quiet corner for a day or two before committing to a final list". "Thank you, I am so flattered and thrilled--this whole Match is so confusing, but I know you will be very high on my list, gee, it just seems bad luck to discuss it before I finalize it". You get the idea--positive, appreciative, but noncommittal. And then consider forwarding this inappropriate behavior to the Dean of Student Affairs (his request, folks).

Now: make up a Match List and certify it early so in case you lapse into a coma, fall into a crevice, are grounded in Everest by blizzards, or lose access to a computer for 2 weeks, you have a list in. Yes, you can and will change it again-but do NOT wait until the final hours to certify it for the first time! Hurricanes, power failures, Web site glitches, flu bugs, food poisoning, flat tires, delayed planes, family emergencies, volcanic disruption of the Internet—all known to strike without warning. Include at least one Prelim program *not* hitched to a Residency in case catastrophe strikes and you fail to Rads-Match.

And then step away from your computer and get outta town.

**MARCH: YOU OWE ME BIG!!!**
First of all, come Match Monday, PLEASE email even if it's just "Phew, matched", or "Didn't. Send hemlock". And then you owe me MEMOIRS—an e-log of your season on the road, pointers for next year's group, advice you wish someone had shared with you, odd questions asked, travel or scheduling tips, comments received on your ERAS, program commentary. I keep all confidential,
remove identifying features, and share this de-identified and generically, not as "Suzanne told me .....".

I also run a (usually jam-packed) Radiology Interest Group **DEBRIEFING** in April where my Match survivors form an informal panel to talk to the 3rd years just entering the chutes, and to share this painfully acquired wisdom. It also protects people from getting only my no-doubt-subjective advice. Closes your Match Game, opens the next one. DO IT!!

**MY STUDENTS ROCK AND RULE**

**GO FOR IT!**

**ADVICE MAY BE WORTH JUST WHAT YOU PAID FOR IT ...**

Remember these are my opinions, mine alone, don't blame anyone else if anything offends or puzzles or annoys you. Numerical accuracy not guaranteed. I do not speak for the Department, the SOM, the American Board of Radiology, or the National Residency Match.