Class of 2024: Planning your 4th year



Internal Medicine



Priority scheduling

You need to complete your Sub-Internship (Sub-I) early to allow comments from the rotation to be included in your Structures Evaluative Letter (SEL). This means scheduling the Sub-I in April, May, June, or July. August is acceptable but not preferred.



Recommended year 4 electives

Internal Medicine (IM) electives

- Critical Care Medicine (ICU) is strongly recommended.
- Choose subspecialty rotations. You do NOT need another general medicine rotation.
- Explore specialties that you are interested in pursuing as a career (Cardiology, GI, Heme/Onc, etc.).
- Choose electives in areas of weakness or perceived weakness.
- Choose electives to gain specific skills (e.g., cardiology so you can read an EKG or Pulmonary Medicine so you can interpret a chest film).
- Choose electives that are difficult. If you are going into IM, you will likely do these rotations again as a resident. However, some things you need to do twice to gain expertise (e.g., Infectious Diseases, Nephrology).
- Choose electives that are interesting to you.
- Consider doing an Ambulatory elective.
- Don't only do Medicine electives; 3-4 electives should be enough. Non-medicine electives—this is your last time to learn from experts in their field.
- Do radiology; everyone gets an imaging test at some point in their care. If you like doing procedures, consider interventional radiology.
- If you are going into primary care, consider urology (remember half your patients will be men), ophthalmology, ENT, and dermatology, or Sports Medicine.
- Consider anesthesiology (remember your patients will go to surgery and you will be doing pre-op "assessments." You need to understand the anesthesiologist's point of view and you need to see what happens form the other end of the table. Also, it is a great way to do procedures.
- Other interesting electives are pain management, hospice, addition medicine, toxicology and the ED's ultrasound rotation. Research electives
- Unless done early they do not improve chances of matching at research institutions. However, the experience and potential abstract may improve your application for fellowship. Away electives (hopefully, they will be available next year)
- Rehearsal rotations may improve your competitiveness at a specific program but don't count on it! Going to Harvard for a rotation does not make you competitive for the program if you have poor

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medical school performance or low USMLE scores. Still, it may boost your application a if you are competitive or on the cusp of competitiveness for a program.

- Do an away rotation to see if the program you are interested in is a good fit and to see if you will like living in a particular location.
- Do an away rotation early to potentially get a letter of recommendation.
- Do not want to do a general medicine floor or sub-internship. You will not look as good as students from that school who are familiar with the EMR and how the system works.
- Do not elect a second rotation (e.g., in cardiology) to look good. You want to take as many different types of electives as possible.
- It is preferable to do you Sub-I before an away rotation. Virtual/online/longitudinal electives
- These are great rotations to ensure opportunity for interviews without using up your vacation month.
- Health systems elective—online elective in patient safety & quality improvement
- Pharmacology elective
- Critical Appraisal Editing elective—this elective, like the Kado teaching elective allows you to fill a
 month and do the work over the year
- Interprofessional education (IPE) elective—new elective that also for a semester and provides an opportunity to work with other health professionals to developed IPE treatment plans



Suggested interview months

Peak interview months are November and December. Some programs interview through January. Local programs may offer interviews as early as October. Highly competitive programs generally do not begin notifying applicants until late October.



USMLE Step 2CK: timing/target scores/etc.

Complete Step 2CK so that scores are available when ERAS opens. This generally means taking the exam before August 14.



Letters of recommendation

- You will submit 4 letters.
- 1 Structured Evaluative Letter (SEL) written by leadership in the Department of Internal Medicine. https://www.im.org/resources/ume-gme-program-resources/resources-guidelines-im-sel
- 3 Letters of recommendation written by faculty (not residents), at least two of which should be from faculty in Internal Medicine or subspecialty medicine (e.g. cardiology, gastroenterology, etc.) is recommended.

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Recommended documents and links to specialty-specific resources

Last year ERAS piloted an optional "Supplemental" application to help students share more about themselves and assist program directors in finding applicants that fit their programs' setting and mission. There is no cost to applicants or programs. The AAMC is evaluating data from the first year of the supplemental application. Results will be used to determine which content sections will continue for ERAS 2023.

Information about this year's supplemental application can be found at: https://students-residents.aamc.org/applying-residencies-eras/supplemental-eras-application-eras-2023-cycle

Information on applying to IM can be found at the ACP web site. You must join to access but membership is free. https://www.acponline.org/membership/medical-students

Information about programs can be found at AAMC Residency Explorer Tool https://www.residencyexplorer.org/Account/Login Local data related to USMLE scores and where students matched is available from the SOM.



Additional recommendations

General Advice - Do not completely front load your schedule.

- You do not want to have done all meaningful electives in the first half of the year so that you have the lightweight electives from January-graduation. You will be out of practice evaluating and making decision and not in the best shape for your internship.
- Consider doing EM or ICU at the end of the year. You will be able to apply all that you learned and be prepared for your internship.

Applications

- The number of places you apply to depends on your competitiveness.
- If you are a marginal student (course failures, USMLE failure(s), etc.) you need to apply to a lot of Medicine programs—50 programs including mostly if not all community programs.
- On average most people should apply to 20-25 programs.
- If you are applying to elite programs you need to apply to at least 30 programs including some less competitive programs.
- Elite programs send interview request in late October/early November.
- The way you really know your competitiveness is by the number of interviews you get.
- Match data shows that students who have 12 interviews will match (99% likelihood).
- Relinquish interviews once you have 12-15 interviews to allow less competitive applicants a chance to interview and match.
- Contact your advisor if you do not have 8-10 interviews by the first week of November.

