



**THE UNIVERSITY OF CHICAGO**  
**PRITZKER SCHOOL**  
**OF MEDICINE**

**Pritzker Chiefs / PMAP**

- Upper classmen lunch with new MS1s – Friday, Aug. 7, 12-1 p.m.
- Social Rounds needs leaders for the coming year! See slide 3 for more info and reach out to the Chiefs if you are interested.
- PMAP is looking for M4 mentors to join the annual mentor list – look for signup information from PMAP shortly or reach out to one of the leaders (slide 4)

**Updates from Tyler**

- **MSPEs:** Scheduling will start soon for July second meetings; August and September will begin soon after. When you get this communication, please **respond promptly** by scheduling a slot for your second meeting.
- **CVs:** If you have received CV feedback but have not yet submitted a revised version, you should do so ASAP **but not later than Monday, June 30**. If you have not submitted your CV for feedback yet, it should be submitted ASAP and **not later than Monday, June 30**, regardless of when your MSPE meeting is set to occur. If you submit on June 30, you will need to turn around a revised CV, based on the feedback you receive, by **Monday, July 6**.
- **ERAS/Residency App Office Hours:** Tyler is now offering weekly office hours, digitally and in person, specifically for residency application topics. This can include review of your CV or your application as well as Q&A about how to complete your application or other application-related matters, program lists, etc. Sign up for a time via this page: <https://www.signupgenius.com/go/10C0F4DAFAE28A7FCC34-64404199-erasresidency#/>
- **Thalamus Sign up:** When you register your ERAS token, you will also receive an email about setting up your Thalamus account. Thalamus is the program through which you will schedule (and sometimes conduct) your residency interviews. It is important you set this up, know how to check it during interview season, and use the **same email** in this account as you do for your ERAS account. (ResidencyCAS and SF Match do not use Thalamus)

**Internal Medicine Update**

- See slide 3 for important updates from Internal Medicine on the Chair Letter process. IM is also hosting a meeting about this and applying to categorical Internal Medicine on **Thursday, June 18 at 5 p.m. in L316 and on Zoom.**

**Building Your Program List for Residency Application**

- 1) Chair's Letters (Slide 15)
  - a. When entering a Chair's Letter in ERAS, enter the Chair's information (not the co-author), select "Standardized Letter," and select "Yes" for the question asking if you need that letter to fulfill a Chair Letter requirement.
  - b. For SLOEs, select "Standardized Letter"

- 2) Current landscape of application (Slide 17)
  - a. There is more data available on application to residency than there ever has been. This is to your benefit, but it can reach a point of being ‘too much.’ Don’t get too bogged down in overanalyzing data and/or trying to ‘game the system.’
  - b. “Competitiveness” is a **relative term**. It will be different across specialties and between students. Do the best you can and be honest with yourself and your mentors.
  
- 3) Categorical vs. Advanced programs (slide 20)
  - a. If a program has both, it’s OK to apply to both (assuming you are also applying to prelim programs) and improves your chances.
  - b. Limiting to just categorical programs for specialties with both may take some of your preferred programs out of play.
  
- 4) Preliminary & Transitional Year programs (Slide 20)
  - a. Prelims in particular but also TYs have become more competitive as the former have been increasingly committed to specific advanced programs. Make sure you apply to plenty of these types of programs to ensure you have a spot for your intern year (if you are applying in a specialty with advanced programs).
  
- 5) Number of programs (slide 21)
  - a. This is **NOT a one-size-fits-all recommendation**. Some of you may apply to more programs than the recommendation, some of you may apply to fewer. This is a *recommendation* for the **average** applicant.
  
- 6) Program list length by program signals (slide 22)
  - a. As the chart indicates, applying beyond the number of allotted program signals does not typically yield much, if anything, in specialties with a large number of signals (25+), whereas small signal specialties certainly interview outside program signals. In the middle (Internal Medicine, Gen Surg, Psychiatry), it will make sense for some applicants to apply beyond just their signals, strategically identifying programs that may offer an interview without a signal (e.g., programs that tend to receive fewer applications and/or program signals).
  
- 7) Clerkship grades (slide 23)
  - a. Cannot look at a single grade to assess competitiveness. However, grade in the most relevant clerkship to your specialty choice is most impactful. A High Pass in your chosen specialty will make it harder to get an interview with “reach” programs, so diversify appropriately.
  
- 8) Being honest with yourself (slide 25)

- a. You do yourself no favors by ignoring application deficiencies/weaknesses or denying your challenges. You can at the same time be realistic about your application and still go after dream programs in moderation.
  - b. Reflect on why your “Dream” programs are your dream programs. Do you feel like you can’t get the same training anywhere else? Is it about reputation or name factor of the program? It can be easy to fixate on one or a few programs; try to understand why you may be focused on certain programs and widen your lens to consider other options that will provide what you are looking for in residency. Sometimes, a program with less “prestige” or name cachet will actually be a better fit for you and offer training that is just as good or better.
- 9) Number of programs (slide 26)
- a. In most specialties, a “shotgun” approach of just applying extremely broadly and hoping to get as many interviews as possible is no longer a viable strategy. Program signals have narrowed the pool of applicants programs will consider. If you feel like you have application deficiencies, increase your number of applications strategically and not aimlessly.
  - b. If your application is very strong/competitive, you may be able to apply to fewer programs but do this cautiously. You don’t want to end up with too few interviews.
- 10) Competitiveness and data (slide 31)
- a. Data can help you understand how you stack up at specific programs, but it is NOT the only deciding factor. Consider things like metrics as just one part of the equation when identifying programs that are a fit for you, both in terms of your competitiveness and in terms of what you are looking for in a program.
- 11) Admit.org (slides 36-37)
- a. Use with **caution!** This is a useful resource that can provide very helpful insight, but it should only be treated as a **starting point** and not the end of your program list research and planning.
- 12) Residency Explorer Tool (slides 42-46)
- a. This (free) resource is likely to be your **most valuable and useful resource** as you explore programs, not just for things like competitiveness and interview rates but also for things like schedule structure, benefits, and program demographics. **Make use of this tool extensively!**
- 13) Texas STAR (slides 52-57)
- a. Again, use this resource with some level of skepticism. The data is helpful, but the response rate of 25% across 160+ medical schools is low, and there are many very small sample sizes, so you cannot over-generalize this resource. There is also a LOT here; make sure you are understanding correctly how to filter and interpret the data.

## MS4 Meeting #2: Building Your Program List for Residency Application

Wednesday, June 17, 2026

- b. In most cases, Residency Explorer Tool will be the more useful source for you. **This will be most important for OB/GYN, EM, and Ophthalmology applicants**, but it should not be the only resource consulted.
  - c. Be particularly cautious with the “Senior Advice” section, as it will include some very sound, insightful commentary from students who have gone through the process but also some sketchy advice that could lead you toward risky approaches to your list that are more emotion-based and less practical/strategic.
- 14) Sources to avoid or use only with extreme caution (slide 59)
- a. There **CAN** be good information/advice in these places, but more often it is advice with limited applicability, minimal context, and no supporting data, or it’s total hearsay.

### Important Dates

July 1	PSOM Deadline to take Step 2
September 1	Target date for SF Ophthalmology Match application submission (but we recommend submitting earlier, in late August)
September 2	MD applicants may begin to certify and submit their applications in advance of the Sept. 23 release date to programs (ResidencyCAS review begins Oct. 1)
September 11	Target deadline for ensuring all LORs are uploaded to ERAS
September 14	<b>MS4 Class Meeting #3, 5:00 - 6:30 p.m.: <i>Interviewing for Residency</i>, A panel discussion with Program Directors *NOT RECORDED*</b>
September 15	Applicants can begin registering for NRMP (the Match organization) at 11 am CST
September 17	ResidencyCAS applications (OB/GYN and EM) due
September 23	ERAS applications and MSPEs released to programs via ERAS and MSPEs to San Francisco Match (i.e. the day they are sent to programs)
November 20	AUA rank list submissions open
Mid-December	Military Match results available
December 28	AUA applicant registration AND rank list deadline, 3:30 p.m. CST
January 14	SF Match rank list deadline

**MS4 Meeting #2: Building Your Program List for Residency Application**

Wednesday, June 17, 2026

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| <b>January 19</b> | <b>MS4 Class Meeting #4, 5:00-6:30pm: <i>Preparing Your Rank List</i></b>          |
| January 25        | SF Match results available   |
| January 29        | Applicant standard registration deadline for NRMP (late registration = extra \$50) |
| February 1        | NRMP rank list submissions open at 11 am CT  |
| February 2        | AUA Match results available  |
| March 3           | NRMP rank list deadline at 8 pm CT   |
| March 15          | Match Week starts  |
| <b>March 19</b>   | <b>Match Day!</b>  |