

Specialty-Specific Advice from Class of 2018/2019

(color-coded by specialty)

Anesthesiology:

- Take an IM sub internship as this will help for preliminary medicine year.
- Try to take the 2 week anesthesia surgical subspecialty early on in the year
- Take 4 more weeks of anesthesiology later on (like an anesthesia sub-I)
- Do 1 (maybe 2 if you're up for it) externship to get a feel for what anesthesiology residency is like; the earlier the better. Most residents have mentioned that an away is only necessary to get in the door for your dream school
- Internal medicine electives of Pulmonary, Cardiology, and Intensive Care and/or NeuroCritical Care (2-4 weeks)
- Fill in remaining schedule with your own interests
- Timmerman really wants any surgical field to take the boot camp but most anesthesia programs do not require this

Student #2

For Anesthesiology, I would recommend trying to register for anesthesia rotations first, as you have to compete with everyone in the class for anesthesia time, due to the surgery subspecialty course requirements for the entire class. I would then schedule my Sub-I next, which I would recommend Internal Medicine. I would also recommend Pulmonary Critical Care and ICU rotations. As for away rotations, they aren't necessary, but if you want to spend more time in anesthesia or really want to match at a specific program, you may consider doing an away rotation. Also, if you want to match on either of the coasts, you may want to do an away rotation in the region you wish to match.

Dermatology:

For Derm I would have the following advice:

- 1) Away rotations: 2+ away rotations are pretty standard for derm. I think two was plenty! July and August seemed like great months to do them. I was able to get letters from both that way.
- 2) Away applications: I would apply to around 6 different programs if you want 2 aways as they are tougher to come by, especially for the timing you want. (I would start looking into deadlines for applications starting in February as some of them are as soon as March and require specific background checks, letters of recommendation, etc.).
- 3) I would suggest doing a home Derm rotation (4 weeks was about perfect) before you leave for aways.

- 4) If you are trying to do any dermatology-specific research (or other research) I would try to schedule time to have this completed and submitted prior to away rotations. (If this is something you want to be able to list on your ERAS application).
- 5) I would recommend plastic surgery as a surgery subspecialty. I don't think this necessarily has to be done prior to away rotations, but it is great suturing practice that was nice to have for my one rotation where I did have a chance to show my surgical skills.
- 6) I would suggest doing the AAD Derm curriculum modules online prior to away rotations. Free on the AAD website. <https://www.aad.org/education/basic-derm-curriculum>. This gives good practice on basic dermatology material and describing lesions, etc.
- 7) I would suggest spending time during the spring to research dermatology programs. It takes a long time, but I would recommend going through every program's website that you are considering applying to. Some of them are sneaky and require standardized letters of reference or answers to specific questions instead of a personal statement. It was just nice to have this done prior to being gone for away rotations.
- 8) I would suggest the dermatology-related rotations listed on the specialty-specific list, but I don't think these need to be done prior to away rotations

Dermatology interviews are mostly December and January (later than other specialties), so I would suggest trying not to have any required electives that are more intensive like ER, IM Sub-I, or surgical subspecialties during this time. Kayla.Riswold@usd.edu

Student #2:

For Dermatology, I would recommend 2-3 away rotations. Lean towards 3+ if applicants are really hoping to get out of the Midwest or stick with 2 if they are hoping to stay in the area. It would be smart to do one away rotation earlier (May-June) to focus on getting a letter of recommendation, and then 1-2 rotations after July as then you will be rotating with the actual group of residents that will weigh in on the rank list.

ENT:

My schedule during the last year was as follows:

General Surgery Sub I

Radiation Oncology

Anesthesiology

Surg Subspecialties ENT

Surgical Research

4 week ENT rotation

ER rotation

Sub I - Mayo

Sub I - University of Iowa

If I were to go back I would try to get my away rotations done in July and August. To this point it is hard to give advice on how many away rotations to do. I think I would at least recommend 2. Previous USD graduates have recommended more, but I think this may be excessive. Liam Duffy is doing 4 so he may have a different perspective on this. I think the goal for an ENT away is to get two or so good letters of recommendation. This is easily achieved with two rotations.

I think that front-loading the schedule for ENT is important as having experience in ENT before going on an away is super useful. I think all of the physicians in ENT in South Dakota would be good to work with, however Dr. Spanos is the most well-known to other programs in the nation and doing a rotation with him specifically is beneficial.

Dr. Howard and Dr. Schleiffarth in Rapid City are both younger physicians, who trained at very good programs in ENT. They will get you good hands on experience and will be able to write personal letters of recommendation. Definitely any student who is going into ENT whether from Sioux Falls, Rapid or Yankton should contact Dr. Howard. Skye.Lawlor@usd.edu

Class of 2018:

Take advantage of the early "4th year" in pillar 3 to do away rotations - there is much less competition from other students to do rotations in April - June, and it helps you to make an impression earlier and get letters. ENT is a very small community so letters are SUPER important - everyone knows everyone. Do at a minimum 2 away rotations, and get at least one letter from a chairperson. You should also do some ENT research, which is another good use for your spring in pillar 3. Do a sub-I in surgery for sure, but know that some of the surgical faculty approved for the sub-i are ENTs, so you should request to do it with one of them. Again, the community is small so these attendings in SD may have good networking and can help you out. Some electives that are a good complement to ENT are radiation oncology, plastic surgery, neurosurgery, allergy/immunology, and radiology. Interview invitations start going out in middle-late October, interviews are mid November to mid January with a heavy concentration in the first two weeks of December. You can use Otomatch (<http://www.otomatch.com>) as a resource to see what other applicants are discussing and get an idea of when interviews will be, as well as when invitations go out. However, take this all with a grain of salt. It is sort of an ENT-specific Student Doctor Network, so there will be the occasional obnoxious or intimidating posts.

Emergency Medicine:

How many away rotations should you do?

- You need to do two away rotations. EM letters of recommendation are called SLOEs, they are specific to the specialty, and you need two of them included in your residency application. They need to be written by Program Directors and since we don't have an EM residency at USD you need to do two aways to attain them. You will want to have at least one SLOE uploaded to ERAS before September 15th when applications are sent out. So you will want to have at least one away completed a few weeks before September 15th.

When should you schedule certain rotations and sub internships?

- Since EM encompasses parts of all specialties, there aren't specific ones that you absolutely have to do before aways. Ones that I would recommend include your 3-week home EM rotation, ICU, anesthesia to practice intubations, and some sort of surgical subspecialty to practice suturing. As far as your sub-I, I'm not sure that the timing specifically matters for EM.

Are there certain electives that were especially helpful?

- I found doing the home EM elective helpful to use as a practice rotation before my aways. Doing surgical subspecialties and a general surgery sub-I was also helpful to practice suturing and procedural work. I unfortunately wasn't able to schedule anesthesia before aways, but it would have been very beneficial to practice intubating.

Other electives that are recommended prior to graduation include ophtho (since we don't get much exposure to this in med school but you will see plenty of eye complaints in the ED), ICU for practice managing critically ill patients, and dermatology (you will see plenty of kids with rashes in the ED).

General advice for away rotations.

- You aren't expected to know everything! Attendings will ask you questions until you get one wrong so that they have something they can teach you. Don't be flustered by this and think they will view it in a negative light, they enjoy teaching students and can't teach you if they don't find an area that you have room to improve.

Also, they aren't searching for med students that already know everything. They are searching for students that are eager to learn, take feedback well, and are willing to work hard without being high maintenance.

Lastly, take ownership over your patients. Check in on them frequently and know things like if their pain is improving, if their pertinent exam findings have changed, or that their labs or imaging studies are back. Fill the attending/resident in with updates on the patient's status and have a plan regarding the patient's disposition based on the new information that you have available.

I hope some of that is helpful! Feel free to cut parts out or edit them as you see fit. And if any students that are interested in EM have questions, feel free to send them my cell phone number (605-695-2536) or email address – Ryan.Jorgenson@usd.edu.

Student #2:

1) 2 aways is basically a must! July to September is the ideal time for these so that you can get your SLOE letters. Make sure to apply via VSAS as early as possible (January/February) as spots fill up quickly and are somewhat competitive.

2) Home EM rotation: if possible, try to get a home EM rotation before your aways to prep yourself for the aways (this is not a must though and it is ok if you are unable to fit a home EM rotation into your schedule at all, as long as you have 2 aways).

3) Emphasize critical care rotations such as ICU and PICU. I did an elective PICU sub-I and the faculty were awesome and I learned a ton and almost all of it was applicable to the ED.

4 Anesthesia - learn your Bag mask ventilation!!! learn your induction meds. Work on intubations and lines (including IV starts)

5 Surgery: lots of surgery rotations (surgery has a lot of critical care/acute care). I did my core sub-I in surgery. Also have done several other surgery rotations including cardiothoracic surgery. Work on suturing, critical care patient management, and get to the OR early to work on IV's/foleys/BMV/intubations

6) for your other rotations, think of all the things you will see in the ED: Dermatology, ophthalmology, orthopedics, ENT, pain management (especially if you can rotate with someone doing a lot of nerve blocks and injections), Telemedicine, etc.

As always, if anyone has any questions, they can always reach to me and I would be more than happy to give advice/help out. - alexander.brech@coyotes.usd.edu

Class of 2018:

Absolutely NEED to do 2 away rotations to get your SLOEs. 98% won't send out IVs till after Oct 11 time. THEY WILL ALL OVERBOOK (more invites than slots).

(Renita Goetz) Feel free to contact with more specific questions 6052301260 cell

Electives/scheduling: I did a home EM rotation before my aways which I found helpful. I also did PICU sub I at Sanford which was useful. Apply for aways early. You can do them back to back. I had 4 weeks in-between, and it was nice to have a slight break otherwise you are expected to be at your A game for 8 weeks straight. Both of my aways had an exam at the end, SAEM and EM shelf.

SVI: No one enjoys this. It is random behavioral questions that you read then have to respond with specific examples. Try to practice in front of the camera because it is strange not having someone ask you the questions.

Application: Have it complete by September 15. Away rotations are expecting you to ask for SLOE but have your CV and personal statement ready.

Interviews: EM interview season is later so do not freak out when your friends matching in IM already have 5 interviews, and you haven't heard anything :) I've been asked behavioral questions, and you can Google samples if you'd like to practice. Be yourself and try to think of specific questions you want to ask. Recommended number to interview at is 10-12

Family Medicine:

Interviews start early October. No away rotations needed, but not a bad idea to audition a program you're interested in. Definitely do your subinternship before interviews- it's essential to know that you want to go into the specialty and a great talking point.

Sub-internship and rural FM sites are great places to get letters from FM docs, do these early if possible.

Internal Medicine:

My advice for IM is pretty basic.

- 1) I would recommend doing one away rotation just because it was a great opportunity to experience another healthcare system. However, it is not necessary unless you are very interested in one particular program or you have lower STEP scores and need to make connections to get your foot in the door. Also, even though IM is less competitive than other specialties, if you do go on an away, it is still expected that you meet with the program director and ask for letters of recommendation.
- 2) Do your Sub-I early and try to schedule all weeks of your Sub-I during the same month so you start and end with the same group of residents.

Class of 2018:

Will start early, ESPECIALLY Midwest programs. My first interview was Oct 2 so they'll start interviewing super early

General advice: do all your interesting stuff before ERAS is due Sept 15, like if you're going to do an international rotation, etc, so you have them on your resume. IM advice: Away rotations are not necessary unless you're targeting a specific competitive program. Be sure to get a letter from Dr. Wilke, who will ask to meet with you if he hasn't before, so introduce yourself at the next opportunity. Ask one of the attendings you had during your sub-I for a letter, and your Pillar 2 IM attending of course. Interviews are oct-end of Jan -- there was even a slot open Feb 1 at one program. I got a few invites within a few days of submitting my ERAS, then they came in steadily for about 3-4 weeks. I scheduled my rotations throughout the season, then started cancelling weeks based on when I was able to schedule interviews. Use Google Flights multi-city for interview tours. Several of my MidWest interviews have paid for my hotel. Don't schedule your top choice super early in the season -- I scheduled two low-stakes interviews at the beginning as practice.

Neurology:

I am going into Neurology, so I will speak to my encounters thus far. I scheduled both an IM Sub-I and a "Neurology Sub-I" prior to ERAS application so that I could include both of those on my MSPE and transcript. The Neurology Sub-I isn't a specific course, but rather just myself scheduling a month-long clinical neurology rotation and asking for the attendings to treat me like an intern.

As for away rotations, I applied for 3 rotations (because you get the first 3 for a flat rate on VSLO) but they fell through. All-in-all, I'm told that many institutions don't take many medical students for Neurology, and this year some of the sites I applied to only took 2-3 the whole year. This is mostly to get a feel for international students, so American medical students may not get first preference. I am also told that this rarely affects how these places rank American medical students, but I have yet to go on my interview trail.

Class of 2018:

Externships are not required, but I have found them to be extremely helpful. It also gave me an advantage at the interview, in my opinion. Interviews are heavy Oct-Mid December (esp in midwest), so I would schedule something light like research or vacation. Interviews came quickly following ERAS apps being released, with more coming after the Dean's letter. SDN was helpful (and scary) to see where was sending out interviews. I found it helpful to have a less intensive interview first as a "practice" just to get the jitters out. Rotations I have found useful are NCC with Dr. Burris, a lot of general neurology (inpatient especially), neurosurgery (we receive the patients post-op or refer for surgery), palliative care, ophtho (to learn how to use your scope), and IM. Some programs require a chair letter or clerkship director letter, so I recommend getting letters from Drs. Freeman and Salem to have your bases covered. Overall, just relax and be yourself. Everyone has been super nice and welcoming on the interview trail.

Neurosurgery:

Do spend at least 4 weeks in neurosurgery in Sioux Falls OR Sioux City before doing any externships. Do at least 2 externships and if you want to be considered by programs across the country do at least one of the externships on one of the coasts. The ideal months for externships are probably July/August/September, BUT if you can get an externship in June (U of Minnesota has this), you will likely get a lot more hands on experience in the OR before the new interns arrive towards the end of the month. Do anesthesia rotation early, before your surgical rotations. Do a neurocritical care rotation with Dr. Burris at Sanford early - it will be invaluable in learning the lingo and understanding the course of some disease states common to neurosurgery everywhere. I don't believe that a sub-I in general surgery would have been advantageous and as such recommend rounding out your education with an internal med sub-I after externships are done.

OB/GYN:

Always:

Per PDs at the ACOG national meeting away rotations are not necessary or even recommended due to the difficulty of competing with home students. That being said, I did an away and I'm happy I did. We don't have a home program so applicants don't have a program to "fall back on." It also a great way to get your foot in the door at a program you're really interested in. I did my away at a pretty popular program, and I got offered an interview within hours of submitting my app. I doubt this would've happened without doing an away there. I would also recommend doing one if you're targeting a geographical region outside the Midwest.

When applying make sure you research when VSAS opens for each program or check frequently. Applying as early as possible is key. Also, don't be afraid to reach out to the coordinators. Ob/Gyn is also a little different than other specialties, because L&D rotations are often not available or fill during peak times with home students. If you don't get what you apply for ask if there's any availability for the subspecialty rotations. If you can rotate in that subspecialty beforehand that's ideal, but if not, don't worry. Faculty and residents won't expect you to be an expert in MFM or gyn onc as a beginning fourth

year. Many residents come in without much subspecialty exposure. What's most important is making sure that you'll get resident exposure on your rotation.

Aways are expensive and it could hurt your chances if you're not fully invested. Don't go if you're only motivated because you feel like you need to do one.

Most are offered beginning in July or August. Do not go during interview season (October-December). I met residents who did aways during January prior to submitting rank lists. It's an option, but I don't think it's ideal.

Rotations:

Schedule your sub-I as early as possible. Unfortunately, it's unavailable until May so depending on how many people are interested spots can fill quickly. Prioritize this during your registration. Identify who you need LoRs from and plan accordingly. Some programs require letters from department chairs. If you're not doing an away that letter would need to be from Dr. Hansen. It's certainly not necessary to rotate with a DC to get a letter, but we have that opportunity at USD, so I would recommend REI early. Schedule a mix of Ob/Gyn subspecialty rotations with more general rotations to stay well-rounded. I really enjoyed Women's Health and Healthcare for the Underserved. Peak interview times are the second half of October through December. Avoid required rotations, and schedule a mix of vacation and lighter rotations.

Other:

Attend ACOG if you have the opportunity. Update your CV regularly and ask faculty to review it. Participate in Ob/Gyn Interest Group activities and events. Research programs early, FREIDA and APGO are great resources.

Student #2

Do a sub-internship in OB early. It will help secure a LOR, prepare you for subsequent aways, and/or confirm that this truly is the specialty for you.

Consider doing a general Ob/Gyn rotation if you feel your Pillar 2 experience wasn't enough. I personally enjoyed this rotation, and it gave me a better picture of the lifestyle of Ob/Gyn because the sub-internship is primarily L&D.

Many programs require a LOR from the Department Chair - do a rotation with Dr. Hansen so he can get to know you and write a meaningful letter.

Away rotation: not totally necessary but not a bad idea. I did one and don't regret it if for no other reason than to see what an Ob/Gyn residency looks like because we don't have a program. Go somewhere you are interested in and plan to work hard and be engaged. It can be very expensive so

planning is key. Recommend applying early and trying to secure a rotation early so it doesn't get close to interview season (personal choice, I was a little stressed out doing mine close to when ERAS applications were due). Also, you can do an away rotation in a sub-specialty (i.e. gyn onc, REI, etc.), it doesn't have to be a general rotation or a sub-I/Al. Try to get an inpatient rotation though so you work with residents.

Schedule some rotations outside the field of Ob/Gyn. You have your whole life to practice within the specialty, do things that will make you more well-rounded and that you are interested in.
Examples: ethics, endocrinology, radiology, healthcare for the underserved...

Gyn-oncology is an awesome rotation (personal favorite) that give you great surgical experience and can make for a good LOR opportunity. You don't have to rotate through all the sub-specialties, you will do this during residency!

Consider research in the specialty, a case report looks good but is not necessary.

Attend the ACOG meeting - it was SUPER fun and it's in Nashville this year!
Questions? Susan.Wik@usd.edu

Student #3

I am not sure whether away rotations are necessary. I was offered one that did not work with my schedule, and therefore did not attend any. It would be nice to see an OBGyn residency firsthand, as we do not have one. As far as sub-Is, I would recommend doing it as early as possible, so that there is time to schedule away rotations throughout the summer. During the sub-I, utilize the family med residents, and try to get in on as many procedures as possible. Dr. Brockmeier was wonderful to rotate with, as she let me help with many surgeries, and was very hands-on. In clinic, she allowed me to do a lot of documentation and I saw all patients on my own. If a student would like more time with suturing, I would recommend a rotation in plastic surgery.

Class of 2018

Externships are very helpful! I'd suggest ATLEAST doing 1 at your top program- and make sure you perform well! Interviews are October-January. Ob/gyn was more competitive this year so I'd suggest applying to 40-50 programs depending on scores but there may be other opinions on this. Talk with other students about how many programs to apply to- the administration told some of us to only apply to 30 and that was not enough. Spend time during Pillar 3 doing the subspecialties (gyn onc, urogyn, REI, MFM) plus the ob/gyn sub-i on I&d along with an ob/gyn elective and NICU elective. Some of us had a great experience with this sub-i, but others hated it so its what you make it! Just be confident, ask to do things, and have a good attitude. Otherwise ENJOY PILLAR 3! Its our last chance at freedom so travel and use vacation time for VACATION! Hope this is helpful and I'm sure any of us applying ObGyn would be happy to answer any other questions you guys have.

This year, the heaviest of the interview season has been late October, November, and the first couple of weeks of December, so if you are going to take vacation or do research, I'd do it then, the flexibility for me doing research has been so nice on my interview schedule, I'd also avoid taking any requireds during this time as it's more important for you to be at your rotation during those; I've heard repeatedly on aways and during interviews that nothing you do during 4th year will make you any more prepared for your intern year, so just make it easy --> here at USD, that means front loading your schedule in the spring and summer with the above mentioned rotations and then doing the more irrelevant requireds and easy courses come October through graduation

Ophthalmology:

Here is my advice for those looking to match **Ophthalmology**:

Scheduling: schedule SD ophthalmology rotations early – you want to learn the basics of the physical exam (at least learn how to use the slit lamp and get a view of the retina with the 78D/90D lens); if you can, also learn how to use the indirect with the 20D. Being able to tech patients up (i.e. room, get a brief history, get vision, pupils, pressure, and do a quick exam) will be helpful at an away – hard to do here in South Dakota since most practices are very fast paced and will have technicians doing this while you spend time with the attending. I would recommend at least one four-week rotation in ophthalmology in SD before any aways to get the needed practice with the equipment. Can also schedule ophthalmology research either early in Pillar 3 to get a project done before applications are due, or during interview season to have a bit more flexibility with travel.

Good rotations to supplement (either fall or spring of fourth year) would be neurology, radiology, rheumatology, endocrinology, other IM disciplines, neonatology if interested in pediatric ophthalmology, ENT, and anesthesia.

Aways: At least one, since we do not have a home program. It is important to get some residency exposure since rotations here will be in private practice clinics and you want to know what to look for during interviews. You can do more than one if you are concerned about other parts of your application or are really seeking a specific program, but there is no real consensus on whether or not ophthalmology aways help or hurt your odds of matching somewhere specific

Sub-I: generally IM recommended to prepare for intern year, although I did FM since I am interested in pediatric ophthalmology

Application: you want everything in your application (including letters) completed by mid-August; programs will send out interview invites before their 'recommended due date', the earliest of which was September 1 this year, so you want at least two weeks before this time for everything to process; LORs

are from two ophthalmology attendings, and one from a Pillar 2 doc who can vouch for your character and clinical skills (although they are looking to switch to a new system of standardized letters or rec, which are currently optional at this point).

Interviews: earliest in September, peak in November, and extend to a week or so before Christmas

Student #2:

Ophthalmology - It is important to try to get an ophthalmology rotation under your belt before you do aways - some even require it. Try to get the Advanced Ophthalmology rotation scheduled for March/April/May so you're able to do a couple summer month aways. For away rotations - apply early for them because they will fill quickly. Don't underestimate how much they could require you to do for these - even away rotations are competitive now at good programs so they are NOT guaranteed. As far as number, I think one or two is good. Try to do one where you think you might be interested - this got me a letter from a program director. That being said, it isn't a guarantee to get an interview from an away. Try to do your away rotations before August if you can, especially if you want a letter. The SF Match application (CAS) should be submitted in total by mid-August (this includes all 3 letters of recommendation). It will not be processed until it is complete and you don't want to be the last person to submit. For scheduling after August, it doesn't matter what you schedule specifically. Just know that most interview invites are given out in late September/early October so you will need to have access to your computer/phone. Additionally, interview season is heavy during late October to mid-December, so schedule something you can leave, schedule research, or schedule vacation because you won't know your schedule very far in advance. After that, Match is in January for us so if you have things left over you need to get done, January until graduation is wide open. Eventually, it will change to where all programs are going to switch to categorical preliminary years so you won't have to worry about the ERAS match. However, you might still have some interviews to do after SF Match if you want to do a transition year somewhere else (though most programs will probably offer you a spot in their program).
Keegan.Mechels@usd.edu

Class of 2018:

Electives/Scheduling: For a sub-I, there's no benefit in doing a surgery sub-I for ophthalmology. Definitely schedule time at one of the private practice groups in SF. There are a lot of technical skills in Ophthalmology that you should familiarize yourself with and practice before away rotations -- eg, slit lamp and using a 90D lens, indirect with the 28D or 20D lens, staining of the cornea w/ fluorescein. If possible, also try and familiarize yourself with interpreting diagnostic testing -- Visual fields, OCT/RNFL, Topography, etc.

Application: The SF match opens up around June 1 and you should try and have all of your letters, PS, etc. uploaded by early August. Some programs don't really have "set" deadlines but they start distributing applications around the 2nd/3rd week of August and you don't want to miss out on potential early interview invitations. For LOR's, I'd start thinking about what 3 you want to use for your application and if you're doing an away, get one as a backup option in case it doesn't work out getting a letter at an away institution. For application boosts, take advantage of our unique curriculum and do something Ophthalmology-specific and meaningful that helps your application stand out -- service, research, mission, etc. Two of us did a mission trip to Vietnam with a USD alum. For research, there is an incredible amount of research opportunities at VTV in Sioux Falls so reach out to somebody there as soon as possible if interested in a research project.

AWAYS: Doing an away rotation is definitely recommended, particularly because we do not have a residency program and it can give you a feel on the academic atmosphere as opposed to the solely private practice atmosphere we have here in SF/Rapid/Yankton. It's also helpful because it enables you to get a feel on what aspects are important to you (eg, subspecialty strength/exposure, research, program size, autonomy, etc.) Moreover, if you have a "dream" program, I would recommend doing an away rotation at that institution to get yourself some familiarity with the faculty +/- program director and if possible, try and get a letter from a faculty member there. If you're doing an away rotation to try and get a letter from another institution, I'd recommend doing it in June/July so you can have the letter uploaded in time for SF match.

Interviews: Interview season can start as early as September and extend into the first two weeks of December. The majority of interview invitations occur in October and you can use the SDN forum/spreadsheet online to track programs sending them out.

Orthopedic Surgery:

Away Rotations:

1. Plan on doing 3 away rotations. The school allows us do up to 4; however, doing 4 gets long and expensive.
2. When selecting away rotations it is always good to go to a program that has former USD students. I'd also look at doing one away at a big academic center as you get great experience, you get to see what an academic center is like, and you can also get a letter of recommendation from someone well known in Orthopaedics.
3. Most people do away rotations in July, August, and September. Doing a rotation in September or October has pros and cons. Pros: You are closer to interview season and it's a good way to show off your skills. Cons: applications get sent out in the middle of September, so it makes getting a letters of recommendation hard. Take time off in between rotations if you can. I took off one week between my 1st and 2nd rotation. I did not have a break between my 2nd and 3rd rotation and it is tough.
4. Be prepared for away rotations. Anatomy is the only thing they EXPECT you to know. Netter's Concise Ortho book is a great resource as is Orthobullets.com. Always be available to residents and Attendings. Work hard, be normal, show off your skills when you get an opportunity – was complimented on suturing skills saying: "you have great hands." USD sets us up well for away rotations.

5. Plan to do an ortho rotation at USD before heading out on away rotations. It helps get you prepared.

Application/Competitiveness

1. Competitiveness is three pronged
 - a. Test and grades – Step 1 and Step 2
 - i. Recent paper in 2017 cited 89 programs use a minimum step 1 score. 83 programs require a step 1 score above 210, 80 require a step 1 score above 220, 57 require a score above 230, 22 require a score above 240. In my experience, most schools have a 235 step 1 cutoff; however, it is still achievable to match with a lower score.
 - ii. Step 2 score – make sure you improve on step 1 score. New studies coming out showing step 2 is more important than step 1
 - b. Research
 - i. Tough to get involved in research. Any research is good; however, research in orthopedics is best. Shadow orthopedic surgeons and ask for their advice.
 - c. Away rotations
 - i. Performing well on these rotations can get you into that program and also score you a great letter of recommendation.
 - d. Assess yourself
 - i. Speak with your advisor and other orthopedic surgeons. Show them your resume and ask them to be honest about your competitiveness.
2. Interviews
 - a. Most programs send interview invitations out in October and November with interviews in December and January.
 - b. Make sure you schedule rotations at USD that can allow flexibility (basically no required rotations). Joshua.Rogers@usd.edu

Class of 2018:

Do 2-3 away rotations (even though you might meet people doing 5 away, I've had residents tell me that's overkill). It's nice to do them where USD students already are but also make sure to take a look at other programs too - I wish I would have done more in a bigger university setting. Can get a letter when you're there for away rotations. 85% of ortho interviews are emailed out in November, so it's a later interview season than the others. Most people apply to a LOT of programs (I did 88). Don't be nosy of your fellow ortho applicants. I wouldn't recommend looking on SDN as you will freak yourself out. Consider applying with some preliminary surgery programs as well for a back-up since ortho is really competitive.

Plan on 2-3 aways for sure. Sub-I in ortho before away rotations with goal to gain experience in closing and the anatomy. I rotated in July, August, and September at programs with varying levels of "prestige." Away rotations are obviously important to expose yourself to programs, but also important to request letters of recommendation. Your best ortho education will happen on aways. Interview offers mostly in November. Schedule USD rotations during December and January that you foresee being flexible since this is when the majority of interviews will take place.

Competitiveness is three pronged 1) test and grades 2) research 3) away rotations. 1) Step 1 and 2 used as filters

2) Research is hard to find. Start Shadow now, ask for research opportunities after shadowing 3-4 times

3) Away rotations. Can do up to 16 weeks in fourth year. Highly suggested to do at least 2 rotations. Use away rotations to open up a region for interviews, interview in midwest and one other geographical region. If you are well prepared, can use it as an opportunity to get LOR from recognizable names. consider it a month long job interview. Do them at programs that guarantee interviews for rotators. Do them at programs that currently have USD SSOM grads.

Pediatrics:

1) How many away rotations? 0

2) Sub-internship? I am on the Rapid City campus and decided to do my peds sub-i at Sanford, this was the best decision I've made! They treated me like an intern and I got a real sense of what residency is going to be like. I would recommend doing this rotation as early as possible.

3) Other rotations that are good for peds? General Peds, Neonatology (at least 3 weeks, I only did two and regretted it). Dermatology (Try to find someone who works with kids), Allergy/Asthma, ENT, Anesthesiology (intubations and IV's).

Student #2

You don't have to do away rotations unless you have a program you are really interested in and want to see how that program runs or you have a highly competitive pediatrics residency you plan to apply to. I would do your Sub-I relatively early so if you don't do well you can put other pediatrics rotations in to buffer that score. Do a NICU rotation if you want to learn all the mathematics of pediatrics. If you do surgical sub-specialties, make them more pediatrics associated--ENT is important, I also worked with a pediatrics ortho surgeon and that was a very useful rotation to learn about club-feet and scoliosis.

Student #3

Schedule Peds Hospitalist Sub-I early in Pillar 3. If there isn't a peds specialty rotation offered (ex: GI or Pulm) or the offered rotation is too long (Cardio 4 weeks, Endo 8 weeks) you can use the "Mixed Out-Patient Clinic Experience in Pediatrics & Adolescent Medicine" rotation. It can be a flex rotation for scheduling peds specialties.

Away rotations are not necessary, but fine if you are really wanting to experience something specific. I was advised to spend that time rotating through various sub-specialties/Hospitalist/PICU/NICU at SSOM instead. Use final months of Pillar 3 to take rotations you are interested in outside of pediatrics. There will be plenty of pediatric training waiting for you in residency.

Class of 2018:

Away rotations are not necessary unless you would just like to use them as an opportunity to check out programs. Interviews come out within the first couple weeks after you submit your applications, but a few trickled in over about that first month after. A pediatric hospitalist sub-I was a great idea and experience because a lot of the interviews want to know about your inpatient experience or experience with a difficult patient. Plus you will want a letter of recommendation from a sub-I attending. Also, I feel

really prepared for residency after being able to complete one. I would schedule this for spring/early summer just so you have it done before interviews or always if you do want to do them. I also would highly recommend a couple weeks in the NICU because its a whole new world and it will be nice to have at least already been introduced to the way they do things before you get thrown in as an intern. Most programs and interviews are pretty relaxed. Research is probably not necessary, but a lot of programs talked to me about mine and seemed happy that I had done some. Most interviews started the third week of October and are done by the end of December, but a lot of programs had a couple dates at the beginning of January.

Preventative Medicine:

(Carmen Allcock) I applied to a few combined IM/Preventive just so see what would happen. I had a lot of trouble getting any advice about this because it's not a well-known specialty around here. Dr. Wilke is close, but did not do a preventive residency. I got one invite and am looking forward to what they say about the program.

Psychiatry:

For psychiatry, I was told that external rotations are not necessary, as much as other specialties. So, I simply chose to rotate in Sioux Falls since I knew that was high on my list for programs. I would definitely suggest rotating in Sioux Falls with the residents, because it definitely gives you a leg up to have those connections. So, I would not discourage external rotations, but if the student is not picky about where they're going, I think that not doing externships would be okay.

I would definitely suggest a rotation in Yankton for psychiatry, as the rotation demonstrates acute pathology well. I would suggest significant neurology experiences, including Neurosurgery. I would also suggest an internal medicine sub-internship, or at least significant experience in internal medicine, as we will be managing inpatients in residency significantly.

With regards to interview scheduling, I have had a lot of interview dates offered in October and November. So if possible, taking a few weeks of vacation during those months would be helpful. I would also possibly schedule in patient experiences during September, as interview spots fill up quickly, and you have to be on your phone a lot when offers first come out. Clinic is not as conducive to this.

Anesthesiology may be a good rotation during interview season, as you're done early in the morning. The IM sub-internship may also be a good time to schedule, as you can see patients earlier in the day if

necessary. Also the ER rotation can be a good rotation during this time as well. Any research rotations would also be good during this time.

Student #2:

My situation was a little different because I was required to do two away rotations for the military. However, if you're really interested in a specific program I would highly recommend doing an away rotation there. It's a great way to show the program things that they might not be able to fully appreciate through paper. It gives you an opportunity to show them how you work as part of a team and how much you care about your patients. It also provides a good opportunity to establish good relationships with current residents and gain a better understanding of what your life would be like at that program. If you decide to do an away rotation, I would also recommend front loading your sub-I and maybe some other psychiatry rotations so that you feel more confident when you're on your aways.

Student #3

I was somewhat "late to the party" when I decided to pursue psychiatry. Everyone at Avera Behavioral is extremely helpful and accommodating. I did not do a sub-I, but if you are looking for a well-rounded experience, I would recommend the Individual Elective in Psychiatry rotation. If you meet with Marcia, she is willing to tailor a schedule to your interests. Utilize the residents as they are also very accommodating and happy to assist students. In-patient rotations are more interesting than clinic rotations, because you get to discuss the patients and see medication management. I am not sure whether psych aways are necessary, but I would guess not.

Class of 2018:

Away rotations are not necessary. Interview invitations come right after applications are submitted in September until the end of October. For your sub-I, you can either do the traditional 4 week internship, or, if you talk with Dr. Van Gerpen, you can set up a non-traditional experience where you spend time in more than one area (i.e., adult inpatient in SF or Yankton, C&A inpatient in SF or Yankton, geriatrics, etc.) -- I scheduled a sub-I where I spent 1 week in each of the following areas: adult inpatient in SF, adult inpatient in Yankton, child & adolescent in SF, and geriatrics.

Radiation Oncology:

I only did one away rotation and I did it at Mayo Clinic in Rochester. Most students do 2-4 away rotations. Radiation oncology is a very small community. Radiation Oncologists know each other all over the world. Connections are key. If you are interested in Rad Onc you have to do a rotation with and get a letter from Dr. Petereit in Rapid City. He is very well known. Getting letter of rec on away rotations from the department's chair is also important since we do not have a radiation oncology program. Rad Onc is a research driven field and you should do some type of research. It does not have to be Rad Onc or even oncology research. Publications are best but not necessary.

Radiology:

I would say a rotation in radiology is necessary to secure a LOR, but I've also met applicants that applied without a radiology LOR who seem to be doing fine. Thus, I wouldn't say any rotations are absolutely necessary in Pillar 3. Every PD is quite aware radiology exposure is minimal in medical school. Away rotations are a waste for DR (sitting in the corner of a dark room fighting sleep for 4 weeks) but a must for IR/DR. So if you are interested in IR, I'd recommend 2-3 aways. IR folks should also do a general surgery sub-I (and apply for general surgery prelim programs), whereas DR applicants can do whatever sub-I interests them most. Interviews span from Oct to Feb depending on location (Midwest Oct-Dec, East Coast/Chicago Nov-Jan, California Dec-Feb). Prelims/TYs seem to mostly be from November to January. Try to schedule as many flexible rotations as possible during these months (research, anatomy, online courses).

Surgery:

For general surgery, I did two away rotations. I would suggest three if your scores are not as competitive. We are personable and hard working in South Dakota and I think that the away rotations I have been at have recognized that so far. Aways are a decent chance to counter some of that first impression on paper.

I liked having my aways just before residency applications were due, so I could have my LOR. However, some locations have the policy that they will not interview before interview season, period. Pushing the away back may have saved me a trip.

Definitely do your local Sub-I in surgery before doing aways.

I liked having my ER rotation before my Sub-I's, so I could better recognize the presentation of many surgical cases.

Class of 2018:

I didn't apply for gen surg but did prelim programs as a back-up and the prelim programs are considered under "gen surg" on ERAS. You'll just select the program and it'll drop down if they have a preliminary program or strictly categorical spots. Some prelim programs won't require you to travel for interviews and will instead do skype interviews (University of Washington) or will just rank you based on how strong of an applicant you are (Mayo).

For away rotations: a lot of small or community based programs don't use VSAS, instead you just apply directly from their website or by getting in touch with the residency or clerkship coordinator; the sooner you apply the better (I applied in late February); it's nice to do a June rotation before the next intern class starts, the interns at the end of their first year are more comfortable, better teachers, and will let you do more

Urology:

I have a few specialty-specific instructions for urology:

- Plan on completing three away rotations prior to September 15th. Letters of Recommendation are the undisputed most important part of a urology residency application. Since USD does not have a home institution, you should plan on doing three aways to secure three LORs.
- It's probably a good idea to get your surgery sub-i done early in the year
- stack the courses that you will want on your application early in the year, what you do after September will have little importance to your application
- on that note, you may want to take some research time early on to have time to get some work published
- keep in mind that the number of courses you do under surgery is limited so be frugal when planning
- you might consider putting some of the required courses that are not pertinent to your application towards the fall/winter. Just be mindful to stay away from interview season for required courses that might not let you leave for an interview

Some recommended elective courses for urology: nephrology, oncology, radiology, pathology

Additionally, I am happy to meet with any students who may be considering urology, please feel free to give them my contact information. Matthew.D.Larson@usd.edu