

General Psychiatry Residency Application Process Guidelines

This document is the product of an American Association of Directors of Psychiatric Residency Training (AADPRT) initiative with regard to the residency application process. The goal is to provide guidance regarding, and suggestions to improve, the application process to applicants, Training Directors, Directors of Medical Student Education, Program Coordinators, and others closely involved in the residency application process. Through this community, it is hoped that the qualities that are consistent with the ideals of our profession: fairness, justice, authenticity, humility, and honesty, are promoted in a fashion that creates the best opportunity for applicants to find a program that fits their particular interests and for residencies to have qualified applicants join their programs. While nonbinding, the intent of these recommendations is to promote transparency and the betterment of our field.

We hope that this information will be broadly distributed: to applicants, to AADPRT members, to medical school offices of student affairs and to ERAS (our partner in the application process) through CareerMD which is a part of ERAS available to medical students as a guide to selecting training programs. This guideline has been reviewed and endorsed by NRMP, ADMSEP, APA Council on Medical Education and Lifelong Learning, and resident representatives of APA.

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Initial application to general psychiatry residency programs

The application process begins with the completion of a formal application through the Electronic Residency Application Service (ERAS: <http://www.aamc.org/students/eras/>). ERAS allows the applicant to efficiently transmit all necessary information and documentation to programs. Applicants should be aware that the ERAS application is a legal document and programs take all information on applications seriously. Falsification of any information on the application may be grounds for immediate disqualification and reporting to ERAS. Programs are encouraged to report any irregularities on an application to ERAS Investigates (erasinvestigations@aamc.org). If substantiated, this information will be forwarded to all programs that an individual has applied to.

There are a number of elements that psychiatry program directors and residency admission committee members consider in an applicant to their program. The following list reflects the order of priorities for many programs, but applicants should be aware that there may be differences between programs.

1. **Medical School Performance** – By and large the most important dimension for consideration by programs is how the applicant has performed in medical school. What was their overall performance? Where do they stand in relationship to their peers at their own medical school?

Was there evidence of a positive trajectory over time in medical school performance, particularly in regard to the applicant's performance on clerkships as compared to the first two years in classroom activities? How did the applicant perform in the core psychiatry clerkship or any subsequent subspecialty psychiatry clerkships such as child and adolescent psychiatry or consultation liaison? These issues are generally summarized in the Medical Student Performance Evaluation ("Dean's Letter") and applicants should be aware of the contents of their letter.

2. The Personal Statement - The personal statement of the applicant is also an important component. It provides an opportunity for the applicant to let the program know about him/her as an individual, to define what is important to her/him, and to communicate information about unique personal experiences that might make him/her an attractive candidate. Residency programs especially look to understand the motivation, interests, future career ideas, and perspective of the applicant. The personal statement also provides information about the applicant's writing skills. In addition to the content, training directors look for personal statements that are well organized and written, with attention to details such as spelling and grammar. It is a good idea to have colleagues and faculty advisors review them before they are sent. The personal statement is expected to be the applicant's own work. Borrowing (or using) material written by someone else without proper attribution as part or all of one's personal statement is unprofessional and may be grounds for immediate disqualification.

3. Letters of Recommendation (LOR) - Letters of recommendation are best when written by faculty members who have direct knowledge of the applicant's performance in medical school. There is no right number of letters of recommendation, but three or four letters in addition to the Dean's Letter (MSPE) are usually sufficient. Programs may have specific requirements so it is always a good idea to check with each program for application procedures. Some programs may expect a certain number from psychiatrists, a letter from the Chair, etc. while others will not have specific requirements. In general, at least one letter should speak to the applicant's performance in a clinical psychiatry rotation. It is recommended that applicants ask and confirm that faculty members can write a supportive and knowledgeable letter. Training directors generally place more value on a highly enthusiastic letter from a faculty member who knows the applicant well than a more generic letter from a nationally or internationally renowned faculty member less familiar with and enthusiastic about the applicant's work. Training directors discourage "ghost writing" of LOR (i.e. having others, including the applicant, write and then faculty sign the letter) and give greater value to letters in which applicants have waived their right to see the letter.

4. USMLE Scores – While required for all applications, USMLE scores are generally integrated with other application materials and, for most programs, are not seen as stand-alone, "make or break" factors. To be clear applicants are advised to ask if programs have cutoff scores for offering interviews. In general, scores are especially noted by programs if they are outstanding or demonstrate particular difficulty passing examinations. It is also important that there is timely completion of the USMLE as some programs require completion of Step One and Step Two before entry into residency training, even if the applicant's medical school does not. If this is not accomplished by the time of the interview it may compromise the applicant's chances.

Applicants should be prepared to discuss any difficulties they may have had in passing these exams.

5. **Other Activities** - Research, volunteer activities, work, community service, leadership, teaching, and life experiences, particularly related to psychiatry and mental health care systems, are important and are considered as well. Training directors will especially be interested in activities that involve substantial and sustained investment of an applicant's time and energies.

Take home points:

1. **The ERAS application is a crucial document and should be approached with the same degree of seriousness as any other legal record.**
2. **Programs look at the totality of an individual's application, taking into account the MSPE, personal statement, LORs, USMLE scores, and other activities to decide whether to take the next step and offer an interview.**

Invitations for Interviews – Applicants should confirm that programs have received a completed application. Based on the above information received, programs decide who will be offered an interview and will contact applicants to invite them for an interview. Some programs wait until the Medical Student Performance Evaluation (MSPE, or Dean's letter) is released on November 1 before inviting any applicants for interviews, while others may begin sending interview invitations as early as September. Applicants can expect to hear from programs in a timely manner, given individual programs' practices regarding the timing of interview invitations. If an applicant has not heard from a program within one month after a completed application (including the MSPE) is received, they should contact the program coordinator to check on the status of their application. Although applicants can expect timely responses to questions (including whether they are offered an interview), because of the large number of applications to many programs, applicants should understand that little or no feedback about their application will be provided.

Programs generally have limited, but some, flexibility in the timing of interviews. However, once an interview is scheduled applicants should make every effort to keep that appointment. Interviews should be rescheduled only under unusual circumstances and programs should be given a minimum of 2 weeks notice so that other applicants can be accommodated. Short notice cancellations (i.e. a few days or less) unfortunately occur commonly, especially at the end of the interview season. Short notice cancellations, unless for an emergency, not only are considered unprofessional but may deprive another applicant of an interview opportunity. Programs are encouraged to report short notice cancellations to ERAS and, if substantiated, this information will be made available to all program directors immediately on the ERAS Program Directors Work Station. Further, medical schools may be notified by ERAS of an applicant's short notice cancellation.

Take home points:

1. **Programs can be expected to respond to an application in a timely manner; if an applicant has not heard from a program within 1 month of the time a completed application was received then the applicant should contact the program to request a response.**

2. **If an interview is scheduled, applicants should make every effort to keep the appointment.**
3. **If necessary to change or cancel, the applicant should provide 2 weeks advanced notice to the program. Failure to do so may result in reporting of the applicant to ERAS and their medical school.**

The Interview. Interviews are the final critical source of information for applicants and programs. They provide the applicant an opportunity to explore whether a particular program is a good fit, if the goals and styles of teaching are compatible with their own, and whether the community suits the applicant's interests. Applicants have the opportunity to meet the program director, faculty, and residents in training. Having alone time with current residents in a program is quite helpful and should be a part of the interview day. While training directors understand that applicants want answers to questions about practicalities e.g. leave, call, home call, parking, cost of living, perks (PDAS, education stipend) applicants should ask about this in a way that conveys a primary interest in the training and educational experience. After an interview it is often helpful to discuss impressions with close friends, colleagues, and faculty mentors. Reciprocally, the applicant's visit provides an opportunity for the program faculty and residents to meet the applicant and consider his/her fit in the program. Applicants should be aware that programs will try to gather as much data as possible to make their decisions and will take into account not only information gained during the interviews but also before and after. This includes less formal interactions (e.g. at dinner or lunch) as well as how the applicant interacts with support staff. Alcohol may be offered at some events (e.g. dinner) and the wise applicant will appreciate that at all times professionalism should be valued and alcohol use minimal if at all.

An applicant's appearance and dress are also relevant. While psychiatry tends to value individuality and creativity, dress should be professional and convey a respectful serious-mindedness about being a physician and the interview process. While programs do not go out of their way to find out about applicants, postings on social networking sites such as Facebook may come to the program's attention.

The interview is also an opportunity for an applicant to convey her/his interest and noteworthy experiences relevant to their functioning as a resident, including participation in research, prior work experience, and volunteer activities. Importantly, the visit is also an opportunity to ask questions about the program and to communicate what she/he hopes to bring to a program. While desiring information about other residency programs is understandable, applicants should not ask about other programs. Similarly opinions or comments, especially negative ones, from program faculty about programs other than their own are equally discouraged. The interview also affords the chance to clarify any past performance problems and stressful life circumstances that might have influenced the applicant's medical school performance.

Take home points:

1. **Interviews are an opportunity for programs and applicants to learn more about each other**
2. **Interviews should be looked on as an important professional event**

- 3. Applicants should keep in mind that programs will consider extra-interview factors, such as appearance and comporment at informal events (e.g. dinner, lunch).**

The Match

The National Resident Matching Program oversees the Match process in psychiatry residency. While NRMP has a long contract (http://www.nrmp.org/res_match/policies/map_main.html) for both applicants and programs, there are a few issues that have been the source of difficulty and bear emphasizing.

1. At this time, the Match is required for all senior U.S. allopathic medical students applying for a PGY1 position in psychiatry. International medical graduates, osteopathic students, and graduates of U.S. allopathic medical schools who graduated before July 1 of the year prior to the Match who are applying for a PGY1 position, may participate in the Match, but are not required to do so.
2. Applicants and programs participating in the National Residency Matching Program may express interest in each other, but cannot establish a contract or expectation of a contract any time prior to the Match. Programs may choose to communicate how they will rank a candidate but cannot ask applicants how they plan to rank their institution. Further, programs may not pressure an applicant into making a decision or declaration. The term “pressure” may be ambiguous but programs may not ask applicants how or whether they plan to rank the program. Applicants should feel under no obligation to communicate to programs whether or where they will rank specific programs. By the same token applicants should not “voluntarily” provide misleading communications about where they plan on ranking specific programs.
3. After an applicant has visited a program there can be ongoing communication between the applicant and the residency program director, as well as with other relevant faculty and residents. This process can extend the learning experience about a program for an applicant further informing the applicant and program. To reiterate, applicants and programs can express their interest in one another, but cannot violate NRMP rules by creating a sense of obligation or any other form of pressure on each other.
4. For applicants who are offered positions outside the Match, programs should not pressure applicants into accepting a position. It is suggested that applicants be given a minimum of 2 weeks to accept or reject an offer.