



THE UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE

2026-2027 Residency Process Book



IMPORTANT:

Communication During Residency Application Process

Throughout the residency application process, it is imperative that applicants be responsive to communications with their Career Advisors, Specialty Advisors, Letter of Recommendation writers, and Pritzker faculty and staff. This process is fluid and often complex, and failure to be appropriately responsive can have a negative impact on application outcomes.

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General Advising Calendar (dates subject to change)

February-March 2026	First Meeting with Career Advisor <ul style="list-style-type: none">Individual 30-60-minute meeting with your Career Advisor to discuss specialty choice and fourth year schedule
March-July 2026	MSPE Meeting & Advisor Meetings (Specialty & Career) <ul style="list-style-type: none">Schedule your Medical School Performance Evaluation (MSPE) meeting with Dr. FrommeContinue to meet with your Career Advisor to finalize specialty choice and develop an application strategyMeet with your Specialty Advisor to discuss program selectionWork on your personal statement and CVAsk for LoRs
April-August 2026	Personal Statement Check-In with Career Advisor <ul style="list-style-type: none">Review and finalize your personal statement with your Career Advisor's input (can be done over email)
May 12, 2026 5pm	MS4 Class Meeting #1: Residency Application Overview <ul style="list-style-type: none">Review the timeline for the residency application processLearn details and strategy for assembling your application
May 18, 2026	Optional Workshop: Optimizing Your Personal Statement Also being held Tuesday, June 9 at 5:00 pm
June 11, 2026 5 pm	MS4 Class Meeting #2: Building a Program List for Residency Application <ul style="list-style-type: none">Learn the considerations, strategy, and logistics to know about crafting a program list that fits your application
July 1, 2026	Deadline to take Step 2 CK
August-September 2026	Program List Meeting with Career Advisor <ul style="list-style-type: none">Schedule a 30-minute meeting with your Career Advisor to review your program list for depth and breadthPractice interview strategies and conduct a mock interview
September 14, 2026 5 pm	MS4 Class Meeting #3: Interviewing for Residency <ul style="list-style-type: none">Learn tips from UCM Program Directors on how to interview successfully
September 23, 2026	Submit your ERAS application by 8 am CDT <ul style="list-style-type: none">Submitting comfortably ahead of this time is strongly recommended
January-February 2027	Rank List Meeting with Career Advisor <ul style="list-style-type: none">Schedule a 30-minute meeting with your Career Advisor to discuss strategies for finalizing your rank list
January 19, 2026 5 pm	MS4 Class Meeting #4: Preparing Your Rank List <ul style="list-style-type: none">Learn how to enter your rank list and strategies for finalizing it
February 17, 2027	Submit your NRMP Rank List by 8 pm CST <ul style="list-style-type: none">Recommended; NRMP deadline is in late February/early March
March 19, 2027 10 am	Match Day!

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Web Resources

Career Resources

Careers in Medicine
www.aamc.org/cim

FREIDA

www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

Visiting Student Learning Opportunities (VSLO)

www.aamc.org/vslo

Step Exam Websites

USMLE (United States Medical Licensing Exam)

www.usmle.org

NBME (National Board of Medical Examiners)

www.nbme.org

Match & Residency Application

NRMP (National Residency Matching Program)

www.nrmp.org

ERAS (Electronic Residency Application Service)

www.aamc.org/eras

AUA (American Urological Association)

www.auanet.org

ResidencyCAS (OB-GYN and Emergency Medicine)

www.residencycas.com

Residency Explorer Tool

www.residencyexplorer.org

San Francisco Match (Ophthalmology)

www.sfmatch.org

Military Match

www.med.navy.mil/

www.airforcemedicine.af.mil

Glossary of Terms

Advanced (PGY-2) Residency Positions: An “advanced” or PGY-2 position does not commence until 1-2 years after the match and requires completion of one or more years of preliminary training. The following specialties offer advanced positions (some of these may also have programs that offer categorical positions): anesthesiology, dermatology, neurology, ophthalmology, PM&R, radiation oncology, and radiology. Programs in neurosurgery, orthopaedic surgery, plastic surgery, and urology are advanced programs that “bundle” in a preliminary year in general surgery and do not generally require a separate preliminary application process.

Career Advisor: One of eight faculty members assigned by the Pritzker School of Medicine to assist you in the application process. A Career Advisor provides counseling and feedback in the career selection and implementation process, navigation of the match process, and review of application materials, including the personal statement and ERAS application. Career Advisors offer guidance on the overall application process and strategy.

Categorical Residency Positions: A “categorical” position is one that offers full residency training required for board certification in that specialty. You do not need a preliminary year for these programs.

Couples Match: The NRMP Couples Match allows two residency applicants to link their Rank Order Lists for the purpose of obtaining residency positions in the same geographic location. See page 18 for more.

Early Match: Ophthalmology, urology, and all residency programs run by the military are early match programs, occurring before the NRMP Match. Applicants in ophthalmology apply and match through the San Francisco Match (www.sfmatch.org), while applicants in urology apply via ERAS and match via the American Urological Association (www.auanet.org). Ophthalmology applications are due in late August and urology applications in September. Rank lists are submitted in January/February, and match results are typically released in February. Military match results are released in December.

ERAS (Electronic Residency Application Service): ERAS is a service that transmits applications, letters of recommendation, Medical Student Performance Evaluation (MSPE) letters, medical school transcripts, USMLE transcripts, and other supporting documents from you and your designated dean’s office to residency program directors via the internet. ERAS opens in June, application submission begins the first Wednesday in September, and ERAS begins transmitting applications to programs in late September.

LoRs (Letters of Recommendation): Anywhere between 3-6 LoRs are necessary for an application to residency, depending on the program and number of specialties to which a student applies. Applicants should ask for LoRs no later than six weeks in advance of submitting their application, and they should ask a physician with a good sense of their clinical ability, clinical performance, and personal interests.

Match Day: Match Day is held on Friday of the third week in March. All U.S. seniors open their match envelopes and receive results via email from the NRMP at 12:00 pm EST (11:00 am in Chicago) to find out into which residency program they have matched.

MSPE (Medical Student Performance Evaluation): A letter of evaluation (not recommendation) that describes a student’s performance in medical school. The MSPE includes an assessment of both the student’s academic performance and professional attributes. It is released to residency programs in late September.

MSPE Director: The MSPE Director is responsible for meeting with all fourth-year medical students, overseeing the construction of each student’s MSPE, and reviewing the MSPE with the student.

MSPE Survey: Rising fourth-year students complete this online survey in the spring of their clerkship year. The survey helps students prepare for the initial meeting with the MSPE Director, which is held sometime between March-July. Some of the information provided by the student feeds directly into the MSPE. Other information (e.g., specialty selection, letter of recommendation writers’ names) is used to help the career advising team best advise students throughout the application process.

NRMP (National Resident Matching Program): The NRMP (www.nrmp.org) conducts a residency match that is designed to optimize the rank ordered choices of students and program directors. On Friday of the third week of March (Match Day), the results of the match are announced. With the exception of early match programs, all residency programs use the NRMP. The applicant standard registration deadline is the end of January, and the Rank Order List deadline is the end of February/early March.

The NRMP is not the same as ERAS. Applicants use ERAS (or another application service) to submit residency applications; applicants use the NRMP to submit their rank lists.

PGY: Post-graduate year. PGY-1 is an intern position; PGY-2 or higher is a resident position.

Preliminary Residency Positions (PGY-1): A “preliminary”, or PGY-1, position offers only 1-2 years of training prior to entry into advanced specialty programs. Many internal medicine and surgery programs offer preliminary positions in addition to categorical positions. Transitional year programs are also considered preliminary programs.

Program Signals: Program signals are sent through the ERAS, SF Match, and ResidencyCAS applications as a means of indicating your sincere interest to specific programs. Not all specialties and programs utilize signaling, and the number of signals allowed varies by specialty. Urology applicants signal through a specific AUA platform. See page 16 for more information (+ the updated Pritzker Program Signaling Guide when it is released in the summer).

Rank Order List (ROL): Rank order lists are the lists of programs in order of preference submitted by applicants to the NRMP before the deadline (last week of February/Early March). All programs at which you interview may be included on your ROL. Matched applicants consistently have longer ROLs than unmatched applicants. In 2024, the average number of ranked programs for matched U.S. MD seniors was 13.95.

ResidencyCAS: The ResidencyCAS application is a platform that transmits applications and supporting documents for students applying in obstetrics and gynecology and emergency medicine. The timing of the ResidencyCAS application aligns with the ERAS application. ResidencyCAS applicants still match through the NRMP.

SLOE (Standardized Letter of Evaluation): Some specialties, like emergency medicine and plastic and reconstructive surgery require a SLOE from an applicant’s home institution. SLOEs are submitted in your application (ERAS, SF Match, etc.). Check with your Specialty Advisor to see if this applies to you and who writes the SLOE.

SOAP (Supplemental Offer and Acceptance Program): The SOAP is a program administered by the NRMP that begins on the Monday of Match Week. Through the SOAP, students who have not matched to a residency program can submit additional applications through ERAS & ResidencyCAS in an effort to obtain a residency position before Match Day.

Specialty Advisor: A faculty member from the specialty to which you will apply. You choose this person based on the recommendations of the department and your own familiarity with the faculty member. This advisor provides “specialty care” in the match process, including constructing a list of programs, away rotation advice, identifying letter of recommendation writers, and reviewing rank lists for breadth and depth.

Transitional Residency Positions: A “transitional year” position (or “TY”) is an alternative to a preliminary year. It offers a mosaic of experiences in surgery, medicine, pediatrics, and more, and is for people who want broader exposure to clinical issues. It may be a good option for those seeking specialties that support other disciplines, like radiology or anesthesia.

VSLO (Visiting Student Learning Opportunities): VSLO is an AAMC service that helps streamline the process of applying for away rotations. Through VSLO, students are able to submit one single application for an away rotation. Check the VSLO website (<https://www.aamc.org/vslo>) to find a list of participating institutions. VSLO also provides a centralized location for managing offers and tracking decisions.

Honors & Awards

The Honors and Awards Committee, consisting of selected faculty, course directors, and clerkship directors, is appointed by the Dean for Medical Education. The committee, chaired by a faculty member appointed by the Dean for Medical Education, is charged with determining selection of students for Graduation with Honors and designation of specific awards at graduation.

Graduation with Honors

Determination of Graduation with Honors is at the discretion of the Honors and Awards Committee using a holistic review process. Generally, only 10% of the graduating class receives the “Graduation with Honors” designation.

A student may receive a designation of Graduation with Honors on the diploma if so designated by the Honors and Awards Committee. In order to qualify for Graduation with Honors, students must have:

1. Demonstrated academic excellence during their years at the University of Chicago Pritzker School of Medicine.
2. Demonstrated outstanding professionalism during their years at the University of Chicago Pritzker School of Medicine.
3. Performed significant research while enrolled as a student in the medical school. Ordinarily, such research will have led to either publication of results in scientific journals, presentation of the research project at professional meetings, or presentation at the Senior Scientific Session in May of fourth year.

Other Graduation Awards

The Pritzker School of Medicine awards several specific named awards to graduating students, as well as several departmental awards. Each award has specific criteria. Such designations are decided by the Honors & Awards Committee, with consultation from the departmental chair or representative, when appropriate.

Departmental representatives may also designate awards to members of the graduating class who demonstrated outstanding proficiency in their respective departments/sections.

Alpha Omega Alpha

The University of Chicago is home to the Illinois Beta Chapter of Alpha Omega Alpha (ΑΩΑ), the national medical honor society. Election to the chapter occurs at the beginning of Pritzker students’ fourth year and is guided by the regulations for election as set out in the ΑΩΑ constitution.

The selection of ΑΩΑ inductees is based on a holistic review, which is aligned with the holistic review our Admissions Committee uses when evaluating prospective students and with the mission statement of the Pritzker School of Medicine.

This includes:

1. Academic performance during clerkship rotations
2. Participation and achievements in research/scholarship
3. Leadership, volunteerism, and institutional service as reported in the Student Management System and on students’ CVs
4. Peer assessment as determined by an anonymous, end-of-academic year survey of MS3s (the peer assessment score given to students who take time off will come from the cohort with whom they completed the MS3 year)

A committee of staff members uses the holistic review process to identify the top third of the class. From this group, up to 20% of the class is then selected for membership in ΑΩΑ by a faculty Selection Committee appointed by the Dean for Medical Education. The ΑΩΑ constitution calls on the Committee to consider not only scholastic achievement but also capacity for leadership, professionalism, a strong sense of ethics, and a commitment to service in the school and community, along with outstanding achievement in research.

Gold Humanism Honor Society

The Pritzker School of Medicine maintains a Gold Humanism Honor Society (GHHS) chapter to recognize students for their humanistic attributes. The GHHS seeks to recognize medical students who have demonstrated exemplary attitudes and behaviors characteristic of the most humanistic physicians. The election process is based upon the recommendations of third-year peers of the Pritzker School of Medicine and from the GHHS Selection Committee deliberations. The Selection Committee is composed of a broad array of individuals who interact with students in a variety of settings, including clerkship administrators, faculty, and medical school staff.

Requirements for Graduation

Assignment of Credit Units in the Fourth Year

The fourth-year experience at the Pritzker School of Medicine is intended to consolidate the knowledge, skills, and habits that students will need to be successful residents and practicing physicians; it consists of both required and elective experiences. Students must complete a minimum of **1000** units of work over the course of the year.

Units for standing courses and clinical experiences are assigned by a committee (Associate Dean for Undergraduate Medical Education, Pritzker Registrar, and the Director of Medical School Education) and are reviewed and approved by the Curriculum & Educational Policy Committee (CEPC). All new elective proposals are reviewed in detail by the CEPC and are assigned credit units by that committee.

Minimum required experiences for Academic Year 2026-2027 include:

- Total Clinical Experiences (450 units)*
 - Subinternship at UCM/Endeavor (100 units)
 - Emergency Medicine at UCM/Endeavor (100 units)
 - Additional Clinical Experiences (250 units)

- Scholarship & Discovery (100 units, maximum 300 units)
- Scientific Basis of Medical Practice - “Science Selectives” (50 units)
- Transition to Residency Course (100 units)
- Senior Scientific Session (100 units)
- Elective Coursework (sufficient to get to 1000 units)**

*A minimum of 50 units of the Total Clinical Experiences must be in a critical care setting either as a critical care sub-internship or elective. Additional Clinical Experiences may include clinical rotations at UCM/Endeavor (no upper limit) or away rotations (maximum 300 units total, maximum of 200 in one specialty).

**Elective Coursework may include non-clinical elective offerings or approved mentored independent study.

Determination of Units for Away Rotations

Students in Pritzker’s rising fourth-year class will be eligible to receive credit toward graduation for up to two away rotations in their chosen specialty. Students interested in pursuing additional (beyond two) away rotations should consult with their Career Advisor or Dr. Woodruff. Additional rotations may be permissible but will not receive credit. Students work with their Career Advisors to choose an off-site rotation that will enhance their career and learning goals. They fill out the **Off-Campus Rotation Application** ([on our website](#)) that includes a detailed description of the off-site rotation, including learning goals, assessment methods, time commitment, and responsibilities. The form is signed by the student’s Career Advisor. A committee consisting of the Associate Dean for Undergraduate Medical Education, the Pritzker Registrar, and the Director of Medical School Education assign credit units based on comparable courses or clerkships at Pritzker. Sometimes additional information is required from the student or the school in order to assign appropriate units. If a student believes that the unit assignment is not appropriate, the student has the opportunity to ask for additional review and to provide additional information and details about the proposed experience.

Determination of Units for Independent Study Electives

Students may work with faculty members to create independent study electives for research or clinical experiences. Students fill out an online [Independent Study Form](#) that is signed by the faculty member with whom they will be working. This form requires a detailed description of the proposed experience, including learning goals, time commitment, and evaluation methods. Credit units are assigned in a manner parallel to that for away rotations.

Specific Requirements for Graduation

- Successfully complete all coursework, as determined by the course/clerkship directors and the Committee on Academic Promotions.
- Demonstrate professionalism and ethical conduct in all personal and professional actions and interactions, as determined by departments, medical school administration, and the Committee on Academic Promotions.
- Complete fourteen (14) quarters of full-time enrollment and full tuition payment.
- Register for and receive a passing score for the United States Medical Licensing Examination (USMLE) Steps 1 and 2 CK. Students are responsible for meeting NBME deadlines.
 - Step 1 must be taken and passed before students are permitted to begin Phase 2 of the curriculum.
 - Step 2 CK should be taken by **July 1** of the fourth year.
 - Students will not receive the MD degree from the Pritzker School of Medicine if these exams are not completed as required.
 - If a student fails the Step 1 exam, they will be required to take a year off between Phase 1 and Phase 2 of the curriculum in order to remediate the exam.
- Complete all core course requirements by **April 30** of the fourth year.
- Complete all course evaluations following each course, clerkship, and elective.
- Discharge all financial obligations to the University at least four weeks prior to the June Convocation date.
- Apply to graduate no later than the first week of the quarter in which the degree is expected (Spring Quarter of fourth year).

Upon successful completion of the curriculum of the Pritzker School of Medicine, the student is recommended to the Board of Trustees of the University of Chicago for the degree of Doctor of Medicine.

Scheduling Fourth Year

to accommodate residency interviews

Basic Principles

- Students are expected to engage fully in all educational experiences as outlined in the Attendance and Participation Policy. Special consideration should be given to scheduling, as additional days for interviews/travel and program visits will not routinely be granted.
- Keep some combination of October, November, early December, and January open from full-time clinical responsibilities (e.g. no class/clinical responsibilities), if at all possible, for interviews. Some specialties, including anesthesiology, emergency medicine, family medicine, internal medicine, OB-GYN, pediatrics, and psychiatry start interviews in October. Most surgical specialties start interviews in November or December. Consult the specialty sections (pages 66-136) for further guidance.
- Consider placing Scholarship and Discovery research or independent study in November-January for added flexibility.
- Peer educator opportunities are often more flexible and compatible with application and interview-related activities, so consider those in fall and early winter as well. These are not credited opportunities but are valuable learning opportunities and pay a stipend.
- If applying in “early” match (military, ophthalmology, and urology), keep September–December flexible.
- If applying to dermatology, neurosurgery, orthopaedic surgery, or emergency medicine, plan to keep November-February flexible.
- Incorporate studying for and taking Step 2 CK into your schedules. Refer to page 10 for guidance on timing of your Step 2 exam.
- Use the fourth year efficiently, especially time after Match Day, to complete graduation requirements.
- Students must register for at least 100 units of credit each quarter to maintain their registration. Contact Michael McGinty (mmcginty@uchicagomedicine.org) if you have concerns regarding your registration.

Specifics

- The Emergency Medicine rotation provides limited flexibility. Students select from a template schedule with a required didactic/simulation series and clinical “shifts.” If you miss any of the didactics, the time must be made up in another month to fulfill the requirements of the rotation. Similarly, if you miss shifts during the month, they must be made up in order to complete the rotation. Making shift changes with other students or arranging to complete missed shifts or didactics at a later time must be cleared in advance with the clerkship directors.
 - **Note:** Shifts cannot be front or back loaded. You must attend the Emergency Medicine orientation on the first day of the rotation (or earlier). Alternate orientation arrangements cannot be made.
- Electives that provide maximum flexibility during the fourth year include readings, research, and independent study preceptorships. These may be good courses in which to enroll during peak interview times. This is also an ideal time to study for Step 2.

Fourth Year Schedule Examples

(April 2026 – May 2027)

“Normal” Schedule (for majority of specialties):

April, May, June	Study for and take Step 2/Sub-I/Electives
July 1	Deadline to take Step 2 CK
July, August (September)	Sub-I’s/Electives/Away Rotations/Residency application
September 15	Submit ERAS or ResidencyCAS application
October -January	Interviews
January/February	Emergency Medicine/Electives/Science Selectives
April	Transition to Residency Course & Senior Scientific Session

“Early Match” Schedule (for those applying in the military, urology, or ophthalmology matches; keep September – November flexible):

April, May, June	Study for and take Step 2/Sub-I/Electives
July 1	Deadline to take Step 2 CK
July, August (September)	Away Rotation/Residency application (SF Match)
September 15	Submit ERAS and/or Military application
September-December	Interviews
January/February	Emergency Medicine/Electives/Science Selectives
April	Transition to Residency Course & Senior Scientific Session

“Selective Specialties” Schedule (for those applying in dermatology, neurosurgery, orthopaedic surgery, plastic surgery, or radiation oncology; interview days are not flexible and tend to be later in the season):

April, May, June	Study for and take Step 2/Sub-I/Electives
July 1	Deadline to take Step 2 CK
July, August (September)	Residency application/Away Rotations
September 15	Submit ERAS application
November-February	Interviews
Post-Match	Emergency Medicine/Electives/Science Selectives
April	Transition to Residency Course & Senior Scientific Session

Away Rotations

A fourth-year student may spend a maximum of two months during the fourth year pursuing off-campus rotations for credit. Students choose to do away rotations as a way to learn more about a particular program or specialty. Most programs do not require fourth-year off-campus rotations; however, some specialties expect medical students to participate in away rotations prior to applying for residency. These specialties include dermatology, emergency medicine, orthopaedic surgery, ophthalmology, otolaryngology, neurosurgery, plastic surgery, PM&R, interventional radiology, radiation oncology, and urology.

Away rotations have always been a means by which students can distinguish themselves as applicants, but they have become a bit more important in the changing landscape of residency application. With the elimination of numeric Step 1 scores and the growing importance of program signaling, displaying your interest in programs is of increasing importance. Away rotations can be a powerful way of demonstrating this interest, even when applying in slightly less competitive specialties. This does not mean away rotations are right for everyone, but if there are strong personal reasons for being at a program or in a city, an away rotation might make sense. Away rotations should not be taken lightly. Prior to applying for away rotations, students should discuss their options with their Career Advisor.

Timing of Applications

- Applications for away rotations can be submitted as soon as individual programs express readiness to receive applications (see VSLO, program websites, or contact programs). Start reviewing program application timelines in January/February in case programs of interest to you open applications early.
- Application deadlines vary by medical school/medical center.
- Most away rotations happen from June-September. If you want to receive a letter of recommendation from an away rotation or use the experience to help secure an interview at that program, aim to complete your away rotation prior to ERAS opening in September.

Resources for Program Information

- Many away rotations now use the AAMC Visiting Student Learning Opportunities (VSLO) program (<https://www.aamc.org/vslo>). If you are applying to a VSLO school, email Registrar Michael McGinty (mmcginty@uchicagomedicine.org) to receive authorization and begin the process.
- If the institution does not participate in VSLO, look for visiting student information on the medical school's website.

Materials Needed

Applications vary by each school or program, but in general students will need the following:

- Letter of Good Standing: Email Michael McGinty (mmcginty@uchicagomedicine.org)
- Official transcript: Email Michael McGinty
- Curriculum Vitae (CV): see sample in this book on page 36 or on the Road to Residency website
- Photo: Email pritzkerstudentsaffairs@bsd.uchicago.edu if you would like to use your photo from your UCID that we have on file
- Letter of Recommendation (LoR) from faculty: Only sometimes required; have letter writer send LOR to Michael McGinty
- Other items that may be required: BLS certificate, HIPAA training, OSHA training, scrub and mask fit

Away Rotations & Credits

The Associate Dean for Undergraduate Medical Education approves all off-campus rotations and assigns credits. Below is the process for assigning credits:

1. Submit an **Away Rotation Application** ([on our website](#)) with supporting documentation to Michael McGinty. Do not print and fill out the form by hand; please complete it electronically.
2. You will be informed by e-mail regarding your application and number of units awarded.
3. Upon approval, forward the **Institutional Evaluation Form** ([on our website](#)) to the person evaluating your performance during the off-campus rotation. They will submit it to the Pritzker registrar.
4. Complete a post-rotation evaluation, which will be sent to you by a Pritzker team member after your rotation. This evaluation is required to receive credit for the experience.

Geographic Preferences

Residency applicants are able to send up to three Geographic Preference Signals as part of the application process through ERAS. This feature, which is meant to be utilized for interview invitations only, gives students a means to express interest in specific regions and, optionally, why they are interested in matching there and to help programs identify applicants for interviews that they may have otherwise overlooked. Consult with your Career Advisor about how to use (or not use) Geographic Preferences in a way that works best for your application and your preferences.

Geographic Preferences allow applicants the opportunity to indicate a preference or lack of preference for a specific geographic region or regions. Applicants can also indicate a preference or lack of preference for setting.

- **Geographic Division Preference** – Applicants have the option to select up to three preferred geographic divisions or indicate no preference. Those selecting preferences are given the option to explain them. Applicants can choose from the following divisions:
 - New England – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
 - Middle Atlantic – New Jersey, New York, Pennsylvania
 - South Atlantic – Delaware, D.C., Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
 - East South Central – Alabama, Kentucky, Mississippi, Tennessee
 - East North Central – Illinois, Indiana, Ohio, Michigan, Wisconsin
 - West North Central – Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
 - West South Central – Arkansas, Louisiana, Oklahoma, Texas
 - Mountain – Arizona, Colorado, Idaho, Montana, New Mexico, Nevada, Utah, Wyoming
 - Pacific – Alaska, California, Hawaii, Oregon, Washington

- **Setting Preference** – Applicants have the option to select varying degrees of preference for an urban or rural setting. Those selecting preferences are given the option to explain them. Applicants can select from the following options:
 - Urban
 - Suburban/rural
 - Urban/suburban
 - Rural
 - Suburban

Consider carefully if and how you wish to communicate geographic preferences. Indicating preferences or lack of is optional, but **all applicants should indicate one or the other**. Not completing this section one way or the other leaves your preferences open to interpretation by programs; do not skip this section. Questions to consider when determining your preferences include:

- Where will I have the kind of support network (partner, family, friends) that I want or need during my residency training?
- In what kind of setting am I most comfortable living and working?
- What regions or settings will offer the kind of lifestyle I desire outside the hospital?
- What kind of population of patients do I want to work with during my residency training?
- How do programs in my desired specialty view Geographic Preference Signals? (Consult Specialty Advisor)

It is important to be honest when expressing your preferences or lack of preference. Do not treat this as an opportunity to game the system for the purpose of obtaining more interviews. That said, **it is advantageous to align your Geographic Preferences and Program Signals (see next page) as much as possible to increase interview odds**. If you are unsure of how to approach Geographic Preferences, consult with your Career Advisor.

Program Signals

Program Signals, which are now used in more than 20 specialties, allow applicants the opportunity to express interest in programs at the time of application and are meant to be one of many data points programs use when determining interview invitations. They are not intended to be part of programs' considerations when making their Rank Order Lists. Data and feedback over the past couple years suggests that program directors across all specialties are actively using Program Signal information to decide who to invite for an interview. [Learn more on the AAMC website.](#)

Applicants are allotted a varying number of Program Signals within each participating specialty, and students applying in multiple specialties are able to signal the allotted number of programs in each specialty.

Program Signaling Approaches

- **Small Signal** – Most specialties used a “small signal” approach in 2025-2026, allotting between 2-10 signals to each applicant. This approach aims to identify applicants' top preferences only.
- **Large Signal** – A few specialties use a “large signal” approach, allotting 15-30 signals to each applicant. This approach helps distribute signals more evenly across programs, as the “small signal” approach often leads to a small number of programs receiving a disproportionate number of signals. This approach also allows applicants to signal beyond just their top preferences.
- **Two-Tier Signal** – A few specialties used a “two-tier signal” approach in 2025-2026 (and more may in the years ahead), allotting applicants a small number of “gold” signals and more “silver” signals. This helps distribute signals evenly across programs and allows the applicant to identify top preferences and secondary preferences.
 - **NOTE:** Emerging data and application outcomes indicate programs are increasingly prioritizing gold signals. Be very thoughtful and consult with your advisors about use of your gold signals.

In each of these approaches, it is important to **appropriately diversify your program signals**. This is especially important in small signal specialties, where program signals are a more limited commodity.

Program Signaling Strategy

When determining how to use your allotted program signals (see the ERAS user guide for how many signals your specialty allows), consider the following:

- **Home Program & Away Rotation/Sub-I Signaling** – The AAMC advises applicants to use a signal on their home program, but some programs advise their ‘home’ applicants not to, including some at the University of Chicago. Review the specialty pages in this book for more information and talk to the Program Director if you are unsure. Similarly, some programs/specialties advise applicants to use a signal on programs where they did an away rotation or sub-internship while others advise not to. If you are interested in interviewing/matching at a program where you rotated, talk to the Program Director to confirm whether they expect you to send them a signal to indicate your interest, as some programs offer guidance inconsistent with the wider specialty.

- **Distribution of Signals** – First and foremost, you should use your Program Signals to express your honest interest in programs. Additionally, you should not use all your signals on “dream” programs, as many of these programs receive notably more signals than others in the specialty. Consult with your Career Advisor about how to strategically use your signals on a combination of “dream” and “target” (and potentially “safety”) programs in which you are genuinely interested.
- **Number of Signals Allotted** – For specialties that only allow a small number of signals (2-10), be particularly considerate about how you use them. For specialties that allow more signals (15+), the most recent AAMC data suggests very low odds (even near-zero in some specialties) of an interview with a program that you have not signaled. With a larger number of signals, your interviews offers are likely to come primarily, and in some cases exclusively, from within the list of programs you signal. Pritzker’s data is consistent with this dynamic. **We strongly recommend using all signals allotted to you.**
- **Fit with Program** – When deciding which programs to signal, pay attention to your fit with programs’ strengths and expectations as well as your own career interests. For example, signaling a program with a specific Step 2 score minimum that is above your score would not be a wise use of a signal. Similarly, if research opportunities (or health equity, or community engagement, etc.) are a priority for you in residency, signaling a program that does not appear to offer many may not be a good use of a signal.
- **Length of Program List** – One of the goals of Program Signaling is to reduce the number of applications programs receive to facilitate more meaningful holistic review and, subsequently, reducing the number of programs to which applicants must apply. AAMC data indicates application numbers are down across most specialties, particularly when the specialty has a large number of signals. Some large signal specialties now advise that applying to many programs beyond the number of signals allotted is not productive, as programs are far less likely to offer an interview to an applicant that did not signal them. Consult with your Career Advisor or Dr. Woodruff, as some applicants may still benefit from a higher number of applications.

Participating programs to which you apply will only see your signal(s) if you signal their program. Programs will NOT see if you signal other programs or which programs you signal. Program Signals are integrated into the ERAS, SF Match, and ResidencyCAS applications.

Keep in mind also that Program Signals remain a relatively new component of the residency application process. The full scope of their impact and optimal use of them remains fluid. **There is no “one size fits all” approach.**

Specialties confirmed to participate in Program Signaling in 2026-2027 (as of April 2026): Anesthesiology, Dermatology, Radiology (diagnostic and interventional), Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Internal Medicine-Pediatrics, Internal Medicine/Psychiatry, Internal Medicine/Medical Genetics, Neurological Surgery, Neurology-Adult, Neurology-Child, OB/GYN, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology, Pediatrics, Pediatrics/Medical Genetics, Pediatrics/Psychiatry/Child and Adolescent Psychiatry, Physical Medicine & Rehabilitation, Psychiatry, Public Health and General Preventive Medicine, Thoracic Surgery, Transitional Year, Urology.

The Couples Match

The NRMP Couples Match allows two applicants to link their Rank Order Lists for the purpose of obtaining residency positions in the same city or geographic area. While most applicants who participate in the Couples Match are romantically involved, any two applicants can link their Rank Order Lists.

All couples planning to participate in the Couples Match should meet with Dr. Woodruff before the beginning of fourth year, even if your partner attends a different medical school.

How the Couples Match Works

When two applicants decide to participate in the Couples Match, each applicant submits their own ERAS or ResidencyCAS application in their specialty and participates in interviews individually. The ERAS application has a place to indicate Couples Match participation and list the name of your partner and the specialty into which they are applying, as this information allows programs to consider offering both you and your partner interviews. When registering for the NRMP Match, couples link their participation and pay an additional Couples Match fee.

When it comes time to submit Rank Order Lists, each partner submits their own list, but the Match algorithm treats the partners as a couple. A match is established only if both partners match a pair of ranked programs. When creating your Rank Order List:

- Partners must have the same number of ranks on their respective Rank Order Lists.
- Couples have the option to rank a “No Match” code, meaning that if one partner is able to match at the program on their list that corresponds to the other’s “No Match” rank the partner that ranked “No Match” will not match. This option should be used at the bottom of Rank Order Lists.

Couples Match Strategies

Because of the added complexities of matching as a couple, a successful Couples Match requires great diligence and planning. When participating in the Couples Match:

- Couples should coordinate their Rank Order Lists aggressively and meticulously. Consult with your Career Advisor and Dr. Woodruff when creating your Rank Order List.
- Couples should consider a more aggressive approach to program outreach and diversification of program lists. The latter can help create more potential for overlapping interviews.
- Couples should coordinate their allotted Program Signals (if applicable, based on specialty) and incorporate diversification of these signals (see page 16). This is an important strategy in the effort to secure overlapping interviews with your partner. Signaling is more challenging for applicants in the Couples Match, particularly if their number of allotted signals is disparate, and you should explore with Dr. Woodruff and your Career Advisor how to optimize use of your signals to generate overlapping interviews.
- Incorporate the fact you are participating in the Couples Match into your personal statement. Being transparent and communicative about the fact you are applying as part of a couple and your specific circumstances (e.g., you are married, how long you have been together, you have children, etc.) helps programs understand the dynamics of your application as they make interview offers.
- Have honest discussions about your priorities as a couple, including willingness to match in separate locations, preference for home institution (which can in some cases provide more certainty), and geographic preferences or need to match in a certain part of the country.
- Consider doing an away rotation at a target program or having a pre-application conversation with the Program Director. This can help secure more overlapping interviews, particularly if you and your partner are targeting a specific program or location.
 - For example, if one partner attends Pritzker and the other attends medical school in another state but the couple wants to match in Chicago for residency, the out-of-state partner can increase their chances of securing an interview and matching in Chicago by doing an away rotation at a target program here.

Checklist: Regular Match (subject to change)

February–June 2026

- Work toward narrowing your specialty choice.
 - Attend departmental seminars and use electronic resources (www.careermd.com; Careers in Medicine: www.aamc.org/cim; FRIEDA: www.ama-assn.org/go/freida)
 - Take advantage of the remaining months that M4s are here and talk with them about the programs they visited, ranked, and did not rank. PMAP resources can also be useful as you make a decision.
 - Select a **Specialty Advisor** and meet with them to discuss career decisions and fourth-year plans, including whether you need to arrange an away rotation.
- Determine whether you want or need to complete any away rotations. Review information on program websites, paying attention to deadlines for applications.
- Finalize fourth-year schedule.
 - Most interviews will occur in October, November, December, and January, so keep your schedule light and flexible during those months. Refer to guidelines for the Fourth Year Schedule on pages 11-12.
 - Sign up for Step 2. **Step 2 must be taken by July 1, 2026.**
- Career Advising:
 - Mid- to late-February: Submit Noteworthy Characteristics for Career Advisor feedback; **revise and finalize by April 1.**
 - Mid-April through the end of June: Meet with your assigned Career Advisor to review career choice, fourth year planning, letter writers, CV, personal statement, and Specialty Advisor.
 - Mid-March – July: Set up a time to meet with the MSPE Director to discuss your MSPE and residency application. (Watch your email for scheduling instructions)
 - If you are off campus for part of the summer, notify Tyler Lockman (tlockman@bsd.uchicago.edu) **as soon as you know when you will be gone**, so he can help schedule your MSPE meeting.
- Get started on your personal statement. Get lots of feedback on your statement from your Career Advisor and your Specialty Advisor, in that order. For extra help attend one of Dr. Woodruff's Optimizing Your Personal Statement workshops: **Monday, May 18th, and Tuesday, June 9th (both at 5 p.m.)**.
- Attend **MS4 Class Meeting #1: Residency Application Overview on Tuesday, May 12th at 5 p.m.**

June-August 2026

- Attend **MS4 Class Meeting #2: Building a Program List for Residency Application – Thursday, June 11th at 5 p.m.**
- Take Step 2 by July 1, 2026.
- Start filling out your ERAS application (a token allowing you to register will be emailed to you in June).
 - Update your CV (see pages 36-38 for an example).
 - Identify faculty who will write your letters of recommendation (LoRs). Remember, letter writers will need your CV and a draft of your personal statement. You should give your writers at least six weeks to complete their letters by September 11, **so ask them by mid-July**. Download a Letter Request Form from ERAS and email it to your letter writers so they can upload their LoR directly to ERAS.
 - Have your photo taken for use in your application and the graduation composite photo. See page 22 for details.

- Choose programs to which you wish to send applications.
 - Apply to enough programs so that you have choices. It is better to cancel interviews than to not have enough scheduled.
 - Ensure that you have a list of programs that is long enough to cover the categories of Dream Programs, Target Programs, and Safety Programs.

MSPE Review

- In July/August, you will be contacted when your MSPE is ready for review. Please schedule your MSPE review time within two days of being notified. **If you will be gone in the summer or fall, it is very important that you notify Tyler Lockman (tlockman@bsd.uchicago.edu)** as soon as you know when you will be gone, so he can help schedule your MSPE meeting.

September–October 2026

- Complete ERAS application and apply! More and more programs are selecting students for interviews on a first-come, first-served basis. **ERAS submissions begin Sept. 2; programs receive applications Sept. 23.**
 - Complete ERAS early but not hastily. Your ERAS application cannot be changed once it is submitted.
 - The office will begin to upload documents (Pritzker transcript) after you have registered for ERAS. Your LoR authors will upload your letter based on the Letter Request Form you have sent them. All MSPEs will be uploaded in advance of the date applications are released to programs.
 - Register for the NRMP (<http://www.nrmp.org>) by December 1. Registration opens on September 15.
 - Check ERAS regularly to monitor the status of your LoRs.
- Attend **MS4 Meeting #3: Interviewing for Residency on Monday, September 14th at 5:00 p.m.**
- If you are doing an away rotation in August or September, be sure that all of your letter writers have been contacted, that you have reviewed your MSPE, and that you have taken your photo before then.
- Prepare to interview.
 - Meet with your Career Advisor to discuss interview strategies and participate in a “mock interview” in August (preferably) or September. Your Career Advisor may help you seek additional practice.
 - Accept interviews quickly, typically within one day to secure your preferred date and time.
 - Develop a calendar for the interview dates you have accepted.
 - Contact students who have graduated and who are in the various programs in which you are interested to determine whether they can give you any insights or suggestions. If you need help getting in touch with alumni, contact Tyler Lockman (tlockman@bsd.uchicago.edu)
- If necessary, consider what you need to do to accommodate in-person interviews, including budgeting for extra travel expenses. See page 34 for more.

October–December 2026

- Interview!
- The MSPE will be released to programs on September 23rd per requirements for all U.S. medical schools.

January–February 2027

- Attend **MS4 Class Meeting #4: Constructing Your Rank List on Tuesday, January 19th at 5:00 p.m.**
- Decide on your Rank Order List.
 - Meet with your Career Advisor after you are done interviewing to discuss how to rank your programs.
 - Ensure that you have sufficient programs to rank (generally, 10-12; see the Specialty Pages section for more precise data), and that you have an adequate backup plan (discussed with advisors).
 - In early January, discuss your highest choices with your Career Advisor & Specialty Advisor.

Enter your Rank Order List.

- Certify your final Rank Order List by February 17, 2027, to be assured that your list will be saved in the event heavy server traffic slows the system down. You can change your ROL up until the final deadline, but it is recommended you certify well ahead of it. **Print out a copy of your certified ROL for your records.**

Sign up for the Senior Scientific Session, scheduled for May 2027.

Complete the AAMC Graduation Questionnaire (available February 2027).

Fill out your Match Results Privacy Survey.

March 2027

*Dates and times subject to final confirmation by NRMP

Plan on being on campus for all of Match Week.

- On Monday, March 15, the Pritzker School of Medicine will receive information about any students who have not matched. We will contact unmatched students by phone at 9:00 a.m. The list of unfilled programs will be posted, and ERAS and ResidencyCAS will open in SOAP (Supplemental Offer & Acceptance Program) mode.
- Throughout the week, the Pritzker staff, deans, and Career Advisors will work with SOAP students to secure a residency position.
- On Friday, March 19, the Match results will be distributed for release at 11:00 a.m. CST.

Two to three weeks following the Match, students will receive contracts from their matched programs.

April–June 2027

Fill out licensure and verification paperwork, available on the Pritzker website.

Complete residency contract with your matched program.

Prepare to move.

Check your transcript for completion.

Consider whether you want to continue your individual disability insurance policy that you have had during your time at Pritzker through your residency years.

Plan on participating in all M4 events: Senior Scientific Session, Student, Family, and Faculty Recognition Dinner, Divisional Academic Ceremony (late May), and Convocation (June 5; schedule available online).

Graduate in early June. (June 5, 2027)

ERAS/Graduation Photos

We will set up complimentary Pritzker portrait sessions in April, May, and June. Information about dates and signup will be forthcoming.

Once you have your portrait taken, you will be able to select 1-2 photos from among those the photographer has taken. These will be retouched and sent to you for use in your residency application, and Tyler Lockman will receive them for the graduation composite. These sessions are the only opportunity to have a complimentary photo taken. If you do not attend a session, it will be your responsibility to have a professional photo taken for your application and the graduation composite.

Tips:

- Men, wear a coat and tie; women, wear a suit coat or blouse.
- Do not wear white (white shirt under a dark coat is OK).
- People with long hair should wear a color top that contrasts.
 - Dark hair—a medium to medium light toned shirt
 - Light hair—a medium to darker color shirt
- Make-up helps, as the camera lights can wash out skin tone.
- Be aware of glare from glasses. The photographer can fix this to a degree, but students may want to consider having an option without glasses if theirs produce significant glare.
- Check for stray hairs or frizzy hair before having photos taken. These are often impossible to correct in editing.

Physician Scientist Training

Recommended Physician Scientist Advisor

- James Woodruff, MD
- All physician scientist applicants intending to apply to research training pathways in residency should schedule an appointment with Dr. Woodruff to discuss strategy and logistics.
- Meeting with Dr. Woodruff can occur as early on the timeline as the student wishes but no later than the end of the Winter Quarter of the year preceding their 4th year of medical school.

Application Logistics

Timeline: Technically, the physician scientist residency application process occurs on the same timeline as for traditional students in any specialty. Having said this, decision-making about a specialty may be complex and certain opportunities to improve one's application warrant an earlier start to planning.

Content: While the content of a physician scientist application includes standard components of a traditional application to a specialty, preparation for application and total content of the application may differ from traditional applicants. The additional components of the application are determined by the individual programs to which the student is applying. Programs typically list the components required for physician scientist application on their program website. If they are not listed, then students should contact the program for additional information.

Listed below are components of an application all students will use and supplemental components that may be requested by individual programs.

Standard Components

Curriculum Vitae (application)
3 Letters of Recommendation (clinical)
Personal Statement
MSPE
Official Transcript
USMLE Transcript

Potential Additional Components

Letter of Rec from Research Mentor
Supplemental Application / Essays
Research Statement
List of Potential Mentors you would like to meet

Away Rotations: The need for away rotations is largely determined by the specialty to which you are applying (similar to traditional applicants), but the student may also have personal or strategic reasons for pursuing away rotations (ex. significant other lives in a target city; student is especially interested in a particular program). Most physician scientist students will not pursue away rotations.

Letters of Recommendation: Students will need three letters of recommendation from faculty who can speak to the student's clinical acumen (i.e., from faculty the students worked with in patient care). Students also typically submit a fourth letter from a research mentor.

Supplemental Applications: Some programs will ask students to complete a supplemental application that includes items from the "Potential Additional Components" list above. Directions regarding a supplemental application will be present on individual program websites or in communications once the application process has been initiated.

Personal statement: Your application will be reviewed by both program faculty that are clinical and faculty that are physician scientists. Unless otherwise instructed, the personal statement for your ERAS application should contain standard content (who you are and why this specialty) but you should include at least one large paragraph about your research training and research aspirations for the future. More detailed information about your training and future research aspirations will be outlined in your supplemental application.

Application Advice

Pre-Application Advice: Physician scientist applications warrant additional research on programs compared to standard applicants. Your goal is to find both optimal clinical training AND research training. Such an applicant may also be looking to package both specialty and sub-specialty training. In addition to using faculty, mentors, more advanced peers, the internet, and scientist societies to perform this research, physician scientist applicants can reach out to program directors at target programs in the pre-application phase to gather information. These conversations can be seen as representative of networking activity successful scientists use to forward research and career efforts. The conversation also generates face recognition that may be valuable in the application process. Talk to Dr. Woodruff about these conversations in the Winter Quarter before fourth year to lay out a comfortable approach.

Interview Advice: Physician scientist applicants may have two-day interviews as opposed to the one-day format experienced by non-scientist applicants. The two-day format may afford time to interview with clinical faculty from the target specialty residency and faculty from sub-specialty fellowships of interest. The extra time also allows for meetings with potential mentors. Some physician scientist pathways may ask applicants to do a short research talk during their interview visit.

Post-Interview Advice: Communication between programs and student applicants is not uncommon for physician scientist applicants. Such candidates as a category are very valuable to academic departments and so active recruitment may occur. In addition, the longer commitments of both parties (specialty plus sub-specialty training for some programs) warrant greater attention to fit. This post interview communication can be initiated by either party but is often initiated by the programs.

Resources

Research Residency Programming

- Residency Application Check-In Session with MD/PhD Program Faculty and Staff (Summer quarter, MS4 year)
- MSTP Quarterly Career Conversations (Offered Autumn-Spring)
- MSTP Alumni Meet-Ups (Offered Annually)

Research Residency Resources

- [AAMC Physician Scientist Training Program \(PSTP\) Resources](#)
- [AAMC Physician Scientist Training Program \(PSTP\) Webinar Archive](#)
- [MSTP Research Residency Wiki](#) (email mstp@bsd.uchicago.edu for access)
- [American Physician Scientists Association](#) (APSA) (MSTP maintains an institutional membership. Email mstp@bsd.uchicago.edu for more information).
- UChicago MD/PhD Alumni (Contact your program director or administrator to learn more)

MD/PhD Residency Advising

Spring Quarter 2026

PSOM Advising with Dr. Woodruff

- During winter quarter of your clinical year, you will be required to meet with Dr. Jim Woodruff regarding your residency plans. Some of you may also meet with him during the summer quarter of your transition into Phase 3, depending on your individual needs. This meeting will supplement the group Residency Application Check-In Session in the Summer Quarter of your MS4 year.

Summer Quarter 2026

Event: Residency Application Touch Base Session

- In the summer quarter of your MS4 year (Phase 3), you will be required to attend a Residency Application Check-In session led by MD/PhD program faculty and staff. The purpose of this session is to ensure you are on track to meet residency application deadlines and to address any outstanding questions you may have.

MD/PhD Program-Specific Advising for MSTP, GDDTP, and MeSH

- Your home program might require or encourage additional advising appointments. Please reach out to the appropriate individuals to inquire.

Checklist: Early Match

Military, Ophthalmology, Urology

Note: Pay attention to the checklist for the regular match too. It may be important for a PGY-1 (preliminary) position.

February–June 2026

- Work toward narrowing your specialty choice.
 - Attend departmental seminars and use electronic resources (www.careermd.com; Careers in Medicine: www.aamc.org/cim; FRIEDA: www.ama-assn.org/go/freida)
 - Take advantage of the remaining months that M4s are here and talk with them about the programs they visited, ranked, and did not rank. PMAP resources can also be useful as you make a decision.
 - Select a **Specialty Advisor** and meet with them to discuss career decisions and fourth year plans, including whether you need to arrange an away rotation.
- Determine whether you want or need to complete any away rotations. Review information on program websites, paying attention to deadlines for applications.
- Finalize your fourth-year schedule.
 - Most interviews will occur in October, November, December, and January, so keep your schedule light and flexible during these months. Please refer to guidelines for the Fourth Year Schedule on page 11.
 - Sign up for Step 2 CK. **Step 2 CK must be taken by July 1, 2026.** Ophthalmology applicants should strongly consider taking Step 2 sooner so they have a Step 2 score on their application in late August.
- Career advising
 - Mid- to late-February: Submit Noteworthy Characteristics for Career Advisor feedback; **revise and finalize by April 1.**
 - Mid-April through the end of June: **Meet with your assigned Career Advisor** to review career choice, fourth year planning, MSPE noteworthy characteristics, letter writers, CV, personal statement, and Specialty Advisor.
 - Set up a time to meet with the MSPE Director between mid-March and July to discuss your MSPE and residency application.
 - If you will be off campus for part of the summer, notify Tyler Lockman (tlockman@bsd.uchicago.edu) **as soon as you know when you will be gone**, so he can help schedule your MSPE meeting.
- Get started on your personal statement. Get lots of feedback on your statement from your Career Advisor and your Specialty Advisor, in that order. For extra help, attend one of Dr. Woodruff's Optimizing Your Personal Statement workshops: **Monday, May 18th, and Tuesday, June 9th (both at 5 p.m.)**.
- Ask for **letters of recommendation (LoRs)**. Students applying in Ophthalmology should begin asking for LoRs in June; ideally, all Ophthalmology applications are submitted by August.
 - Update your CV (see pages 36-38 for an example).
 - Identify faculty who will write your letters of recommendation (LoRs). Remember, letter writers will need your CV and a draft of your personal statement. You should give your writers at least six weeks to complete their letters.
- Attend **MS4 Class Meeting #1: Residency Application Overview on Tuesday, May 12th at 5 p.m.**

June–August 2026

- Attend **MS4 Class Meeting #2: Building a Program List for Residency Application – Thursday, June 11th at 5 p.m.**
- Take Step 2 by July 1, 2026 but preferably earlier for ophthalmology.

- ❑ Start filling out your application:
 - Download Letter Request Forms from ERAS (Urology) and email them to your letter writers so they can upload their LoR directly to ERAS or send request through appropriate application service.
 - Have your photograph taken for use on your application and for the graduation composite photo. See page 22 for details.
- ❑ **Complete Specialty Match applications** and register for the specialty matching programs.
 - For **Military** (generally): Apply and match through the military or dual apply with ERAS and match through the NRMP. Check the instructions provided by your branch of service. Military match results are available in mid-December.
 - For **Ophthalmology**: Apply and match through the San Francisco Match (www.sfmatch.org) for your integrated programs and ERAS/NRMP for your joint programs with a separate PGY-1 year. Applications are due at the beginning of September, though you are encouraged to submit your application by late August. The rank deadline for the SF Match is in late January/early February.
 - For **Urology**: Apply through ERAS and match through the AUA (www.auanet.org). Submit your ERAS application in September. Deadline for rank lists with the AUA is in early January.
- ❑ MSPE Review
 - In July/August, you will be contacted when your MSPE is ready for review. Please schedule your MSPE review time within two days of being notified. **If you will be gone in the summer or fall, it is very important that you notify Tyler Lockman (tlockman@uchicago.edu)** as soon as you know when you will be gone, so he can help schedule your MSPE meeting.

August–October 2026

- ❑ Choose programs to which you wish to send applications.
 - Apply to enough programs so that you have choices. It is better to cancel interviews than to not have enough scheduled.
 - Ensure that you have a list of programs that is long enough to cover the categories of Dream Programs, Target Programs, and Safety Programs.
- ❑ PGY-1 (preliminary) programs: For those applying via the San Francisco Match, ‘joint’ programs may require an ERAS application and NRMP Match participation as a formality, though this can sometimes occur after matching in February. **ERAS submissions begin Sept. 2; programs receive applications Sept. 23.**
 - Complete ERAS early but not hastily. Your ERAS application cannot be changed once it is submitted.
 - The dean’s office will begin to upload documents (Pritzker transcript) after you have registered for ERAS. Your LoR authors will upload your letter based on the Letter Request Form you have sent them. All MSPEs will be uploaded in advance of the late September release date.
 - Register for the NRMP (www.nrmp.org) if necessary. Registration opens Sept. 15.
- ❑ If you are doing an away rotation in August or September, be sure that all of your letter writers have been contacted, that you have reviewed your MSPE, and have taken your photo before then.
- ❑ Attend **MS4 Meeting #3: Interviewing for Residency on Monday, September 14th at 5:00 p.m.**
- ❑ Prepare to interview.
 - Meet with your Career Advisor to discuss interview strategies and participate in a “mock interview” in August (preferably) or September. Your Career Advisor may help you seek additional practice.
 - Accept interviews quickly, within a day to secure your preferred date and time.
 - Develop a calendar for the interview dates you have accepted.
 - Contact students who have graduated and who are in the various programs in which you are interested to determine whether they can give you any insights or suggestions. If you need help getting in touch with alumni, contact Tyler Lockman (tlockman@bsd.uchicago.edu).

- If necessary, consider what you need to do to accommodate in-person interviews, including budgeting for extra travel expenses. See page 34 for more.

October 2026–January 2027

- Interview!
- The MSPE will be released to program directors (both via ERAS and via the SF Match) on September 23rd per requirements for all US medical schools.
- Attend **MS4 Class Meeting #4: Constructing Your Rank List on Tuesday, January 19th at 5:00 p.m.**
- Decide on your rank order list.
 - If you have to submit a rank order list before the January 19 MS4 class meeting about constructing your rank list, meet individually with your Career Advisor, Specialty Advisor, or Dr. Woodruff after you are done interviewing to discuss how to rank your programs.
 - Ensure that you have sufficient programs to rank (generally, 10-12; see the Specialty Pages section for more precise data), and that you have an adequate backup plan (discussed with advisors).
 - Discuss your highest choices with your Career Advisor & Specialty Advisor.
 - Urology and ophthalmology rank list deadlines are typically in January. **Know your deadlines!**
- Match Day for early match specialties is typically in early February.

February 2027

- For PGY-1 programs (needed with ‘joint’ Ophthalmology programs): Enter your Rank Order List in ERAS.
 - Certify your final Rank Order List by February 17, 2027, to be assured that your list will be in the event heavy server traffic slows the system down. You can change your ROL up until the final deadline, but it is recommended you certify well ahead of it. Print out a copy of your certified ROL for your records.
 - Submit your rank list even if it is just a formality (i.e., if your PGY-2 position includes a guaranteed PGY-1 position). This is required of all US seniors in the NRMP Match.
- Sign up for the Senior Scientific Session, scheduled for May 2027.
- Complete the AAMC Graduation Questionnaire (available February 2027).
- Fill out your Match Results Release Survey

March 2027

* Dates and times subject to final confirmation by NRMP.

- Plan on being on campus for all of Match Week if you want to participate in festivities with your class.
 - On **Friday, March 19**, Match results will be distributed for release at 11:00 a.m. CST. Early match students are encouraged to attend and participate in the festivities.
- Two to three weeks following the Match, students will receive contracts from their matched programs.

April–June 2027

- Fill out licensure and verification paperwork, available on our website.
- Prepare to move.
- Check your transcript for completion.
- Consider whether you want to continue disability insurance through your residency years.
- Plan on participating in all M4 events: Senior Scientific Session, Senior Skit, Student/Faculty Recognition Dinner, Divisional Academic Ceremony (late May) and Convocation (June 5, schedule available online).
- Graduate in early June.

Everything You Wanted to Know About Applying to Residencies but were afraid to ask...

...about the MSPE:

What is the MSPE?

The Medical Student Performance Evaluation (MSPE) is a letter of evaluation describing performance in medical school. It is not a letter of recommendation. The MSPE contains a summary of a student's academic activities, clerkship narratives, and awards. All residency programs receive the MSPE on the same day in late September. In terms of importance to selection committees, it is of value but not of the highest priority. The MSPE is intended to be supportive in nature, but it also provides the residency selection committee with an accurate, objective picture of a student's performance and ability.

Why do we have two MSPE meetings? How do I schedule them?

Your first meeting with the MSPE director lasts 30-45 minutes, is conducted virtually, and is intended for the MSPE Director to get to know you as a person. You will discuss your background, interests, motivations, challenges, and experiences. Not everything you discuss will be included in your MSPE, but it will be used to inform how we piece together all of your information. This happens from March through July.

The second MSPE meeting happens in late summer and is shorter, usually lasting 10-15 minutes. **Your second meeting must occur in person.** You should arrive 20 minutes early to retrieve a paper copy of your MSPE from Tyler Lockman and a pen to mark up any typos or content errors. You will then review your markups with the MSPE Director. The MSPE is not distributed to students electronically, and you are not allowed to retain a copy, which is why these reviews must be done in person.

Instructions for scheduling your first MSPE meeting will be shared in March. Please keep an eye out for this information and respond promptly. Second meetings are scheduled in July/August.

If a student is elected to Alpha Omega Alpha Honor Medical Society (AΩA) or to Gold Humanism Honor Society (GHHS), will that information be included in the MSPE?

Yes. The Selection Committees meet in late August and students are notified at the conclusion of that meeting. This is sufficient time to include this information on applications and in the MSPE.

Does the MSPE discuss my specialty choice?

The MSPE does not stipulate or mention the specialty you have chosen. It is intended to be generic, since some students may be applying to more than one specialty; it is also used by graduates who are reapplying for other specialties. The MSPEs are not rewritten at that time.

After the MSPE is written in draft form, will I be able to review it and suggest revisions?

Yes, you will be able to review your MSPE (see above). You will be notified via email when it is ready for review. Revisions will be largely in the form of correcting any inaccurate factual data.

Who sends out the MSPE?

The MSPE for students applying through ERAS will be uploaded by Pritzker and transmitted electronically to the designated programs on September 23rd. For students applying through the San Francisco Match or ResidencyCAS (OB/GYN & Emergency Medicine), Pritzker will upload the MSPEs to the appropriate portal by September 23rd. No MSPEs will be released to programs before September 23rd.

...about letters of recommendation (LoRs):

How many letters of recommendation should I ask for?

Three letters of recommendation are required, and no more than four are allowed. Often, one of the three should be from the Department Chair in your specialty. Please check with the individual disciplines for their specific requirements (see pages 66-136). You will need a minimum of three clinical letters for both an advanced specialty as well as a preliminary year application if you are applying in a discipline that requires preliminary training. You will need three letters for your preliminary application and 3-4 for the advanced program, totaling 5-7 letters.

Whom should I ask and when?

The best letter writers are those faculty members who know you well and can strongly support your application. Clinical letters are preferred. Research letters can be used as supplemental letters but not as primary letters. You should aim to have all your letters uploaded by September 11th, so you should **ask for your letters by mid-July at the latest** (earlier is better). When asking for a LoR, provide the potential letter writer with a copy of your CV and a draft of your personal statement.

How do I get a Chair's Letter if the chair doesn't know me?

Nearly all specialties want specific information about a student's ability to perform in the specialty of choice, and this information is conveyed through the departmental Chair's Letter. It is best to contact the administrator in the department to determine (1) if the Chair sends a letter, and (2) what process has been established for completing this process. Internal Medicine, Medicine-Pediatrics, General Surgery, and Obstetrics & Gynecology require a chair's letter. Most surgical sub-specialties also require a letter from the section chief. Additional specialties may now require a Standardized Letter of Evaluation (SLOE). (see pages 66-136 for specialty specific information)

When should all my letters be in?

Generally, faculty members upload their letters directly to ERAS within 4-8 weeks of being asked by students. Begin asking your letter writers as soon as you are able. **Aim to have all letters in by September 11th.**

What do I do if my letter has not been uploaded, I can't get in touch with my letter writer, and it is well after the 4-8-week period?

Please let your Career Advisor, Dr. Woodruff, or Tyler Lockman know. We will advise you on your next steps or follow up on your behalf.

Do I need to have all my letters of recommendation uploaded before I can apply?

No, you can submit your application even if all letters have not been received yet. Please check ERAS to track the status of your letters. You should ensure all your letters have been submitted in ERAS by the September 23rd release, which is the date that programs can first access your application. It is important to go into your application and **assign newly uploaded letters** to the programs you want to receive them.

Do I have to designate all my letters to certain programs at the time that I apply?

No, you can apply without designating any letters at all. You can apply with a few letters designated and add letter writers later. **Double check the assignment of your letters and all other documents** prior to the day applications are released to programs.

Should I waive my rights to view my letters in ERAS or another application service?

You are **strongly encouraged** to waive your rights to view your LoRs. This is not required, and you may maintain your right to view the letter, but doing so can be seen by programs as a red flag. When you waive your right to view your LoRs, programs can be confident that your letters are honest and unbiased.

...about transcripts:

Who sends out Pritzker transcripts and what do they cost?

Students do not need to obtain a Pritzker transcript. We will arrange with the Registrar to get your transcript and either upload it to ERAS, the San Francisco Match website, or ResidencyCAS.

How do I send my USMLE Transcript and how do I update it when my Step 2 score is available?

ERAS, SF Match, and ResidencyCAS participants will be able to electronically request that their scores be sent directly from the NBME. If you do not have a Step 2 score when you submit your application, you will have to retransmit the USMLE transcript in ERAS when your score becomes available, though all applicants should plan to have a Step 2 score when submitting their initial application.

If a program asks for my undergraduate transcript, can I photocopy the one the Pritzker School of Medicine has on file?

No. Undergraduate programs (including the University of Chicago) must be contacted individually, and an official transcript requested from them. Students participating in ERAS must ask the undergraduate institution to send a hard copy to the programs. Undergraduate transcripts cannot be transmitted via ERAS. This is not a common requirement.

If I am asked where I rank in my class, where can I get this information?

You cannot since class ranking is not possible under our pass/fail grading system.

...about preliminary years (PGY-1's):

What types of post-graduate year (PGY) positions are there?

Advanced Residency Positions: An “advanced” position does not commence until 1-2 years after the match and requires completion of one or more years of preliminary training. The following specialties offer advanced positions (some of these may also have programs which offer categorical or joint positions): anesthesiology, dermatology, neurology, ophthalmology, PM&R, radiation oncology, and radiology. Programs in neurosurgery, ophthalmology (some but not all), orthopaedic surgery, plastic surgery, and urology are advanced programs that “bundle” in a preliminary year in general surgery and do not generally require a separate preliminary application process.

Categorical Residency Positions: A “categorical” position is one that offers full residency training required for board certification in that specialty.

Preliminary Residency Positions: A “preliminary” position offers only 1-2 years of training prior to entry into advanced specialty programs. Many internal medicine and surgery training programs offer preliminary positions in addition to categorical positions. Transitional year programs are also considered preliminary programs.

Transitional Residency Positions: A “transitional year” or “TY” position is an alternative to a preliminary year. It offers a mosaic of experiences in surgery, medicine, pediatrics, and more, and is for people who want broader exposure to clinical issues. It may be a good option for those seeking specialties that support other disciplines, like radiology or anesthesia.

How do I apply for preliminary or transitional positions?

You apply through ERAS, like you would for any other position. Both specialties now allow you to send program signals to your preferred programs.

How do I know if I need a preliminary or transitional position?

Below is a chart of post-graduate position requirements by specialty. Many of the specialties marked “Yes” feature a combination of categorical and advanced options, and most applicants in these specialties end up applying to preliminary or transitional year positions because some of the programs to which they apply only offer advanced training.

Specialty	PGY-1 Needed
Anesthesiology	Some programs require PGY-1
Child Neurology	Some programs may require separate PGY-1 & PGY-2
Dermatology	Yes
Emergency Medicine	No
Family Medicine	No
General Surgery	No
Internal Medicine	No
Internal Medicine & Pediatrics	No
Interventional Radiology	Some programs require PGY-1
Neurological Surgery	No
Neurology	Some programs require PGY-1
Obstetrics & Gynecology	No
Ophthalmology	‘Joint’ programs require separate PGY-1; others are integrated
Orthopaedic Surgery	No
Otolaryngology	No
Pathology	No
Pediatrics	No
Physical Medicine & Rehabilitation	Yes
Plastic & Reconstructive Surgery	No
Psychiatry	No
Radiation Oncology	Yes
Radiology	Yes
Thoracic Surgery	No
Urology	No
Vascular Surgery	No

...about personal statements and CVs:

Should I write a different personal statement for every program I apply to?

Generally, there is no need to tailor your personal statement to each specific program, but it should be tailored to reflect your residency specialty choice. If you are applying to advanced specialty programs, you will also need to modify your personal statement for preliminary or transitional programs explaining what you hope to gain through preliminary year training. With the elimination of numeric Step 1 scores and the increasing importance of Program Signals, some students may choose to tailor a version of their personal statement to a few top choice programs as a means of expressing greater interest. **Important:** be mindful of whether a program indicates on their website that they expect a personalized portion of your personal statement. This is not typical but has become a bit more common recently.

Why do I need to work on a CV since I will be creating one in my application?

You need to give a CV to your letter writers, and it is helpful at this stage in your career to have an up-to-date professional CV to bring on interviews and for your future accomplishments. A thorough, polished CV also makes filling in your ERAS or other application substantially quicker and easier, as you are simply entering it into ERAS. Your CV is essentially a rehearsal for the ERAS application. Furthermore, your CV is used as part of Pritzker's holistic review process, a step in the process of determining MSPE Designators, Alpha Omega Alpha selection, and graduation Honors & Awards. Fourth-year CVs should be submitted in the format of the Pritzker template.

What information should my CV contain? How long should it be?

The CV should be as long as you need in order to include important information about your academic, research, and work experience—for both undergraduate and medical school—but be aware that ERAS and other applications will limit the number of experiences you can include on your application. Do not sacrifice readability by trying to squeeze all the information on one or two pages. An example is included in this book on pages 36-38. We strongly recommend using the provided template, as having it in this format makes filling out your applications substantially easier.

...about document management in ERAS:

Can I change my personal statement and letters of recommendation even after I have assigned them to programs?

Personal statement: Once you have sent a personal statement to a program, you may no longer make changes to that specific document. If you want to make a change, you must un-assign the original document, create a new personal statement, and assign the new document. However, un-assigning a personal statement does not erase it from a program's records. A program may already have downloaded and printed a hard copy of your file. Do not assume they will not be able to reference your original document in the future or that they will be checking for updated versions.

Letters of Recommendation: Once an LoR is made available in ERAS and you have assigned it to a program you have applied to, you will not be able to un-assign that specific LoR from those programs.

There are dangers associated with “over-tweaking” your application. You have put a lot of thought already into writing your personal statements and in selecting your letter writers. A last-minute change may not be as well-thought-out as the choices you have already made. Finally, programs will see your changes and may interpret your behavior as indecisive.

Interview Tips

Before the Interview

- Every applicant should conduct at least one mock interview with their Career Advisor. Some may need more than one practice interview to be adequately prepared and comfortable for the real thing.
- Try to set up your interviews from October onwards; plan on interviewing between then and mid-January. See if you can schedule the interview on a day when you can attend morning rounds or a teaching conference.
- Establish your priorities for a good residency-training program.
 - Know the latest developments in the specialty that you are interested in and what types of people they are looking for.
- If possible, schedule several interviews for programs lower on your list first in order to familiarize yourself with the interviewing process.
- Research the program as much as possible before the interview.
- Treat everyone with respect—especially Program Assistants/Coordinators. They are the gatekeepers to the programs. Residents' impressions of applicants are also valued highly.
- Confirm the interview date and time in advance.
- If interviews are in person, plan for enough time—if necessary, arrive the night before. Leave extra time to navigate unknown city streets and buildings. Beware of winter snowstorms.
- If interviews are being conducted virtually, prepare what you need to participate in the interview effectively. Consider space needs (quiet, professional setting), technology (reliable internet connection, lighting, reliable computer, working camera, etc.), and contingency plans in case something goes wrong.
- Plan for sufficient time before the interview to gather your thoughts.
 - Review your application, personal statement, and CV.
 - Prepare a list of questions that you want to have answered. Different specialties merit different questions be asked. It is imperative to gather the information that you need to assess the program.
 - Spend some time on personal reflection. Give some thought to who you are, both as a future doctor and as a person; what you like and dislike; why you are in medicine and what you want out of your residency.

Traveling for Interviews

In 2020, all residency interviews shifted to a virtual setting. In the following years, some programs have slowly begun returning to in-person interviews, mainly in surgical specialties and some PSTP internal medicine programs. As more programs continue returning to in-person interviews, students should keep the following tips in mind:

- Budget for extra travel expenses. Students who had to travel for interviews in the 2025 season reported spending an average of around \$2,500 on residency interview travel, with some totals more than \$6,000. Programs may help cover some costs. **Contact the Financial Aid office at Pritzker if you believe you will need extra loan support to cover travel costs during interview season.**
- Consider if family or friends in various cities would be an option for lodging or transportation. This can help defray accumulating costs.
- Prepare for potential hiccups like canceled or delayed flights, especially in the winter. Programs are typically understanding of this and will work with you, but you must communicate with them quickly about any issues.

During the Interview

- Be on time, whether in person or virtual.
- Get the names (including spellings and pronunciation) of the interviewers from the departmental administrator so that you know with whom you will be meeting.
- Begin by smiling. Look the interviewer in the eye, greet them by name, and offer your hand for a firm handshake (if in person).
- Show enthusiasm for the residency program.
- Be assured and look confident.
- Be an active listener.
- Ask intelligent, well-thought-out questions (This requires insight and preparation). Avoid overly simplistic questions such as “What changes do you see happening in the next five years?”
- Be yourself.
- Present yourself as a team player.
- Be friendly to everyone, from the receptionist to program assistant to residents.
- Turn your phone off. If your interview is virtual, place your phone away from you to avoid distractions, and do not read rehearsed answers or talking points off a screen (interviewers notice!).
- Do not throw your home program “under the bus.” You may be given an opportunity to say negative things about your medical school/hospital but think of constructive rather than destructive answers. Complaining is never attractive and does not give the impression that you are a team player.
- If an interviewer asks “taboo” or illegal questions (plans to marry, have children, support of your spouse) it is OK not to respond. You can say you had not thought of that question before, that it is not an issue for you right now, or that it is a topic you need to consider with your spouse/partner/family/etc.
- Visit the NRMP website and review [the Match Code of Conduct](#) to learn more about illegal or coercive questions. If you are concerned that you were asked an illegal question, you are encouraged to get in touch with Dr. Woodruff to discuss it.
- Try to use as many examples to back up your statements as you can. Using real-life stories gives interviewers a better feel for your personality.

After the Interview

- Immediately after the interview, write down your impressions of the interview, including topics covered and names of interviewers.
- If you are interviewing at many programs, prepare a checklist in advance that you can use for all the interviews.
- Most programs will advise you that thank you notes are not necessary and may even tell you not to send them. Some specialties still appreciate them. See the specialty pages section (66-136) for further guidance.
- Once you have completed all your interviews, you may consider sending a note to your top program to let them know you plan to rank them first on your rank list. This does not guarantee anything, but it can help programs understand where you as an applicant regard them as they build their rank list. Only send such a communication to ONE program, and do not send if a program or specialty has specifically discouraged it. There is also some risk involved in sending this “Letter of Intent,” as your feelings could change, including after a “Second Look” visit, so consider carefully whether sending such a note makes sense for you.

Pritzker Sample CV

Alex R. Doe

HOME ADDRESS

Street address
Chicago, IL zip
Phone #
Email

SCHOOL ADDRESS

Pritzker School of Medicine
924 E. 57th St., Room 104
Chicago, IL 60637

EDUCATION

2023-present The University of Chicago Pritzker School of Medicine. MD, June 2027
(anticipated)
2021-2023 Johns Hopkins University Bloomberg School of Public Health. MPH
2016-2020 University of Texas at Austin. BS, Biology with Honors, graduated *summa cum laude*

HONORS AND AWARDS

2024 Joseph P. Kirsner Research Award for Excellence
2030 Dean's List, University of Texas at Austin (eight semesters)
2020 Departmental Honors for Senior Thesis

WORK EXPERIENCE (Only include if you took years off between college and medical school and engaged in full time work experience)

2020-2021 Research Manager, Illinois Department of Public Health, Springfield, IL
- Conducted statistical analyses of lead poisoning and opioid addiction in state.
- Prepared and presented reports on morbidity and mortality related to lead exposure and opioid overdose in state.

RESEARCH EXPERIENCE

Start-end date **Institution, Department of XYZ, Name and degree of mentor; "Title of project."**
• **Brief description of project**
• **Use action verbs to start each bullet point when possible**

2023-Present University of Chicago, Department of Medicine, Section of General Internal Medicine, Julie Oyler, MD; "Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality."
- Researched post-discharge mortality amongst elderly patients.
- Selected to participate in the NIH-funded Pritzker Summer Research Program.
- Received the Joseph P. Kirsner Research Award for Excellence at the 2024 Pritzker Summer Research Forum.
- Expanded project to investigate geriatrics patients through longitudinal Scholarship and Discovery experience (Quality and Safety Scholarship track).

2017-2020 University of Texas, Department of Neuroscience, M. David McConaughy, PhD; Honors research thesis: "Sensory and motor cortical interactions in complex voluntary movements."

PUBLICATIONS/PRESENTATIONS

Last first middle initials of authors as listed in the paper. Your name underlined. Title of article. (Year, Month). *Journal*, volume (issue): pages. PMID: ID number

Peer-Reviewed Journal Articles

Doe A, Robertson J. Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality. *JAMA*. 2025 Feb; E-pub ahead of print. PMID: 97618812.

Brown M, Doe A, Markham AT, Proviso M, Dahlstrom M, Beitling K, Robertson J. Post discharge mortality among elderly patients. *Journal of the American Geriatrics Society*. 2024 Oct; 135(11), 218-223. Cited in PubMed; PMID: 81239876.

Oral Presentations

Doe A, Robertson J. Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality. Society of General Internal Medicine Conference; 2024 June; Orlando, FL.

Poster Presentations

Doe AR, Robertson J. Hospitalized Vulnerable Elders and Post-Discharge Mortality: An Analysis. Society of Hospital Medicine Conference; 2024 March; Chicago, IL.

TEACHING EXPERIENCE

Year

Title, Course

Institution

Course directors:

- **Duties (use action verbs to start each bullet point, when possible)**

- | | |
|--------------------|--|
| 2027 (anticipated) | Peer Educator, Clinical Pathophysiology and Therapeutics
University of Chicago Pritzker School of Medicine
Course Directors: Aliya Husain, MD, and Jason Poston, MD <ul style="list-style-type: none">- Selected to teach review sessions for required second-year medical course.- Positions only offered to the top performers in the class. |
| 2019-2020 | Teaching Assistant, Introductory Biology – Genetics
University of Texas
Course Organizer: Charles Darwin, MD <ul style="list-style-type: none">- Conducted student review sessions for the Genetics portion of the undergraduate biology course.- Graded tests, prepared lecture presentations, and conducted literature reviews for course director. |

INSTITUTIONAL SERVICE

- | | |
|--------------|---|
| 2023-present | Class Representative, Dean’s Council, University of Chicago Pritzker School of Medicine <ul style="list-style-type: none">- Elected by peers to serve as liaison between medical students and Pritzker administration- Contribute student perspective as part of a joint decision-making process for the institution- Convey peers’ present concerns and issues to administration |
| 2023-2024 | Emergency Medicine Student Interest Group, University of Chicago Pritzker School of Medicine <ul style="list-style-type: none">- Coordinated school-wide events to promote the field of Emergency Medicine. |

- 2019-2020 President, University of Texas Student Government, Austin, TX
- Led the executive branch of the student government.
 - Reported on student affairs to the University Chancellor’s office.
 - Oversaw budget, programming, and programming initiatives.

COMMUNITY SERVICE

- 2023-2024 Treasurer, Washington Park Children’s Free Clinic, Chicago, IL
- Medical volunteer for student-run health clinic supporting pediatric population on the South Side of Chicago.
 - Served as treasurer of the Executive Board, managing clinic finances and budget.
 - Coordinated grant submissions and fundraising events.
 - Provided essential administrative help around the clinic.
- 2020-2021 Field Organizer, Habitat for Humanity, Springfield, IL
- Participated in weekly planning meetings and quarterly trips to build housing for low-income populations in rural areas of the Midwest.

HOBBIES & INTERESTS

Intermediate baker, specializing in pies and patisserie; national park devotee with recent visits to Joshua Tree and Sequoia and plans to see Denali and Kenai Fjords next; language enthusiast fluent in Spanish and beginner in Cantonese; collector of vinyl records (rock, blues, folk).

CV Tips

- List everything in reverse chronological order
- Use action verbs to start each bullet point
- Be consistent with punctuation
- Be detailed: use numerical data when possible (e.g., “interviewed 40 volunteers” or “taught 35 students”)
- Use the word “anticipated” if something has not happened yet and definitely will happen (do not use it if you are hopeful that something will happen, but do not know for sure)
- Generally, do not list publications that have only been submitted; only list them if they have been accepted, are in press, or have been published
- Primarily list hobbies that show initiative, perseverance, or skill (e.g., sports, cooking, language fluency)
- Do not list hobbies that could suggest to a Program Director that you may be distracted (e.g., social media, fantasy football, trying out different bars, playing video games)

Sample ERAS Application (2027 cycle)

Doe, Alex R. (14340378)

MyERAS Application

General Information

Name: <i>Doe, Alex R.</i>	Applicant ID: <i>2027110355</i>
Previous Last Name:	AAMC ID: <i>14340378</i>
Preferred Name:	
Designated Pronouns: <i>He/Him/His</i>	
Most Recent Medical School: <i>University of Chicago Division of the Biological Sciences The Pritzker School of Medicine</i>	
	USMLE ID: <i>99944411</i>
Email: <i>AlexRDoeERAS@Gmail.com</i>	NRMP ID:
Gender: <i>Man</i>	Participating in the NRMP Match: <i>Yes</i>
Birth Date: <i>07/04/1999</i>	Participating as a Couple in NRMP: <i>No</i>
Authorized to Work in the U.S.: <i>Yes</i>	
Current Work Authorization: <i>U.S. Citizen or National, Legal Permanent Resident, Refugee, Asylee</i>	
<u>Self Identification:</u>	
<i>White</i>	
<u>Present Mailing Address:</u>	<u>Permanent Mailing Address:</u>
<i>924 E 57th St</i>	<i>924 E 57th St</i>
<i>Suite 104</i>	<i>Suite 104</i>
<i>Chicago, IL 60637</i>	<i>Chicago, IL 60637</i>
Preferred Phone #: <i>+1 (773) 702-3333</i>	Phone: <i>+1 (773) 702-3333</i>
Alternate Phone #:	
Mobile #:	
Pager #:	
Fax #:	

Military Service Obligation/Deferment?	<i>No</i>
Other Service Obligation?	<i>No</i>

Geographic and Setting Preferences**Division Preference: *East North Central***

I grew up in the Chicago area and attended the University of Chicago for medical school, so I have a strong network of mentors and supporters here that would be invaluable during residency.

Division Preference: *West South Central*

I attended the University of Texas at Austin for college and maintain a strong network of support in the region. I am interested in serving the diverse populations throughout this region during my training.

Division Preference: *Pacific*

I am eager to train with diverse populations living in this region as well as train at the exceptional institutions located here. Additionally, I am interested in living in a region with easy access to outdoor recreation as an outlet for maintaining wellness.

Setting Preference: *Suburban or Urban*

I have trained so far in an urban setting and would like to continue my training among the diverse range of cases and populations in urban and suburban settings.

State Medical Licenses

Type	Number	State	Exp. Date
<i>None</i>			

Additional Questions

Are you able to carry out the responsibilities and requirements at the specific training programs to which you are applying with or without reasonable accommodations?	<i>Yes</i>
Misdemeanor Conviction in the United States?	<i>No</i>
Felony Conviction in the United States?	<i>No</i>
Medical Licensure Suspended/Revoked/Voluntarily Terminated?	<i>No</i>
Ever Named in a Malpractice Suit?	<i>No</i>
Anything in your past history that would limit your ability to be licensed or would limit your ability to receive hospital privileges?	<i>No</i>

Certifications

Board Certification: No

Other Medical or Healthcare Certifications: No

DEA Registration

DEA Registration Number: None

Medical Education

Institution & Location	Dates Attended	Degree	Date of Degree
<i>University of Chicago Division of the Biological Sciences The Pritzker School of Medicine United States of America</i>	<i>08/2023 - 06/2027</i>	<i>Yes, M.D.</i>	<i>06/2027</i>

Note: This section is not intended to solicit information about your health, disability, or family status.

Have you had any academic extensions, leaves, gaps, or breaks in your educational program due to repeated or remediated coursework?: No

Have you had any professional extensions, leaves, gaps, or breaks in your educational program due to professionalism sanctions or any other adverse actions by your medical school or its parent institution? No

Education

Education	Institution & Location	Dates Attended	Degree	Degree Date	Field(s) of Study
<i>Graduate</i>	<i>Johns Hopkins University Baltimore, MD, United States of America</i>	<i>09/2021 - 06/2023</i>	<i>Yes, M.P.H.</i>	<i>06/2023</i>	<ul style="list-style-type: none">Public Health
<i>Undergraduate</i>	<i>University of Texas at Austin Austin, TX, United States of America</i>	<i>08/2016 - 06/2020</i>	<i>Yes, B.S.</i>	<i>06/2020</i>	<ul style="list-style-type: none">Biology

Postgraduate Training

None

Honors & Awards

Honor Society	Status
Alpha Omega Alpha (AOA)	<i>Alpha Omega Alpha (Member of AOA)</i>
Gold Humanism Honor Society (GHHS)	<i>Gold Humanism Honor Society (Member of GHHS)</i>

Honor or Award Type	Name	Description	Date Received
Research	<i>The Sigma Xi Award for Impact on Society, Pritzker Summer Research Forum (2024)</i>	<i>Presented for my Pritzker Summer Research Program project</i>	Aug, 2024

Professional Memberships

None

Experiences

Class Representative, Dean's Council			
Organization	University of Chicago Pritzker School of Medicine	Dates	10/2023 - Present
Location	Chicago, IL 60637, United States of America	Participation Frequency	Monthly (recurring)
Setting		Experience Type	Other extracurricular activities/clubs
Primary Focus		Key Characteristic	Teamwork and Leadership
Context, Roles & Responsibilities	- Elected by peers to represent the interests of the class at monthly Dean's Council Meetings - Shared peers concerns with medical school administrators and communicated information back to classmates		
Most Meaningful	Being a Dean's Council rep provided an invaluable opportunity to grow as a leader and teammate. I honed my ability to listen actively in order to understand emerging issues and my ability to communicate and advocate on my peers' behalf. I also grew as a collaborator working with fellow reps.		

Peer Educator, Clinical Pathophysiology & Therapeutics			
Organization	University of Chicago Pritzker School of Medicine	Dates	06/2026 - Present
Location	Chicago, IL 60637, United States of America	Participation Frequency	Daily (recurring)
Setting	Urban	Experience Type	Teaching/mentoring
Primary Focus	Medical education	Key Characteristic	Reliability and Dependability
Context, Roles & Responsibilities	- Selected to teach review sessions for required second-year medical course - Anticipated to start in November 2026		

Treasurer and Medical Student Volunteer			
Organization	Washington Park Children's Free Health Clinic	Dates	10/2023 - 09/2024
Location	Chicago, IL 60637, United States of America	Participation	Monthly (recurring)

Experiences

		Frequency	
Setting	Suburban/Urban	Experience Type	Volunteer/service/advocacy
Primary Focus	Community involvement/outreach	Key Characteristic	
Context, Roles & Responsibilities	<ul style="list-style-type: none"> - Served as Treasurer of the executive board of student-run free clinic serving uninsured pediatric population on Chicago's South Side - Coordinated grant submission and fundraising events - Provided primary care services under the supervision of University of Chicago physicians 		

Leader, Emergency Medicine Student Interest Group			
Organization	University of Chicago Pritzker School of Medicine	Dates	10/2023 - 09/2024
Location	Chicago, IL 60637, United States of America	Participation Frequency	Monthly (recurring)
Setting	Urban	Experience Type	Other extracurricular activities/clubs
Primary Focus		Key Characteristic	Teamwork and Leadership
Context, Roles & Responsibilities	<ul style="list-style-type: none"> - Coordinated school-wide events to promote the field of emergency medicine - Created speaker series on trauma-informed care 		

Student Researcher, Department of Medicine			
Organization	The University of Chicago Department of Medicine	Dates	06/2023 - Present
Location	Chicago, IL 60637, United States of America	Participation Frequency	Weekly (recurring)
Setting	Urban	Experience Type	Research
Primary Focus	Quality improvement	Key Characteristic	
Context, Roles & Responsibilities	<ul style="list-style-type: none"> - Investigated geriatric patients through longitudinal Scholarship and Discovery experience (quality and safety track) - First-authored manuscript accepted for publication 		

Research Manager			
Organization	Illinois Department of Public Health	Dates	05/2021 - 06/2023
Location	Springfield, IL, United States of America	Participation Frequency	Weekly (recurring)
Setting	Suburban/Urban	Experience Type	Work

Experiences

Primary Focus	Public health	Key Characteristic	
Context, Roles & Responsibilities	- Conducted statistical analysis of lead poisoning and opioid addiction in Illinois - Prepared and presented reports on morbidity and mortality related to lead poisoning and opioid overdose in Illinois		

President, University of Texas Student Government			
Organization	President, University of Texas at Austin	Dates	08/2019 - 06/2020
Location	Austin, TX, United States of America	Participation Frequency	Daily (recurring)
Setting		Experience Type	Other extracurricular activities/clubs
Primary Focus		Key Characteristic	Teamwork and Leadership
Context, Roles & Responsibilities	- Led the executive branch of the University of Texas student government - Reported on student affairs to the university chancellor's office - Oversaw budget, programming, and policy initiatives		

Hobbies & Interests

Collector of vinyl records (rock, blues, folk) and live music enthusiast; intermediate woodworker, with recent focus on restoration; language enthusiast fluent in Spanish and beginner in Italian; avid runner enjoying the paths along Chicago's lakefront; foodie in search of Chicago's best barbecue.

Scholarly Work

<p><u>Journal Article (peer-reviewed)</u></p> <p>Doe A, Brown M, Lee WW. Post-Discharge Mortality Among Elderly Patients. <i>Journal of Hospital Medicine</i>. October 2025; 135(11):218-233. Cited in PubMed; PMID: 94851014. Publication Status: <i>Published</i>. Most Meaningful, First Author, Post-Discharge Mortality Among Elderly Patients</p> <p>Doe A, Brown M, Lee WW. Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality. <i>Journal of the American Medical Association</i>. January 2026. Publication Status: <i>Accepted/In-Press</i>. First Author, Post-Discharge Mortality Among Elderly Patients</p> <p><u>Oral Presentation</u></p> <p>Doe A, Brown M, Lee WW. Quality of Care for Hospitalized Elders and Post-Discharge Mortality. Oral presentation. 1. Society of General Internal Medicine Annual Meeting, Boston, MA; 03/2025. 2. Society of Hospital Medicine Converge, Nashville, TN; 03/2026. First Author</p> <p><u>Poster Presentation</u></p>
--

Doe A. Brown M, Lee WW. Pritzker Summer Research Forum. Poster presented: *Quality of Care for Hospitalized Vulnerable Elder and Post-Discharge Mortality*. Chicago, IL; 08/01/2024.
First Author

Proficient Languages

- English
- Spanish/Spanish Creole

Hometown(s)

City,State/Province	Country	Postal Code	Setting
<i>Aurora, Illinois</i>	<i>United States of America</i>	<i>60506</i>	<i>Suburban</i>
<i>Austin, Texas</i>	<i>United States of America</i>		<i>Suburban/Urban</i>
<i>Chicago, Illinois</i>	<i>United States of America</i>		<i>Urban</i>

Certification

I certify that the information contained within the MyERAS application is complete and accurate to the best of my knowledge. All written passages, such as the personal statement and descriptions of work/activities, are my own and have not been written, in part or in whole, by another author and while I might use mentors, peers, and/or AI tools for brainstorming, proofreading, or editing, my final submission represents my own work and accurately reflects my experiences. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by the AAMC per the [attached policy](#) (PDF); may also result in expulsion from ERAS; or if employed, may constitute cause for termination from the program. I also understand and agree to the [AAMC Website Terms and Conditions](#) and to the [AAMC Privacy Statement](#) and the AAMC Policies Regarding the Collection, Use and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data ([attached policy](#), PDF) and to these AAMC's collection and other processing of my personal data according to these privacy policies. In addition, I consent to the transfer of my personal data to AAMC in the United States, to those residency programs in the United States and Canada that I select through my application, and to other third parties as stated in these Privacy Policies.

Certified by: *Doe, Alex R.*

Date:

Sample ERAS LOR Request Form (2027 cycle)



ERAS Narrative Letter of Recommendation (LoR) Request

ERAS Application Season: 2027

ERAS Letter ID: WLBN-BRZF4-5RV9Q

I am requesting that you submit my Letter of Recommendation (LoR) to the Electronic Residency Application Service (ERAS), which transmits my letters to the residency programs to which I am applying.

AAMC Letter Writer Portal

The [AAMC Letter Writer Portal](#) is a centralized service that allows LoR Authors to upload LoRs for applicants applying to ERAS residency programs.

The ERAS team has established a set of guidelines that should be reviewed prior to writing and uploading LoRs using the Letter Writer Portal.

For more information about the AAMC Letter Writer Portal guidelines and additional resources, please visit [ERAS® for Letter of Recommendation Authors | AAMC](#).

- Review the information below. If any information is inaccurate, contact the applicant directly so they can make corrections.

Applicant Details

Name	Doe, Alex
AAMC ID	14340378
Phone Number	+1 (773) 702-3333
Email	AlexRDoeERAS@gmail.com

LoR Details

LoR Author Name	James Woodruff, MD
Specialty to which letter will be assigned	Internal Medicine
Department Chair letter requirement	No
Waive rights to view this letter	This applicant has indicated that they <u>WAIVE</u> their right to view this letter now and in the future under the Family Educational Rights and Privacy Act (FERPA). The applicant has acknowledged that this letter is for the specific purpose of supporting my application for residency.
Standardized or Narrative?	Narrative

This document is for instructional purposes only and **should not be included** when uploading a letter.

Draft LOR Email Template

Dear Dr. LAST NAME,

Thank you so much for agreeing to write me a letter of recommendation. I would appreciate it if you could upload your letter no later than September 11, 2026 so that I can submit my application on time. This letter is for my application in CATEGORICAL/PRELIMINARY PROGRAM.

I am requesting that you upload my Letter of Recommendation (LoR) to the Electronic Residency Application Service, which distributes the letters to the programs to which I am applying. I am attaching the Letter Request Form which provides instructions on how to upload the letters into the ERAS Letter of Recommendation Portal. This form includes the unique Letter ID which you will need to submit a letter on my behalf.

In order for a letter to be uploaded, it must be formatted as following:

- File must be in PDF format
- File size cannot exceed 1 MB
- File cannot be password protected
- Filename cannot contain special characters

More information is available at the [2027 AAMC Letter Writer Portal](#)

To help you, I am also attaching a copy of my Curriculum Vitae and my personal statement.

Once again, thank you so much for helping support my residency application.

Sincerely,

Student Name

AAMC ID #

Writing a Personal Statement

- ❑ **Use your personal statement to introduce yourself to your interviewer.**
 - Be sincere and help the interviewer know what’s important to you.
 - Include only the information that you want to discuss.
- ❑ **Write a focused essay, about four paragraphs in length that covers the basics.**
 - The first paragraph should introduce the reader to you (Who Am I?).
 - The second paragraph should let the reader know how you arrived at your choice of the specialty.
 - The third paragraph should confirm why you think this choice is right for you, and could include such things as research, extracurricular or work experiences that are pertinent.
 - The fourth paragraph should inform the reader what you see as your long-term goals, or how you see yourself in this specialty. If your goals are not clearly defined at this point, it is worth stating that fact.
- ❑ **Your starting point in writing does not have to be the “Who Am I?” section.** This is the most difficult part to write. Start with the ending paragraph—that will potentially be one of the easier ones to write.
- ❑ **Your goal should be to write a well-crafted statement that is both original in its presentation and grammatically correct.**
 - These are difficult pieces to write. If you can’t be original, your secondary goal is to achieve a fresh quality about it.
 - Articulate your personal drive in as eloquent language as you can provide.
 - The writing should flow. Include the proper use of punctuation.
 - No one expects you to be a poet or a novelist. The most important thing is to write a concise, clear statement about yourself.
- ❑ If you explain your reasons for entering the field of medicine, do so to inform the reader of points beyond the career choice. **It’s unnecessary to tell the reader “Why I Wanted to Go into Medicine.”** You are well on your way to becoming a physician and will be within six months of receiving your MD degree.
- ❑ **If you repeat accomplishments already listed on your CV, they should be germane to your personal/professional growth.** You want the emphasis in order to encourage the reader to bring this up in the interview.
- ❑ **Use your own words rather than rely on quotes; your own thoughts are more powerful.** Students have been hung up in writing personal statements because they are intent on developing the whole document around some favorite quote. If you can make it work, fine, but don’t get mired down hanging onto a quote. If possible, develop a theme that carries you through the document.
- ❑ Make the statement easy to read. **The interviewers will normally have about two minutes to get through the information.** Use paragraph breaks to encourage reading. One solid page of type is formidable to someone who just has a few moments to read what you wrote.
- ❑ **Show your document to lots of people.** The hard work invested in this is worth it for the feedback.
- ❑ **Do NOT plagiarize your personal statement or generate it with the help of artificial intelligence (AI).** Program directors are increasingly adept at using software to determine if the language in an applicant’s personal statement comes from sources other than the applicant. It is also increasingly common for programs to receive identical personal statements from more than one applicant. This same issue also affects thank-you notes. Your written work should reflect only your own effort. **Do not take shortcuts.**
- ❑ **Your statement should be about one page.** Arial 12-point font with one-inch margins most closely replicates how ERAS will format the statement.
- ❑ **Check program websites.** It is not common but occasionally a program may expect you to mention why you have applied to their program specifically.

Sample Personal Statement #1

My paternal grandfather was born in a small, rural town in Cuba and throughout my childhood I was enthralled by his stories about life on a farm. Every morning, my grandfather milked his family's cows and walked four kilometers to drop off a few liters of fresh milk at Dr. Rios' home. This was how my family expressed gratitude to Dr. Rios for his service as the only physician in town. When my grandfather sliced his index finger open cutting sugar cane, Dr. Rios fished out his tendon and sutured everything back into place. When my great-uncle fractured his wrist after falling off his horse, Dr. Rios put his dinner aside and, with the help of his wife, splinted his bruised arm. "Un médico de antes" my grandfather says, eyes sparkling with gratitude, nearly sixty-five years later. I was amazed that Dr. Rios helped patients with a wide array of complaints with equal skill and compassion—the kind of versatility I envision for myself as a physician.

I approached third-year clerkships with an open mind, but quickly realized I felt most at home on my Internal Medicine rotation. IM combines the breadth of knowledge I crave with the human connection that makes medicine meaningful. I enjoy piecing together a patient's story, building a differential, crafting a plan, and then explaining that plan to a patient and their family. On my hematology/oncology rotation, I cared for a patient with Parkinson's disease and a history of oropharyngeal squamous cell carcinoma. He was admitted for a femur fracture, and the workup showed recurrence of the cancer with metastasis to the bone. His face was a quiet reminder of his dwindling dopamine stores, challenging me to decipher the slightest raise of an eyebrow or curl of his lip. I called his wife with updates daily, and I found purpose in ensuring his family was informed and supported. On my last day, he squeezed my hand and, in the raspy voice I had come to understand, said "thank you." In that moment, I knew I wanted to manage complex illness while building genuine relationships and guiding patients through their care.

My extracurricular experiences in medical school were equally formative. At Community Health Clinic, I interpreted for Spanish-speaking patients, which deepened my appreciation for the importance of language-concordant care. Patients often had trouble making it to their appointments, so providing clear counseling helped me feel confident that their visits were worthwhile. I also saw this when connecting with patients through Chicago Street Medicine, where homelessness created barriers at every turn, and in Peru at Centro de Salud Santa Clotilde, where getting to a clinic required a half-day boat ride. These experiences showed me that even when I cannot remove every barrier, I can ensure patients leave with understanding, agency, and a plan. My desire to bridge gaps in care informed my contraceptive counseling project, which examined how patients with sickle cell disease receive reproductive health counseling while hospitalized. I hope to pursue research aimed at continuity for vulnerable populations in residency. This is also why I developed a curriculum on birth control, healthy relationships, and sexual pleasure for high school students.

I envision training in an academic setting surrounded by colleagues who value teaching, mentorship, and community engagement as much as clinical excellence. As I pursue my interest in women's and sexual health through dedicated research and/or training, I hope to also grow as a medical educator and support the next generation of learners.

I may never receive a bottle of fresh milk from a patient like Dr. Rios once did, but I strive to build relationships rooted in trust, to be the doctor who squats at bedside, and to ultimately give back to the communities that shaped me.

Sample Personal Statement #2

My interest in psychiatry began in a maximum-security prison. After my first year of medical school, I taught a public health course at Stateville Correctional outside Chicago, where I started class with a question: "what do you want to learn?" Their answer: mental health care. They explained how trauma can twist a soul to fit into a cage, but as we co-designed our curriculum, I saw how studying this trauma can provide a measure of freedom. For their final assignment, each student created a healing intervention to carry out in the prison. Watching them use their unique expertise to bring care to their peers, I saw that what they needed was not an expert teacher, but someone to encourage the expert in each of them. I left Stateville knowing what my healing career should center: empowering others to heal themselves.

By centering empowerment, I've found a clarity of purpose that I lacked in previous careers. Before medicine, I taught English and later advised companies as a qualitative researcher, seeking impact by positioning myself as an expert. The spring of 2020 flipped this dynamic, when a pandemic, protests, and work as an EMT invited me to listen, rather than lecture. In stories of illness and oppression, I heard a common theme: disempowerment. I applied to medical school that summer seeking a career that could empower through therapeutic connection, healing both illness and its structural roots.

In psychiatry, I've found the unique blend of connection and empowerment that I began searching for in 2020. On my inpatient rotation, I felt I could form truly healing relationships, like with M, a young woman recovering from her first manic episode. When we met, M struggled to understand herself in her illness. Sitting together after rounds, we discussed her fears, made sense of her diagnosis, and planned with her parents to work towards a new normal. Approaching discharge, she told me that our work together helped her feel that her future "was no longer in someone else's hands." As in the prison, I saw the transformative power of helping others find agency.

Since choosing psychiatry, I've felt how naturally my past experiences enrich new work in mental health. I've leveraged my health policy degree, working alongside community organizers to author laws expanding care access. My qualitative research skills are now community-focused, enlisting people returning from prison to study their own health needs. I've continued to educate, lecturing to medical students rotating in psychiatry, and leading educational initiatives for a medical-legal nonprofit. Through psychiatry, my varied interests have become a gestalt, united by their focus on empowering others.

Looking to the future, I aspire to a career in academic psychiatry that shifts power from university to community. My work at Stateville informs this vision. After the course, I worked with one student, D, to turn his final project into a trauma healing class. The work enlisted others from the university, connecting them to carceral work they had been seeking, while helping D become Stateville's first incarcerated lead educator. This is the kind of mutually-enriching work that I hope to find more of in residency.

Last April, the Department of Corrections closed Stateville, citing health concerns from the facility's lead pipes. The community of students supporting each other through so much loss—of family, health, freedom—was scattered. During my last visit, D remarked that "if they wanted us healthy, they wouldn't lock us up." Much has been written about mental health care as an alternative to incarceration. I don't have the solution. But, reflecting on the title of D's course—"Healed People Heal People"—I think folks like him might. A career spent helping others create their own remedies would be a fulfilling one for me.

Sample Personal Statement #3

The decision to become a surgeon is not one that is made in the operating room, in the classroom or even in the anatomy lab. It's made at four in the morning, when the alarm goes off and you roll out of bed before the world wakes up, finding yourself looking forward to the first scrub of the day and uncovering whatever new problems exist under a few layers of connective tissue and fascia. For most of my training, I was certain that I only wanted to tackle surgical problems of the brain. It made sense—I received a master's degree in the neurosciences; I loved the brain and its authority over the rest of the body. That certainty was challenged after I witnessed my first exploratory laparotomy, when my attending showed me how to run the bowel, quizzing me on the anatomical landmarks. I thought to myself that maybe there was more to the body than just the skull and soft tissue within in it. I began to acknowledge that I did, in fact, enjoy my physiology course and the brief simulation session during which we were taught to use laparoscopic instruments. I admitted that the entirety of my general surgery rotation brought me more satisfaction than neurosurgery. Still, I pursued the latter. Halfway through my sub-internship in neurosurgery, while watching the general surgery residents assist with placing a VP shunt, I admitted the truth: I wanted to be a general surgeon.

This realization didn't actually occur suddenly. My initial reflections told me it was the product of weeks of deliberation, of asking myself: "What life do you see for yourself? What type of career do you want? What type of people do you want to care for?" Looking back now, I realize those questions were answered long before I asked them. They were answered in the anatomy lab, when I found myself taking the extra time to separate the layers of the oblique muscles of our donor, telling myself it would improve her wound healing despite knowing that healing would never happen. The questions were answered in the early Sunday mornings before we opened the doors to our free clinic located a stone's throw south of Chicago's notorious O-Block. We worked there with organizations like Project H.O.O.D. because preventative medicine goes beyond screenings; it includes community violence intervention programs and Stop the Bleed trainings. The questions were answered as an audience member in talks by surgeons like Dr. Selwyn O. Rogers, whose work establishing a trauma center in the South Side has likely helped to save more lives than his work within the operating room.

I've come to learn that the decision to become a general surgeon is the product of a series of questions asked to oneself when fighting the urge to press "snooze" on that 4 a.m. alarm. It's the answer to "why am I biking in the dark toward the hospital?" I love the human body. I love the wide array of problems that we can solve, and the life we can give back to a person. I love the brief hesitation after insufflating the peritoneal cavity, when the surgeon takes a survey of the landscape and hopes the anatomy within isn't a disaster. I also love the can-do attitude when the anatomy *is* a disaster. The long hours, the failures, and the complexities associated with operating in the abdomen or the thorax never deterred me, they only drew me in. It took me countless conversations with attendings, residents, and other medical students to really interrogate my motivations for wanting to become a general surgeon. In reality, I was sold the very first time my thoracic surgery attending handed me the scope and asked, "would you like to drive the camera?"

What began as a simple invitation has now transformed into a calling. When the alarm rings at 4 a.m., I find myself buzzing with the anticipation of challenge, of discovery, of purpose. I am beyond eager to use this anticipation to become the kind of surgeon my program and, more importantly, my patients can rely on. I'm resolved in my decision to become a surgeon.

Sample Personal Statement #4

I love hearing people's stories. My favorite part of working at a medical respite shelter during pre-clinical years was getting to know the shelter guests; as we talked during their mealtimes or smoke breaks, I often asked what they were looking forward to as they gained the health and financial stability to leave the shelter. S, whose hands trembled due to Parkinson's disease, reminisced about being head chef on a fishing trawler and said he dreamt of regaining the physical steadiness to cook again. J spent his first few weeks at the shelter sleeping and saying little, but his reticence melted as he told me about the beloved cats he'd had in the past; he hoped that his upcoming cataract surgeries would let him see well enough to care for a pet cat again. As I heard the guests' hopes for the future, I wished I could do more to help them navigate entangled health and social barriers to achieve these hopes.

A year later, after going through clerkships, I have found myself drawn to internal medicine, and geriatrics in particular, because it invites us to do exactly this. In internal medicine, we gather information from many sources — physical exam, labs, imaging, consultant recommendations — but we also pay special attention to patient histories, hearing how their health conditions fit into the broader context of their lives. As we check medication lists, we explore what challenges patients face in taking those medications, from cost to side effects to health literacy; as we meet patients' families, we address their concerns and learn about what kind of support, or lack thereof, patients have at home. And as my geriatrician mentors have highlighted, we should take the time to ask patients what is most important to them when it comes to their care. Tending to the smallest details in service of the big picture of what matters most to patients — this is exactly the kind of medicine I have always hoped to learn.

I am interested in primary care because of the opportunity to build relationships with patients and their loved ones over time. I have already seen how key these relationships are, not only to my patient care but also to who I am as a provider. The stories of guests I met at the respite shelter have often resurfaced as I have helped care for patients on the wards: S came to mind as I met an older woman with Parkinson's disease who insisted on cooking for herself (our team ultimately recommended that she continue to cook with family supervision); I thought of J when a woman left the hospital after admission to arrange care for her cats (we worked to make readmission smooth). Each patient's story teaches me to be more alive to the countless factors that can affect health and illness. And each patient's story reminds me that I am just one part of someone's rich, vibrant life, and that I am lucky to get to play this part.

Through internal medicine residency, I hope to learn to expertly care for patients' medical and social needs while prioritizing what is most important to them; ultimately, I hope to be able to lead interprofessional healthcare teams in delivering this kind of care. I hope to receive outstanding clinical training so I can best address the breadth and depth of patients' needs, and to meet mentors who model and champion patient-centered care, especially care for older adults. I would love to find a close-knit community of residents, so that I can learn from relationships with peers as well as patients. And I hope for the opportunity to keep working with patients with diverse, complex needs, to continue to be shaped and sustained by their stories.

Information Provided in the Medical Student Performance Evaluation (MSPE) & MSPE Process

INFORMATION PROVIDED IN THE MSPE

The Pritzker School of Medicine provides each student with an MSPE letter when applying for post-graduate training to supplement the transcript.

The letter is intended to provide a fair summary of student performance. It includes a review of student's academic history, including a summary of the clinical skills sequence, clinical clerkship summaries, and a listing of the clerkship internal designators (grades). The Pritzker School of Medicine retains some latitude in editing departmental comments in order to provide accurate information about student performance. Any disciplinary sanctions imposed during medical school will be included in the MSPE. The MSPE will include information about required remediation of academic performance, as appropriate. Pritzker-sponsored honors and awards, participation in research projects, community service work, summer activities, and other relevant activities may be mentioned. Reference to academic performance during the basic science years will occur when warranted.

The Pritzker School of Medicine does not use a numeric ranking system. Generalized descriptors given to each student including "exceptional," "outstanding," "excellent," "very good," and "good" are based on a holistic review including academic achievement in clinical clerkships, scholarly work, and institutional and community service. The MSPE appendix includes two graphs showing 1) the distribution of clerkship internal designators within the class and 2) the distribution of summary designators within the class.

MSPE PROCESS AND EXPECTATIONS

All graduating students must conduct two mandatory meetings with the MSPE Director during their final year of medical school, at times established by the MSPE Director, regardless of whether they plan to enter residency immediately after graduation, at a later time, or never. The first of these meetings will be conducted virtually and typically occur during late Spring Quarter and mid-Summer Quarter. The second of these meetings must be conducted *in person*; this meeting is the student's opportunity to review the contents of their MSPE letter before it is transmitted to residency programs. In order to meet the *in-person* requirement of the second meeting, students requiring MSPE meetings must be physically present in Chicago for one of the second meeting dates offered between mid-June and Mid-September. The MSPE Director and Assistant Director of Career Advising and Medical School Communications will work with students to ensure they are able to attend a second meeting during their available dates while also supporting their other activities required for residency application (e.g., away rotations). Failure to fulfill the in-person second meeting requirement will result in a Professionalism Concern Report (PCR) and may be noted on the final MSPE letter.

Sample MSPE and Appendices



Pritzker School
of Medicine

924 East 57th Street • BSLC 104
Chicago, Illinois 60637
Phone: 773-702-1939 • Fax: 773-702-2598
<http://pritzker.uchicago.edu>

MEDICAL STUDENT PERFORMANCE EVALUATION

Alexandra (Alex) Doe

September 23, 2026

NOT REAL
STUDENT DATA

Identifying Information

Alexandra (Alex) Doe is currently a fourth-year medical student at the University of Chicago Pritzker School of Medicine in Chicago, Illinois. Alex's pronouns are she/her/hers.

Alex matriculated at the University of Chicago Pritzker School of Medicine in Autumn 2023 and has distinguished herself in the following activities as a medical student.

Noteworthy Characteristics

- Alex channeled her passion for improving health care access for underserved patients by serving as a leader in one of our school's free student-run clinics and through volunteering at the four other free clinics.
- Alex understands the impact research has on improving health care outcomes and has focused her scholarly work on health care delivery science in order to improve new screening methodologies for risk of falls in the inpatient and critical care units, with resulting presentations at Society of General Internal Medicine and American Geriatrics Society conferences.
- Alex is committed to mentorship and has sought out opportunities to work with youth on Chicago's South Side, including efforts in the Health Professions Recruitment and Exposure Program (HPREP) as well as the summer pathway programs. In these roles, Alex provided education about the health disparities facing their communities and inspiring them to pursue healthcare careers to advocate for these communities.

Scholarship and Discovery:

As a part of the Pritzker curriculum, all students are required to participate in Scholarship and Discovery, a longitudinal scholarly program that incorporates core coursework, research, electives, service activities, and dissemination of scholarship with the goal of providing each student with an advanced level of knowledge and expertise in a given track. Alex selected the Healthcare Delivery Sciences Track through which she investigated the topic of: "Evaluation of a new screening assessment as part of fall prevention interventions in hospitalized older adults."

Academic History

Transfer student: Not applicable

Initial Matriculation at Medical School: Autumn 2023

Expected Graduation from Medical School: Spring 2027

Extensions, Leave(s) of Absence, Gaps or Breaks: NA

Dual/Joint/Combined Degree: NA

Selected Honors/Awards

Student Member, University of Chicago Pritzker School of Medicine Admissions Committee, 2026-27: Through a competitive selection process, Alex was chosen by faculty as one of twelve senior medical students to serve as a voting member of the Admissions Committee.

Students Teaching Students Award, 2025: In 2025, Alex was selected through a peer nomination and selection for one of two teaching awards given by students in the preclinical curriculum. Alex was chosen for her excellence as a teaching assistant

Academic Progress

Preclinical/Basic Science Curriculum:

The Pritzker School of Medicine uses a Pass/Fail grading system. Alex received passing grades in all courses in Years 1 and 2.

The following summary evaluation was submitted regarding Alex's performance in the two-year Clinical Skills course sequence:

Alex showed an ability to organize and describe clinical assessments at a level typically seen in much more seasoned medical students, focusing specifically on how each piece of information gathered through their history, exam, and studies led to differential diagnosis and plan. Her written products were equally excellent, managing to describe complex patients comprehensively but efficiently. She asked pointed, specific questions and incorporated that feedback into her next presentation.

Professionalism:

The following comments were made about Alex's professionalism:

- "Alex demonstrated outstanding empathy at the bedside and established trusting relationships with her patients and other patients on the team. She was excellent at establishing rapport with patients, and patients loved her."
- "Her work with patients stood out as mature. She was thoughtful, mature, and caring."
- "She brought an enthusiastic, positive, and compassionate attitude to work each and every day."
- "What really made Alex stand out was her incredible communication and bedside manner. She showed genuine compassion in caring for her patients, and her face lit up when speaking of patients."

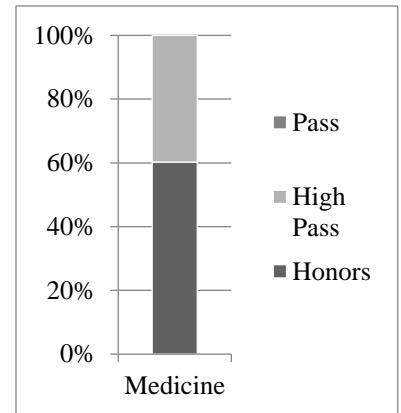
Core Clinical Clerkships and Elective Rotations:

The following summaries are edited for length and grammar. The clerkships are presented in chronological order. If the student took a year off, the graphs represent the year in which they completed their clerkships.

Clerkship #1 -- Medicine (High Pass):

Overall grade composition: Clinical Performance: XX%; Shelf Exam: XX%; Oral Exam: XX%; Patient Write Up: XX%

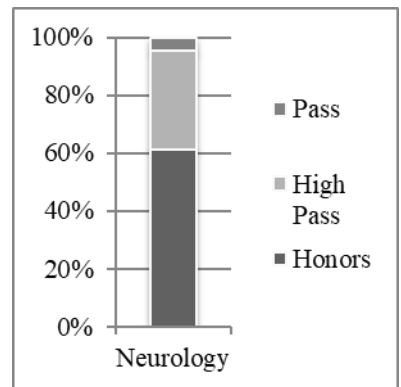
Alex's overall performance in the Medicine clerkship was Excellent. Alex showed a good ability to obtain a history and interpret those findings into meaningful clinical application. Alex gave clear and concise presentations which were very complete and detailed. Alex provided sound and thoughtful differential diagnoses for their patients. She consistently asked great questions and appreciated feedback, demonstrating that she was interested in learning beyond the scope of her particular patients. Alex demonstrated outstanding empathy at the bedside and established trusting relationships with her patients and other patients on the team. She was excellent at establishing rapport with patients, who loved her. Alex was a very valuable team member and worked well with everyone. She learned quickly how systems worked in the hospital and took initiative to research clinical questions. Alex was always professional in her interactions with the team and her patients.



Clerkship #2 -- Neurology (Honors):

Overall grade composition - Clinical Performance: 50%; Shelf Exam: 20%; OSCE: 20%; Case Presentation: 5%; Patient Write Up: 5%

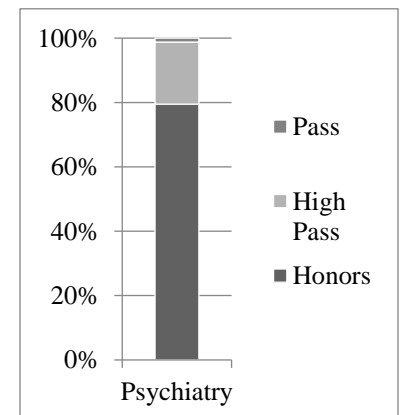
Alex's overall performance in the Neurology clerkship was Outstanding. She consistently demonstrated a fund of knowledge that was impressive for a third-year student and was able to synthesize and incorporate new information into her clinical reasoning well. Alex's communication skills were above average, and she was able to provide concise presentations with all the relevant information included. Alex routinely went out of her way to look up practice guidelines and incorporated the latest evidence into her patient care plans, which everyone on the team appreciated. She took exceptional care of her patients on the inpatient service. Alex did an excellent job guiding her fellow students through a broad differential in the style of a chalk talk. She was presenting information at the level of a fourth-year student or better.



Clerkship #3 -- Psychiatry (High Pass):

Overall grade composition - Clinical Performance: 50%; Shelf Exam: 20%; OSCE: 20%; Patient Write-Up: 10%

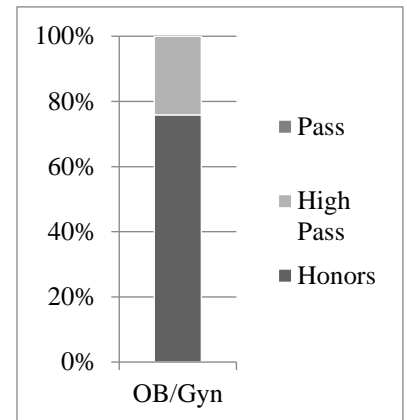
Alex's overall performance in the Psychiatry clerkship was Excellent. Her work with patients was consistently outstanding. She spent considerable time with patients and their families, who often pointed out that she was a great doctor. Her psychiatric observations were astute. She was reliable, dependable, and insightful about behavioral disorders. Alex worked with patients closely and provided real help at the bedside. Her knowledge of psychiatry emerged; she had good insights about patients and considered multiple factors when trying to understand them. Alex had outstanding interpersonal skills; everyone on the team liked working with her. Her case presentations and write-ups were at the level of a first-year resident. Alex was thoughtful, mature, and caring with a calm presence with patients, who respected her.



Clerkship #4 -- Obstetrics and Gynecology (High Pass):

Overall grade composition - Clinical Performance: 50%; Shelf Exam: 20%; OSCE: 15%; Oral Exam: 10%; Case Presentation: 5%

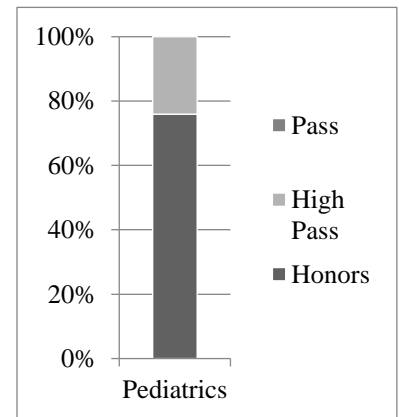
Alex's overall performance in the Obstetrics and Gynecology clerkship was Excellent. Alex demonstrated a solid medical knowledge base and was hardworking throughout her OB/GYN clerkship. She gathered thorough and appropriate histories for patients. Alex was able to do a great job completing an annual physical exam. She adequately performed the maneuvers of a vaginal delivery. Alex was eager to learn and was very receptive to the feedback she received. She was a great student. Alex did a very good job during her OB/GYN clerkship. She demonstrated an excellent level of professionalism and worked hard to be part of the team. She will do very well in whatever field of medicine she chooses.



Clerkship #5 -- Pediatrics (High Pass):

Overall grade composition - Clinical Performance: 50%; Shelf Exam: 20%; EBM Presentation: 10%; Professionalism: 5%; Patient Write Up: 15%

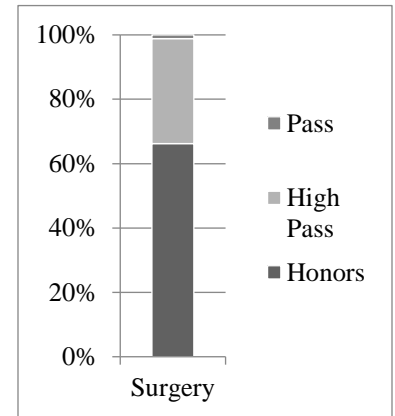
Alex's overall performance in the Pediatrics clerkship was Excellent. She demonstrated excellent clinical ability and took thorough yet concise histories. She presented in a clear, effective, and easy to understand manner to her team and families alike. Alex conveyed thoughtful differential diagnoses, and her assessments and plans were practical and on point. She proactively inquired about and attempted to address important social determinants of health affecting her patients. She brought an enthusiastic, positive, and compassionate attitude to work each and every day. Alex was skilled at getting input from various sources in making her plans, including patients and their families, nursing, and multidisciplinary support staff. Although all of these traits were impressive, what really made Alex stand out was her incredible communication skills and bedside manner. She showed genuine compassion in caring for her patients, and her face lit up when speaking of patients. Alex clearly enjoyed working with children, and she directly sought out feedback from everyone, including families and even children in order to improve. Multiple times the team noted that on the day of discharge for their patients, when the team was exiting the room, Alex would hang back to address the child and ask them about their experience and any questions they might have. Alex will no doubt be an asset to whatever field she chooses.



Clerkship #6 -- Surgery (Pass):

Overall grade composition - Clinical Performance: 50%; Shelf Exam: 20%; OSCE: 10%; Oral Exam: 15%; Professionalism: 5%

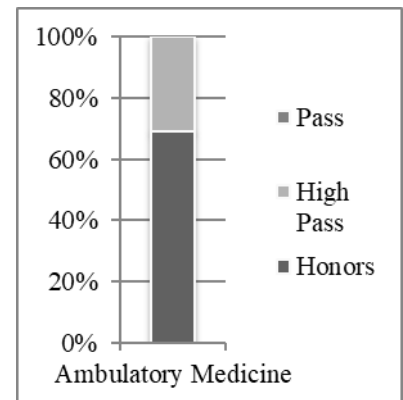
Alex's overall performance in the Surgery clerkship was Very Good. Alex had a good knowledge base. She was able to apply her knowledge in her day-to-day activities. Alex was thorough in her history taking. She was able to complete a good physical exam and apply her findings to the care of the patient. Alex was able to formulate an appropriate differential diagnosis and an accurate assessment. She had appropriate clinical decision-making, incorporating imaging and physical exam findings. Alex showed effective self-directed learning and was prepared for each day's work, having read about her patients and their cases. Alex was extremely accurate in the information that she presented. She was a valuable member of her teams and well-liked by the residents. Alex conducted herself in a professional manner at all times. She was always respectful toward her team members and her patients and their families. Alex was an engaged, interested, and knowledgeable student. She was hardworking and reliable. She integrated well with her teams and was well liked by staff. Alex was reliable, mature, and polite to her patients, families, and members of her teams. Alex will be an excellent resident and physician.



Clerkship #7 -- Ambulatory Medicine (Honors):

Overall grade composition – Clinical Performance: 50%; Shelf Exam: 20%; EBM Presentation: 15%; Direct Observation: 15%

Alex's overall performance in the Ambulatory Medicine clerkship was Outstanding. Alex demonstrated a superior knowledge base and effectively applied her knowledge in clinical practice. She took comprehensive and clear histories and conducted physical exams thoroughly and with outstanding professionalism. Alex produced excellent differential diagnoses and accurate assessments. She also demonstrated exceptional self-directed learning and eagerness to learn from each clinical encounter. She asked good questions and shared her knowledge with teammates. Alex was a wonderful team player and picked up extra work wherever her team needed her. She was always respectful toward peers, patients, and all members of the healthcare team. Alex built quick rapport with patients and showed sincere interest in learning about their lives and factors impacting their health.



Summary

Clerkship Grades:

(H=Honors; HP=High Pass; P=Pass)

Clerkship #1 - Medicine: **HP**

Clerkship #2 - Neurology: **H**

Clerkship #3 - Psychiatry: **HP**

Clerkship #4 - Obstetrics and Gynecology: **HP**

Clerkship #5 - Pediatrics: **HP**

Clerkship #6 - Surgery: **HP**

Clerkship #7 - Ambulatory Medicine: **H**

Throughout her clinical rotations, Alex took a vested interest in her patients. She sought to better understand the greater context of their lives in order to provide the best possible care. In order to improve her level of understanding, Alex employed a strong bedside manner; attendings praised her

for her maturity, compassion, and ability to form meaningful connections with her patients. As Alex focuses on becoming the best physician she can be, she is driven by her strong work ethic, an open-mindedness that seeks cultural understanding, and a desire to collaborate with and empower her patients. Alex's interest in truly understanding and helping others manifested in her extracurricular activities, as well. One prominent example is her role as leader of one of the student-run free clinics and significant contributions through the Health Professions Recruitment and Exposure Program. This is a testament to her other-centered nature and her inherent drive to connect with others. In all things, Alex understands the importance of culture and history as pieces that help inform what a person needs. A dedicated learner and reliable teammate, Alex will surely be a welcomed addition to her residency program and by her future patients. Our holistic evaluation of Alex's performance in our curriculum, in scholarship, and in service demonstrates that she is an **outstanding** candidate for your residency training program.

The University of Chicago's evaluation system was not designed to provide information comparing one student to another and for that reason no ranking regarding Alex Doe can be provided. The grading system is pass/fail and there are no class rankings. The curriculum has been designed for a competency-based evaluation system. The students are measured by their achievement of the competency, not in terms of comparative performance. Descriptors provided for the third-year clerkships reflect the degree to which Alex has attained the competencies taught in that clinical experience. For that reason, we encourage review of this evaluation letter in its entirety.

Sincerely,



H. Barrett Fromme, MD, MHPE
Professor of Pediatrics
MSPE Director, Pritzker School of Medicine



Vineet Arora, MD, MAPP
Professor of Medicine
Dean for Medical Education

Attachments: MSPE Appendices

20XX Medical Student Performance Evaluation Appendices

Appendix A – Pre-Clerkship/Basic Science Performance

The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Therefore, no graphic representation of the student’s performance relative to his or her peers in pre-clerkship/basic science courses can be provided.

Appendix B – Clinical Clerkship Performance

The University of Chicago Pritzker School of Medicine utilizes a Pass (P) / Fail (F) grading system, with the exception of the seven core clinical clerkships:

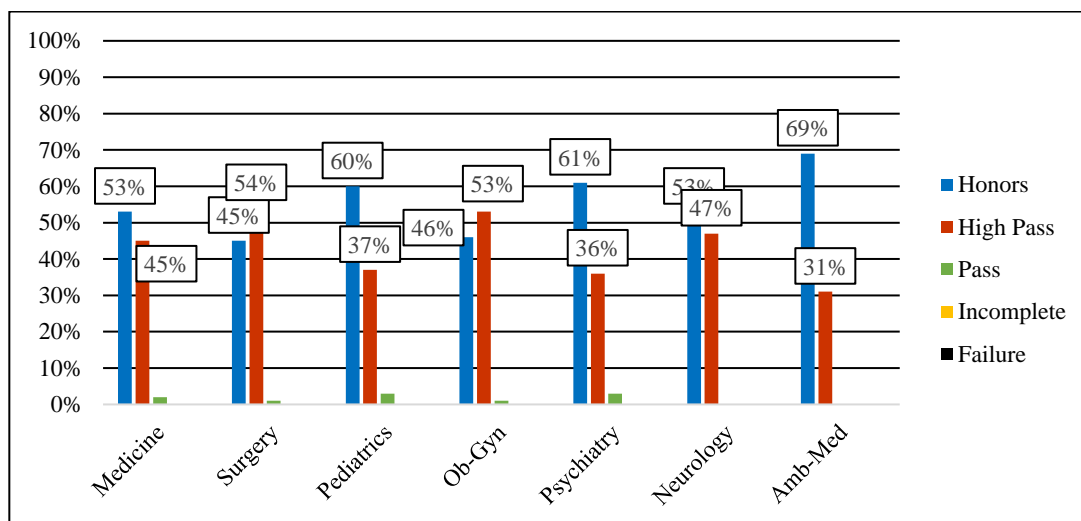
- Internal Medicine (8 weeks, including electives)
- Surgery (12 weeks, including electives and a Perioperative Care rotation)
- Pediatrics (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Psychiatry (4 weeks)
- Neurology (4 weeks)
- Ambulatory Medicine (4 weeks)

During the clinical clerkship year, students are given designators the seven required core clerkships (Honors, High Pass, Pass, or Fail) based on the extent to which they meet or exceed a given competency. In the 2024-2025 academic year, the required Neurology clerkship was shortened to a two-week experience. Grading for Neurology was Pass/Fail. In each of the clerkships, clinical performance is evaluated by the clerkship directors as to the extent to which the student achieves the performance objectives of the clerkship. Accordingly, this evaluation system does not assume a normal distribution of grades as students are assessed against performance objectives, not each other. The distribution of the internal designators by clerkship for the Class of 20XX is outlined below.

	Honors	High Pass	Pass	Incomplete	Failure	Total
Medicine	53%	45%	2%	0%	0%	100%
Surgery	45%	54%	1%	0%	0%	100%
Pediatrics	60%	37%	3%	0%	0%	100%
Ob-Gyn	46%	53%	1%	0%	0%	100%
Psychiatry	61%	36%	3%	0%	0%	100%
Neurology	53%	47%	0%	0%	0%	100%
Amb Med	69%	31%	0%	0%	0%	100%

SAMPLE DATA ONLY

**University of Chicago Pritzker School of Medicine
Class of 20XX Clerkship Distribution**



Appendix C – Professional Attributes

Professional attributes are considered in the Pass/Fail designation and addressed in the clinical performance evaluation summaries prepared by the Clerkship Directors. Therefore, no graphic representation of the students’ professional attributes relative to his or her peers can be provided. Professional attributes assessed in the clerkships include the extent to which students:

- Demonstrate enthusiasm, interest, and self-motivation
- Pursue self-directed learning
- Exhibit responsibility, integrity, and caring in establishing trusting relationships with patients and family members
- Interact appropriately and respectfully with other health professionals
- Are punctual and prepared

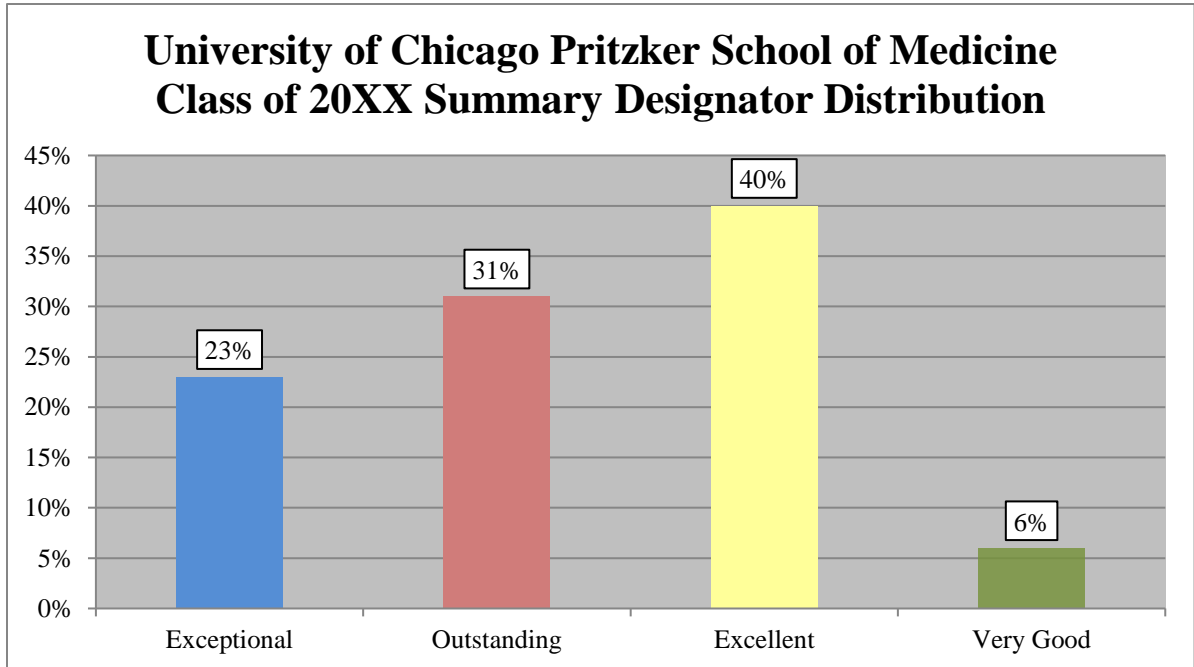
Appendix D – Overall Comparative Performance

Our students receive a summary designator based on a holistic review of their academic performance during their clerkship rotations, their performance in research/scholarship, and their time spent in institutional and community service. This holistic review is aligned with the holistic review our Admissions Committee uses when evaluating prospective students.

We reserve the right to not use all designators in a given year. Below is the distribution of these designators for the Class of 20XX:

Exceptional	23%
Outstanding.....	31%
Excellent.....	40%
Very Good.....	6%
Good.....	
Acceptable.....	

**EXAMPLE DATA
ONLY**



Appendix E – Medical School Information Page

Specific Programmatic Emphases of the Medical School and its Educational Programs:

Mission Statement: “At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.”

Pritzker attracts and recruits culturally diverse student leaders with strong academic backgrounds and personal accomplishments. The curriculum emphasizes the importance of humanistic care and skills of critical analysis. With the exception of the clinical clerkship year, Pritzker operates on a Pass/Fail grading system to encourage students to develop teamwork skills, to discover and develop their unique talents, and to promote cooperative learning through focused curricular and co-curricular activities.

These medical education programs include the following:

- Integration of basic science and clinical medicine across the four years of the curriculum.
- Students who are enrolled in a joint MD/PhD program at the University of Chicago participate in a longitudinal curriculum designed to provide enhanced training in fundamental concepts and scholarly skills.

- The Scholarship & Discovery component of the Pritzker curriculum reaffirms the core mission of the University to generate new knowledge to improve human life. The cornerstone of Scholarship and Discovery is the completion of a mentored scholarly project by the time of graduation, focusing on one of seven scholarly tracks: **(1) Basic/Translational Sciences, (2) Clinical Research, (3) Health Services & Data Science, (4) Community Health, (5) Global Health, (6) Medical Education, and (7) Healthcare Delivery Improvement Sciences.** Guidance is provided by core faculty throughout the students' time at Pritzker. During the first year, students participate in coursework and throughout subsequent years, students also participate in activities related to their scholarly track, including a focused scholarly block to work on their research. Examples of additional scholarly activities include advanced elective coursework, conference participation, or track specific activities (i.e., a service-learning project for Community Health, out-of-country rotations for Global Health, serving as a Peer Educator for Medical Education, etc.). During the fourth year, students either complete their scholarly project or continue their advanced training in their scholarly area with guidance from faculty Track Leaders. All students, including MD-PhD students who are exempt from the Scholarship and Discovery requirement, are encouraged to disseminate their work at the Pritzker Senior Scientific Session and share their findings with a broader regional and national audience whenever possible.
- Summer research training supporting more than **85%** of the students to explore their research aptitudes before entering the second year. The experience often serves as a scholarly foundation from which students continue their scholarly work throughout their medical school tenure, often resulting in dissemination via presentation or publication.
- Clinical experiences with patients and standardized patients beginning the first quarter of medical school aided by the formative feedback provided by review of recorded patient encounters with full-time faculty preceptors.
- A comprehensive group of required core clerkships beginning in the second year and combining ambulatory and inpatient experiences taught by full-time faculty together with highly selected residents to promote and model clinical proficiency.
- Opportunities to participate in MD/PhD, MD/MPH, and MD/MBA programs, master's degree programs (MPP, MPH, AM, MS, JD) and research "year off" experiences.
- An extensive array of co-curricular activities that provide the arena for students to develop further their altruism, leadership, professionalism, and self-care.
- Integration of humanism in medicine through programs such as the First Year Orientation, White Coat Ceremony, and Gold Humanism Honor Society Induction Ceremony. In these and other student programs, upperclassmen and residents model a mentoring demeanor promoting collegial approaches to medical education.

Average Length of Enrollment (Initial Matriculation to Graduation):

The average duration of enrollment was approximately **4.6 years**.

Of the 83 students anticipated to be in the graduating Class of 20XX, **20** took more than 4 years to complete medical school:

- **10** students completed joint MD/PhD training, which added an average of **4.4** years to their medical education.
- **1** student completed joint MD/MBA training at University of Chicago.
- **1** student completed a master's program in Harris School of Public Policy at University of Chicago.
- **7** students participated in additional scholarly and clinical experiences for an additional year. Of these 7 students, 2 obtained support via Pritzker Fellowship, 1 obtained a NorthShore Fellowship.
- **4** students chose to utilize the Extended Curriculum Option to decompress an academic year for personal, family and/or medical reasons.

Guidelines for Medical Schools Regarding Academic Transcripts:

The Pritzker School of Medicine is compliant with the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts."

Description of the Evaluation System Used at This Medical School:

Please see Appendix A, B, C, and D.

AOA Membership

The University of Chicago is home to the Illinois Beta Chapter of Alpha Omega Alpha, the national medical honor society. Election to the chapter occurs at the beginning of Pritzker students' fourth year and is guided by the regulations for election as set out in the AΩA constitution.

All students at Pritzker School of Medicine are eligible for AΩA. The selection process starts with a holistic review of all M4 students, which is aligned with the holistic review our Admissions Committee uses when evaluating prospective students and with the mission statement of the Pritzker School of Medicine. This holistic review includes:

- 1) Academic performance during clerkship rotations
- 2) Participation and achievements in research/scholarship
- 3) Review of leadership, volunteerism and institutional service as reported in the Student Management System and in students' CVs
- 4) Peer assessment as determined by an anonymous, end-of-academic year survey of clinical clerkship students (the peer assessment score given to students who take time off comes from the cohort with whom they completed the clerkship year)

Up to 20% of the class is then selected for membership in AΩA by a faculty committee appointed by the Dean for Medical Education. The AΩA constitution calls on the committee to consider not only scholastic achievement but also capacity for leadership, professionalism, a strong sense of ethics, and a commitment to service in the school and community, along with outstanding achievement in research.

Medical School Requirements for Successful Completion of the USMLE Step 1 and Step 2 for Promotion and/or Graduation

To graduate from the University of Chicago Pritzker School of Medicine, students must have taken and passed Step 1 and Step 2 (CK) of the USMLE exam. Students must pass Step 1 to advance to the clinical phase of Pritzker's curriculum and pass Step 2 in order to graduate. Students may not receive the MD degree from the Pritzker School of Medicine if these exams are not completed as required.

Medical School Requirements for Successful Completion of Objective/Observed Structured Clinical Evaluation (OSCE) at Medical School.

Observed Structured Clinical Evaluations (OSCEs) are used for formative feedback during the first- and second-year Clinical Skills course, both throughout the course and during the assessment in the final exams.

Utilization of Narrative Comments from the Medical School Course, Clerkship, or Elective Director in the Composition of the MSPE.

The narrative comments from the seven required clinical clerkships have been edited for length but not for content.

Process of MSPE Composition at the Medical School.

The Medical Student Performance Evaluation is prepared by the Medical Student Performance Evaluation Director, the Assistant Director of Career Advising and Medical School Communication, and members of the Curriculum administrative team.

MSPE Review by Students.

Students at the Pritzker School of Medicine are permitted to review the MSPE letter in its entirety prior to its transmission and can request changes for factual information.

Residency Application Information by Specialty

The information in the following pages comes directly from UChicago Medicine Program Directors, edited only for grammar. It is updated annually.

Preliminary Programs

PGY-1

These programs require a separate application in addition to your specialty application.

Program Director at UCM

Julie Oyler, MD

NRMP Data

Source: Results and Data: 2025 Advance Data Tables (NRMP publication)

Number of positions offered	1,600
Number of positions filled by US MD Applicants	1,108

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	1
Number of letters from external institutions	N/A

The student should identify a preliminary medicine advisor. This may be their society Career Advisor or Specialty Advisor. Preliminary Medicine applicants do not need to obtain a Chair's Letter to accompany their preliminary applications. All three letters of recommendation should be from faculty who observed your clinical performance, with at least one from an Internal Medicine faculty member.

Personal Statements

Internal medicine programs are looking for thoughtful, sincere personal statements that relay enthusiasm for preliminary training in medicine. The statement should demonstrate attention to detail and organization. It should be clear that the applicant put effort into the statement. Write humble essays that contain information about interests and career plans. Program directors read the personal statement to make sure that the applicants are levelheaded, so avoid taking unusual measures to be noticed, as it runs the risk of alienating some percentage of readers.

A poorly written personal statement may lower your rank or prevent you from receiving an interview. A well-written personal statement is unlikely to raise your ranking, but it will help you in receiving an interview and give you a chance to have a meaningful discussion during your interview.

In many cases, you do not need to write an entirely new personal statement for preliminary applications. Often, it is enough to substitute the final paragraph of your advanced program personal statement with a paragraph that outlines enthusiasm for preliminary training. A classic strategy for this paragraph is to outline the benefits of internal medicine training for your chosen career path.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	Mid-October

Pritzker students sent in an average of ~13 applications for preliminary programs and received a mean of ~4 interviews (2025-26 PSOM survey data).

Every program has a different process for reviewing applications, but many programs begin reviewing applications shortly after the applications become available. You can minimize the risks of being lost in an incomplete application pile by getting the bulk of your application completed by mid-September.

Providing a cohesive application in which the personal statement, letters of recommendation, the CV and the interview are concordant regarding interests and career plans is to your advantage. Planning the content of these items in this manner provides programs with a strong sense of candidate professionalism and sophistication regarding career interests. You can help letter writers contribute to this concordance by asking prospective letter writers in person if they would write a letter and then, when the answer is affirmative, sit and discuss your career plans and accomplishments. Doing this over a final or draft personal statement and CV helps a lot.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	15 (3 Gold, 12 Silver)

Program Signaling Advice

Your preliminary medicine program signals are *separate* from any program signals you receive for an advanced specialty. For example, an applicant in dermatology would receive 28 signals for dermatology and 15 (3 Gold, 12 Silver) for internal medicine, to be used on preliminary programs. In some cases, applicants will have more signals than preliminary programs to which they are applying. Applicants should prioritize their true preferences and programs that align with their personal geographic preferences and applications to advanced programs.

Interview Advice

Scheduling

The average number of interviews a preliminary medicine-bound student from Pritzker schedules and executes during a season is typically ~5-6. Since 2020 internal medicine interviews have been conducted virtually: this is NOT likely to change for the vast majority of programs. Nevertheless, a few programs are conducting in person interviews. Do not attempt to reschedule interviews multiple times. Always be polite in discussions with administrators at a program.

Interview day

Be on time. Be polite. Display humble behavior (avoid anything that may be interpreted as arrogance). Prepare for your interviews by learning about the program through the web or other information materials. Ask questions that reflect you've studied the program (i.e. do not ask questions that are easily answered by the website or program materials). Do not speak poorly of your own institution as this is a "red flag" to the interviewer. Such students come across as either "not loyal" or extremely needy.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but it will not affect rank. It is not expected that you communicate about your intentions. It is unlikely to change your rank, but it does make your application stand out in ranking discussions. If you are going to tell a program it is number one on your rank list, make sure that it is the only program you are saying this to (it is unprofessional to tell more than one program that you are ranking them first, and program directors do talk with each other).

Transitional Programs

PGY-1

These programs require a separate application in addition to your specialty application.

Advisor for Transitional Programs

James Woodruff, MD

NRMP Data

Source: *Results and Data: 2025 Advance Data Tables (NRMP publication)*

Number of positions offered	1,860
Number of positions filled by US MD Applicants	1,054

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	N/A
Number of letters from external institutions	N/A

Personal Statements

Transitional programs are looking for thoughtful, sincere personal statements that relay enthusiasm for medicine. The statement should demonstrate attention to detail and organization. It should be clear that the applicant put effort into the statement. Write humble essays which contain information about interests and career plans. Program directors read the personal statement to make sure that the applicants are levelheaded and sincerely interested in learning about general patient care during their transitional year, so avoid focusing exclusively on advanced training goals and ideally note some aspects of general patient care training that would be meaningful for future advanced training.

A poorly written personal statement may lower your rank or prevent you from receiving an interview. A well-written personal statement is unlikely to raise your ranking, but it will help you in receiving an interview and give you a chance to have a meaningful discussion during your interview.

In many cases, you do not need to write an entirely new personal statement for transitional applications. Often, it is enough to substitute the final paragraph of your advanced program personal statement with a paragraph that outlines enthusiasm for transitional training. A classic strategy for this paragraph is to outline the benefits of transitional training for your chosen career path.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	September/October

In the 2026 season, Pritzker students sent an average of 14 applications for transitional programs and received an average of 3.8 interviews (2025-2026 PSOM application data).

Every program has a different process for reviewing applications, but many programs begin reviewing applications shortly after the applications become available. You can minimize the risks of being lost in an incomplete application pile by getting the bulk of your application completed by mid-September.

Providing a cohesive application in which the personal statement, letters of recommendation, the CV and the interview are concordant regarding interests and career plans is to your advantage. Planning the content of these items in this manner provides programs with a strong sense of candidate professionalism and sophistication regarding career interests. You can help letter writers contribute to this concordance by asking prospective letter writers in person if they would write a letter and then, if the answer is in the affirmative, sit and discuss your career plans and accomplishments. Doing this over a final or draft personal statement and CV helps a lot.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	12

Program Signaling Advice

Your transitional year program signals are *separate* from any program signals you receive for an advanced specialty. For example, an applicant in dermatology would receive 28 signals for dermatology and 12 transitional year programs. In some cases, applicants will have more signals than transitional year programs to which they are applying. Applicants should prioritize their true preferences and programs that align with their personal geographic preferences and applications to advanced programs.

Interview Advice

Scheduling

The average number of interviews a transitional year-bound student from Pritzker schedules and executes during a season is ~5-6. It is not always possible to schedule interviews by geography to save money on travel, because students do not have control over when invitations are offered. Do not attempt to reschedule interviews multiple times. Always be polite in discussions with administrators at a program.

Interview day

Be on time. Be polite. Display humble behavior (avoid anything that may be interpreted as arrogance). Prepare for your interviews by learning about the program through the web or other information materials. Ask questions that reflect you've studied the program (i.e. do not ask questions that are easily answered by the website or program materials). Do not talk poorly of your own institution as this is a "red flag" to the interviewer. Such students come across as either "not loyal" or extremely needy.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No, and it will not affect rank. It is not expected that you communicate about your intentions and programs are instructed to limit post-interview communication with applicants. Communicating with a program will not change your rank but does make your application stand out in ranking discussions. If you are going to tell a program it is number one on your rank list, make sure that it is the only program you are saying this to (it is unprofessional to tell more than one program that you are ranking them first, and program directors do talk with each other).

Anesthesiology

Categorical and Advanced

Some programs are advanced and require a separate application for a PGY-1.

Program Director at UCM

Junaid Nizamuddin, MD

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal.

If you have not yet established a relationship with any anesthesiology faculty, a good person to start with is Dr. Brady Still, who serves as the Department's Medical Student Advisor. Other potential advisors include Dr. Allison Dalton, Dr. Dan Rubin, Dr. Tom Bielawiec, Dr. Dania Daubenspeck, Dr. Sarah Nizamuddin, Dr Theodore Timothy, or Dr. Shiragi Patel.

Categorical vs Advanced

Most programs now have transitioned to having mostly or exclusively categorical positions only; these are four-year positions that begin with the PGY-1 year. The integrated PGY-1 year typically includes rotations in medicine and/or surgery; these rotations may be held at the main clinical site or a satellite site of the main hospital system. At UCM, the PGY-1 year for our categorical positions involves rotations done only at the main Hyde Park campus. While there are fewer advanced positions than in previous years, in some cases these advanced positions are less competitive than categorical positions at the same institution. To that end, applicants are encouraged to apply to both categorical and advanced positions in order to maximize their chance of matching and to also apply to preliminary (separate PGY-1) year programs that they can rank in conjunction with any advanced programs on their list.

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	See below*
Mean Step 2 CK of US matched applicants (NRMP)	252
Mean number of contiguous ranks of matched US applicants	13.7

*There is not necessarily a "minimum" USMLE Step 2 score necessary to match in anesthesiology. Many high-profile academic programs will not give consideration to candidates with USMLE Step 2 scores less than 230-235. However, while anesthesiology continues to be a competitive specialty, there are over 1,000 positions offered in the Match and there are many programs across the country that vary in how competitive they are. It is imperative that a student interested in anesthesiology meet with a faculty advisor to review their entire individual application (USMLE scores, academic grades/standing, extracurricular activities, etc.) so they can be guided as to the programs at which they will be the most competitive candidates. Now that USMLE Step 1 is Pass/Fail, most programs will be requiring Step 2 scores.

Should applicants do away rotations?

No. The question of whether to pursue an away rotation is largely dependent on the applicant. In most cases, we do not recommend that an applicant do an away rotation, but we will counsel each individual student based on their academic record and where they desire to train.

Research

Research experience is almost always a good thing! Be prepared to discuss all aspects of projects you have been involved in during your interviews. According to 2024 NRMP data, the mean number of research experiences for US MD seniors matching in anesthesiology was 3.8 and the mean number of publications/presentations/abstracts was 9.0.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	1
Number of letters from external institutions	N/A

A strong letter of recommendation should come from someone with whom you have worked closely and have developed a strong rapport. Your letter writer should be someone who can write about your attributes in a highly favorable fashion.

Letters from medicine and surgery are often well received. It is more important that the letter conveys the unique attributes of the applicant than that it comes from a specific specialty. The most important aspect of a LoR is that it can convey to the program the most positive attributes of the applicant. Thus, it is less important what specialty or who the letter comes from, but that it can provide good perspective as to the candidate's strengths.

Personal Statements

The personal statement should reflect why the candidate has chosen a career in anesthesiology and what the candidate's future goals are. Personal statements should be well written, with no grammatical errors or spelling mistakes, which demonstrate a lack of attention to detail. Most personal statements will not help candidates but can hurt them.

Have a couple of trustworthy people review the statement—not only for grammar, but also to ensure that it reflects positively on the applicant. Again, one's advisor is key to helping in this process.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September.
When do programs begin offering interviews?	As soon as ERAS opens in September.

Most programs begin reviewing applications as soon as they are made available. ERAS applications and MSPEs are not released until late September. Having your application completed by the time ERAS opens to programs is ideal. The UCM program typically offers interviews in mid to late October.

There are over 1,000 positions in Anesthesia every year so there is a lot of variety in program types. While the competitive applicant will have many strong attributes beyond just performance on standardized exams, many programs use USMLE scores to screen applicants for interviews.

Realize that students have matched with scores that are lower than what is listed above; the key is to apply to and interview at programs where you will be most competitive—this is where an advisor is invaluable in guiding you in the right direction. Meet with your advisor early and often!

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	15 (5 Gold, 10 Silver)

Program Signaling Advice

For the 2026 application cycle, applicants received 5 gold and 10 silver signals. This could change for the 2027 cycle. Within each tier, you should have some “reach,” some “safety” and some good target programs. For the most part, in the 2025 and 2026 cycles, applicants only received interviews from programs they had sent a signal to; the signals served as a de-facto application “cap.”

The Society of Academic Associations of Anesthesiology and Perioperative Medicine has advised programs to require signals from their own students as well as students who do away rotations there. In line with their guidance, we do ask that Pritzker students send us a signal to indicate interest in our program. Pritzker students are free to use a gold or a silver signal; their applications will be reviewed regardless of the color of signal used.

Interview Advice

Be yourself! Be honest and relaxed. If you try to be someone different it will not reflect well.

Be prepared to answer questions about your application (CV, Personal Statement, etc.) but also be prepared to demonstrate that you are prepared to ask questions specifically about that program. Look up the program on the internet to find out more about it prior to your interview to help you prepare.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

There is no expectation that a student communicates to a program that it is their #1 choice, and it should not affect how a program will rank the candidate. If you are going to write a thank you note or let a program know that they are your #1 choice, be honest. **Do not tell three different programs they will be your #1 choice—this will end up reflecting poorly on you.**

Child Neurology

Categorical

This is a combined 5-year program - residents start in pediatrics for 2 years and then transition to child neurology for the last 3 years

Program Director at UCM

Moon Hee Hur, MD

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Moon Hee Hur, MD (Residency Program Director, Child Neurology)
- Henry David, MD
- Emily Doll, MD
- Rae Gumayan, MD
- Douglas Nordli Jr., MD
- Douglas Nordli III, MD
- Sho Yano, MD

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	214
Mean Step 2 CK of US matched applicants (NRMP)	248
Mean number of contiguous ranks of US matched applicants (NRMP)	12.9

Should applicants do away rotations?

Away rotations are not required but can be considered to gain further exposure in the field. We only recommend away rotations when you have a strong interest in a program, as this would be a great opportunity for you to get to know the program and the program to get to know you.

Research

Having research is recommended but not required.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	At least 1
Number of letters from external institutions	N/A

Applicants should request a letter from a physician who has a good sense of the applicant's clinical ability, as well as a personal knowledge of the applicant's interests and performance history.

Personal Statements

Be sure to clearly state your rationale for entering the specialty. Explain gaps in training or education and explain aspects of the academic record that could be perceived negatively.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September.
When do programs begin offering interviews?	Universal Interview Offer Date (Usually in early October)

For categorical programs, you typically only need to apply to the child neurology residency program, which will include your application for the pediatric residency program. There are a few categorical programs that require you to apply to both the child neurology and pediatrics programs, but this will be very clearly stated on their website. There are also programs that have advanced and reserved positions, where you will have to apply to the pediatrics and child neurology programs separately.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	3

Program Signaling Advice

Program signaling will not significantly impact how candidates are ranked. Program signaling, along with other preference settings, may influence the decision to offer an interview and on ranking. However, it is just one of the many factors that is considered. Each applicant's profile is reviewed as a whole, and this is just one of the contributing factors.

Interview Advice

It is very important for the candidates to study the program before the interview. If an itinerary is provided ahead of time with the name of faculty interviewers, you should look up their clinical and research interests. Doing this will allow you to have specific points to talk about during the interview and ask targeted questions. The program will see this as a sign of genuine interest, as it shows that you have invested the time to get to know them. Candidates should be able to articulate why they want to enter the specialty, why they are interested in the institution, and what their career goals are. Sincere enthusiasm and a clear idea why they want to become a child neurologist are highly valued.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

It is fairly common and, from a program point of view, nice to know, though it may not affect your ranking.

Dermatology

Advanced

Requires a separate application for a PGY-1 via the NRMP.

Program Director at UCM

Adena Rosenblatt, MD, PhD

Associate Program Director at UCM

Audrey Fotouhi, MD

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Adena Rosenblatt, MD, PhD (Program Director)
- Victoria Barbosa, MD
- Diana Bolotin, MD, PhD (Section Chief)
- Angad Chadha, MD (Clerkship Director)
- Audrey Fotouhi, MD
- Molly Hales, MD
- Yu-Ying He, PhD
- Mark Hoffman, MD
- Estela Martinez, MD, PhD
- Kemi Onajin, MD
- Arlene Ruiz De Luzuriaga, MD, MPH, MBA
- Christopher Shea, MD (Rotation Director)
- Sarah Stein, MD
- Amy Xu, MD

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence interview invitation?	Sometimes
Min. Step 2 score for UCM program	Pass
Mean Step 2 CK of US matched applicants (NRMP)	257
Mean number of contiguous ranks of US matched applicants	8.8

Should applicants do away rotations?

One to two away rotations can be helpful if the applicant is potentially interested in a residency position at the visited site and can make a positive, stand-out impression during the rotation. Please review the Association for Professors in Dermatology (APD) Away Rotation Recommendations.

Most applicants arrange to take at least two months of dermatology electives (including home program). We recommend going to away rotations in July-September of your MS4 year in order to include those experiences in your residency application. This timing is also prior to reviewing applications, which usually occurs in October-November.

Research

Research is desirable if you are applying in this specialty, though research does not need to be in dermatology and is not a requirement.

Dermatology is very competitive and having a first-authored publication is ideal. According to 2024 NRMP data, the average number of research experiences among matched US seniors in dermatology was 6.4 and the mean number of abstracts, presentations, and publications, was 27.7. It is important to show interest in dermatology whether it is through research, leadership, or community outreach.

Letters of Recommendation

Number of letters recommended	3 (up to 4)
Chair/Chief 's letter required?	Section chief letter not required
Number of letters from within the specialty	2
Number of letters from external institutions	Only useful if the applicant has worked closely with an individual and can get a strong letter of support.

Letters of recommendation should come from individuals who have observed your clinical performance and/or research initiatives and can write a strong and enthusiastic letter on your behalf.

Personal Statements

Statements should reveal the applicant's personality and be articulate and engaging. The personal statement is the best way for a program to understand who an applicant is and what makes them a unique applicant. One should avoid eccentric stories that could create a negative impression.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	November

Dermatology is one of the most competitive specialties. It is helpful to not limit yourself to a single city or geographic location if possible. Given the current high signaling approach with 28 signals, applying to much more than the signaled programs may not be beneficial to the applicant. Consult your Career and Specialty Advisors to determine what is best for you.

Candidates should familiarize themselves with the application timeline for each program and meet those dates. Some programs still have secondary applications. Programs provide detailed information about their specific programs to the AAMC annually. Each program typically provides contact information on their website and candidates can use this to answer specific questions. The Association for Professors in Dermatology Program Director Section as well as AAMC Residency Explorer are also great resources for the application process including the specialty specific guides. In addition, the Dermatology Interest Group Association (DIGA) is a great resource for up-to-date information on the application process, webinars regarding the process, calendars with scheduled interview dates for programs and any statements produced by the Dermatology Program Directors Group. There are usually also updated Annual Application Recommendations from the APD.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	28 (3 Gold, 25 Silver)

Program Signaling Advice

It is important to research programs prior to applying to determine which to signal. You can obtain this information through program websites, sponsored social media, and virtual recruitment events such as “meet and greets.” **Applicants should signal their home and away programs.** It is important to note that with the current signaling approach some programs may only review applications of signaled applicants. Given the current high signaling approach with 28 signals, applying to much more than the signaled programs may not be beneficial to the applicant. Our program views signals as a very strong interest in our program.

Interview Advice

Most interviews occur in December and January. Many of the programs participate in the coordinated interview releases that usually occur in November and early December. Pre-interview communication with programs particularly to express interest is discouraged. Program signaling is a preferred method for expressing interest in a program.

Most programs have continued virtual interviews, but a smaller subset of programs is having in-person interviews.

Get some notion of who your interviewers are likely to be and what their program emphasizes. It is a good idea to research the program beforehand and have thoughtful questions in mind. A good source for this information can be the program’s website. A new resource is virtual meet-and-greet visits where you can talk with faculty members and residents before you apply. You can check with potential programs to see if they will be offering these types of events. We offer one each year.

Candidates should familiarize themselves with the interview process (including if it is in-person vs. virtual) for each location and prepare contingency plans if needed (e.g., travel issues due to weather, connectivity issues with power outage for virtual interviews).

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

It depends; some programs specifically request that you do not contact them after the interview while others do not. While it is customary for applicants to say that they will rank a program highly it may have little influence on the actual rank list.

Emergency Medicine

Categorical

Program Director at UCM

James Ahn, MD, MHPE

Recommended Specialty Advisors

Any student interested in applying in emergency medicine should contact James Ahn, MD, MHPE or Keme Carter, MD, early in the application process. Potential letter-writers could include:

- James Ahn, MD, MHPE (Program Director)
- Keme Carter, MD (Co-Clerkship Director)
- Alejandro Palma, MD (Co- Clerkship Director)
- Navneet Cheema, MD (Associate Program Director)
- Adriana Olson, MD, MEd (Assistant Program Director)
- Paul Kukulski, MD, MHPE (Assistant Clerkship Director)
- Isabel Malone, MD (Assistant Clerkship Director)
- Korie Zink, MD (Assistant Program Director – Endeavor/Evanston)

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Min. Step 1 score for UCM program	See below*
Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	See below*
Mean Step 2 CK of US matched applicants (NRMP)	248
Mean number of contiguous ranks of US matched applicants	15.4

* Students who have failed Step 1 or have Step 2 score of 220 or less should meet with Dr. Ahn and Dr. Carter early in the application process to discuss the competitiveness of their application.

Should applicants do away rotations?

Yes. Students should plan to do at least two emergency medicine rotations; one here and one away. The best time to do an away rotation is in June, July, August, or September, though October is acceptable. Students should always do their University of Chicago rotation before doing their away rotations.

Students should consult with emergency medicine faculty when deciding where to apply for away rotations, as there is quite a bit of nuance in the discussion. It also varies a great deal depending upon the applicant's competitiveness and the region of the country where they would like to train. Plan on having this discussion in January of Phase 2 (or earlier) so that your applications can be ready by the end of February. Students interested in EM should schedule away rotations even if they are not yet sure they will choose EM. See the Letters of Recommendation section for advice about getting LoRs from away rotations.

Research

Emergency medicine research experience is nice but is not an absolute requirement. Having some evidence of research/scholarship is helpful for the university-based programs but is optional in the community-based programs. According to 2024 NRMP data, the US seniors who matched in emergency medicine had an average of 2.8 research experiences and 5.7 publications, abstracts, and presentations.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	2
Number of letters from external institutions	1

All students applying in emergency medicine will be provided a Section of Emergency Medicine composite letter of recommendation (LoR) using the CORD Standardized Letter of Evaluation (SLOE) form. Every SLOE carries the names/positions of all the letter writers above. Each individual SLOE is authored by 1-2 of the above people per the decision of the group authors.

If you do an away emergency medicine rotation, you must obtain a SLOE. If you fail to obtain this SLOE, the assumption will be that you performed poorly.

Students can expect that many programs will wait to see two SLOEs (one from their home institution and one from an away rotation) before offering an interview. It is ideal to have two SLOEs by the time programs can access ResidencyCAS applications.

Personal Statements

Your personal statement should cover the following topics:

1. What experiences have informed you in your decision to become an emergency physician
2. The personality characteristics you possess that will allow you to be a successful emergency physician
3. What you plan to do with your training (think lofty thoughts!)

Service and Leadership

Emergency medicine programs value experience in service and leadership roles; these are not requirements to match into a program. However, the demonstration of either or both will only increase your competitiveness, particularly at university (service and/or leadership) or county-based programs (service). These positions and experiences can be at local, regional, or national levels.

Application Timing

When do programs begin reviewing applications?	Late September
When do programs begin offering interviews?	Early to mid-October

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	5

Program Signaling Advice

Program signals are used to highlight interest to individual programs. Students entering emergency medicine should use their signals for their top choice programs that are realistic matches – speak to Dr. Carter or Dr. Ahn if you have any questions. Individual programs will have different guidance for applicants using their signals for programs at which the respective students have completed their EM away rotations. Applicants can also highlight programs non-specifically via geographic connection within the application. **Pritzker applicants do not need to signal their home program.** Please ask your away programs if they expect you to signal after your rotation.

Interview Advice

The interview is critical. The emergency medicine Program Director will meet individually with each student to provide interview guidance and can provide follow up meetings/phone conversations to ensure that, as the student progresses through the cycle, their needs are met. Additionally, all rotating students are interviewed on a common day and are given immediate formative feedback about their interview performance from members of the emergency medicine education team. Emailing thank you notes to the Program Director is optional.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

If students desire to contact their top program, they should inform **only their top choice** that they are ranking the program #1. Applicants should not expect a response from the program after sending a letter of intent.

Family Medicine

Categorical

Program Director at UCM/Endeavor Health

Deborah Miller, MD

Recommended Specialty Advisors

Choose someone with whom you feel comfortable. Do not be afraid to get advice from more than one person. All family medicine faculty will be helpful in answering your questions about the specialty. The following faculty can assist you:

- Deborah Miller, MD (Vice Chair, Administration and Academic Affairs, and Program Director, University of Chicago Endeavor Health FM Residency; deborah.miller@endeavorhealth.org)
- Sonia Oyola, MD (Director of Medical Student Education and Clerkship Director)
- Priya Nagarajan, MD (Associate Program Director, University of Chicago Endeavor Health FM Residency; priya.nagarajan@endeavorhealth.org)
- Janice Benson, MD (Department of Family Medicine, Faculty); Dr. Benson is semi-retired, but available for consultation and advice to Pritzker students.
- Debra Stulberg, MD, (Chair, University of Chicago Department of Family Medicine)
- Wanda Cruz-Knight MD, (Chair, Endeavor Health Department of Family Medicine)

There are other recently graduated family medicine physicians working at University of Chicago. The above faculty can direct you to recent graduates from programs that interest you.

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	See below*
Min. Step 2 score for UCM program	See below*
Mean Step 2 CK of US matched applicants (NRMP)	244
Mean number of contiguous ranks of US matched applicants (NRMP)	13.5

* Failing either Step 1 or Step 2 is a definite red flag. You should address any failed exam in your personal statement. Most programs want applicants to have taken and passed Step 2 CK by the end of the interview season and prior to the rank list submission date. You may not be ranked if your test results are not available in ERAS. USMLE scores are just one of the criteria that programs will look at when deciding whether to interview and/or rank applicants. The UChicago Family Medicine residency takes a holistic approach to reviewing applicants for eligibility, as do most programs around the country.

Should applicants do away rotations?

Away rotations are not necessary. Family medicine programs do not require that you do away rotations, but an “audition rotation” could help you secure a spot at a desired location. If you do a rotation at a place you might like to match, be prepared to work really hard while you are there. The program will know more about you—both positives and negatives—than the other candidates. It is also a great way to learn about what programs are looking for in applicants and to get the inside scoop on a given program.

Doing an away rotation in family medicine can be a good way to help you see how the specialty differs across the country. Family medicine experiences can be unique in each community and practice setting (i.e., academic, community, rural).

Research

Research experience is desirable but not required. Different programs may have different requirements. Pay attention to website direction in this area for a particular program. Leading family medicine programs at major academic hospitals will tend to value research experience more than community-based programs but all will appreciate good scholarship and a scholarly approach. If you have done research in a certain area, be prepared to answer questions on its clinical relevance and applicability.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Not required; Drs. Oyola and Stulberg generally write a joint letter of recommendation for UChicago applicants to Family Medicine.
Number of letters from within the specialty	1 is minimum, 2 or more Family Medicine letters is better
Number of letters from external institutions	N/A

The strongest letters are those from faculty who know your clinical work. We recommend at least one letter of recommendation from a family medicine physician to demonstrate your sincere interest in the specialty. A second or third letter from a family medicine faculty member is indicative of a strong commitment and will strengthen your application. Faculty in the Department of Family Medicine can write you a letter of recommendation and review clinical evaluations you received in family medicine. Talk with your family medicine advisor about who should write your letters of recommendation.

Personal Statements

Family medicine programs are looking for evidence of genuine interest in family medicine and a demonstrated commitment to primary care. A personal statement is one of the most important ways programs can understand your values, and for you to explain your decision to become a family medicine physician. Explain any “red flags” in your application, if there are any, and what you learned from the experience.

Application Timing

When do programs begin reviewing applications?	September/October
When do programs begin offering interviews?	Shortly after ERAS opens. UCM Endeavor Health starts the third or fourth week in October.

Programs will continue interviewing into mid-January. Family medicine programs usually will have their rank meetings and submit their list by the second week of February. If you do not get interviews where you had hoped by the end of October, please contact Dr. Oyola.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	5

Program Signaling Advice

Signaling allows applicants to let programs know that they have an earnest interest in matching with their program. How this will affect a program's approach to ranking and matching applicants is variable. For now, we see it as another connection applicants can make with those residencies where they sincerely see themselves matching. Right now, you cannot retract your signal, so how much confidence a program will put in that extra connection will likely vary program to program. It will not hurt you to signal but whether it will help you gain a wanted position is uncertain.

Interview Advice

Be prepared: Spend time reviewing the program website prior to your interview. Identify the qualities in a residency program that are really important to you and be sure to ask about them. Recheck their website before interview day and identify those qualities that are important to the program.

Be engaged: Do not let the conversation lag; asking the same questions you have asked other interviewers is OK. Plan your questions ahead of time while reviewing family medicine programs and always have some that are specific to the program where you are interviewing. Interview days usually start with an orientation to the residency program, and you may think of questions during this orientation. Take notes and write down questions to ask during your interviews. Ask about where recent graduates practice and if there are common practice characteristics. This can tell you more about what the program is really preparing you for in scope of practice and usual practice geography. For instance, if doing obstetrics is important to you, you'll want to know numbers, if the training is strong in this area, and if graduates are doing obstetrics in their practice. Know which questions are appropriate for the Program Director and which are better suited for faculty or for residents.

Be professional: Make sure you are on time – this includes responding to emails and signing any release. Dress appropriately. Remember to be polite and pleasant to all you meet, including administrative and scheduling staff. The interview is an important time for you to decide if this program is right for you, and for the program to decide if you will fit in and be a good resident for their program. If you have to cancel or reschedule, contact the coordinator(s) as soon as you know. Don't wait until the last minute.

For in-person interviews: Do not check your luggage when you fly (especially not the clothes you will wear to the interviews). Go to any dinners they have after the interviews, as this will help you to decide if these people could be your teachers and colleagues for the next three years.

Many residency programs are open to applicants coming back for a "second look." This "second look" should be completed when you are really interested in a program and want to see more about how the residency functions. If the residency is far away, programs are often happy to schedule for the day after an in-person interview. If you are seriously considering a program, you may want to schedule a "second look" at the same time as your interview. Applicants are sometimes scheduled in the morning with the family medicine inpatient team in the hospital and the afternoon in the outpatient office ("Residency Practice Site"). Some applicants will want to see special aspects of their training areas, such as the birthing areas or the procedure rooms.

The “second look” dinner for all selected applicants generally occurs sometime between mid-January and early February. It is an opportunity to meet more of the residents and faculty. It is not mandatory that you attend especially if you are remote from the program’s location. However, if you have strong interest in a program, you should attend. If you cannot attend, send regrets, especially to programs that you intend to rank highly.

Virtual caveat: Many programs continue to conduct their interviews over Zoom. This means that many programs may not offer an in-person second look. Ask about virtual second look or social events.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Not explicitly, but you should feel free to indicate your strong interest. It is important not to overpromise, and the NMRP expressly discourages promises on the programs’ part for rank position. Do send a thank-you email or note. It can be helpful to re-contact residents who are involved in your interview day or in the program’s selection process.

Keeping in contact with a program you really liked is recommended, especially when you are making your rank list. Also, do not hesitate to contact a program after your interview day if you think of additional questions.

General Surgery

Categorical

Program Director at UCM

Jennifer Cone, MD

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Jennifer Cone, MD (Residency Program Director)
- Ryan Boudreau, MD (APD)
- Sara Gaines, MD (APD)
- Mustafa Hussain, MD (APD)
- Ashley Suah, MD (APD)
- Stephen Haggerty, MD (APD) (Endeavor Health; shaggerty@northshore.org)
- Michael Ujiki, MD (Endeavor Health; mujiki@northshore.org)
- Michael Millis, MD
- Darren Bryan, MD
- Nora Jaskowiak, MD (Clerkship Director)
- Sarah Shubeck, MD
- Megan Applewhite, MD
- Baddr Shakhsheer, MD
- Kinga Olortegui, MD
- Ashley Williamson, MD

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	No*
Mean Step 2 CK of US matched applicants (NRMP)	253
Mean number of contiguous ranks of US matched applicants (NRMP)	14.1

*Most programs will conduct a holistic review of your application. This means that Step 2 is usually factored in somewhere; however, the score alone will not solely make or break your chance at an interview or position on a rank list.

Should applicants do away rotations?

Applicants are advised to utilize these opportunities selectively. In general, if you know your “dream” program and want to spend a month at that institution to impress the residents and faculty, then it is worthwhile. You should expect to treat this experience as an extended job interview. You must be *on point* during the entire month. Other reasons that students have expressed for doing away rotations is to confirm their interest in general surgery or wanting to match in a particular geographic location.

Research

While research is not required, 2024 data from the NRMP shows that matched US seniors had an average of 4.2 research experiences and 10.9 publications. UCM's average is 5.7 research experiences and 7.3 publications. It is increasingly important to have specialty-specific information on your application.

Letters of Recommendation

Number of letters recommended	3-4
Chair/Chief's letter required?	Soft requirement / Strongly recommended
Number of letters from within the specialty	3
Number of letters from external institutions	N/A

Your letters of recommendation for general surgery residency programs should all be from surgeons, and at least one needs to be from the Chair. Do not include letters from research advisors or non-surgeons unless you have extensive and highly impressive research with these individuals. The purpose of these documents is to summarize your accomplishments and to speak to your potential as a surgeon. The letter will ideally confirm your choice of specialty and indicate that this process has been vetted by your faculty and advisors. Make appointments with your letter writers in the late spring or early summer and send the faculty electronic copies of your personal statement and CV. Although it is best to have worked with the faculty, Dr. Matthews is willing to write any of our students a letter regardless of whether you have personally worked with him

Procedure for asking for a Chair's letter:

Contact the Chair's office and set up an appointment. Have your CV and Personal Statement printed out. It is also a good idea to send this electronically before your appointment.

Personal Statements

Your personal statement should be concise and limited to one page. It should convey your attributes, decision to pursue a career in general surgery, what you are looking for in a program, research interests, and your career plan following completion of your residency program. Try to avoid quotations from famous surgeons, generic statements, or any ambiguity about your ideal training pathway or future goals.

More applicants are taking the time to personalize their personal statements for each institution. Do not do this for every application; however, you may want to consider this for your top programs. Be specific about what attracts you to that program.

Application Timing

When do programs begin reviewing applications?	Within one week of ERAS opening. Strongly suggest submitting your application on the day ERAS opens.
When do programs begin offering interviews?	The Association for Program Directors in Surgery guides the timing of the release of interview offers. Usually this is a 5-day period at the end of October. Interviews are generally November through January.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	15

Program Signaling Advice

Do not signal the University of Chicago. We will interview all Pritzker students. If you complete an away rotation, ask that program whether you need to send them a signal.

For the remainder of your signals, you must decide your risk tolerance and how strong your application is. Many, but not all, programs only extend interview offers to applicants that have sent a signal. We generally recommend sending signals to 3-5 reach programs, 2-3 safety programs, and the remainder to programs at which you have a likelihood of getting an interview and matching. Signaling only reach programs will drastically decrease your chances of matching unless your application is very strong.

Interview Advice

General surgery is a highly competitive residency and requires a thoughtful approach and strategy to maximize the likelihood of matching into your program of choice. In general, avoid using general surgery as a “backup” career pathway unless your primary specialty pathway has a limited number of positions (e.g., Integrated CVT surgery, PRS). It is recommended that you keep a close eye on your emails/ERAS after the application review date and immediately accept any offers. Keep a spreadsheet on the programs and interview date(s), and make sure that you cancel any interviews that you do not plan on attending as soon as possible to allow other candidates the opportunity to interview in your place; never cancel an interview within two weeks of the interview date unless it is a true emergency. Avoid stacking interviews if at all possible as this may limit your ability to attend the pre-interview socials that may be the best opportunity to interact with residents.

Many more programs moved to in-person interviews in the 2025-2026 application cycle. We suspect that this will continue to increase and the options for zoom interviews will decrease.

Be prepared for the interview. Research the programs, research, and faculty on their website. Check your online profiles; be aware that some programs may scan social media sites. Attend the pre-interview day functions. Dress professionally and make good eye contact. Have a list of prepared questions highlighting your specific qualities and genuine questions about the program. Be confident and speak clearly. If the process remains virtual, ensure proper lighting, a good microphone, confirm a reliable Wi-Fi signal, and be attentive to the background and possible distractions that could interrupt the interview. Be prepared to address all of the content included in your CV and specifically be ready to discuss any of your medical publications. Do not avoid any weak spots in your application or training gaps. Interviews are formal. Assume that everyone you are in contact with may have an impact on the selection process. Engage the residents of the program and most importantly be yourself. As much as the programs are evaluating you, it is important to get a sense of whether you can thrive in that environment and have a good support system. Immediately following the interview, take some notes about the perceived strengths and weaknesses of the program and any follow-up questions that you might have.

In general, if your advisors believe you have a high likelihood of matching into a general surgery residency program, you should probably interview at no more than 15 programs; exceeding that number may result in a suboptimal performance secondary to interview fatigue. If you feel that you are a borderline candidate, we recommend meeting with the general surgery program director, your Career

Advisor, and the Pritzker Dean of Students prior to the application cycle to optimize the likelihood of matching and to create an appropriate backup plan.

Post-Interview Advice

Programs differ regarding thank you notes; make a list of programs that do not require them. In general, email is more efficient and offers the PD or faculty a chance to respond. Avoid cutting and pasting to create these documents as the font may differ between the salutation and body of the email. If you decide to write multiple notes (to different faculty members), try to be brief and avoid repetition as these notes are often shared. Abide by the NRMP match code of conduct at all times. You are allowed to express your interest to a program; reciprocally, a program may express their interest in you. Programs should never ask you inappropriate questions or ask you where you plan on ranking them; if you experience any potential Match violations, please report them immediately to the Pritzker Dean of Students. If you know the program that you are ranking first on your list, you are allowed to notify them of this news. Be explicit and state that you are sending a letter of intent to rank that program No. 1. Include reasoning as to why you like the program and why you believe it is a good fit. Most program directors are interested in matching students that really want to train at their program. Refrain from making such declarations if your decision is not final. The Department Chair, Dr. Jeff Matthews, is willing to contact your first choice on your behalf. In general, sending programs communication with vague phrases such as “I plan to rank you highly” is not very effective. Avoid making decisions based on communications from programs. Base your final rank list on the factors that are most important to you and do not be swayed by rankings, message board posts, or external perceptions.

Internal Medicine

Categorical

Program Director at UCM/Endeavor Health NorthShore Hospitals

Julie Oyler, MD

Liza Icayan, MD (Endeavor Health)

Recommended Specialty Advisors

Students will select or be assigned a faculty member who will co-author their Chair's Letter and serve as their Specialty Advisor to provide 1) information about the specialty, 2) information about the logistics of applying to that specialty, and 3) information about the programs around the country. This faculty committee includes:

- Jason Alexander, MD (Associate Program Director)
- Irsk Anderson, MD (Medicine Subinternship Director)
- Mim Ari, MD (Ambulatory Co-Clerkship Director)
- Matt Cerasale, MD (Core faculty)
- Kamala Cotts, MD (Core faculty)
- Shannon Martin, MD (Associate Program Director)
- Hannah Matthews, MD (Medicine Assistant Clerkship Director)
- John McConville, MD (Vice Chair for Education)
- Ethan Molitch-Hou, MD (Hospital Medicine Subinternship Director)
- J.P. Murray, MD (Core faculty)
- Amber Pincavage, MD (Medicine Clerkship Director)
- Jen Rusiecki, MD (Core faculty)

The Department of Medicine will also hold an annual meeting, prior to July, for students that provides an overview of applying in categorical Internal Medicine.

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	No
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	251
Mean number of contiguous ranks of US matched applicants	13.2

Beginning in 2021, the University of Chicago internal medicine intern selection committee decided NOT to review Step 1 or Step 2 scores of any applicant who passed the USMLE exams on their first attempt.

Should applicants do away rotations?

No. In general, away rotations offer more risk than advantage. There are only a handful of discrete circumstances where away rotations are advantageous. Away rotations are appropriate if 1) you have received advice that the target program would be a “stretch,” or 2) you absolutely need to be at a particular institution because of a personal relationship or proximity to family. Otherwise, away rotations offer greater risk than they are worth. “Stretch” means you are unlikely to get an interview at a program unless you go there and show the program your commitment.

Research

Scholarship (including research) is not required but often adds strength to your application especially when applying to academic internal medicine training programs. Conducting research in medicine is preferred, but conducting research in any specialty is better than not having any at all. According to 2024 NRMP data, among the US seniors who matched in internal medicine, the average number of research experiences was 3.3 and the average number of abstracts, presentations, and publications is 8.7.

Letters of Recommendation

Number of letters recommended	3 (2 + 1 chair's letter)
Chair/Chief's letter required?	Yes
Number of letters from within the specialty	2
Number of letters from external institutions	N/A

Procedure for asking for a Chair's letter:

Students should submit a request for a Chair's Letter through the form provided by the Department of Medicine. The form allows students to choose from among a designated group of faculty members (see above) to co-author their Chair's Letter or be assigned an author if they have no preference. This author will also serve as the student's specialty advisor. The Office of the Chair of the Department of Medicine will edit this advisor's letter. **Drafts are typically due in early September, and students must request the Chair's letter by July 1.**

The other two letters of recommendation should be from faculty who observed your clinical performance and have the best sense of you as an individual as well as how you performed on your clinical rotation.

Personal Statements

Internal medicine programs are looking for thoughtful, sincere personal statements that relay enthusiasm for medicine. The statement should demonstrate attention to detail and organization. It should be clear that you put effort into the statement. Write humble essays which contain information about interests and career plans. Program directors read the personal statement to make sure that the applicants are levelheaded, so avoid taking unusual measures to be noticed, as it runs the risk of alienating some percentage of readers.

A poorly written personal statement may lower your rank or prevent you from receiving an interview. A good personal statement is unlikely to raise your ranking, but it will help you in receiving an interview and give you a chance to have a meaningful discussion during your interview.

Application Timing

When do programs begin reviewing applications?	<ul style="list-style-type: none">• As soon as ERAS opens in September (UCM)• October (Endeavor Health)
When do programs begin offering interviews?	<ul style="list-style-type: none">• Mid-October (UCM)• November (Endeavor Health)

Note: Every program has a different process for reviewing applications, but many programs begin reviewing applications shortly after the applications become available. You can minimize your risk of being lost in an incomplete application pile by getting the bulk of the application completed by mid-September.

Providing a cohesive application in which the personal statement, letters of recommendation, the CV, and the interview are concordant regarding interests and career plans is to your advantage. Planning the content of these items in this manner provides programs with a strong sense of candidate professionalism and sophistication regarding career interests. You can help letter writers contribute to this concordance by asking prospective letter writers in person if they would write a letter and then, when the answer is in the affirmative, sit and discuss your career plans and accomplishments. Doing this over a final or draft personal statement and CV helps a lot.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	15 (3 Gold, 12 Silver)

Program Signaling Advice

Students should approach program signaling similar to applying to college. Signal 1-2 “reach programs” and the remaining signals should be sent to programs who can support your professional development and growth in a part of the country where you would be happy to live. Most programs will only interview applicants who have sent either a Gold or Silver signal. If interested, you should send a signal to the University of Chicago.

Interview Advice

Scheduling

The average number of interviews an internal medicine-bound student from Pritzker schedules and executes during a season is ~11. Since 2020, internal medicine interviews have been conducted virtually: this is NOT likely to change for the vast majority of programs. Nevertheless, a few programs are conducting in person interviews. Do not attempt to reschedule interviews multiple times. Always be polite in discussions with administrators at a program.

Interview day

Be on time. Be polite. Display humble behavior (avoid anything that may be interpreted as arrogance). Prepare for your interviews by learning about the program through the web or other information materials. Ask questions that reflect you’ve studied the program (i.e. do not ask questions that are easily answered by the website or program materials). Do not talk poorly of your own institution as this is a “red flag” to the interviewer. Such students come across as either “not loyal” or extremely needy.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but it will not affect rank. It is not expected that you communicate about your intentions. It is unlikely to change your rank but does make your application stand out in ranking discussions. If you are going to tell a program it is number one on your rank list, make sure that it is the only program you are saying this to (it is unprofessional to tell more than one program that you are ranking them first, and program directors do talk with each other).

Internal Medicine and Pediatrics

Categorical

Program Director at UCM

Allie Dakroub, MD, MS
adkroub@uchicago.edu

Recommended Specialty Advisors

IT IS VERY STRONGLY ADVISED THAT ALL STUDENTS APPLYING MED/PEDS MEET WITH DR. DAKROUB AT LEAST ONCE DURING THEIR MS4 YEAR PRIOR TO THE SUBMISSION OF THEIR ERAS APPLICATION.

Students can choose advisors from a variety of faculty members in internal medicine or pediatrics if he/she is familiar with med-peds training. Medicine-pediatrics faculty at the institution include:

- Allie Dakroub, MD, MS (Program Director)
- Nabil Abou Baker, MD (Associate Program Director)
- Valerie Press, MD
- Dedeepya Konuthula, MD
- Sachin Shah, MD
- Harita Shah, MD
- Anna Volerman, MD
- George Weyer, MD
- Nate Glasser, MD

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	No
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	253
Mean number of contiguous ranks of US matched applicants (NRMP)	11.3

Note: From 2020 to the present, the UCM Med-Peds Program, like many Med-Peds Programs across the country, pledged to no longer consider USLME scores in recruitment (invitations to interview or selection for rank) to improve equity.

Should applicants do away rotations?

Possibly – that depends on the student. An away rotation is a great opportunity to experience the culture and learning environment of a residency program and to learn more about what that particular program offers and how they approach patient care and education. However, it can be a somewhat high-stakes situation if you are working with people who directly impact how that program ranks candidates in that you would want to ensure you put your best foot forward.

Research

Scholarship (including research) is not required, but adds strength to the application, especially if you are applying to academic internal medicine-pediatric training programs. According to 2024 NRMP data, among the US seniors who matched in internal medicine-pediatrics, the average number of research experience was 3.1, and the average number of abstracts, presentations, and publications was 6.9.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Varies by program. No longer required at UCM
Number of letters from within the specialty	3: at least one from each of pediatrics and internal medicine
Number of letters from external institutions	N/A

Med-Peds programs look for letters of recommendation from faculty members who have worked closely with students clinically.

Procedure for Asking for Chair's Letters

Chair's Letters are not a requirement for our program and are discouraged in place of letters that are more directly representative of the thoughts and opinions of faculty who have actually worked, clinically, with the applicant

Medicine Chair's Letter: Identify a Departmental Advisor in the Department of Medicine. This is usually a faculty member that you have had a chance to interact with previously as either a supervising clinical attending or preceptor. This advisor will provide advice regarding the application process and serve as co-author for the Chair's Letter. The Office of the Chair of the Department of Medicine will edit/co-author this advisor's letter.

Pediatrics Chair's Letter: Identify a Departmental Advisor in the Department of Pediatrics. This is usually a faculty member that you have had a chance to interact with previously as either a supervising clinical attending or preceptor. This advisor will provide advice regarding the application process and serve as co-author for the Chair's Letter. The Office of the Chair of the Department of Pediatrics will edit/co-author this advisor's letter

Personal Statements

The personal statement should demonstrate an interest in Med-Peds as a career in a clear and organized manner. The personal statement should help reviewers understand who the candidate is and help us gain a deeper understanding of their identities and motivations beyond their application. It should definitively frame the candidate's interest in Med-Peds (i.e., saying "Interested in patients of all ages" is nonspecific and applies to multiple specialties. The reader should understand, clearly, why the applicant is applying for training in internal medicine AND pediatrics, specifically).

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	Approximately 14 days after ERAS opens

Students should demonstrate a strong record of volunteerism and research. Program directors will be looking for High Pass to Honors grades in the Medicine and Pediatrics core clerkships.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	5

Program Signaling Advice

New for 2027 cycle; see Pritzker Program Signal Guide in Summer 2026 for further guidance.

Interview Advice

During your interview, you will want to demonstrate a strong interest and commitment to adult and pediatric medicine. Be sure to convey a strong interest in the program, not just the city or town. Ask informed and interesting questions (review website and written materials). Be prompt, polite and enthusiastic. Visit medpeds.uchicago.edu and www.medpeds.org for more information.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes. It is not expected or required that you communicate about your intentions, but if you are certain you are ranking a given program first and you have a strong desire and/or need to be in that program, it is wise to send an email to the program director expressing that interest. Please note that most programs do not robustly engage in post-interview communication. Hence, if you choose to send a “Letter of Intent,” please know that you may not receive correspondence from the program in response.

Interventional Radiology

Categorical and Advanced

Most programs are advanced and require a separate application for a PGY-1.

Program Director at UCM

Thuong Van Ha, MD

Recommended Specialty Advisors

Specialty Advisors should be a faculty member with whom the student feels comfortable. Potential Specialty Advisors include:

- Thuong Van Ha, MD (Residency Program Director)
- Abdul Khan, MD
- Brian Funaki, MD (Chief of Vascular & Interventional Radiology)
- Patrick Tran, MD
- Steven Zangan, MD (Associate Residency Program Director)

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	240
Mean Step 2 CK of US matched applicants (NRMP)	253
Mean number of contiguous ranks of US matched applicants (NRMP)	6.5

Should applicants do away rotations?

Away rotations can be a great opportunity to audition for a program in which you are really interested, but you must be prepared to perform at your best. We have ranked students highly based on their away rotation performance. Most competitive students do 1 to 2 away rotations. It is recommended to complete them by October prior to the start of the interview season. Most away rotation applications are through VSLO, though some are institution-based.

Research

Research that leads to peer-reviewed publications or presentations demonstrates that a candidate understands the scientific method and has experience in compiling data and synthesizing it into a clinically meaningful conclusion. Additionally, research that is relevant to radiology and/or interventional radiology demonstrates a genuine interest and commitment to the specialty. This can be an important factor in differentiating several very competitive applicants. According to 2024 NRMP data, among the US seniors who matched in interventional radiology, the average number of research experience was 4.7 and the average number of abstracts, presentations, and publications was 15.8.

Letters of Recommendation

Number of letters recommended	3-4
Chair/Chief 's letter required?	No
Number of letters from within the specialty	Minimum 1; 2 is preferable
Number of letters from external institutions	*See below

* You should consider requesting a letter from an external institution if you believe you had a good away rotation performance, and especially if that faculty is well known in the IR community

Letters of recommendation should come from a faculty member who has worked closely with the student in a clinical setting. Ideally, two letters should come from an interventional radiology faculty member, and one should come from a core specialty such as internal medicine or surgery.

Personal Statements

Your personal statement should explain your motivation for pursuing interventional radiology. It can also be beneficial to outline strengths that may make you a strong resident and a successful practicing interventional radiologist. Some applicants will tailor their personal statement to indicate their specific interest for a program or geographic region, which can be more impactful than program signaling in ERAS.

Application Timing

When do programs begin reviewing applications?	Late September
When do programs begin offering interviews?	Early October. East coast programs tend to interview earlier than West coast programs, which offer interviews as late as November

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	8*

**Subject to change*

Program Signaling Advice

At our institution, the program signal has been used as a “tiebreaker” for candidates who we are considering for an interview. Signals may similarly serve as a tiebreaker for our final rank list.

Interview Advice

Learn about the program and have thoughtful questions to ask about the program.

Post-Interview Advice

Thank-you emails are a must and should be sent promptly after the interview (within 48 hours). A thank-you note demonstrates to a program that the interviewee is courteous, respectful, and interested in the program. They do not have to indicate how you will be ranking the program, nor will that information likely affect your rank order.

Neurological Surgery

Categorical

Residency Program Director at University of Chicago

Martin D. Herman, MD, PhD

Recommended Specialty Advisors

A Specialty Advisor should be familiar with your academic and clinical achievements. Advisors could include:

- Issam Awad, MD, MS (Vascular Neurosurgery)
- Mohamad Bydon, MD (Spine Surgery, Department Chair)
- Youseff Comair, MD (Adult and Pediatric Tumors)
- Paramita Das, MD, MS (Trauma and Skull Base Tumors)
- Arthur DiPatri, MD (Pediatric Neurosurgery)
- Javad Hekmat-Panah, MD (Emeritus)
- Martin D. Herman, MD, PhD (Spine Surgery; Residency Program Director)
- Peleg Horowitz, MD, PhD (Skull Base Tumor Surgery; Associate Residency Program Director)
- Ryan Naylor, MD (Vascular Neurosurgery)
- Sean Polster, MD (Vascular Neurosurgery and Skull Base Surgery; Medical Student Liaison)
- Patricia Raskin, MD (Trauma and Neurocritical Care)
- David Satzer, MD (Functional Neurosurgery, Pediatric Neurosurgery)
- Peter Warnke, MD (Functional Neurosurgery, Pediatric Neurosurgery)
- Timothy Witham, MD (Spine and Deformity Neurosurgery)
- Bakhtiar Yamini, MD (Tumor and Pediatric Neurosurgery)

Introduction

Neurosurgery is a rigorous seven-year training program, requiring more than a thousand procedures performed during residency, passage of a written neurosurgery exam, followed by an oral certification exam that needs to be passed three to four years after the completion of training for board certification. Residency programs are looking for intellectual accomplishment as reflected in excellent test scores, dexterity, commitment to the study of neuroscience and lifelong learning, and resilience in the context of serious and sometimes irreversible clinical conditions.

USMLE Data

Sources: UCM Program Director and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	250
Mean Step 2 CK of US matched applicants (NRMP)	255
Average Step 2 CK score among UCM applicants	260
Mean number of contiguous ranks of US matched applicants (NRMP)	16.7

Should applicants do away rotations?

Most students do two away rotations between July and September. However, this is not a requirement, and rarely students who have not done away rotations have matched. It is useful to obtain advice from UChicago neurosurgeons for choosing away rotations based on the strength of the candidate's application and interests.

Research

While neuroscience research is not technically required, it can be highly beneficial and is recommended, as it demonstrates an intellectual commitment to the fundamentals of neurosurgery. According to 2024 NRMP data, the average number of research experiences among matched US seniors in neurological surgery was 5.8 and the mean number of abstracts, presentations, and publications, was 37.4.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Yes
Number of letters from within the specialty	2-3
Number of letters from external institutions	1-2

Make sure that your letters will be strong and will be from faculty members who have done clinical work with you. Letters from neurosurgeons are key. It is common for programs to call each other about applicants. Letters from outside of neurosurgery could come from a research mentor.

Letter of recommendation submission must be completed through the online ERAS Letter of Recommendation Portal. As an applicant, you will enter the letter of recommendation authors you've chosen into MyERAS. The system will then generate a Letter Request Form (LRF) you can email, mail, or deliver in person to each of the authors you choose.

Procedure for Asking for a Chair/PD's Letter

If you are submitting a neurosurgery residency application, you will need to match through the ERAS. You will be assigned an AAMC ID, and for each neurosurgery rotation, you will be able to generate an ERAS letter or recommendation request PDF (with a unique identifier, ERAS letter ID #). You will send that request to Dr. Bydon, Dr. Herman, and Amy Johnson (the Residency Program Coordinator at University of Chicago). The letter of recommendation will be entered into the portal. If assistance is needed in reminding a neurological surgery faculty member to complete the LRF, please contact Amy Johnson at ajohnson1@uchicagomedicine.org. Amy will work with the faculty member to submit the LRF.

Personal Statements

The personal statement should demonstrate understanding, accomplishment, productivity, uniqueness, and specific reasons for choosing neurological surgery.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	September-October (see below)

Invitations to interview are offered as early as the week after ERAS opens and continue throughout October-November-December-January. Most programs finish sending out invitations by early October. Applicants are advised to submit applications to programs as soon as possible and prior to ERAS opening, if possible. The University of Chicago usually interviews 18-20 applicants on each of the first Wednesdays in October, November, and December for three available positions.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	25

Program Signaling Advice

All applications are reviewed, and Program Signaling is noted. Applicants can opt out of signaling University of Chicago after a conversation with the Program Director.

Interview Advice

Stay relaxed, smile, and be prepared to articulate the basis for your interest in neurosurgery, your long-term career goals, and how you could contribute to a residency program. It is wise to research the strengths and weaknesses of neurosurgery programs prior to the interview in order to inform your questions. Be prepared to articulate your particular interests within clinical neurosurgery and neurosurgery research interests should you be admitted into the program.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No, but you may express interest in programs that you will be ranking highly. If you do have a favorite program, it helps to send that program an interview “thank you note” or email stating your interest in the program. However, if a program asks you to tell them where you ranked them, it is a violation of the NRMP regulations. You are allowed to visit your favorite programs for a “second look” if you are undecided between more than one similar program.

Neurology

Categorical and Advanced

Some programs (including UCM) are advanced and require a separate application for a PGY-1.

Program Director at UCM

Kenneth Lee, MD

Elisheva Coleman, MD (Associate Program Director)

Daniel Kurz, MD (Associate Program Director)

Recommended Specialty Advisors

Specialty Advisors should be a faculty member with whom the student feels comfortable. Potential Specialty Advisors could include:

- Shyam Prabhakaran, MD (Chair)
- Margaret Kay-Stacey, MD (Co-Clerkship Director/Clinic Director)
- James Brorson, MD (Vice Chair for Education / Vascular Fellowship Director)
- Karen Orjuela Traslavina, MD (Associate Program Director, Vascular Fellowship)
- Helene Rubeiz, MD (Associate Vice Chair for Education)
- Veronica Cipriani, MD (Co-Clerkship Director)
- Hiba Haider, MD (Wellness Chair)
- James Mastrianni, MD, PhD (Behavioral Neurology & Neuropsychiatry Fellowship Director)
- James Tao, MD, PhD (Clinical Neurophysiology Fellowship Program Director)
- Sandra Rose, MD (Epilepsy Fellowship Director)
- Tao Xie, MD, PhD (Movement Disorders Fellowship Director)
- Adil Javed, MD PhD (Multiple Sclerosis Fellowship Director)
- Tareq Kass Hout, MD PhD (NeuroEndovascular Fellowship Director)
- Ali Mansour, MD (NeuroICU Fellowship Director)
- Kourosch Rezaia, MD (Neuromuscular Fellowship Director)

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	Not advertised
Mean Step 2 CK of US matched applicants (NRMP)	250
Mean number of contiguous ranks of US matched applicants	13.1

Should applicants do away rotations?

Away rotations are not required.

Research

Research is desirable but not required. According to 2024 NRMP data, US seniors who matched in neurology had an average of 3.5 research experiences and 8.8 publications, presentations, and abstracts.

Letters of Recommendation

Number of letters recommended	3 for UCM, 4 for others
Chair/Chief's letter required?	No
Number of letters from within the specialty	At least 1; preferably 2
Number of letters from external institutions	N/A

Neurology programs look for letters from faculty who have worked closely with students clinically.

Procedure for Asking for a Chair's Letter

Although a letter from the chair is not required, if the student has worked with the chair and wants a letter from him, they can email Dr. Prabhakaran directly at shyam1@bsd.uchicago.edu.

Personal Statements

Be sure to state your reason for entering the specialty. The personal statement is used to identify negative and positive traits pertaining to an applicant. Personal statements are reviewed very closely.

Application Timing

When do programs begin reviewing applications?	September
When do programs begin offering interviews?	October

Neurology programs look at the entire application holistically when deciding who to select for interviews. This includes performance in medical school, LORs, USMLE scores, and the MSPE. In addition, life experiences outside of medicine are also used in our consideration. An average USMLE performance does not necessarily have a negative impact if other components of the application are strong. Our program will no longer consider USMLE Step 1 specific scores, though pass/failures will be taken into consideration. USMLE Step 2 performance will also be taken into consideration as well. In addition, signaling is taken into strong consideration throughout Neurology and the UCM program.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	8*

**Subject to change*

Program Signaling Advice

In terms of program signals and geographic preferences, this varies quite a bit by Neurology programs, but these are considered during the review of the application and decision for interviewing.

Interview Advice

1. Communication is crucial.
2. Do NOT cancel interviews at the last minute.
3. During the interview, try to be engaging. Show the positive aspects of your personality, and show interest and passion for the specialty.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

It is common but may not have an impact.

Obstetrics and Gynecology

Categorical

Program Director at UCM

Julia Simon, MD

Recommended Specialty Advisors

The Program Director and Chair can be a resource for advice but should not have a formal role as an individual student advisor. This relationship could represent a conflict of interest in the overall application process. The Clerkship and Assistant Clerkship Directors typically act as the primary specialty advisors for all students applying to OB/GYN residency. If desired, prior to the ResidencyCAS application submission, the Program Director welcomes the opportunity to meet with the student individually to review the application.

All faculty members in the department who are involved in the student rotation are willing to be Specialty Advisors. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. In addition, faculty letters of recommendation can come from the following physicians:

- Ernst Lengyel, MD, PhD (Department Chair)
- Sara Wagner, MD (Vice Chair of Education)
- Julia Simon, MD (Program Director)
- Carrie Smith, MD (Clerkship Director)
- Julie Chor, MD, MPH (Assistant Clerkship Director)
- Lindsey Eastman, MD (Assistant Clerkship Director)
- Erin Fleurant, MD (Endeavor Health, Clerkship Site Director)

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	No
Min. Step 2 score for UCM program	N/A*
Mean Step 2 CK of US matched applicants (NRMP)	252
Mean number of contiguous ranks of US matched applicants	12.3

* We do not have Step score minimums but do consider USMLE results as part of our holistic review. Students who have failed Step 1 or have a Step 2 score below 220 should consult with Dr. Simon or Dr. Smith about application competitiveness.

Should applicants do away rotations?

Only if desired, not required. An away rotation is not essential. It should primarily help you gain more information about a specific program or geographic location of high interest to you. An away rotation may also be helpful if a candidate has a less competitive application or suboptimal academic record. If a student chooses to do an away rotation, this usually happens from July to October. Be sure to excel in your effort if you do an away rotation. Focus on being yourself while also being a team player and exhibiting an exemplary work ethic. Residents often have a significant influence over which visiting students receive invitations for interviews and over the final rank list for Match so it can make a huge difference if you are someone with whom the residents enjoy working. Always introduce yourself to the program director and chair of the department that you visit.

Research

Research that results in publications or presentations is particularly helpful for applicants. The research does not need to be done in the field of OB/GYN. According to 2024 data from the NRMP, the average matched applicant in OB/GYN participated in 3.8 research experiences and had 9.0 publications, abstracts, and presentations. If you do not have a strong research background, be sure to apply to institutions and departments where research is less of a focus, remembering that this will likely include community-based programs.

Letters of Recommendation

Number of letters recommended	4:3 from faculty (including 1 SLOE) and 1 from Chair/CD
Chair/Chief's letter required?	Yes (Can be SLOE)
Number of letters from within the specialty	At least 2
Number of letters from external institutions	Not required

Letters of recommendation should come from faculty who have worked with students clinically. Letters from any long-term mentor or research advisor are also helpful.

External letters are not mandatory as some students do not participate in any external rotations. It is advisable to have a letter from your sub-internship at The University of Chicago. These can be written by the Sub-I Director or from another faculty member with whom you worked closely in the clinical setting. These letters are important to demonstrate your professional growth and development in the clinical setting.

Procedure for Asking for a Chair's Letter

Please contact Nancy Martinez, the Chairman's Administrative Assistant, to schedule an appointment to meet with the Department Chair, Ernst Lengyel, MD, PhD. The Chair's letters are better if they are written with personal insight and knowledge of the candidate. The letter is co-written by Carrie Smith, MD, the Clerkship Director, who knows the candidate in more detail, but Dr. Lengyel will edit and sign off on the final version, so it is advisable to meet with him.

Personal Statements

Programs want to see a genuine interest in OB/GYN and to hear you describe at what point you became passionate about a career in obstetrics and gynecology. Include unique experiences, personal events and qualities that are relevant to the specialty. You may also include what aspects or characteristics you are looking for in a program.

Application Timing

When do programs begin reviewing applications?	September
When do programs begin offering interviews?	October

Submit your application as early as possible because of the limited number of interview slots. We follow the ACOG/APGO requirements for applicant selection and interview offers. Please see the most up to date information on timing: [Transition to Residency | ACOG](#).

NOTE: Beginning with the 2025 application season, OB/GYN has transitioned to using its own application platform, [ResidencyCAS](#), separate of the ERAS application. OB/GYN applicants must use the new platform to apply. OB/GYN applicants continue to match through the NRMP.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	18 (3 Gold, 15 Silver)

Program Signaling Advice

Data shows that if you do not signal a program, then you will not match in that program, so use your signals wisely. Do not only signal the most competitive programs, but instead signal the programs that best match your interests and/or location. This may be a community or rural program. First, decide what matters to you in a residency and then signal a program based on that.

When reviewing applications, most programs filter candidates based on signals first. Our program doesn't differentiate between a gold or a silver signal, but other programs may. **At this time, we do not require Pritzker candidates to signal their home institution.** However, this may change in the future.

Signals are only used pre-interviews. They are not used after an interview has been performed.

Interview Advice

Practice, practice, practice! Data show that once an interview is offered, your performance on the interview is the most important factor in how programs rank applicants. Make sure you have thoughtful responses to common questions asked during residency interviews and practice with as many people as you can prior to the start of interview season. Be prepared to explain any inconsistencies in your medical school performance. Be polite and nice to everyone including the administrative staff and residents. Relax! Do not try to over-impress—be yourself.

If there are any pre-interview socials, please do your best to attend. These usually involve being in a social setting with residents and can give you some insight into how the residents interact with you and each other. While these events are generally informal, remember this is a part of your interview experience at the institution. Be yourself but also maintain a high level of professional behavior

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Occasionally candidates send emails, but this is not an expectation. In general, OB/GYN residency programs in the U.S. do not encourage letters of intent following the interview process. The Department of OB/GYN does not contact individual candidates after the interview process.

Ophthalmology (SF Match)

Advanced

Some programs require a separate application for a PGY-1 year via ERAS and the NRMP.

Program Director at UCM

Peter Veldman, MD

Recommended Specialty Advisors

You will want to select a Specialty Advisor who knows you well. The better they know you, the better they can advise you. A meeting with Dr. Farooq, our lead Medical Student Educator, is typically the first step in that process. Additionally, you may also reach out to any of the below education team members for guidance.

- Asim Farooq, MD (Medical Student Educator)
- Peter Veldman, MD (Residency Program Director)
- Hassan Shah, MD (Associate Program Director)

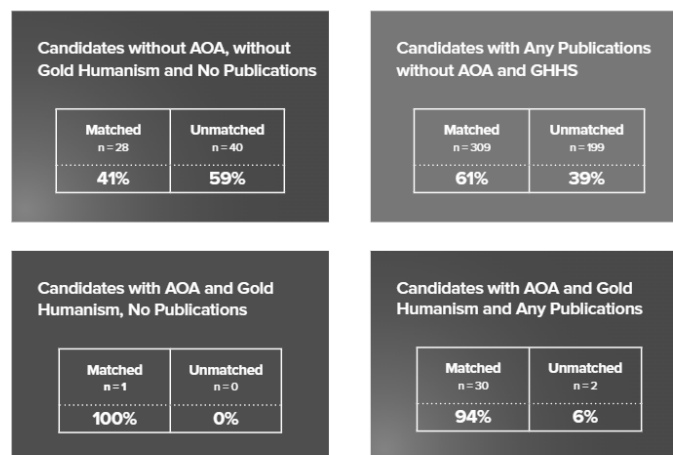
USMLE Data

Sources: UCM Program Directors and San Francisco Match website

Does Step 2 CK influence rank?	May be helpful now that Step 1 is no longer reported
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (SF)	258
Mean number of contiguous ranks of US matched applicants (SF)	10 for successfully matched applicants. Applicants should rank every program at which they interview.

* Percent of applicants with a successful match in 2025: US Allopathic Seniors—68% (450/657)

Match Rates by Combinations of Application Characteristics



In depth match statistics (similar to above) available at:

<https://sfmatch.org/specialty/ophthalmology-residency/2dbc19f8-4bed-424e-9e75-ab2820ff5d87>

Should applicants do away rotations?

A strong away rotation at the right program can help you get over the top at that program. Away rotations also significantly increase the likelihood of obtaining an interview at most programs. The strongest applicants may not have to do away rotations assuming they have great exposure to UCM Ophthalmology (completed rotations, research/papers, letters, outstanding grades on core clinicals, etc.), however it is likely still advisable to pursue an away or two at targeted programs. If you and your advisor determine that your application is borderline, having some very successful away rotations may be the best strategy for you to increase your chances of getting an interview at individual programs.

Recognize however that away rotations can be challenging (new system, new faculty, local students, etc.) and you will have to be your best and most engaged self throughout your time there. Because ophthalmology is an early match, and away rotations fill up quickly, advanced planning is important. The purpose of an away rotation is twofold—for you to get a more in-depth look at the program and for the program to get a more detailed look at you.

Research

It is important to have research experience and better yet to have a publication under your belt. However, this research can be done in any field as long as students are able to discuss it during their interviews and they can speak to the experience with authority. Students who are interested in ophthalmology research should contact Dr. Farooq directly.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No, but recommended (often as a co-signer)
Number of letters from within the specialty	2
Number of letters from external institutions	N/A

In a competitive specialty like ophthalmology, the name recognition of your letter writers can play a positive role, however, the best letter comes from someone who knows you well and can write a strong personalized letter that articulates your strengths. Letters from away rotations are not required, but under exceptional circumstances (for example, you spent an extended time at another institution doing research) they may be helpful to your application. Please discuss specifics of your situation with Dr. Farooq or your departmental advisor.

Personal Statements

The personal statement should demonstrate that you are a unique individual but also a team player. Please consider having your personal statement reviewed for content by Dr. Farooq or Dr. Veldman.

Application Timing

When do programs begin reviewing applications?	September
When do programs begin offering interviews?	October for November-January interviews

Ophthalmology participates in the San Francisco Match (www.sfmarch.org), which has an application submission target of September 2 and a rank deadline of mid- to late-January. You

should apply to at least 70+ programs as this was the clearest inflection point for applicants to receive enough invitations. In 2024, the average number of programs applied to was 82 for matched individuals with an average of 10 interview invitations. Unmatched averages were 84 and 3, respectively. Dr Farooq recommends submitting your application by the end of August. Two thirds of US allopathic seniors who submitted rank lists matched successfully in 2025.

To be successful in the ophthalmology match, your rank list should have “reach” programs, reasonable programs, and “safety” programs. The mix of these will depend on the strength of your candidacy. You should rank every program at which you interview unless you truly feel you could not train at that program.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	15

Program Signaling Advice

While signaling is relatively new for ophthalmology, it is clear that signaling increases the likelihood of obtaining an interview. Interview rates at non-signaled programs was 10% last year versus 46% at signaled programs. There is no “right” strategy for signaling but we suggest focusing your signals primarily on programs that you believe you are competitive for and where you would be interested in training, possibly also including some element of “safety” and/or “reach” signals at the applicant’s discretion. All Pritzker students will be granted an interview with their home program.

Detailed signaling statistics available at: <https://sfmatch.org/specialty/ophthalmology-residency/2dbc19f8-4bed-424e-9e75-ab2820ff5d87>

Interview Advice

Applicants should be comfortable discussing their strengths and selling themselves. A clear view of why candidates are interested in ophthalmology is a must. Be prepared to speak in depth and validate anything, however minor, that is in your application. It is important to have a functional setting to take virtual interviews, including good internet connection, microphone, camera, and appropriate setting/background.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Once you have decided on your No. 1 program, it is best for Dr. Veldman or another faculty member to reach out to the program, but it is also common for the applicant to send a well-articulated first choice email.

Helpful Reference

Grubbs JR Jr, Mian SI. Advising Students Interested in Ophthalmology: A Summary of the Evidence. *Ophthalmology*. 2016 Jul; 123(7): 1406-10. doi: 10.1016/j.ophtha.2016.04.016. <https://www.sciencedirect.com/science/article/pii/S0161642016301324?via%3Dihub>

2025 SFMATCH Statistical Report: <https://sfmatch.org/specialty/ophthalmology-residency/2dbc19f8-4bed-424e-9e75-ab2820ff5d87>

Orthopaedic Surgery

Categorical

Program Director at UCM & Director of Residency Recruitment

Tessa Balach, MD

Recommended Specialty Advisors

G. Jacob Wolf, MD, Director of Medical Student Education

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	No
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched U.S. MD Seniors (NRMP)	257
Mean number of contiguous ranks of US matched applicants (NRMP)	11.8

Should applicants do away rotations?

Yes, you should complete three. You will want to do an away elective and shine there. Away rotations should be done at institutions where you really want to match and have a competitive chance of matching. We recommend doing these in the summer and early fall of your fourth year. Your orthopaedic surgery Specialty Advisor can help you determine these institutions. Apply for away rotations early (March-April) to avoid missing out because all available spots are filled. Consider these aways as opportunities to perform much like an in-depth interview where you and the program get to know each other very well.

Research

While research is not required, it increases the chance of matching successfully and demonstrates engagement with your learning and the process of scientific inquiry. According to NRMP data, students who match successfully in orthopaedic surgery are more likely to have done research that has resulted in publication. In the 2023 match, the average number of peer reviewed publications for students who matched in an orthopaedic surgery program was 2, while the total number of abstracts, presentations and publications was 10. For comparison, in the 2025 match for our program, the average number of publications for interviewed applicants was 11 (range 0-58). Relevant, impactful manuscripts are helpful. A research year is NOT required to match into orthopaedics.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Per program application requirements
Number of letters from within the specialty	At least 3
Number of letters from external institutions	Not required but can be helpful

In general, letters that come from within orthopaedics are most helpful. People reviewing your application are much more likely to know another person in their specialty, it is a small world in orthopaedic surgery. If you have done a significant research project with someone who knows your work well, and is outside of that specialty, that can also be helpful. However, in general, submit letters from orthopaedic surgeons.

Always have a discussion with your potential letter writers and request a “strong” letter of reference. A poor or neutral letter can be detrimental to your application.

Procedure for Asking for a Chief’s Letter

If this letter is required at a program to which you are applying, formally set up a meeting with the Department Chair. This can be arranged through Annie Detrick and the Chair’s Executive Assistant. The Chair will typically get feedback from faculty members who are familiar with your work. Provide all your letter writers with your CV and personal statement if available. This will strengthen what they can write about you.

Personal Statements

Be honest and direct. Do not be too short (only one paragraph) or too long (more than one page). Avoid using poetry, excessive use of quotations, or generic impersonal comments. A good personal statement gives the reader insight into the candidate’s background and personal story.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS in September
When do programs begin offering interviews?	Mid- November; Orthopaedic Surgery has a Universal Interview Offer Day (UOD) that > 85% of programs participate in

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	30

Program Signaling Advice

Signaling is a powerful tool to show genuine interest in a program. Given the 30 signals you are provided, consider breaking it down into thirds: 1/3 aspirational or ‘reach programs’, 1/3 solid-realistic opportunity programs, and 1/3 within-reach programs. Overall, signaling should be viewed as showing your interest and commitment to a program. All programs consider signals differently; however, the data from recent years suggests that the likelihood of matching to a program you did not signal is very small.

Interview Advice

It is best to do your homework and find out the highlights, or strong points, of the program. You will inevitably be asked why you are interested in that program. Show that you spent time looking at the program’s web site and ask about specific features of the program. Avoid generic answers like, “I heard this was a good program.”

Be yourself. Students often get too worried about “trick questions.” On paper, all of the candidates have great academic credentials. The interview process is about finding people who will succeed within the program. Letting the program see who you really are is important. Although it is difficult to believe, the interview process is a two-way street and ensuring both you and the program get an opportunity to meet and understand each other is important.

Thank you notes are not necessary and often discarded. If you did a clinical rotation, had a particularly meaningful experience or conversation, then an email to one or two faculty members whom you worked with during that rotation, letting them know that you are still interested in the program, can be helpful. An email to the chief resident you worked with on the rotation can also be helpful.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No. There is no expectation that a student communicates their preference list.

Otolaryngology – Head and Neck Surgery (ENT) Categorical

Program Director at UCM

Fuad Baroody, MD

Recommended Specialty Advisors

In selecting someone as a Specialty Advisor, try to select someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. Potential advisors could include:

- Nishant Agrawal, MD (Section Chief)
- Fuad Baroody, MD (Program Director)
- Andrea Shogan, MD (Clerkship Director)
- Hassan Arshad, MD
- Brandon Baird, MD
- Nadia Caballero, MD
- William Gao, MD
- Terrence Imbery, MD
- Marta Kulich, MD
- Phillip LoSavio, MD
- Christopher Low, MD
- Joseph Meleca, MD
- Jay Pinto, MD
- Lou Portugal, MD
- Dana Suskind, MD
- Antonios Varelas, MD

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	220
Mean Step 2 CK of US matched applicants (NRMP)	256
Mean number of contiguous ranks of US matched applicants (NRMP)	13.9

Step 1 scores are now reported as Pass/Fail as of January 26, 2022. Accordingly, Step 2 score will become more important and will influence consideration of applications.

Should applicants do away rotations?

Yes, you should complete 2-3. It is important to do a sub-internship between May and September to be sure you are committed to this specialty (Ideally, one should be committed to the specialty before applying for away rotations by shadowing during early med school years and rotating in Otolaryngology as part of the surgery block in third year). Doing your sub-internship at UCM first and then doing one or two away rotations at other institutions is optimal, but certainly not required. Since fourth year starts in May for Pritzker students, you will have a chance to complete your UCM sub-internship in May or June as well as July for students who are on research rotations through June. You must decide how to prioritize your sub-internship and studying for Step 2. Doing an away rotation gives you a chance to learn about the specialty and a chance to get an outside letter, thus the importance of completing away rotations before residency applications are due, usually by end of September. Most importantly, it is basically an extended interview at programs in which you might be interested. Our Program Director and faculty can help you choose away rotations by giving you information about outside programs.

Research

Research experience is desirable. According to the NRMP, US Seniors who matched in 2024 participated in an average of 7.1 research experiences and had 20.0 abstracts, presentations, and publications. Works in progress are useful even if there are no publications or presentations yet, as it supports the candidate's interest. Any research experiences are valuable but Otolaryngology-specific research denotes interest in the specialty and is desired.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Yes
Number of letters from within the specialty	2
Number of letters from external institutions	Not required but can be helpful*

* Typically obtained from the Chair or the Program Director at institutions where away rotations were pursued.

If you cannot get three excellent letters, do not apply in ENT. Letters from faculty members in the Department of Surgery or from a research mentor are appropriate.

Procedure for Asking for a Chief's Letter

Set up an appointment to speak with Dr. Agrawal. The letter is a summary of the student's clinical performance during the ENT sub-internship and is usually co-written by Drs. Agrawal and Shogan. All away rotators will get such a letter.

Personal Statements

Otolaryngology programs are just looking to see if you are able to write. A poorly written personal statement can hurt an applicant. A paragraph describing reasons you are applying to each specific program is not a requirement, but you can feel free to include if you really like a specific program or if such a statement is mandated by any specific program. Our program does not require such a paragraph.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	November

Note: In recent match seasons, the Program Directors Organization encouraged all programs to extend interview offers at the same time. For 2025, this was on November 6, 2025. Applicants began scheduling and confirming interview invites on November 10, 2025. Most programs complied. We interview applicants early in either December or January.

In order to improve applicants' chances of matching in otolaryngology, it is desirable for them to have a grade of Honors in their surgery rotation. Other useful, but not necessary, accolades are induction into the AQA Honor Medical Society and strong USMLE Step 2 scores (above 240). A student's performance on the sub-internship is another major factor. Research productivity and the strength of letters of recommendation are additional components of the holistic application evaluation. In the end, the student's personality should match with the program's personality.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	25

Program Signaling Advice

The Otolaryngology Program Directors Organization has instituted signaling for the past six match years. In the first year, applicants were allowed to signal five programs to communicate interest. During that year, they were not allowed to do away rotations. In the second year, the away sub-internship was considered the equivalent of a signal to that program and the applicants were restricted to four signals. For the past three application cycles, applicants were allowed 25 signals and were asked to signal programs at which they did away rotations as well as their home program. The increase in the number of allowable signals produced the desired effect of decreasing the number of applications submitted by each applicant by about 40%. The program director at UCM will update you on signaling in the coming season, which is likely to stay the same, and the Program Directors Organization will usually put together an informational session for the applicants as we get closer to the application deadline.

Interview Advice

Interviews were virtual for at least few match seasons during the pandemic. Almost all programs conducted in-person interviews during the 2025-2026 season. This trend is likely to continue with most interviews in person in the future. The interview is the most important part of the process. Applicants should be enthusiastic and prepared to ask good questions. Remember that the interview begins when you arrive and ends when you leave. Be sure to speak to the residents. While you should appear enthusiastic about the program, you really need to consider whether this is the program where you want to spend the next five years.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes. If you have a strong preference for a program, you should feel free to communicate that to them.

Pathology

Categorical

Program Director at UChicago Medicine/Endeavor Health

Elizabeth Kertowidjojo, MD (UChicago Medicine)

Ajit Paintal, MD (Endeavor Health)

Recommended Specialty Advisors

Your Specialty Advisor should be the person with whom you have common interests or goals and good lines of communication. MSTP students should be matched with research-oriented faculty if their career goals include substantial independently funded research, and MDs should be matched with a diagnostic pathologist. Specialty Advisors should be experienced in the appropriate clinical area, have time and “chemistry” with the student, and have a broad view of the field. Potential advisors could include:

- Elizabeth Kertowidjojo, MD (Program Director, UChicago Medicine)
- Ajit Paintal, MD (Program Director, Endeavor Health)
- Tim Carll, MD (Associate Program Director, UChicago Medicine)
- Lindsay Yassan, MD (Associate Program Director, UChicago Medicine)
- Chris Weber, MD, PhD (Physician Scientist Track advisor)
- Aliya Husain, MD
- Nicole Cipriani, MD
- Peter Pytel, MD
- Melissa Tjota, MD, PhD
- Sandeep Gurbuxani, MD, PhD

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	220
Mean Step 2 CK of US matched applicants (NRMP)	247
Mean number of contiguous ranks of US matched applicants (NRMP)	12.4

Should applicants do away rotations?

Possibly. Away rotations are useful if you are interested in going to a specific institution for your residency. However, they are not required.

Research

Research experience is desirable, but not a requirement for our program. According to 2024 NRMP data, US seniors who matched in pathology had an average of 3.1 research experiences and 8.4 publications, presentations, or abstracts.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief’s letter required?	No
Number of letters from within the specialty	At least 2
Number of letters from external institutions	N/A

The strongest letters are those written by faculty who have worked clinically with the student. At least two of the three letters should be from a pathologist who worked with the student.

Personal Statements

The personal statement is the only opportunity for you to have a voice. In particular, use this space to state your career goals and what you want from your residency training.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	Mid-October

Make sure you have had some experience in pathology. Complete an elective or two. Try to work on a research project. Make sure this is the field that you want to go into.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	5

Program Signaling Advice

We receive more than 700 applications annually for 5-7 positions. It helps to know when an applicant is very interested in our program, especially if they are currently in a different geographic region with no apparent connections to Chicago or the Midwest.

Interview Advice

Interview widely. You learn a lot from meeting people and seeing how programs differ. It is a small field. If you make a positive impression, people may remember you when you apply for fellowships or jobs.

We do not require a thank you note, but it is much appreciated and reflects well on the applicant. It also indicates your interest in the program.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

It can have a positive influence to know that a student is highly interested in us.

Pediatrics

Categorical

Program Director at UCM

Nicola (Nikki) Orlov, MD

Pediatric Medical Education Office at UCM

Cameron Ghalayini, Residency Education Coordinator (primary contact for recruitment questions)

Thea Stranger-Najjar, Director of Medical Education and Professional Development

Recommended Specialty Advisors

The pediatric clerkship and residency leadership are happy to discuss any aspects of your future career in pediatrics. Feel free to reach out to any of us directly:

- **Lolita Alkureishi, MD** (Co-Clerkship Director, Assistant Program Director, Director of Ambulatory Training)
- **Erin King, MD** (Co-Clerkship Director, Director of Fourth Year Activities)
- **Simon Parzen-Johnson, MD** (Director of UME-GME Transition)
- Wendy Darlington, MD (Assistant Program Director, Director of Advocacy and Community Engagement)
- Jaclyn Eisenberg, DO (Assistant Program Director, Director of Evaluation and Feedback)
- Allison Foster, MD (Assistant Program Director, Community Impact)
- Madan Kumar, DO (Associate Program Director, Intern Recruitment)
- Poj Lysouvakon, MD (Assistant Program Director of Retention and Engagement)
- Rochelle Naylor, MD (Associate Program Director, Director of Diversity, Equity, and Inclusion)
- Brett Palama, MD (Associate Program Director, Director of Quality Improvement and Scholarship)

First contact for MD/PhD students and for physician-scientists:

- Mark Applebaum, MD (Associate Program Director, Physician Scientist Development Program)

Potential research mentors with the Department:

- See Pediatric listings in [TimePortal](#)
- Mark Applebaum, MD
- Erika Claud, MD
- John Cunningham, MD, MSc, MRCP
- James LaBelle, MD, PhD
- Ivan Moskowitz, MD, PhD

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	No*
Min. Step 2 score for UCM program	See below**
Mean Step 2 CK of US matched applicants (NRMP)	247
Mean number of contiguous ranks of US matched applicants	12.4

* Numeric Step 2 score does not influence ranking in our program; however, all candidates must have a Step 2 CK in order to be ranked on our list. Step 2 scores are not required at the time that applications are submitted but a passing score must be submitted prior to the date that program rank lists are due.

** For many years, we have embraced a holistic review of residency applicants that de-emphasizes standardized testing such as USMLE. For a more comprehensive discussion of our perspective, please see our editorial in the February 2021 issue of the *Journal of Graduate Medical Education*, in which we pledge to not consider USMLE Step 1 or Step 2 scores in our review, interview, and rank process. (<https://meridian.allenpress.com/jgme/article/13/1/37/451597/Why-We-Can-t-Wait>)

Should applicants do away rotations?

Away rotations are not necessary, and we do not routinely recommend them. We only recommend rotations where you are strongly interested in a program and will perform exceptionally throughout the entire rotation. This experience can be very beneficial in giving insight into a particular program and exposure to a particular pediatric subspecialty but could potentially hurt you if you do not perform at an exceptional level. Most programs are moving toward a post-rank list submission (for programs), in-person revisit, if you feel it is important to see a place but do not want to do a rotation.

Research

We expect all residents to do scholarly work based on their personal passions and interests. As such, while prior research experience is welcome, more important is that you demonstrate a sustained commitment to identify and address a problem through scholarly work. If a project is listed on your CV, be prepared to discuss it in your residency interviews. If your letter of recommendation is from a research mentor, ask that they discuss your contribution to and impact on the research goals, even if no published material arose from them.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief’s letter required?	No
Number of letters from within the specialty	At least 2
Number of letters from external institutions	N/A

You should ask a physician with a good sense of their clinical strengths and personal knowledge of their interests and career goals. The strongest letters speak to your strengths in specific and detailed ways, rather than just reiterating your CV. It is a good idea to have your CV & personal statement prepared and meet (at least virtually) with your letter writers prior to them drafting a letter for you. Most letters are submitted directly to ERAS without student review unless you have an alternate agreement with your letter writer.

Procedure for Asking for a Chair Letter

Chair letters are required by a growing number of programs. As such, we will provide a Chair letter for each Pritzker student applying in pediatrics. Dr. Simon Parzen-Johnson will write Chair letters in his role as UME-GME Director; Please reach out to him at least two months before the deadline for ERAS LoR submission. Physician-scientists and MD/PhD students should have a letter from their research mentor.

Personal Statements

Pediatric programs are looking for who you are beyond your ERAS application. The personal statement gives you an opportunity to explain gaps in training or aspects of your file that could be perceived negatively. Make sure your personal statement is spell checked, well written, and no longer than one page. Have someone other than you review it for content prior to submission. An exceptional statement can help an average file, and a very poorly written statement could negatively impact a good file. Otherwise, the personal statement has minimal effect.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	Following APPD guidelines; typically 2 weeks after ERAS opens

Please note, interview slots **fill quickly**. We recommend accepting invitations and scheduling your interviews as soon as an offer is received.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of signals	5*

**Subject to change*

Program Signaling Advice

Pediatrics participates in signaling, and each applicant can send a signal of interest to up to five residency programs. **Pritzker students do not need to use one of their signals for our program. Your interview slot with us is guaranteed.**

Interview Advice

Being polite and professional to all the staff that you have contact with cannot be over emphasized. This includes the residency administrative staff and any social events. Learn about the features of the program before you visit so that you are well informed and can make the most of you interview day. You will likely have the opportunity to speak with residents and faculty; tailor your questions appropriately!

While the playful nature of children attracts many applicants to this field, do not fall into the trap of behaving less professionally in efforts to appear more appealing to children. This is still a professional interview, and overly casual comments and communication can hurt you.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Though we do not change our rank order list based upon applicants' stated intentions, letting a program know of your intention to rank them #1 does not hurt. However, do not factor in communication from programs, as a growing number of programs are choosing to eliminate post-interview communication altogether.

Physical Medicine & Rehabilitation

Categorical and Advanced

Most programs are advanced and require a separate application for a PGY-1 position.

Medical Director of Rehab Services at the University of Chicago

David Weiss, MD

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- David Weiss, MD (Clinical Associate of Orthopedic Surgery and Rehabilitation Medicine),
- Dana Branch (Clinical Associate of Orthopedic Surgery and Rehabilitation Medicine),
- Zayd Hayani (Clinical Associate of Orthopedic Surgery and Rehabilitation Medicine),
- Tiffany Dyer (Clinical Associate of Orthopedic Surgery and Rehabilitation Medicine)

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	No*
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	248
Mean number of contiguous ranks of US matched applicants (NRMP)	13.7

*A strong Step 2 score can help

Should applicants do away rotations?

Yes. Pritzker students will be able to rotate at University of Chicago's Inpatient Rehabilitation program at Ingalls Memorial Hospital on a two-week Physical Medicine & Rehabilitation (PMR) elective. Also, a second elective at another program would be important.

Research

Rehabilitation relevant research is recommended but not required. Bench research is not critical. According to 2024 NRMP data, US seniors who matched in PM&R had an average of 3.4 research experiences and 8.6 publications, presentations, abstracts. More important would be demonstrating knowledge of rehabilitation in persons with disabilities based on volunteer work, jobs, and other activities.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	1
Number of letters from external institutions	N/A

It is highly recommended that a student has one strong letter from PM&R physicians from the institution where the student did their PM&R rotation.

It is strongly recommended that PM&R applicants have at least one **Standardized Letter of Evaluation** from a PM&R clinician or group of clinicians in place of a traditional letter.

Personal Statements

PM&R programs are looking to get to know the applicant, understand the experiences that shaped the applicant, and specifically support the application to a rehabilitation residency, and it is best if experiences support application to the particular program. It is beneficial to personalize the personal statement to individual programs. Students should also highlight things they have done outside of medicine that may have impacted their interest in the specialty, population health, and/or healthcare. Use your personal statement to differentiate yourself and make programs remember you!

Application Timing

When do programs begin reviewing applications?	October
When do programs begin offering interviews?	October/early November

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	20

Program Signaling Advice

Per the AAMC, it is advised that “applicants signal their most interested programs **regardless of whether they are home or away rotations.**” PMR programs are following the recommendations of the AAMC. They are not used as the sole criterion to offer interviews. Program signals are generally not used after the interview offer in determining ranking.

Interview Advice

Applicants should know a little bit about each program where they plan to interview. During the interview, you should be truthful, honest, and know your own CV. Be engaging!

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No, but let the program know you’re interested—send a thank-you note specific to the program. Going a step further and mentioning a meaningful part of the conversation in the thank you letter makes it more personal and relevant.

Plastic and Reconstructive Surgery

Categorical

Program Director at UCM

Maureen Beederman, MD

Associate Program Directors

Courtney Cripps, MD

Recommended Specialty Advisors

Your Specialty Advisor should be someone who is dedicated to medical education. Potential advisors could include:

- Maureen Beederman, MD (Program Director)
- Lavinia Anzai, MD (Medical Student Director)
- David Chang, MD (Section Chief)
- Cristin Coquillard, MD
- Courtney Cripps, MD (Associate PD)
- Summer Hanson, MD, PhD
- Larry Gottlieb, MD
- Russell Reid, MD, PhD
- Jignesh Unadkat, MD
- Sebastian Vrouwe, MD
- Kevin Yang, MD

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	No
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	256
Mean number of contiguous ranks of US matched applicants (NRMP)	13.6

Should applicants do away rotations?

Yes. Usually only one or two away rotations are necessary; more than three is not necessary.

Research

Students should choose a research project they are interested in, not just one to pad their resume. According to 2024 NRMP data, US seniors who matched in plastic surgery have an average of 8.6 research experiences and 34.7 abstracts, presentations, and publications.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Yes
Number of letters from within the specialty	3
Number of letters from external institutions	2

Procedure for Asking for a Chief's Letter

Set up an appointment to speak with the Section Chief, David Chang, MD. Please contact his executive assistant Bridget Zhou by email at bridget.zhou@bsd.uchicago.edu.

Personal Statements

Plastic surgery programs are looking for transparency, thoughtfulness, and a detailed reason why the applicant chose plastic surgery. Experiences that demonstrate resilience, taking initiative and innovation should be shared.

Application Timing

When do programs begin reviewing applications?	As soon as the MSPE is released in September
When do programs begin offering interviews?	Plastic Surgery programs abiding by ACEPS policy release their invitations at an appointed time yearly and follow ACEPS' directive on second round invites as well. Please check the ACEPS website for updates.

Plastic surgery programs are looking for excellent achievements outside of medicine. This includes an interest in sports, arts, literature, etc. We are also interested in an applicants' community service activity, whether globally or locally, and applicants' commitment to diversity, inclusion, and collaborative experiences. Our focus on doing well on Step 1 is mitigated given its Pass/Fail status, and we have shifted to looking at the overall strength of a candidate's application, from letters of recommendation, performance on medical school clerkships, and the candidate's commitment to plastic surgery on all levels (e.g. research participation, local and national podium presentations). Students interested in this specialty need to become active and engaged early in the application season.

Note: All applicants must register with the NRMP to participate in The Match. Visit <https://aceplasticsurgeons.org/apply-plastic-surgery/> for more information.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	20

Program Signaling Advice

Many programs use signaling for candidate selection for interviews, with many now only screening those candidates who signal a program. We also heavily take signaling into account and, if two candidates present of equal strength in their application, we will use the signal status to guide our selection for interview. It is important to discuss your signaling plans with your plastic surgery specialty advisor and/or your career advisor prior to submitting your application.

Interview Advice

During the interview, you should be truthful, honest, and know your own CV. Be engaging!

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they will rank them first?

No. It is against the policies of the American Council of Educators in Plastic Surgery. Going against the ACEPS policy can have negative consequences on your application success. Candidates should signal their interest in a program during the application process through the ERAS application

Psychiatry

Categorical

Program Director at UCM

Deborah Spitz, MD

Recommended Specialty Advisors

Your Specialty Advisor should know about psychiatry departments in other cities. The advisor should have a willingness to meet with students and an enthusiasm for the field. Potential advisors could include:

- Deborah Spitz, MD (Vice Chair for Education and Program Director)
- Shivani Kumar, MD (Director of Medical Student Education)
- Karam Radwan, MD (Director of Child Psychiatry)
- Zehra Aftab, MD (Associate Residency Training Director)
- Seeba Anam, MD (Child Psychiatry)
- Brittany Goldstein, MD (Assistant Director of Medical Student Education)

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	246
Mean number of contiguous ranks of US matched applicants (NRMP)	11.5

USMLE scores may count differently in various programs. Highly competitive programs may pay attention while less competitive programs will disregard them.

Should applicants do away rotations?

Yes, if there is a specific institution in which you are interested. If you really want to get accepted into a particular away institution, you should definitely do a rotation in that school. This means selecting only one or two places to rotate, as we would NOT recommend that a psychiatry applicant take much psychiatry in the fourth year. During the fourth year, you need as much medicine or pediatrics as possible. The best time to go on an away rotation is early in the fourth year.

Research

Having research experience is not required, but it is desirable. According to 2024 NRMP data, US seniors who matched in psychiatry had an average of 3.0 research experiences and 7.5 publications, presentations, and abstracts.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	1
Number of letters from external institutions	N/A

Most letters are generic. A letter with specifics about the applicant, including their specific clinical performance is most helpful. Letters of recommendation from faculty members in medicine and pediatrics are relevant to psychiatry. Letters should come from faculty members who have worked closely with you clinically.

Personal Statements

The personal statement is especially important in psychiatry. We also look at extracurricular activities.

Psychiatry programs are looking for answers to the following questions:

- What attracts this applicant to psychiatry, in as specific a manner as possible?
- What are the applicant’s goals in psychiatry?

We want the application to convey something about who the applicant is, what they value, what interests and excites them about the field, and what makes them unique.

In general, highly competitive psychiatry programs do look at scores and grades but still pay a great deal of attention to the personal statement and interview. There are many very good programs in psychiatry that are not so competitive, so it would be very unusual for a Pritzker student not to match in psychiatry, and that might be due to applying only to the most competitive programs.

In recent years, psychiatry has become more competitive. As programs receive far more applications than they can carefully review, it is advisable to indicate to programs that you are a serious applicant, either by answering specific questions that some programs ask on the ERAS application, or by personalizing your Personal Statement for each program to indicate what about that program interests and attracts you. It is also important to thoughtfully utilize Program Signals. Otherwise, even strong applicants may not be reviewed by strong programs, which are flooded with applications.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	October

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of signals	10

Program Signaling Advice

Use signals thoughtfully—some to reach programs, some to middle programs, some to “safe” programs. Because psychiatry has become very popular and programs are flooded with applications, many programs use signals to gauge interest in their program and will review applicants who have signaled before looking at those who did not signal; in some cases, only applicants who have signaled are reviewed. Even if you are a Pritzker student, we recommend that you signal the University of Chicago program if you wish to be considered for an interview.

Interview Advice

We recommend talking to faculty members in psychiatry before going on your first interview. Be prepared to engage with the interviewers. They will want to know who you are and what you are passionate about in the field. Students should be prepared to be asked somewhat personal questions by some interviewers. Some more psychodynamic programs ask about family background and relationships; if you do not want to reveal much, you should not apply to those places. Use the interviews to find out what other programs are “really” like, how the residents feel about the program, and if you will feel comfortable there. Ask questions freely— if you are not happy with the answers, then you probably should go somewhere else, even if it is a prestigious program.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but does not affect rank.

Radiation Oncology

Advanced

Requires a separate application for a PGY-1

Program Director at UCM

Yasmin Hasan, MD

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in research or who knows your clinical work is ideal. Potential advisors could include:

- Yasmin Hasan, MD (Residency Program Director)
- Aditya Juloori, MD (Associate Program Director)
- Christina Son, MD (Associate Program Director)
- Steven Chmura, MD, PhD (Clinical trials/translational research)
- Phil Connell, MD, PhD (Basic science research)

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	Yes*
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	252
Mean number of contiguous ranks of US matched applicants	16.1

*Our program does not have a minimum Step 2 score, and we do not use Step scores to filter or screen applicants. Step scores are considered as part of our broad holistic review of applicants

Should applicants do away rotations?

Yes, complete two if possible. Feel free to discuss your ideas for away rotation locations with your Specialty Advisor.

Research

We recommend that at least one of your research projects should relate specifically to radiation oncology. According to 2024 NRMP data, US seniors who matched in radiation oncology had an average of 4.2 research experiences and 15.9 publications, abstracts, and presentations.

Letters of Recommendation

Number of letters recommended	2-3
Chair/Chief's letter required?	No
Number of letters from within the specialty	2
Number of letters from external institutions	1

Typically, it is a good idea to get at least one letter from a well-known faculty member. While it may reflect favorably to get letters from nationally prominent faculty members in the field, internal faculty who know you well and those who have worked with you clinically are just as important.

Procedure for Getting a Chief's/Chair's Letter

If you would like a letter from the Chair after rotating in our department, please reach out to him via email to ask if he may be able to provide this. Please also include his assistant in communications. Our Program Coordinator Cora Tharps (Cora.Tharps@bsd.uchicago.edu) will be able to provide you with the contact details.

Personal Statements

The personal statement should be carefully thought-out and well written. Please use this as an opportunity to express yourself.

Application Timing

When do programs begin reviewing applications?	October
When do programs begin offering interviews?	October-January

Radiation oncology is a field in medicine in which doctors have the privilege and skill set to care for cancer patients with cutting edge technology. There is significant emphasis on studying the literature, learning clinical oncology, radiobiology, and physics, as well as research. The residency program is four years long, after one year of preliminary medicine or transitional year. Please be insightful regarding your goals for training when considering your fit to various programs.

Program Signaling

Does this specialty participate in program signaling?	No
Number of program signals	4

Program Signaling Advice

If you are a Pritzker student and rotated with us, you do not need to send us a program signal. In general, we welcome program signaling.

Interview Advice

Be prepared to have a good explanation of why this is the right field for you. Also be prepared to discuss your research and any other activities that have led to your interest in the field.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No. Candidates should never specifically say that a program is number one; just express strong interest. Candidates are encouraged to read the article "Taking 'the Game' Out of The Match: A Simple Proposal," found here: <http://www.ncbi.nlm.nih.gov/pubmed/26581129>

Contact: Program Coordinators
Cora Tharps
Cora.Tharps@uchospitals.edu
Joseph Zorrow
Joseph.Zarrow@uchospitals.edu

Radiology - Diagnostic

Categorical and Advanced

Some programs are advanced and require a separate application for a PGY-1.

Program Director at UCM

Olga Pasternak-Wise, MD, MS

Recommended Specialty Advisors

Specialty Advisors should be a faculty member with whom the student feels comfortable. Potential Specialty Advisors could include:

- Colin Brown, MD
- Chris Straus, MD

USMLE Data

Sources: *UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)*

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	See below*
Mean Step 2 CK of US matched applicants (NRMP)	256
Mean number of contiguous ranks of US matched applicants (NRMP)	13.8

*Step 2 scores could help the applicant if the scores are higher than average. However, a holistic review of the application is performed, and all core faculty participating in the recruitment season are educated on the process. We also encourage all faculty to participate in implicit bias training.

Should applicants do away rotations?

Away rotations are not required. If you are interested in a particular program, it may be helpful to rotate at the department to meet faculty and residents and to assess if you would thrive in that environment. The away rotation at your preferred institution is a chance to show yourself in the best light.

Research

While research in radiology is not required, it certainly helps to show the recruitment committee that you are able to balance course work and research projects and that you have interest in academic endeavors. Research does not have to be traditional scientific projects and can involve a variety of scholarly activity, including leadership-related or DEI-related projects, as well as educational projects. According to 2024 NRMP data, US seniors who matched in radiology had an average of 4.4 research experiences and 12.0 abstracts, presentations, and publications.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	1
Number of letters from external institutions	N/A

Letters of recommendation should come from a faculty member who has worked closely with the student clinically. At least one should come from a core specialty such as internal medicine, surgery, OB/GYN, or pediatrics.

Personal Statements

Your personal statement should demonstrate characteristics that show motivation for lifelong learning of radiology. In our program, personal statements are read by the entire recruitment committee and are considered valuable.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	October

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	15 (6 Gold, 9 Silver)

Program Signaling Advice

The “signaling” of programs is a valuable feature, and the past three years show that competitive programs use “gold” and “silver” signals to assist in narrowing the applicant pool for interviews. Our program views signaling as high interest: when selecting from nearly 1,000 applications for 80-96 interview slots, gold and then silver signals are considered, in addition to the entire application and regional preferences stated. However, please know that since the Pritzker School of Medicine is our home institution and we know the training program well, we do not require a “signal” from our internal applicants to interview you. The “advice” above is based on information from regional program director comments and from our experience for external candidates.

Interview Advice

Learn about the program and have thoughtful questions to aid you in discussion of the program. Know your research so that you can discuss the project(s) meaningfully and be able to discuss your life experiences that shape who you are and show the recruitment team why you are a valuable addition to our residency, show how you are a team-player, etc. Thank-you notes (email or written format) are highly recommended.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

It will not affect rank, although it will not impact the applicant negatively to state their support for the program.

Thoracic Surgery

Categorical

General Thoracic and Cardiothoracic tracks

Program Director at UCM

UCM does not have an integrated (I-6) thoracic surgery residency.

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Jessica Donington, MD (Thoracic Surgery Section Chief and Cardiothoracic Fellowship Program Director)
- Mark Ferguson, MD
- Christopher Salerno, MD (Cardiac Surgery Section Chief)

USMLE Data

Sources: AAMC and 2024 NRMP data

Does Step 2 CK influence rank?	N/A
Min. Step 2 score for UCM program	N/A
Mean Step 2 CK of US matched applicants (NRMP)	250.3*
Mean number of contiguous ranks of US matched applicants (NRMP)	N/A**

*From 2021 AAMC data, last available in 2021 Report on Residents

**The NRMP does not publish this figure, but comparatively competitive specialties average around 15 contiguous ranks for matched applicants

Should applicants do away rotations?

An away rotation is not required but is increasingly common and even recommended in some instances. It is also a good idea to do rotations in thoracic and cardiac surgery during the general surgery clerkship. Often these are not mandatory rotations, so arranging them as electives during the clinical year is a good idea.

Research

Research experience is highly desirable. Though research within the field is good, this is certainly not a must. According to 2024-2025 NRMP data, the average number of research experiences for matched first-year residents in thoracic surgery was 2.1 and the average number of abstracts, presentations, and publications was 24.2.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	Advisable
Number of letters from within the specialty	2-3
Number of letters from external institutions	Not required

Personal Statements

Make sure you are clear about your reason for entering the specialty. This is also your opportunity to give the reader insight into your unique background and personal story.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	October

Applicants are advised to submit applications to programs as soon as possible, prior to ERAS opening.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of signals	4

Program Signal Advice

With such a small number of signals, these can be a powerful indicator of your interest in a program. Be very thoughtful about the programs you choose to signal. They should be programs at which you would be eager to train and for which you are a strong candidate. Using your signals on “reach” programs only could risk generating no interviews from your signals.

Interview Advice

Try to attend the social event and/or dinner the night before. It is a bit of a red flag if you do not participate in all activities included in the interview.

Make sure you look up specific information about each program and be prepared to ask a number of questions about that program. Be honest and genuine with your responses. The programs are primarily looking for the applicant who is a best fit, so just be yourself.

Be kind and courteous to everyone with whom you interact, including residents, fellows, program coordinators, etc.). These individuals often have some kind of say in the selection process.

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but usually this is done via one of your advisors at UCM. Only communicate this information to one program. It is unprofessional to tell more than one program that you are ranking them #1. Thoracic surgery is a small community, and program directors do talk to one another.

Urology (AUA Match)

Categorical

PGY-1 is included in most programs in the AUA Match, but an NRMP rank list for a PGY-1 must still be submitted.

Program Director at UCM

Sarah Faris, MD

Recommended Specialty Advisors

Your Specialty Advisor should be someone on the faculty to whom applicants can relate. Potential Specialty Advisors could include:

- Sarah Faris, MD (Residency Program Director)
- Piyush Agarwal, MD
- Denise Asafu-Adjei, MD
- Mohan Gundeti, MD
- Mahmoud Khalil, MD
- Ervin Kocjancic, MD
- Parth Modi, MD
- Luke Reynolds, MD (APD)
- Arie Shalhav, MD (Section Chief)
- Abhinath Sidana, MD
- Ted Skolarus, MD, MPH
- Jacob Tallman, MD
- Gregory Zagaja, MD

USMLE Data

Sources: *UCM Program Directors and the AUA*

Does Step 2 CK influence rank?	Yes
Min. Step 2 score for UCM program	Pass
Mean Step 2 CK of US matched applicants (AUA)	N/A
Mean number of contiguous ranks of US matched applicants (AUA)	~12 -14

Should applicants do away rotations?

Yes. Students should try to do their away rotations in July, August, or September.

Research

Research is desirable in this specialty, and while it does not all need to specifically be in Urology it is advisable to have some research in Urology.

Letters of Recommendation

Number of letters recommended	3-4
Chair/Chief's letter required?	Yes
Number of letters from within the specialty	2-3
Number of letters from external institutions	0-1

Procedure for Asking for a Chief's Letter

Email Dr. Faris (sfaris@bsd.uchicago.edu) with CV, other supporting documents, and personal statement. The letter will come jointly from Drs. Shalhav and Faris. Please request early and send a reminder if not completed in time.

Personal Statements

Urology programs want to know why you are interested in going into urology. Keep it short and direct. This is also a place to highlight a unique accomplishment that may not be readily apparent in your application.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	October

Urology participates in an “early match” through the AUA (www.auanet.org). Applicants apply to programs through ERAS but must submit their rank list through the AUA by early January.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	30

Program Signaling Advice

Signaling is considered an important part of the selection process, especially for top tier programs that get so many students applying. You should signal programs where you have performed Sub-I rotations if you are interested in matching at that program.

Interview Advice

N/A

Post-Interview Advice

Is it common practice for applicants to contact their #1 program to let them know they are ranking them first?

No. Currently, programs are not allowed to respond.

Vascular Surgery

Categorical

Program Director at UCM

UCM does not have an Integrated (0+5) Vascular Surgery Residency; however, Trissa Babrowski, MD is the Program Director of the vascular surgery fellowship and can be used as a resource.

Recommended Specialty Advisors

In selecting a Specialty Advisor, try to find someone with whom you feel you can develop a close relationship: someone with whom you feel comfortable and candid. A faculty member who has mentored you in a research project or who knows your clinical work is ideal. Potential advisors could include:

- Trissa Babrowski (Fellowship Program Director)
- Chelsea Dorsey, MD'10
- Sara "Mimi" Gaines, MD
- Xiaoyi (Sean) Li, MD
- Ross Milner, MD (Section Chief)
- Luka Pocivavsek, MD, PhD
- Christopher Skelly, MD (MS3 Vascular Faculty Coordinator)
- Ashley Williamson, MD

**Dr. Dorsey is a graduate of an integrated vascular surgery residency.*

USMLE Data

Sources: UCM Program Directors and 2024 Charting Outcomes in the Match (NRMP publication)

Does Step 2 CK influence rank?	TBD
Mean Step 2 CK of US matched applicants (NRMP)	253
Mean number of contiguous ranks of US matched applicants	22.6

Should applicants do away rotations?

Yes, one or two is appropriate. Students should try to do their away rotations in July, August, and/or September so that a letter of recommendation from that institution can be included in their ERAS application. Keep in mind that most programs only have one residency spot (only a handful of programs now have two spots). As such, your away rotation is an extended interview. If not asked, you should offer to do a case presentation or present your vascular-related research to your team.

Research

Research experience is desirable. Though research within the field is ideal, this is certainly not a must. According to 2024 NRMP data, among US seniors who matched in vascular surgery, the average number of research experiences was 4.6 and the average number of presentations and publications was 12.8.

Letters of Recommendation

Number of letters recommended	3
Chair/Chief's letter required?	No
Number of letters from within the specialty	2-3*
Number of letters from external institutions	Not required but can be helpful

* Though letters from vascular surgery faculty are ideal, any other letters included in your application should at least be from within the Department of Surgery or from a research mentor.

Personal Statements

Make sure you are clear about your reason for entering the specialty. This is also your opportunity to give the reader insight into your unique background and personal story. If you are double applying in another field (e.g., general surgery), make sure your personal statement for the vascular residency is specific to vascular surgery.

Application Timing

When do programs begin reviewing applications?	As soon as ERAS opens in September
When do programs begin offering interviews?	September-October

Applicants are advised to submit applications to programs as soon as possible and prior to ERAS opening.

Program Signaling

Does this specialty participate in program signaling?	Yes
Number of program signals	4

Interview Advice

Try to attend the social event and/or dinner the night before. It is a bit of a red flag if you do not participate in all activities included in the interview.

Make sure you look up specific information about each program and be prepared to ask a number of questions about that program. Be honest and genuine with your responses. The programs are primarily looking for the applicant who is the best fit so just be yourself!

Be kind and courteous to everyone you interact with (including residents, fellows, program coordinators, etc.). These individuals often have some kind of say in the selection process.

Post-Interview Advice

Is it common for applicants to contact their #1 program to let them know they are ranking them first?

Yes, but usually this is done via one of your advisors at UCM. Only communicate this information to one program. It is unprofessional to tell more than one program that you are ranking them #1. Vascular surgery is a small community and program directors do talk to one another.

Class of 2026 Match List

Specialty	PGY	Institution Name	State	Specialty
<u>ANESTHESIOLOGY</u>				
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Anesthesiology
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Anesthesiology
	PGY-1	Barnes-Jewish Hosp-MO	MO	Anesthesiology
	PGY-1	<i>Private</i>		Anesthesiology
	PGY-1	U Miami/Jackson Health System-FL	FL	Anesthesiology
	PGY-1	MGB-Massachusetts Gen Hosp	MA	Anesthesiology
	PGY-1	MedStar Georgetown Univ Hosp-DC	DC	Anesthesiology
<u>DERMATOLOGY</u>				
	PGY-2	ISMMS Mount Sinai Hospital-NY	NY	Dermatology
<u>EMERGENCY MEDICINE</u>				
	PGY-1	<i>Private</i>		Emergency Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Emergency Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Emergency Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Emergency Medicine
	PGY-1	NYP Hosp-Columbia & Cornell-NY	NY	Emergency Medicine
	PGY-1	Cook County Health and Hosps Sys-IL	IL	Emergency Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Emergency Medicine
<u>FAMILY MEDICINE</u>				
	PGY-1	Cook County Health and Hosps Sys-IL	IL	Family Medicine
	PGY-1	U Illinois COM-Chicago	IL	Family Medicine
	PGY-1	U Texas Southwestern Med Ctr-Dallas	TX	Family Medicine
	PGY-1	Institute for Family Health-NY	NY	Family Medicine
	PGY-1	UC Davis Med Ctr-CA	CA	Family Medicine
<u>INTERNAL MEDICINE</u>				
	PGY-1	UC San Francisco-CA	CA	Internal Medicine
	PGY-1	MGB-Brigham & Womens Hosp-MA	MA	Internal Medicine
	PGY-1	MGB-Massachusetts Gen Hosp	MA	Internal Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine
	PGY-1	<i>Private</i>		Internal Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine
	PGY-1	NYP Hosp-Weill Cornell Med Ctr-NY	NY	Internal Medicine
	PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine
	PGY-1	Yale-New Haven Hosp-CT	CT	Internal Medicine

PGY-1	UCLA Med Ctr-CA	CA	Internal Medicine
PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine
PGY-1	Northwestern McGaw/NMH/VA-IL	IL	Internal Medicine
PGY-1	MGB-Massachusetts Gen Hosp	MA	Internal Medicine
PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine
PGY-1	B I Deaconess Med Ctr-MA	MA	Internal Medicine
PGY-1	U Texas Southwestern Med Ctr-Dallas	TX	Internal Medicine
PGY-1	<i>Private</i>		Internal Medicine
PGY-1	UPMC Medical Education-PA	PA	Internal Medicine
PGY-1	UCLA Med Ctr-CA	CA	Internal Medicine
PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine
PGY-1	<i>Private</i>		Internal Medicine
PGY-1	U Southern California	CA	Internal Medicine
PGY-1	Univ of Chicago Med Ctr-IL	IL	Internal Medicine

INTERNAL MEDICINE-PEDIATRICS

PGY-1	U Texas Southwestern Med Ctr-Dallas	TX	Medicine-Pediatrics
PGY-1	MGB-Brigham & Womens Hosp-MA	MA	Medicine-Pediatrics
PGY-1	Med Coll Wisconsin Affil Hosps	WI	Medicine-Pediatrics
PGY-1	Indiana University SOM	IN	Medicine-Pediatrics

INTERNAL MEDICINE-PRELIMINARY

PGY-1	Univ of Chicago Med Ctr-IL	IL	Medicine-Preliminary
PGY-1	U Wisconsin Hospital and Clinics	WI	Med-Prelim/Radiology
PGY-1	Univ of Chicago Med Ctr-IL	IL	Med-Prelim/NorthShore
PGY-1	Univ of Chicago Med Ctr-IL	IL	Med-Prelim/Neurology
PGY-1	<i>Private</i>		Med-Prelim/NorthShore
PGY-1	<i>Private</i>		Medicine-Preliminary

INTERNAL MEDICINE-RESEARCH

PGY-1	Duke Univ Med Ctr-NC	NC	Internal Med/PSTP
PGY-1	Cedars-Sinai Med Ctr-CA	CA	Internal Med/PSTP
PGY-1	Hosp of the Univ of PA	PA	Internal Med/Research

NEUROLOGICAL SURGERY

PGY-1	<i>Private</i>		Neurological Surgery
PGY-1	U Iowa Health Care Med Ctr	IA	Neurological Surgery

NEUROLOGY

PGY-1	ISMMS Mount Sinai Hospital-NY	NY	Neurology
PGY-2	Univ of Chicago Med Ctr-IL	IL	Neurology

OBSTETRICS-GYNECOLOGY

PGY-1	ISMMS Mount Sinai Morningside-West-NY	NY	Obstetrics-Gynecology
PGY-1	Detroit Med Ctr/WSU-MI	MI	Obstetrics-Gynecology
PGY-1	Univ of Chicago Med Ctr-IL	IL	Obstetrics-Gynecology
PGY-1	Univ of Chicago Med Ctr-IL	IL	Obstetrics-Gynecology
PGY-1	Northwestern McGaw/NMH/VA-IL	IL	Obstetrics-Gynecology

OPHTHALMOLOGY

PGY-1	University of Washington	WA	Ophthalmology
PGY-1	Univ of Chicago Med Ctr-IL	IL	Ophthalmology

ORTHOPAEDIC SURGERY

PGY-1	<i>Private</i>		Orthopaedic Surgery
PGY-1	Barnes-Jewish Hosp-MO	MO	Orthopaedic Surgery
PGY-1	Univ of Chicago Med Ctr-IL	IL	Orthopaedic Surgery

OTOLARYNGOLOGY

PGY-1	Northwestern McGaw/NMH/VA-IL	IL	Otolaryngology
PGY-1	NYP Hosp-Columbia & Cornell-NY	NY	Otolaryngology

PEDIATRICS

PGY-1	Boston Childrens Hospital-MA	MA	Pediatrics
PGY-1	UC San Francisco-CA	CA	Pediatrics
PGY-1	Mayo Clinic School of Grad Med Educ-MN	MN	Pediatrics
PGY-1	Univ of Chicago Med Ctr-IL	IL	Pediatrics
PGY-1	Boston Childrens Hospital-MA	MA	Pediatrics
PGY-1	Childrens Hospital-Los Angeles-CA	CA	Pediatrics
PGY-1	Childrens Hospital-Los Angeles-CA	CA	Pediatrics

PLASTIC SURGERY-INTEGRATED

PGY-1	<i>Private</i>		Plastic Surgery
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PSYCHIATRY

PGY-1	NYP Hosp-Columbia Univ Med Ctr-NY	NY	Psychiatry
PGY-1	UC San Francisco-CA	CA	Psychiatry
PGY-1	<i>Private</i>		Psychiatry
PGY-1	UCLA Semel Inst for Neuroscience-CA	CA	Psychiatry
PGY-1	B I Deaconess Med Ctr-MA	MA	Psychiatry
PGY-1	Univ of Chicago Med Ctr-IL	IL	Psychiatry
PGY-1	Univ of Chicago Med Ctr-IL	IL	Psychiatry
PGY-1	<i>Private</i>		Psychiatry
PGY-1	Rush University Med Ctr-IL	IL	Psychiatry
PGY-1	Northwestern McGaw/NMH/VA-IL	IL	Psychiatry

RADIOLOGY-DIAGNOSTIC

PGY-2	UC San Francisco-CA	CA	Radiology-Diagnostic
PGY-2	Univ of Chicago Med Ctr-IL	IL	Radiology-Diagnostic
PGY-2	Northwestern McGaw/NMH/VA-IL	IL	Radiology-Diagnostic
PGY-2	U Wisconsin Hospital and Clinics	WI	Radiology-Diagnostic
PGY-2	<i>Private</i>		Radiology-Diagnostic

SURGERY-GENERAL

PGY-1	<i>Private</i>		General Surgery
PGY-1	UC San Francisco-CA	CA	General Surgery
PGY-1	U Miami MSOM/Holy Cross-FL	FL	General Surgery
PGY-1	Loyola Univ Med Ctr-IL	IL	General Surgery

SURGERY-PRELIMINARY

PGY-1	Stanford Health Care-CA	CA	Surgery-Preliminary
PGY-1	Univ of Chicago Med Ctr-IL	IL	Surgery-Preliminary

THORACIC SURGERY-INTEGRATED

PGY-1	U Michigan Hosps-Ann Arbor	MI	Thoracic Surgery
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TRANSITIONAL

PGY-1	Prime Midwest GME Consortium-IL	IL	Transitional Year
PGY-1	Prime Midwest GME Consortium-IL	IL	Transitional Year
PGY-1	Memorial Sloan-Kettering-NY	NY	Transitional Year



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