

# The (Unofficial) Guide to Surgery for Sinai Students

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## Preface to the 1<sup>st</sup> Edition

April 14, 2018

Welcome to The (Unofficial) Guide to Surgery for Sinai Students. This document was developed during my 4<sup>th</sup> Year at Sinai, starting in the period after I had submitted my application in ERAS and was anxiously waiting to hear back from residency programs. Throughout my interview season, I jotted down notes, thoughts, and reflections and tried to assemble them into a framework for thinking about applying to general surgery residency. As I came to the rather late conclusion that I wanted to be a surgeon, I had many questions and found myself wishing for a resource tailored to Sinai students. It is my hope that this document will serve as a basic guide to applying in the field of general surgery, from how to explore your interests in surgery during the preclinical years, to excelling during the 3<sup>rd</sup> Year Surgery-Anesthesia Clerkship, to the residency application process. It is by no means a comprehensive document, and there is room for improvements and modifications. Please feel free to update and modify it as you see fit.

This guide is written for students interested in General Surgery. It is therefore limited in scope, as it does not cover the wide-range of surgical subspecialties (e.g. Vascular Surgery, Plastic Surgery, Integrated Cardiothoracic Surgery, Otolaryngology). While certain information contained within may be useful for all students interested in surgery and surgical subspecialties, with respect to applying for residency it is probably more useful for General Surgery applicants.

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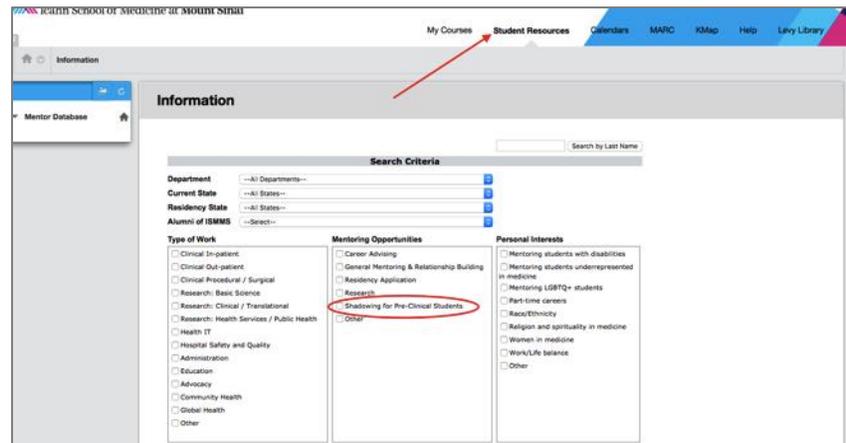
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## FOR MS1s AND MS2s

### Shadowing in the Preclinical Years

The preclinical curriculum at Sinai affords many opportunities for exploring different specialties, especially once the Structures course concludes in mid-October. If you're considering a career in general surgery or in a surgical subspecialty, it is advisable to use your preclinical years (especially 1<sup>st</sup> Year) to gain exposure to the field. One way to do this is to seek out shadowing opportunities. While it can be intimidating to email busy surgeons and ask them about shadowing, many of the surgeons at Sinai are happy to have an enthusiastic student in the operating room or in clinic. The Mentor Database is an excellent recourse and can be found under the Student Resources tab in Blackboard.



**Subject:** Shadowing in General Surgery

Hi Dr. Surgeon,

My name is Medical Student and I'm an MS1 interested in surgery. I found your name on the Sinai Mentor Database, and wanted to ask if there's a time when I could shadow you in clinic or the OR.

Thank you for considering, and hope your week is going well.

Sincerely,  
Medical Student

If you have the opportunity to shadow in the OR, prepare for the case(s) you will be seeing by looking at the OR schedule. For more information about preparing for the OR, please see the section on the Surgery-Anesthesia Clerkship.

### Extracurricular Activities

Just as medical school admissions committees look for extracurricular activities as a marker of a well-rounded and interesting applicant so, too, do residency program directors. While this is true in general for all residency programs, it seems to be especially true for surgery. Anecdotally, program directors or interviewers are likely to ask about your interest in stand-up comedy or your marathon running and will remember you because of it. During interviews, you may be asked to cite examples of times when you worked with others to achieve a goal or taken the lead on a project. Luckily, Sinai abounds with opportunities to be involved. While it's great if your chosen extracurricular activities demonstrate an interest in surgery (e.g. Co-Leader of the Surgery Interest Group), a sustained involvement in any activity or project adds depth to your residency application and is a great way to break up periods of monotonous studying.

## Research

General surgery continues to be a moderately competitive residency, and therefore program directors will look upon any research experiences or exposure favorably. While research that is related to surgery can be helpful and demonstrate an interest in surgery, it is much more important to have sustained involvement with projects that have produced results (e.g. abstracts, posters, podium presentations, publications), regardless of subspecialty. If you have not done research prior to your time at Sinai, there are plenty of resources to get involved with projects, ranging from pure basic science research to translational research to clinical research. Early in the preclinical years, find time to set up a meeting with the Medical Student Research Office (MSRO) and ask for advice on finding a research project and mentor. It can also be helpful to ask MS2s, MS3s, and MS4s who have done research in general surgery or in the surgical subspecialties about how they got involved in projects and how they found mentors. Many projects span more than one academic year, and as MS2s gear up for USMLE Step 1 and MS3s adjust to life on the wards, there are projects that can be transitioned to incoming students.

## Finding Mentors

Regardless of what specialty you ultimately pursue, it is critical to identify and build strong relationships with a variety of mentors during medical school. You will likely have multiple mentors in different areas of your professional and personal life – this is a good thing! A variety of mentors can give you a broad range of perspectives and ideas. Mentors can be influential in shaping your career decisions and eventual specialty choice. Your mentors will also be an invaluable resource as you begin the residency application process. If you decide on a career in surgery (or a surgical subspecialty), mentors can be excellent resources for suggesting research projects or shadowing opportunities. It is not necessary for your mentors to have the same specialty, nor are you required to pursue the same specialty as your mentors.<sup>1</sup> Upper class students can also be excellent mentors – their experience is closest to yours.

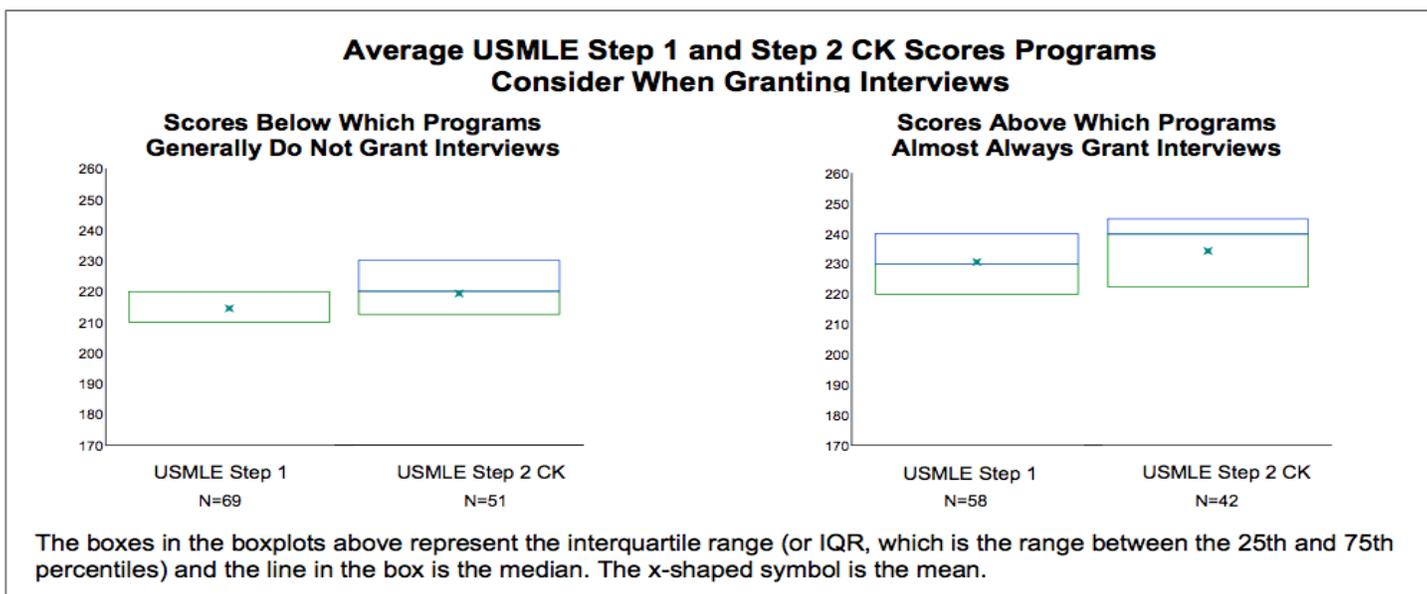
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<sup>1</sup> My mentors included: a thoracic surgeon, a transplant surgeon, an internist, a geriatrician, and an anesthesiologist.

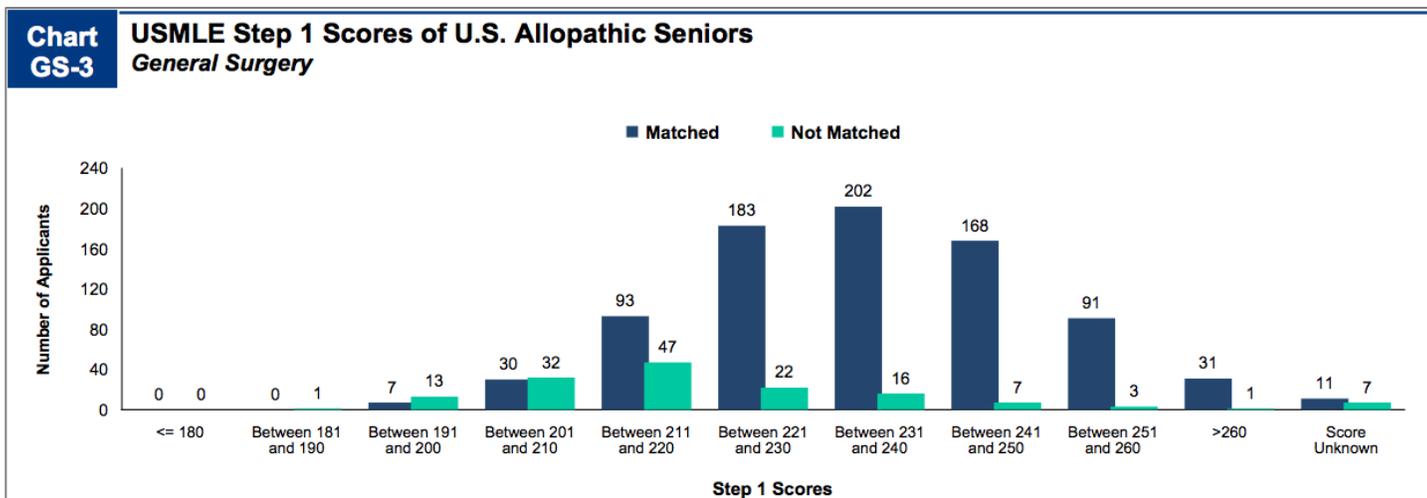
# USMLE STEP 1

## Overview

In March 2016, the NRMP conducted its biennial survey of program directors, the primary purpose being to shed light on the factors that program directors use to (1) select applicants to interview and (2) rank applicants for the Match. For General Surgery, a total of 277 surveys were sent with a response of N=96 (34.7%); the overall response rate for all specialties was 39.9%. **Of program directors who responded to the survey, 95% cited USMLE Step 1 score as a factor for deciding whom to grant an interview for a residency program and gave it a mean importance rating of 4.3 (ratings on a scale from 1=not at all important to 5=very important).** Additionally, program directors acknowledged that there are Step 1 scores below which they are unlikely to grant interviews (mean=215) and scores above which they almost always grant interviews (median=230). **This information is not presented to put you into panic overdrive! There are, as demonstrated above, people who match to general surgery at every range of Step 1 scores – it is simply one component of a broader application.**



Source: 2016 NRMP Program Director Survey



Source: 2016 Charting Outcomes in the Match

What is important to take away from these statistics is that **Step 1 is nothing more than a key to entry** – meaning that beyond a certain score you are assured interviews, and below a certain score you might have to do some extra legwork to get your foot in the door. Step 1 is not a measure of your intelligence and Step 1 is not predictive of your future performance as a surgeon. **Step 1 only measures your ability to do well on Step 1.** Medical school curricula and grades are not standardized across the applicant pool, so program directors rely on Step 1 to screen in (and screen out)

applications for interviews. It is therefore important to do well – shoot for a 240+ if possible, but know that if you fall below that number general surgery is still very much possible. There are already many resources and guides for how to achieve success on Step 1. In brief, it is advisable to do questions early and often alongside 2<sup>nd</sup> Year coursework and to use the dedicated study period for practice tests and review. If you are having doubts about your ability to perform on Step 1 (e.g. not passing practice exams and/or low practice exam scores), do not hesitate to reach out to your academic advisor, Lauren Linkowski (Director of Programs & Resources for Academic Excellence), and the Department of Medical Education. Keep people in the loop early so that they can best assist you.

# SCHEDULING FOR 3<sup>RD</sup> YEAR

## Overview

Scheduling clerkship rotations in the middle of 2<sup>nd</sup> Year is a source of anxiety for many Sinai students, probably because it's hard to plan for 3<sup>rd</sup> Year in the midst of cramming in as much pathophysiology as possible and ramping up for USMLE Step 1. **It does not matter when you have your Surgery-Anesthesia Clerkship scheduled or at which clinical site you are placed.** Sinai students who apply in General Surgery tend to match, no matter if they took Surgery-Anesthesia during Module 1 or Module 4, no matter if they rotated at Mount Sinai Hospital or Beth Israel. However, there are certain advantages/disadvantages to every configuration of clerkships, and therefore, I have attempted to outline some possible schedules and their associated pros/cons. **It is important to reiterate that performing well during your Surgery-Anesthesia Clerkship is much more important than when or where it is scheduled.**

The 3<sup>rd</sup> Year schedule is divided into 4 modules, each 12 weeks long and followed by either an InFocus week or vacation. The lengths of clerkships vary from 4 weeks (Neurology, Psychiatry) to 12 weeks (Internal Medicine/ACG). The Surgery-Anesthesia module is 8 weeks long, and therefore includes 4 weeks of elective time, scheduled at either the beginning or end of the clerkship.

Clerkship	Length	Associated Elective Time
Internal Medicine/Ambulatory Care-Geriatrics	12 wks	No elective time
Surgery-Anesthesia	8 wks	4 wks at beginning or end of module
Pediatrics/OB-GYN	5 wks / 5 wks	2 wks at end of module
Neurology/Psychiatry	4 wks / 4 wks	4 wks at beginning, middle, or end of module

IF5	Module 1			IF6	Module 2			Winter Break	Module 3			IF7	Module 4		
	A	B	C		A	B	C		A	B	C		A	B	C
	12 weeks				12 weeks				12 weeks				12 weeks		
5 wk	5 wk	2 wk	5 wk	5 wk	2 wk	5 wk	5 wk	2 wk	5 wk	5 wk	2 wk	5 wk	5 wk	2 wk	
4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	4 wk	

### Option 1: The Quick-and-Dirty

Module 1:	Surgery-Anesthesia	Pros	Cons
Module 2:	Internal Medicine/ACG	<ul style="list-style-type: none"> <li>• Expectations for MS3s in Module 1 are low</li> <li>• May be easier to stand out, as students interested in surgery tend to schedule the clerkship later</li> <li>• After the isolation and misery of Step 1 studying, there's a lot of energy and enthusiasm for Module 1</li> <li>• Curve for the Surgery Shelf Exam is easier</li> <li>• Month of elective time associated with this module can be used to complete outstanding research projects or take some extra Step 1 study time</li> <li>• Opens up the rest of the year to explore surgical subspecialties through electives</li> </ul>	<ul style="list-style-type: none"> <li>• First rotation of 3<sup>rd</sup> Year can be tricky, especially as you're trying to figure out EPIC, writing notes, calling consults, etc.</li> <li>• Hard to get LoR from 1<sup>st</sup> rotation – attendings are worried about finishing letters for MS4s applying <i>this</i> year</li> <li>• Everyone is new, including sub-Is, interns, chiefs; stress levels can be high as people figure out new roles</li> <li>• Surgery Shelf Exam is said to be “the Medicine Shelf for Surgery” – it can be challenging if you haven't had Medicine yet</li> <li>• Many elective rotations at Sinai require Medicine or Surgery as a pre-requisite; it can be difficult to fill elective time in this module</li> </ul>
Module 3:	Pediatrics/OB-GYN		
Module 4:	Neurology/Psychiatry		

Bottom Line: Scheduling the Surgery-Anesthesia Clerkship during Module 1 has many advantages, especially if you spent time shadowing as an MS1/MS2 and feel comfortable with the basics of OR etiquette and scrubbing in. It also opens up the rest of the year to explore surgical subspecialties and become involved with research projects in the Department of Surgery.

**Option 2: Saving the Best for Last**

<b>Module 1:</b>	Neurology/Psychiatry	<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>• After 9 months of being an MS3, you're a pro; opportunities to shine abound</li> <li>• Having OB-GYN first can be useful for its exposure to the perioperative setting</li> <li>• With 6 shelf exams under your belt, the Surgery Shelf Exam seems more straight forward</li> <li>• Ample opportunities to ask for LoR from attendings before the residency application process begins</li> </ul>	<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>• Some surgical rotations require the Surgery-Anesthesia Clerkship as a pre-requisite; having this clerkship last may limit opportunities for other surgical electives</li> <li>• Some away rotations require a grade from the Surgery-Anesthesia Clerkship to be submitted before considering your application</li> </ul>
<b>Module 2:</b>	Internal Medicine/ACG		
<b>Module 3:</b>	Pediatrics/OB-GYN		
<b>Module 4:</b>	<b>Surgery-Anesthesia</b>		

Bottom Line: Saving the Surgery-Anesthesia Clerkship until Module 4 gives you the opportunity to shine during the rotation, as you have had time to improve your clinical skills and test-taking strategies during the other clerkships. This schedule configuration can be great for students enrolled in PORTAL or students who are planning to take a Scholarly Year.

**Option 3: 1,2-Punch**

<b>Module 1:</b>	Internal Medicine/ACG	<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>• First half of 3<sup>rd</sup> Year is front-loaded; your energy and enthusiasm for clerkships only wanes as the year goes on</li> <li>• Easier to study for Surgery Shelf Exam after learning Medicine</li> <li>• Elective time reasonably well-distributed across the year</li> <li>• Thanksgiving Holiday can provide a few extra days for shelf studying</li> </ul>	<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>• First half of 3<sup>rd</sup> Year is front-loaded; if you're already feeling the burnout from the Step 1 dedicated period, you might be exhausted by the end of Module 1</li> </ul>
<b>Module 2:</b>	<b>Surgery-Anesthesia</b>		
<b>Module 3:</b>	Pediatrics/OB-GYN		
<b>Module 4:</b>	Neurology/Psychiatry		

Bottom Line: Scheduling Internal Medicine/ACG in Module 1 and Surgery-Anesthesia in Module 2 is a popular option for those considering General Surgery or surgical subspecialties, as it makes the later half of the year substantially easier with two of the longer clerkships out of the way.

**Option 4: Post-Holiday Surge**

<b>Module 1:</b>	Internal Medicine/ACG	<p><b>Pros</b></p> <ul style="list-style-type: none"> <li>• A bit of a Winter Break gives you about a week to get your spirit back; arrive at Surgery feeling refreshed and ready</li> <li>• After 5 weeks of OB-GYN, you're more comfortable with scrubbing in and the perioperative environment</li> <li>• Plenty of elective time in the second</li> </ul>	<p><b>Cons</b></p> <ul style="list-style-type: none"> <li>• Surgery can be tough in the winter; hours on the rotation are long (consider investing in a D/UV-F lamp, you'll never see daylight)</li> </ul>
<b>Module 2:</b>	Pediatrics/OB-GYN		
<b>Module 3:</b>	<b>Surgery-Anesthesia</b>		
<b>Module 4:</b>	Neurology/Psychiatry		

		half of the year (8 weeks) <ul style="list-style-type: none"> <li>• Surgery Shelf Exam is more straight forward</li> <li>• Multiple holidays in January/February (e.g. MLK Jr. Day, President's Day) provide long weekends for shelf studying</li> </ul>	
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**Bottom Line:** This schedule configuration can be attractive for people who haven't had much exposure to the OR and aren't sure about their interest in surgery. You've got a few months of clerkships under your belt and if you've completed OB-GYN, you'll know your way around a two-handed tie. Additionally, with both Internal Medicine-ACG and Surgery-Anesthesia Clerkships completed, virtually every elective is open to you. Some students have even done away rotations in early spring.

### InterACT

The Interclerkship Ambulatory Care Track (InterACT) is a 12.5-week longitudinal clerkship that is integrated into the rest of 3rd Year for a select number of medical students (usually N=12). It allows them to experience the foundations of ambulatory medicine and care of chronically ill patients providing them with physician mentors in different outpatient settings (Internal Medicine, Pediatrics, Visiting Doctors; Psychiatry and Surgery optional). Because the students are with these same mentors throughout the year, it allows for the development of closer relationships with these physicians and their patients, as compared to the other 3rd Year clerkships. For scheduling reasons, students who participate in InterACT only have 4 weeks of elective during 3rd Year, as compared to 10 weeks of electives for other 3rd Year students. This can limit the amount of time available for exploring surgical subspecialties and/or performing research. It is possible to request a surgery preceptor within InterACT and that allows for the student to gain valuable insight into the outpatient experience of a surgeon's practice that is oftentimes not available during the core surgery clerkship. There have been several students who have gone into general surgery residency following the completion of InterACT, although in general these students discovered their interest in these fields during their 3rd Year, and not prior.

#### Past InterACT Surgery Preceptors

Stephen Goldstone, MD – *Colorectal Surgery*  
 Neil Grafstein, MD – *Urology*  
 Harvey Himel, MD – *Plastic Surgery*  
 Peter Midulla, MD – *Pediatric Surgery*  
 Randolph Steinhagen, MD – *Colorectal Surgery*  
 Peter Taub, MD – *Plastic Surgery*  
 Windsor Ting, MD – *Vascular Surgery*

### PORTAL and Scholarly Year

If you are enrolled in PORTAL (Patient-Oriented Research Training and Leadership) and will have an additional year of research between your 3rd Year clerkships and the residency application process, the order of clerkships is much less important. Arguably, it may be beneficial to schedule surgery as late as possible (e.g. 4<sup>th</sup> Module) in order to be the most prepared for the demands of the clerkship and the format of the shelf exam.

# SURGERY-ANESTHESIA CLERKSHIP

## Overview

The [Surviving and Loving Third Year](#) guide and the [Sinai Bluebook](#) both offer an excellent succinct overview of the Surgery-Anesthesia Clerkship, including details on the structure of the clerkship and general expectations. I have attempted to review this material, as well as add additional thoughts geared towards those interested in pursuing a career in surgery.

## Clerkship Structure

The Surgery-Anesthesia Clerkship is 8 weeks long, comprised of 4 weeks on a core general surgery team, 2 weeks of anesthesia, and one 2-week selective experience in a surgical subspecialty. The 4-week core general surgery rotation is offered at Sinai, St. Luke's-Mount Sinai West, or Elmhurst. The sites are generally similar in terms of experience, although Elmhurst offers more opportunities to see trauma surgery. All selectives are at Sinai, which guarantees everyone at least one month of surgery exposure at the main hospital.

Surgical Selectives (2 weeks each)	
Breast Surgery	Ophthalmology
Surgical Intensive Care Unit	Surgical Oncology
ENT	Kidney Transplant
GU	Liver Transplant
Neurosurgery	Liver Surgery
Orthopedics	Thoracic Surgery
Pediatric Surgery	Vascular Surgery
Plastic Surgery	Interventional Radiology

## Components of a Typical Day

**Prep:** The name of the game in surgery is to **be prepared**. Make sure to eat a hearty breakfast (Q-Market egg sandwich for the win), as a break for lunch is never a guarantee. Also carry snacks for yourself (e.g. protein bars, nuts). Get to the hospital early enough to stock your white coat and/or the team "bucket" with tape, 4x4 gauze, suture removal kits, saline flushes, and abdominal pads every morning – this way you're prepared for lightning-fast dressing changes during rounds. Carry extra pens. Consider investing in a few pairs of compression socks and a comfortable pair of clogs for the OR – surgery days can be tough on your feet and legs. Drink plenty of water, and go to the bathroom every opportunity you get!

**Rounds:** On most surgical teams, the Chief Resident or the Acting Chief will determine what time rounds start based on the number of patients on the service, the OR and clinic schedules for the day, and any conferences or didactics that are scheduled for the morning. The longer the census (i.e. the number of patients on the service), the earlier rounds start, hence the constant effort to "get people out" (discharged). A good rule of thumb is to give yourself 15 minutes to pre-round, adding 5-7 minutes for each additional patient you're following. In addition to asking the patient about any overnight events (e.g. pain, nausea/vomiting, flatus/bowel movements), do a focused physical exam and always inspect the wound or dressing, noting any discharge from the wound (e.g. serosanguinous or purulent) and other signs of healing or infection. Note the presence of any drains or catheters and what type of fluid they are putting out (e.g. bile from a JP drain after a cholecystectomy is an ominous sign). The interns often don't see all the patients before rounds, so the information you collect is very important. Surgical rounds are conducted by the Chief/Senior Resident and are much less formal than medicine rounds. Consequently, presentations should be concise and organized with limited extraneous information. If you're struggling to find a format that works, the following template can be a helpful:

- **One-liner:** Mr. X is a 65 yo M w/ diabetes and hypertension who is post-op day \_\_\_ from [what procedure, why was it indicated].
  - POD #0 = day of surgery
  - POD #1 = day after surgery
- **Subjective:** Overnight, he complained of \_\_\_\_.
- **Objective:**

- **Vitals:**  $T_{\text{current}}$ ,  $T_{\text{max}}$ , HR, BP,  $O_2$  sat, RR – best practice to collect current vitals as well as ranges over the past 8-12 hours (e.g. HR=78, 62-110); at first, present all vitals in the morning; as your team gains confidence in you, you can report vitals as “within normal limits” or “stable”
- **Ins/Outs:** Present as IV fluids @ rate (e.g. NS @ 100 cc/hr) and urinary output (700 cc/8 hrs, or 1.3 cc/kg/hr in a 70 kg patient; oliguria is defined as <0.5 cc/kg/hr)
- **Physical Exam:** very important to do a focused physical exam (e.g. heart/lungs, abdominal exam, wound/dressing inspection, drains)
- **Assessment/Plan:** Overall, Mr. X is [assess the patient – stable? progressing? ready for discharge?]. His diet is \_\_. His meds are \_\_. His activity level is \_\_. His active issues are \_\_. The plan for Mr. X is \_\_.
  - Surgery teams tend to think of “plans” as “what needs to be done in order for the patient to be discharged

## Surgical Skills

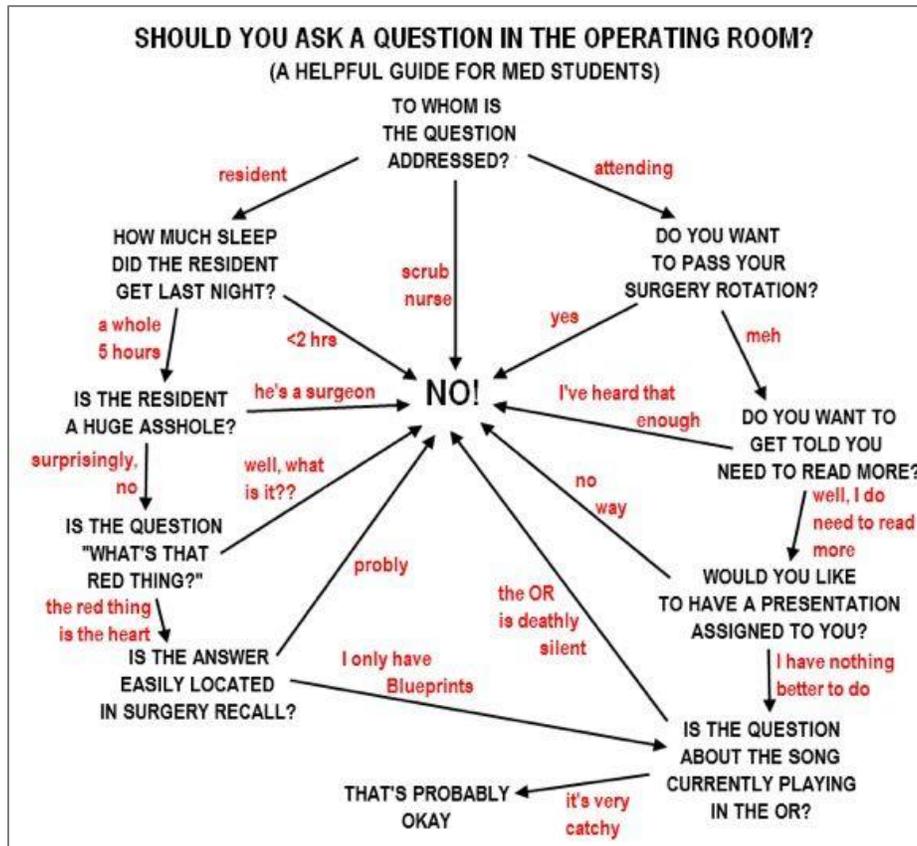
A source of anxiety for many 3rd Year students on the surgery clerkship is familiarity with technical skills (e.g. knot tying, suturing) and knowledge of surgical instruments. Luckily, most surgical preceptors and faculty recognize that 3rd Year students will not be familiar with the operating room or surgical instruments. If a resident or attending asks if you would like to tie knots or close skin, demonstrate that you are eager to learn and willing to practice. As a rule of thumb, surgeons like teaching basic skills and are more than happy to demonstrate something to an interested student. If you're feeling anxious before starting your rotation, here are some helpful videos that you can watch to familiarize yourself with the basics.

Surgical Skills	
● <a href="#">How to Scrub</a>	● <a href="#">How to Tie Surgical Knots: Instrument Tie</a>
● <a href="#">How to Tie Surgical Knots: Two-Handed Knot</a>	● <a href="#">Placing a Simple Suture</a>
● <a href="#">How to Tie Surgical Knots: One-Handed Knot</a>	● <a href="#">Running Simple Sutures</a>

## PACU and OR Etiquette

- For each case scheduled to go to the OR, plan to meet the patient in the pre-op holding area. Introduce yourself to the patient and any family members present, and explain your role as a medical student scrubbing in to observe the case. Ask the patient if they have any questions for the surgical team, and ask them if they are warm enough (it is often very cold in the holding area). Volunteer to get blankets for the patient.
- Once you have introduced yourself to the patient, find the OR. Before stepping into any OR, double check 3 things: (1) bouffant/scrub cap, (2) mask with eye protection – **glasses are not enough**, and (3) booties over your shoes.
- Always introduce yourself to the circulating nurse and the scrub tech. Ask if you can pull your gloves and gown. The scrub tech and circulating nurse can make or break your experience in the OR – make sure to do everything they say!
- Write your name and year on the OR whiteboard (e.g. Les James, MS4); the circulating nurse needs to document everyone who was present for the case.
- If it's a long case and a Foley catheter needs to be placed, ask the circulating nurse if you can do it (if you've never placed a Foley, ask if you can observe/assist whoever is placing it).
- Once the OR is ready, help the anesthesia team wheel the patient back and position the patient on the OR bed. There's always something you can help with in the OR – move the stretcher bed out of the OR, assist the circulating nurse with placement of Venodyne boots. Always be proactive and offer to help.
- Be quiet when the anesthesiologists are preparing to induce the patient. The case begins and ends with anesthesia – limiting extraneous talking.
- When the patient is anesthetized, scrub for the case. If it's your first time scrubbing, let the resident know so that you can learn from them.

- When you return to the OR, your primary job is to stay sterile and observe. If you become unsterile (either you notice or, as is more often the case, the scrub tech notices) excuse yourself to rescrub. Don't forget to grab another gown and pair of gloves before leaving the room.
- When scrubbed for a case, try to look at the anatomy and follow along as the case progresses. If you've done your pre-reading about the case, you should have a good understanding on why the procedure is indicated and the broad steps of the operation.



## Reading for the OR

For medical students, there are several good resources for preparing for surgical cases. A beloved book by many Sinai students is Surgery: An Introductory Guide, written by Dr. Umut Sarpel, an attending surgical oncologist at Mount Sinai. Dr. Sarpel's book is tailored to the understanding of 3rd Year medical students and gives excellent overviews of many cases seen on a general surgery service (e.g. appendectomy, cholecystectomy, Nissen fundoplication). Additionally, an electronic copy of this book is available for free from Levy Library. An additional book to consider is Surgical Recall, which comes in a question/answer format and contains many of the often-asked questions in the OR (e.g. pimp questions). Key things to understand before scrubbing for any case include:

- Patient presentation (e.g. what sequence of events led to surgery; why is the procedure indicated)
- Any comorbidities or risk factors that this patient has (e.g. smoker, diabetic, history of acute coronary syndrome)
- Important anatomy (e.g. for a cholecystectomy, what is the blood supply to the gallbladder; cystic duct vs. common bile duct)
- Key steps of the operation (can be found in Dr. Sarpel's book)
- Potential complications following surgery
- If you have time, any pertinent trivia/history (e.g. who is a Whipple operation named for)

Most surgical attendings are interested in teaching and ask questions not to stump you or embarrass you, but as a jumping off point for having a conversation. **Not knowing the answer to a question in the OR is okay!** Make your best guess, offer to do more reading, and move on. Attendings are looking to see if you're interested and engaged; they do not expect you to know everything.

## Studying for the Surgery Shelf Exam

It is often said that the Surgery Shelf Exam is actually a Medicine Shelf Exam – meaning that it deals with the *medical management* of surgical patients. You will not be asked about anatomy or the steps of surgical procedures. Instead, most questions either ask about the indications for surgery or the preoperative and postoperative management of surgical patients. The key to the Surgery Shelf Exam (and any shelf exam) is to do questions early and often throughout the clerkship. This can be challenging given the long days on surgery, but even 10-15 questions a day (roughly an hour of study) can make a huge difference on test day. Below is a list of helpful resources:

- [Dr. Pestana's Surgery Notes](#) – This is a concise little book that fits neatly into your white coat pocket. It provides a nice overview of topics that appear on the Surgery Shelf Exam and also includes 180 practice questions with detailed explanations. Try to read it once through before starting the clerkship, then again before the shelf.
- [Online MedEd](#) – These online videos are free and cover much of the same material as Pestana. If you are more of an auditory/visual learner, watching the videos in the [Surgery: General](#), [Surgery: Trauma](#), and [Surgery: Subspecialty](#) units during the first week of the clerkship can be a great overview.
- [UWorld Qbank](#) – There aren't a ton of surgery questions in the Step 2CK question bank (~120 as of 2018), so consider hitting the high-yield medicine topics, too (e.g. Renal, Electrolytes, GI, Pulmonary/Critical Care).
- [Surgical Recall](#) – As mentioned above, this book is in a Q&A format and is a nice resource for commonly asked questions in the OR. However, it's not very helpful for studying for the shelf exam.
- [Emma Holliday from UTHSC](#) – Emma Holliday is a radiation oncologist at MD Anderson Cancer Center. As a medical student at UT Health Science Center, she did a series of lectures for shelf exams (all topics are covered except for Family Medicine and OB/GYN). The Surgery Lecture is approximately 2 hours long and is an excellent review in the week leading up to the exam.
- [Previous NBMEs](#) – The NBMEs for the Surgery Shelf Exam cover a hodge-podge of topics and it's worth looking through them to get a sense of how the questions are asked. Also, questions have been known to repeat (either the whole question or the stem).

If your performance on the Surgery Shelf Exam isn't great, **do not stress**. There are plenty of opportunities to make up for it in other aspects of your residency application.

## General Tips for Success

Doing well during your Surgery-Anesthesia Clerkship isn't much different than performing on any other clerkship. When in doubt, remember the three As:

- **Available** – Show up early (for surgery, early is on time; on time is late). Don't ask to leave early unless you have didactics.
- **Affable** – Have a good attitude. Work hard and become part of the surgery team. Offer to pitch in, give your best effort.
- **Able** – This is perhaps the least important of the three As. As a medical student, you're not expected to have refined technical skills or perfect clinical judgment. Recognize when you're out of your depth and don't be afraid to ask for help.

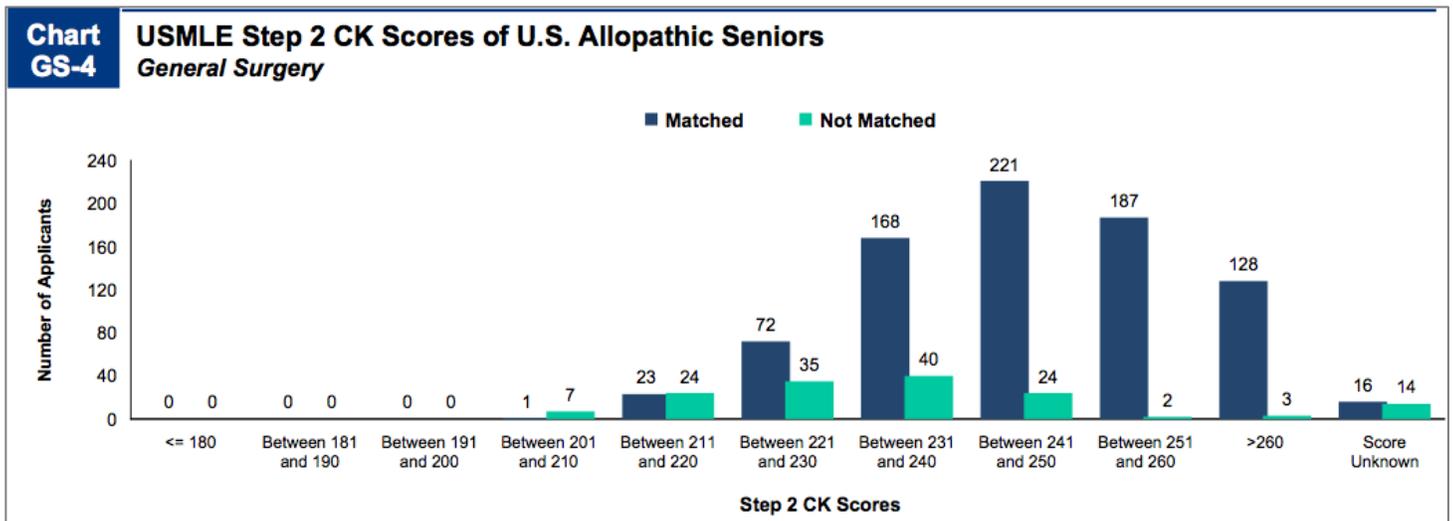
# SCHEDULING FOR 4<sup>TH</sup> YEAR

## Overview

### Step 2 CK

With respect to board exams, there's a saying that goes, "2 months, 2 weeks, and a No. 2 pencil (2 months to study for Step 1, 2 weeks to study for Step 2, and a No. 2 pencil for Step 3). This expression is obviously outdated (who takes exams with pencil and paper?), but useful to keep in mind when starting to plan for 4<sup>th</sup> Year. In general, the time required to prepare for Step 2 CK is significantly less than the time required to prepare for Step 1. This is largely due to the content of the Step 2 CK exam, which is less focused on basic sciences and pathophysiologic mechanisms of disease and more concerned with diagnosis, management, and treatment. Additionally, studying for shelf exams throughout 3<sup>rd</sup> Year clerkships is excellent preparation for Step 2 CK, and many students report a certain level of "familiarity" with the types of questions emphasized by the National Board of Medical Examiners (NBME). Most Sinai students take anywhere from 2 to 4 weeks of dedicated time to prepare for Step 2 CK and focus on doing questions (e.g. UWorld, Kaplan) rather than review books.

In general, students perform better on Step 2 CK than on Step 1 and this is reflected in the passing scores of the exams (Step 1=192, Step 2 CK=209). According to the NRMP's [2016 Charting Outcomes in the Match](#), the mean Step 2 CK for U.S. Allopathic Seniors who matched into General Surgery was **247** (vs. 231 for unmatched applicants). However, and this bears repeating, **your performance on both Step 1 and Step 2 CK is just one aspect of your application to General Surgery**. There are students who match to very competitive programs with scores <220, as programs will overlook scores for compelling research, exceptional clinical performance, or strong letters of recommendations. However, a better score will make the application process marginally less stressful, so it's worth it to take the test seriously.



Source: 2016 Charting Outcomes in the Match

MedEd requires Step 2 CK to be taken by **December 31** of 4<sup>th</sup> Year to allow time to retake the exam if necessary, and to have a passing grade back in time before rank lists are due in late February. Because it is necessary to register for Step 2 CK in the autumn of 3<sup>rd</sup> Year, there are some strategic considerations to keep in mind when scheduling the exam.

#### Consider scheduling Step 2 CK early (July-August) if...

- **Step 1 <220** – A strong showing on Step 2 CK demonstrates clinical acumen and programs are more likely to write-off a lower score on Step 1 as a "bad test day." It generally takes 3-4 weeks for scores to be released, which means that taking the exam in late July or early August will return a score in time for ERAS submission (September 15<sup>th</sup>).
- **Recently completed Internal Medicine/ACG Clerkship** – The vast majority of questions on Step 2 CK are related to concepts in Internal Medicine. Students who have recently completed the Internal Medicine/ACG Clerkship

(e.g. in Module 4 of 3rd Year) have this material “fresh” from the shelf exam and find that they require less review than those who had the Internal Medicine/ACG Clerkship early during 3rd Year.

- **Scheduled away rotations** – Many applicants to general surgery schedule away rotations early in 4th Year in order to gain exposure to different institutions and obtain additional letters of recommendation prior to submitting ERAS. It is useful to have completed Step 2 CK prior to audition rotations as the information learned in preparation for the exam will help you shine as a sub-intern.

*Consider scheduling Step 2 CK later (September-November) if...*

- **Step 1 >240** – A score of >240 is considered competitive for general surgery. While doing well on Step 2 CK is important, if you want more time to study a score above 240 will generally meet screening criteria for most programs.
- **Completed Internal Medicine/ACG Clerkship early in 3rd Year and/or poor performance on the Internal Medicine and/or Family Medicine Shelf Exams** – As noted above, the content of Step 2 CK focuses heavily on topics covered in internal medicine. Consider taking additional time to study if this material is not fresh in your mind.

Like Step 1, most Sinai students agree that doing questions is the best way to prepare for Step 2 CK. If you used the UWorld Qbank to prepare for shelf exams throughout 3rd Year, consider resetting it and working through the questions again. There are also two UWorld Self Assessments that can be purchased in addition to your subscription. Similar to Step 1, the NBME offers several practice tests that are half the length of the actual Step 2 CK exam. They can be useful for practicing the pace of the exam. In general, the books that are commonly used to study for clerkships are too dense for dedicated Step 2 CK studying.

## Step 2 CS

The pass rate for Sinai students on Step 2 CS approaches 100%. This is probably due to a combination of factors, including exposure to the format of OSCEs early in the preclinical curriculum and the excellent preparation of the COMPASS 2. For the uninitiated, COMPASS 2 is a mandatory 2-day standardized patient exercise designed to prepare you for Step 2 CS. COMPASS 2 occurs during Module 4 of 3rd Year and is widely considered to be more difficult than Step 2 CS.<sup>2</sup> Passing COMPASS 2 is considered predictive of passing performance on Step 2 CS. MedEd requires Step 2 CS to be taken by **early September** of 4<sup>th</sup> Year. Due to the limited number of testing centers in the U.S., it is advisable to schedule Step 2 CS in early autumn of 3<sup>rd</sup> Year. Consider scheduling it shortly after Step 2 CK, as many of the commonly tested diagnoses will be topics you covered in your Step 2 CK studies. At \$1,200 for exam registration plus additional associated travel expenses, Step 2 CS represents a significant investment and it is annoying to re-take if you do not pass. Most Sinai students spend a few days familiarizing themselves with the format of the exam and practicing clinical scenarios with a partner. For more information on Step 2 CS, please see the MedEd [Guide to Fourth Year](#).

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<sup>2</sup> True story – I almost failed COMPASS 2 (4<sup>th</sup> percentile for history gathering); passed Step 2 CS with high marks across all categories. Go figure.

# AWAY ROTATIONS

## Overview

In January of 3<sup>rd</sup> Year, it's time to start giving consideration to away rotations. Unlike some specialties that **require** away rotations (e.g. orthopedic surgery, emergency medicine), it is perfectly acceptable to apply to general surgery residency without doing a single away rotation. Some advisors and program directors discourage away rotations, as four weeks is a long time and can provide multiple opportunities to “mess up.” In spite of this, many Sinai students applying to general surgery residency find that away rotations are an excellent way to get more surgical experience in a new location. Anecdotally, Sinai students typically “perform well” on surgical away rotations, owing to the rigor of our 3<sup>rd</sup> Year curriculum. While away rotations do not guarantee you an interview or a residency spot at a given program, outstanding performance on an away rotation can get you noticed (and may result in an interview).<sup>3</sup>

In a [“Behind the Knife” podcast from August 2016](#), the General Surgery Program Director at Temple University, says: “I would say, in general, that away rotations are helpful for both the applicant and the program. From your perspective, you’re going to get to know people a lot better, you’re going to be able to accurately assess the environment where you plan to spend the next 5-7 years, you’re going to see the true spirit of the residents, the faculty, and the hospital staff. From our perspective, not only are we flattered if you come, but we also get a chance to work with you closely and really know the ‘product’ that we’re striving to recruit. [However] if you don’t do it, it’s certainly not a negative.”

Pros to Away Rotations...	Cons to Away Rotations...
<ul style="list-style-type: none"><li>• Exposure to different programs</li><li>• Can “open up” certain geographic regions (e.g. west coast programs) or more competitive programs</li><li>• Opportunity to get an LoR for ERAS</li><li>• Fun to see surgery somewhere else, additional OR time</li><li>• Different patient populations, different surgical pathology</li></ul>	<ul style="list-style-type: none"><li>• Expensive (e.g. application fees, housing, travel)</li><li>• Challenging to navigate a new system (e.g. EMR, paging service, PACU), new people, new politics</li><li>• Application process is stressful</li><li>• Exhausting</li><li>• Timing of away rotations leaves little flexibility to push back Step 2 CK</li></ul>

## Applying to Away Rotations

It is advisable to apply to away rotations based on your interest in the program. Beginning in December-January of 3<sup>rd</sup> Year, make a list of general surgery programs that you are interested in. Look them up on the Visiting Student Application Service (VSAS) or on the program’s website – some institutions do not participate in VSAS (e.g. Stanford, NYU). Make a list of the documentation that is required, including institutional application, health records/immunizations, transcripts, essays, and letters of recommendation. Also note any fees that are required (e.g. Stanford’s visiting student application is independent of VSAS and charges a non-refundable \$200 fee). Make sure to fill out the Sinai paperwork to receive elective credit **prior** to beginning your away rotation. Apply broadly and early.

## Tips for Success on Away Rotations

All of the advice for success during your Surgery-Anesthesia Clerkship holds true for away rotations, amplified by a factor of ten. Prior to starting, reach out to any medical students or residents you might know at that institution to get a sense of the culture and ask for tips on how the hospital works. Be the first to arrive and the last to leave. Ask for feedback early and often; listen and make changes and improvements. Try to meet with as many people as possible on your rotation, including the Chief Residents, Program Director, Associate/Assistant Program Directors, and Department Chair. Make sure you have an updated copy of your CV on hand for each meeting and, if possible, a rough draft of your ERAS

<sup>3</sup> A 2013 survey of fourth-year medical students at 10 medical schools found that overall students who did not do away rotations were just as successful as or more successful in the Match than students who did do away rotations. Interestingly, the same study found that away rotations in surgery appeared to have a negative influence – students interested in surgery do not match at the institution where they auditioned. The authors posit that this might be due to the ‘dirty laundry effect’ – in other words, if students who auditioned ranked programs lower due to information they learned (‘dirty laundry’) while on the rotation.

personal statement. Make sure you have clear reasons for why you chose to do an away rotation at that particular program – geographic reasons can be viewed as relatively weak; find specific aspects of the program that appeal to you. If there is an attending you spent significant time with, consider asking them for a letter of recommendation. Also consider timing when you are scheduling away rotations. Doing an early away rotation (e.g. July-August) will mean that all the interns are brand new and might not have time to teach or show you the ropes; you also will be a new 4<sup>th</sup> Year and may need some time to adjust to the expectations of being a sub-intern. Conversely, doing a late away rotation (e.g. September-October) after you have completed the required Sinai sub-internship may make you feel more at ease on an away rotation.

## APPLYING FOR RESIDENCY

### Overview

There is no other way to put it – applying to residency is a grind. The combination of performing on away rotations, studying for Step 2 CK/CS, preparing your application, and asking for letters of recommendation is stressful – keep yourself organized and pay attention to deadlines. Reach out to your mentors, advisors, friends, and family for support throughout 4<sup>th</sup> Year. Take care of yourself by exercising, eating well, and finding time to spend doing the things you love. Below is an outline of the major deadlines during 4<sup>th</sup> Year. While exact dates will change, having an overview of the timing of the residency application process can help you plan your year.

<b>June – August</b>	<ul style="list-style-type: none"><li>• ERAS opens in <b>early June</b> (can begin working on application)</li><li>• Ask for Letters of Recommendation</li><li>• Meet with Sinai Advisor and Dr. Lerner</li><li>• Research General Surgery Programs</li></ul>
<b>September</b>	<ul style="list-style-type: none"><li>• Can begin applying to programs in <b>early September</b>; programs start seeing applications in the middle of the month</li></ul>
<b>October</b>	<ul style="list-style-type: none"><li>• On <b>October 1<sup>st</sup></b>, programs receive the MSPE</li></ul>
<b>October – January</b>	<ul style="list-style-type: none"><li>• Interviews</li></ul>
<b>Late February</b>	<ul style="list-style-type: none"><li>• NRMP Rank Order List Due</li></ul>
<b>March</b>	<ul style="list-style-type: none"><li>• Match Day (3<sup>rd</sup> Friday)</li></ul>

In the summer leading up to 4<sup>th</sup> Year, select a “team” of **3-4 people** who will act as your advisors and support system throughout the residency application process. These people can include research mentors, surgeons you have worked with, and even general surgery residents. It is not necessary for every person on your team to be a surgeon, although having at least one is helpful. This team of people will read your personal statement, review the list of programs that you’re applying to, and advise you during the long and arduous application process. The point is to have a team of people that will support both you and your application, as well as provide feedback along the way.

### ERAS Application

The application to residency found on the Electronic Residency Application Service (ERAS) is a comprehensive document that will give residency programs an overview of your candidacy. Included in this guidebook is a completed ERAS application, including a sample personal statement. It is important to begin working on ERAS early, preferably in late June or early July of 4<sup>th</sup> Year. It can be tedious to fill out, and you don’t want to wait until the last minute. It goes without saying that ERAS should accurately represent you – do not lie or misrepresent your experiences. Program Directors and interviewers **do** read these applications, so make sure that everything is spelled correctly and that there are no grammatical errors. Remember that **quality > quantity**; don’t include experiences or activities that you can’t speak at length about in an interview. Have your advisors, mentors, friends, and family members proofread your application and personal statement. Make sure that you give yourself time to produce a personal statement that really says something about who you are.

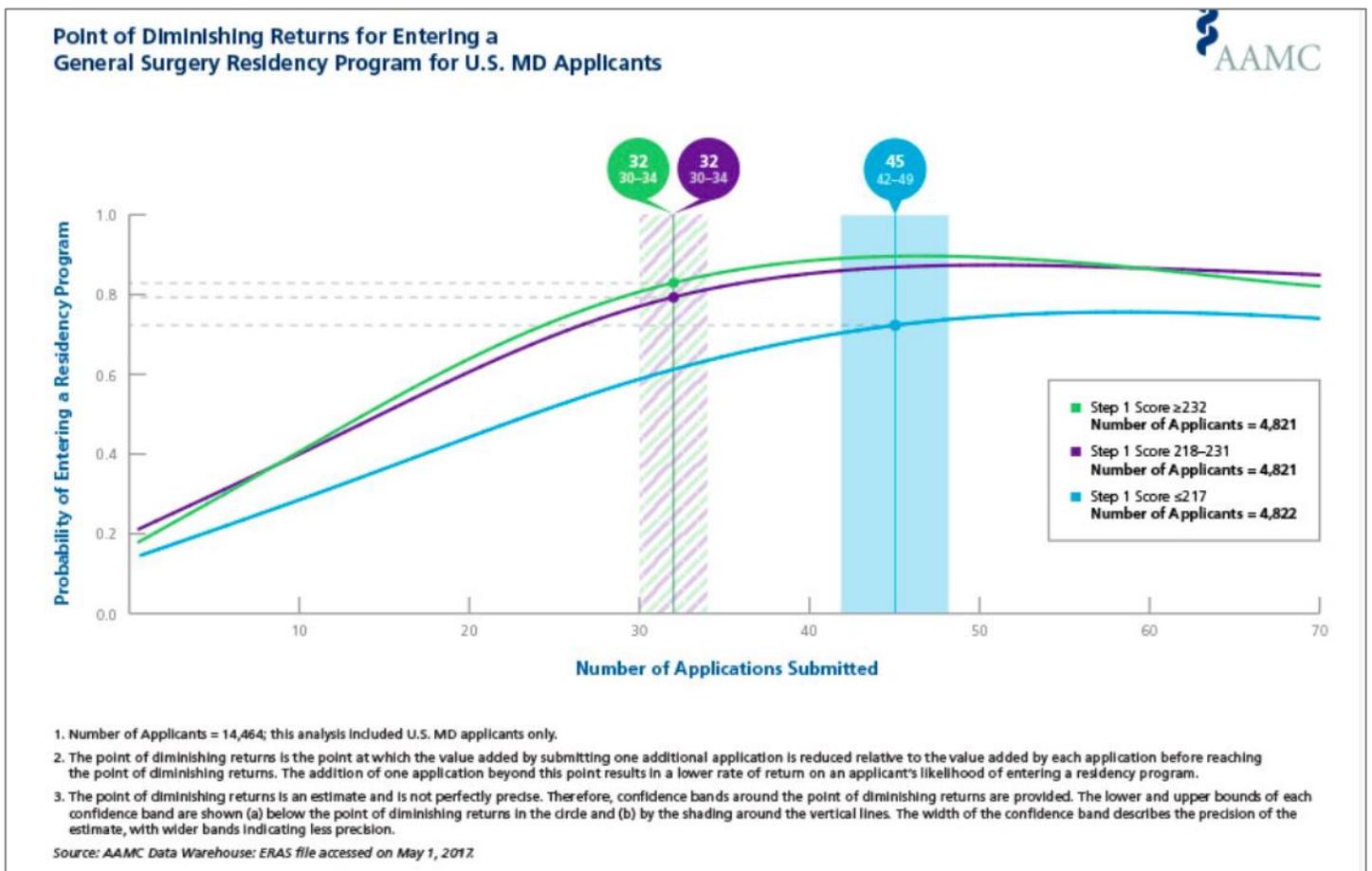
### Applying to Programs

As of March 2018, there are 281 categorical General Surgery programs and over 1,300 residency positions. ERAS application fees are based on the number of programs applied to, thus it is important to be somewhat selective about which programs to apply to. There are many ways to research general surgery residency programs, including program websites, [FREIDA: The AMA Residency & Fellowship Database](#), and [Doximity Residency Navigator](#). Make a list of all the programs you’re interested in and note if they require a certain Step 1 score (even if you do not meet this cut-off, it may be worth it to apply anyway, especially if you have a strong interest in the program). Show your list of programs to your surgery advisors and mentors; they will be familiar with how competitive certain programs are and can advise you best about which programs are a “reach.”

General surgery applicants often wonder how many programs they should apply to. Research conducted by the AAMC found that there is a point of diminishing returns – at which submitting one additional application results in a lower rate

of return on the applicant's likelihood of entering a residency program – that is based largely on USMLE Step 1 score. These data should not be used as a hard cut-off, but rather as a guide; use these findings as a starting point for considering the number of programs to apply to. If an applicant is couples matching or has strong geographic preferences, obviously the number of programs to which they will apply will exceed the AAMC's recommendation.

- Applicants with **Step 1  $\geq 232$  submitted an average of 32 applications** before reaching the point of diminishing returns; the likelihood of entering a residency program at this point is **82%**.
- Applicants with Step 1 **scores  $\leq 217$  submitted 45 applications** before reaching the point of diminishing returns; the likelihood of entering a residency program at this point is **72%**.



While most general surgery programs begin reviewing applications as soon as they are submitted, interview invitations are not generally extended until after the MSPE is released on October 1<sup>st</sup>. If you are on a busy rotation during late September or October, make sure that you have a reliable friend or family member monitoring your email and responding as quickly as possible to all interview invites. General surgery programs tend to extend more interview offers than actual spots available, so if you aren't monitoring your email constantly and respond late to an invitation, you may be left with a waitlist spot. Make sure you have a way to stay organized (e.g. Google Calendar, Excel, Word Doc) so that you can keep track of your interviews. If you need to cancel an interview do so promptly; do not attend interviews that you have no intention of ranking – it's bad karma! **If you get to the middle of October and you have not received many interview invitations (e.g. <5), reach out to your advisors and mentors immediately. Do not wait, as there is still time in the middle of October to apply to more programs. In some cases, your mentors may reach out to programs proactively to let them know of your genuine interest in interviewing.** As with many aspects of the residency application process, it is important to communicate early and often with your team to make sure that you're on track. If

there are programs you're interested in but haven't heard from, consider writing a letter to the Program Director.<sup>4</sup> While it is by no means a guarantee, it can't hurt to try. Below are some sample emails I sent to programs where I wanted to interview. Tips for success include emailing the Program Director directly, not the generic email address that the program may list on ERAS. If you can't find the email address for the Program Director, look for their first author publications (email addresses are often listed as a way to contact the author). Also include your NRMP ID in the signature, so that the Program Coordinator can find your application in ERAS easily.

**Context:** *This email was addressed to the Program Director of a program in New York City that I was very interested in. I had applied for an away rotation at this institution and was rejected. I sent this email on October 16, 2018. I received a reply from the Associate Program Director (the Program Director had forwarded it to him) the following day thanking me for my interest in their program and stating that my application had been "flagged" for the next wave of interview invitations.*

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**Subject:** Interest in General Surgery Program

Dear Dr. Program Director,

My name is Les James and I'm a 4th year at Mount Sinai. I am writing to express my enthusiastic interest in **General Surgery Program** and to let you know how honored I would be to have the opportunity to interview.

I am particularly interested in the **Surgical Professionalism Program** that was developed by **Dr. Smith** in collaboration with the medical education research faculty. As a student at Sinai, I have been involved in medical education research and innovation since my first year and have presented the results at national meetings. I am passionate about integrating medical education research into my future surgical career. Additionally, I chose New York for both my post-undergraduate career in investment banking and my medical education. As someone with a deep commitment to serving a diverse patient population, the breadth of cases at your institution undoubtedly offers unparalleled surgical training.

Please let me know if there is any information I can provide to further my application. Thank you for your time and consideration.

Sincerely,  
Les James  
NRMP ID: N0917318

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<sup>4</sup> True story – I did not receive an invitation to interview from a program that was one of my top choices for residency. I wrote them an email expressing my interest and a few days later I received an invitation to interview. Incidentally, this ended up being the program where I matched – it just goes to show you that the interview can be a game changer.

**Context:** *This email was addressed to the Program Coordinator of a program outside of New York that I was very interested in. I had no geographic ties to the area and I had not done an away rotation in that state. Looking back, I should have made an extra effort to find the Program Director's email address, as the reply I got from the Program Coordinator was pretty generic. I ended up receiving an interview invitation from this program later in the interview cycle after one of my mentors reached out to the Program Director on my behalf.*

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**Subject:** Interest in General Surgery Program

Dear Ms. **Program Coordinator**,

My name is Les James and I'm a 4th year at the Icahn School of Medicine at Mount Sinai applying to General Surgery. I am writing to express my sincere interest in **General Surgery Program** and to ask if my application can be considered for an interview.

While I chose New York for both my post-undergraduate career in investment banking and my medical education, I have enjoyed multiple visits to **City**, for both academic conferences and the city marathon, and would be thrilled to pursue residency training there. I am most impressed by the size of the residency program and the breadth of training at **Hospital**, particularly the opportunity to train at 8 diverse clinical sites throughout the city. I imagine that this encourages early resident autonomy and provides broad exposure to the field of general surgery.

Please let me know if there's any information I can provide to supplement my application, and thank you for considering.

Sincerely,  
Les James  
NRMP ID: N0917318

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## Going on Interviews

### *Overview*

It is often said that getting invited for an interview is the most difficult aspect of the GS residency application process. While this may be true, it is nevertheless important to spend a sufficient amount of time preparing for each interview you attend; good interviews can boost a “good” candidate to a “great” candidate (similarly, a mediocre interview can knock your position down on the rank list). What does it mean to prepare for an interview? Familiarize yourself with the program by taking an hour or two to review the program’s website. Is it a strictly 5-year program or is there mandatory research time (e.g. 1-2 years)? Is it an academic program, a community program, or a hybrid? Where do residents rotate (e.g. public vs. private hospital, veteran’s hospital)? Who leads the program (e.g. Chair, Program Director, and Associate/Assistant Program Director) and what are their surgical specialties? Knowing a bit about the program before the pre-interview social event and interview day will help you tailor your questions for residents, faculty, and interviewers.

### *Pre-Interview Social Events*

Most residency interview days are preceded by a pre-interview social event at a restaurant or a bar, hosted by current residents at the program; faculty may attend but usually do not. It is important to make every effort to attend the pre-interview socials, which can be challenging as the interview season is tightly scheduled. Meeting the residents in an informal setting is an excellent way to get a sense of the program’s culture and to ask questions that can prepare you for interview day. This is the time to ask questions about work hours, benefits (e.g. parking, research funding), curriculum, and didactic schedule. Pay attention to how many residents attend – be wary of any program where residents don’t show up for the pre-interview social event. Use the pre-interview social event as an opportunity to meet the residents and talk to the other applicants. Limit yourself to one or two beers or a glass of wine; do not overindulge – you want to be fresh for your interview the next day. Surgery interviews tend to start early (i.e. 6:00am) so it’s important to show up to the social event and then get a good night’s rest.

### ***A Quick Note on Interview Day Attire***

It's probably no surprise that the residency application process is expensive – there are tons of hidden fees (e.g. VSAS, ERAS, NRMP). Unfortunately, an appropriate interview wardrobe is also part of this mind-numbingly expensive process. **Resist the urge to save money on interview attire.** This is the time to break out the credit card or dip into your savings. Invest in a high-quality suit and several shirts that can last you through several months of interviews and extensive travel. **Make sure you look professional and feel awesome.** When shopping, remind yourself that you will wear this outfit multiple times over the next few months, so you should feel **great** in it. If you're between sizes, it's better to buy things a little bigger as most people put on a few pounds after so many nights out on the interview trail. Guiding principle: interviews are the time to let your application (NOT your outfit) shine. Be conservative in your choices (e.g. dark suits, solid color ties, limited jewelry/makeup, tidy haircut); when it comes to appearance, it's better to blend in. True story: a resident once told me that no one remembers the guy who did amazing ground-breaking research if he's wearing a bow tie – he is forever known in the residency selection committee meetings as “bow-tie guy.” Don't be that guy. Remember, too, that it's important to have some nice business casual options for pre-interview nights out. While most pre-interview socials are held at bars or restaurants, there are some places that host pre-interview events in the hospital's executive dining room. It's always better to be a bit overdressed than underdressed – you will never feel uncomfortable being overdressed. For discounts, check out the [Mount Sinai Recreation Office](#). Under [Corporate Shopping Company](#) there are discounts at many stores (e.g. Brooks Brothers, Anne Taylor, Charles Tyrwhitt).

### ***Overview of Interview Questions***

Much of this section has been adapted from [Iserson's Getting Into A Residency](#), specifically the chapters titled *The Interview* and *The Questions—The Answers*. This handy reference book is on reserve in Levy Library and worth a quick perusal when you find yourself with some downtime between didactics or during InFocus. Unless you have done an away rotation at a program, the interview really is your single opportunity to evaluate a program's strengths and weaknesses and to envision whether or not you'll be happy there for five to seven years. Therefore, it is important to think about not only the questions you will be asked, but also what questions you may want to ask of residents and faculty. Included is a long list of questions that you may be asked. Try to prepare answers to these questions by jotting down some bullet points in a Word Doc. Practice interviewing with friends and family members. When you're nervous, having some practice under your belt will make it easier to highlight the topics you are eager to talk about. Don't forget that the interview is your opportunity to sell yourself!

### ***Questions You Might Be Asked***

- Tell me about yourself.
- Why are you interested in surgery?
- Why did you become a doctor? If you had a different career, why did you switch?
- Tell me about your research experience(s).
- What was the most interesting case that you have been involved in? Why?
- How would your friends describe you?
- What are your strengths and weaknesses?
- Why are you interested in our program? What are you looking for in a program?
- Can you tell me about this deficiency (e.g. poor performance on Step 1, “Pass” in a Clerkship, any leave of absence) on your record?
- What do you see yourself doing in the future?
- What leadership roles have you held?
- What do you like to do in your spare time?
- What was your favorite course in medical school?
- Are you interested in academic or in clinical medicine?
- Do you want to do research?
- What surgical subspecialties interest you? Do you plan to do a fellowship?
- What motivates you?
- What will be the toughest aspect of general surgery for you?
- If you could do medical school over again, what would you change?
- What do you think you can contribute to this program?
- Do you see any problems managing a professional and a personal life?

- Describe the best/worst attending with whom you have ever worked.
- What is the greatest sacrifice you have already made to get to where you are?
- What problems will surgery face in the next 5-10 years?
- How would you describe yourself?
- List three abilities you have that will make you valuable as a surgical resident.
- What is one event you are proudest of in your life?
- What was the most difficult situation you encountered in medical school?
- What surgical rotations have you done? Which did you like the most/least?
- How well do you take criticism?
- Describe a time when you didn't get along with someone.
- What new surgeries will we be doing in 10 years?
- Why do you feel you would be a good resident at our institution?
- Describe your relationship to social media or tell me a story about it.
- What would your friends find annoying about you?
- Who are your mentors?
- What do you expect to be the most difficult part of intern year?
- What questions do you have for me?
- Tell me about a time you failed and what you learned from it.
- Tell me about a clinical mistake that you made.
- Tell me about a time when you worked with someone who didn't pull their weight.
- Tell me about a time you've handled conflict in a group or made an unpopular decision.
- Did you ever disagree with the way your residents or attendings managed a patient?
- What's your approach to something that you find boring?
- What's a time that you went above and beyond the call of duty?
- What's your favorite operation? What are the steps of that operation?
- What's the hardest thing you've ever done in your life?

#### ***Questions To Ask Faculty***

- What is the program's educational philosophy?
- How have residents done on the American Board of Surgery In-Training Examination (ABSITE)?
- How have your graduates done on the general surgery board exam?
- How would you characterize faculty-resident relationships?
- Do residents have non-clinical responsibilities?
- Is this program particularly strong or well-known in any special areas?
- How is the training divided?
- What types of clinical sites are used?
- What patient population will I encounter?
- Is training offered in medical Spanish or in other languages?
- Are there elective opportunities?
- Are there research opportunities?
- Are administrative, bioethics, and legal training available?
- Is there a mentor/adviser system available? How does it work?
- What types of resident evaluations are used? How often?
- Do you anticipate changes in the program's curriculum?
- Have any residents left the program before graduating? Why?
- Where are you graduates?
- Do you help your graduates find jobs?

#### ***Questions To Ask Residents***

- Would you choose this program again? Why or why not?
- What contact will I have with the clinical faculty?
- What has changed since you came to the program?

- Do residents regularly have an opportunity to formally evaluate faculty and the program? What changes have been made recently as a result of this feedback?
- How much didactic time is there? Does it have priority?
- What type of clinical experiences will I have?
- What is the relationship between General Surgery and other specialties at the institution?
- Tell me about the on-call rooms, meal plan, cafeteria, library, computer access, and parking.
- Will I have time to study?
- What support staff is available? Are they helpful?
- What is the call schedule?
- Do you have a plan for sick days?
- What are your moonlighting rules?
- What is the patient population I will see?
- Do the residents socialize as a group?

### Other Components of the Interview Day

Aside from the actual interviews, most interview days will also include a meal (e.g. breakfast, lunch, maybe both!) and a tour of the simulation center/hospital/resident housing. Try to stay for as much of the interview day as your travel schedule permits. This is your opportunity to learn as much as you can about the program that may be your home for the next 5-7 years. Pay attention to the little things – e.g. call rooms, parking, cafeteria, housing, gym. Interview days also include plenty of downtime with the other applicants. Surgery is a small field, and it is more than likely that you will see the same people at multiple interview days. Try to make friends and get to know people; these people will be your colleagues in the years to come and may even end up being your co-residents. Never speak badly about any program (you never know who is listening). Be polite and respectful.

### Evaluating Programs

Most students applying to general surgery residency will go on anywhere from 10-15 interviews; this number may be even larger for those who are couples matching. At a certain point during the long interview season, pre-interview social events, interview days, and hospital tours all begin to blur together. Try to take notes, both after the pre-interview social event and after your interviews. This will be helpful in providing details for the post-interview thank you emails. Your notes will also serve as a reminder when it's time to make your Rank Order List (ROL) in mid-February. Additionally, force yourself to come up with some sort of scoring system to evaluate each program. At the end of the day, your first few ranks may come down to a "gut" feeling, but an objective metric like a score might help differentiate between program #8 and #10. Below is a sample score sheet, created in Excel, which was filled out shortly after the conclusion of every interview day. Be sure to include categories that are significant to you (e.g. access to research opportunities, receptiveness to LGBTQ+ health).

Scale 1 (weaker) - 5 (stronger)	Program A 11/8	Program B 11/11	Program C 12/1	Program D 12/2	Program E 12/15
<i>Board Pass Rates</i>	<b>77%</b>	<b>73%</b>	<b>80%</b>	<b>84%</b>	<b>60%</b>
Resident camaraderie	3	4	5	5	2
PD involvement/commitment	5	5	3	5	4
Fellowship match	4	3	3	5	4
Research	4	2	4	4	3
Operative experience	2	5	5	5	4
Location/cost of living	3	4	3	5	2
Proximity to family/support	3	3	5	5	1
Diversity of program	4	3	1	5	2
Teaching	5	3	1	5	5
Receptive to LGBTQ+ health	5	3	1	5	4
Overall feeling of "fit"	2	4	2	5	3
<b>Total (max 55)</b>	<b>40</b>	<b>39</b>	<b>33</b>	<b>54</b>	<b>34</b>

## Post-Interview Etiquette

After each interview, make a list of everyone you interacted with during the day (e.g. interviewers, Program Director, Program Chair, Program Coordinator) and compose a brief, personalized thank you note to them. This is where it comes in handy to have jotted down some notes right after your interviews. Samples of thank you emails have been included in the Appendix to this guide. Some students find that drafting emails in a Word Doc before sending them prevents spelling and grammatical errors. Mention specific things that you liked about the program or opportunities that interested you. Try to send your thank you emails within a few days of the interview. Some programs discourage post-interview communication and will ask you not to send thank you emails, in which case it's not necessary to write them. Programs are cautious of committing match violations, and thus their response (or lack thereof) to any post-interview communication must be taken at face value.

## Making Your Rank Order List (ROL)

In the weeks following your last interview, take some time to consider all of your interviews and what you learned on the interview trail. Many people are surprised by how their perceptions of surgery programs changed during the residency application process, and the things they considered important at the beginning of the year might have shifted by mid-February. Interestingly, a recent prospective observational cohort study by Yeo et al found that general surgery residents who chose their training programs based on reputation were more likely to experience attrition.<sup>5</sup> Be sure to reach out to the people who know you well, including your advisors, mentors, friends and family; talk to them about what you're looking for in a residency program, and ask them for any input or advice they might have. Make your list and sit with it for a few days. If you are truly stuck between two programs, try pulling names out of a hat (or the electronic version [Wheel Decide](#) – how you feel about the outcome might help guide your decision making). Do not rank any program that you are unwilling to train at. **Make your list based on which program you prefer, not based on which program you think will rank you.** The Match favors the applicant, thus it is in your best interest to shoot for your #1 program even if it is a reach. While getting the input of those around you is important, ultimately the decision is yours and represents a binding commitment.

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<sup>5</sup> *Abelson JS, Sosa JA, Symer MM et al.* Association of Expectations of Training With Attrition in General Surgery Residents. *JAMA Surg.* 2018. doi: 10.1001/jamasurg.2018.0611.

# APPENDIX

## Sample ERAS Application

### MyERAS Application

#### General Information

Name: \_\_\_\_\_ Applicant ID: -----  
Previous Last Name: \_\_\_\_\_ AAMC ID: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Most Recent Medical School: *Icahn School of Medicine at Mount Sinai*  
USMLE ID: \_\_\_\_\_  
Email: \_\_\_\_\_ NRMP ID: \_\_\_\_\_  
Gender: *No Response* Participating in the NRMP Match: *Yes*  
Birth Date: \_\_\_\_\_ Participating as a Couple in NRMP: *No*  
Birth Place: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

#### Self Identification:

Present Mailing Address:

Permanent Mailing Address:

Preferred Phone #: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_  
Mobile #: \_\_\_\_\_  
Pager #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

Military Service Obligation/Deferment? *No*

Other Service Obligation? *No*

Misdemeanor Conviction in the United States? *No*

Felony Conviction in the United States? *No*

Limitations? *No*

#### Medical Licensure

ACLS: \_\_\_\_\_  
PALS: \_\_\_\_\_  
BLS: *Yes* BLS Expiration Date: *06/01/2018*  
DEA Reg. #: *None*  
Board Certification: *No*  
Medical Licensure Suspended/Revoked/Voluntarily Terminated? *No*  
Ever Named in a Malpractice Suit? *No*  
Past History? *No*

#### State Medical Licenses

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

MyERAS Application

**Medical Education**

Institution & Location	Dates Attended	Degree	Date of Degree
<i>Icahn School of Medicine at Mount Sinai United States</i>	<i>08/2013 - 05/2018</i>	<i>Yes, M.D./M.P.H.</i>	<i>05/2018</i>
Medical Education/Training Extended or Interrupted? <i>No</i>			

**Medical School Honors/Awards**

*2016 Icahn School of Medicine IME Excellence in Teaching Award*

*2015 American Federation for Aging Research funded Medical Student Training in Aging Research (MSTAR) Grant (\$5,200, one of 120 medical students chosen nationwide)*

*2016 Blue Ribbon Abstract, Icahn School of Medicine Medical Student Research Day*

*2015 Women in Medicine Conference Scholarship (\$1,500)*

**Membership in Honorary/Professional Societies**

*Gold Humanism Honor Society (Member of GHHS)*

*American Medical Association (AMA), American Medical Student Association (AMSA), Society of Interventional Radiology (SIR)*

**Education**

Education	Institution & Location	Dates Attended	Degree	Degree Date	Field of Study
<i>Undergraduate</i>	<i>Smith College Northampton, Massachusetts</i>	<i>09/2003 - 05/2007</i>	<i>Yes, B.A.</i>	<i>05/2007</i>	<i>Government/French</i>
<i>Other</i>	<i>Columbia University New York, New York</i>	<i>08/2010 - 05/2013</i>	<i>No</i>		<i>Postbaccalaureate Premedical Program</i>
<i>Other</i>	<i>Paris Institute of Political Studies Paris, France</i>	<i>09/2005 - 05/2006</i>	<i>No</i>		<i>Political Science/French</i>

**Current/Prior Training**

Institution, Location, & Training Type	Program Director	Program Supervisor	Dates Attended	Month(s)	Discipline
<i>None</i>					

MyERAS Application

Experience

Experience	Organization & Location	Position	Dates	Supervisor	Average Hours/Week
Work Experience	Mount Sinai Structures Course, New York, NY, United States	Teaching Assistant	08/2015 - 10/2015	Jeffrey T. Laitman, PhD	5
<p>Description:</p> <p><i>Structures is the first class of medical school at Mount Sinai and covers topics in anatomy, histology, and embryology. As a Teaching Assistant, I assisted first-year medical students with in-lab cadaver dissections, planned review sessions, and conducted weekly mock oral exams. The review guides I made are now widely used to prepare both students and teaching assistants for oral exams. In addition to my classroom role, I also tutored students individually in order to help them prepare for the midterm and final exams.</i></p> <p>Reason for Leaving:</p> <p><i>The course ended.</i></p>					
Work Experience	Mount Sinai Public Health, Politics, Policy Course, New York, NY, United States	Teaching Assistant	03/2015 - 07/2015	Elisabeth Brodbeck, MPH	10
<p>Description:</p> <p><i>Public Health, Politics, and Policy is an introductory-level course in the graduate school that aims to assist students in understanding how political processes shape health policy and outcomes both domestically and internationally. As the Teaching Assistant for this course in the graduate school, I conducted bi-weekly office-hours focused on methods of policy brief writing. I also graded weekly essays, midterms and final exams for a class of 40 Master's students.</i></p> <p>Reason for Leaving:</p> <p><i>The course ended.</i></p>					
Work Experience	Mount Sinai Epidemiology Course, New York, NY, United States	Teaching Assistant	01/2015 - 06/2015	Stephanie Factor, MD, MPH	10
<p>Description:</p> <p><i>Introduction to Epidemiology is a cornerstone of the public health curriculum at Mount Sinai and a required course for all MPH students. As a Teaching Assistant, I planned and led review sessions covering topics in biostatistics and epidemiology, conducted bi-weekly office-hours, and graded problem sets, midterms, and final exams.</i></p> <p>Reason for Leaving:</p> <p><i>The course ended.</i></p>					

MyERAS Application

Experience

Experience	Organization & Location	Position	Dates	Supervisor	Average Hours/Week
Work Experience	Mount Sinai Molecules, Cells, and Genomics Course, New York, NY, United States	Course Representative, Teaching Assistant	10/2014 - 12/2015	David H. Bechhofer, PhD	2
<p>Description:</p> <p><i>The Molecules, Cells, and Genomics (MCG) course at Mount Sinai is part of the first year curriculum and emphasizes an integrated understanding of biochemistry and genetics. During my first year of medical school, I served as the course representative, which involved meeting with the course director on a weekly basis and acting as a liaison between students and course professors. As a second year student, I became a Teaching Assistant for the course. I held weekly office hours and led review sessions, in addition to tutoring students individually to prepare them for quizzes, the midterm, and the final exam.</i></p> <p>Reason for Leaving:</p> <p><i>The course ended.</i></p>					
Work Experience	Ivy League Tutors Network, New York, NY, United States	Senior Tutor	08/2011 - 12/2014	Lisa Speransky	20
<p>Description:</p> <p><i>While completing my postbaccalaureate premedical studies at Columbia University, I worked as a tutor for a small, independent tutoring company that offers affordable tutoring to elementary, middle, and high school students across New York's five boroughs. I tutored students in chemistry, biology, math, and physics and helped them develop organizational and time management skills. I also assisted students with completing college applications.</i></p> <p>Reason for Leaving:</p> <p><i>I continued tutoring high school math and science until the end of the first semester of medical school.</i></p>					
Work Experience	J.P. Morgan Chase & Company, New York, NY, United States	Investment Banking Analyst	06/2007 - 04/2011	Mike Stulac	90
<p>Description:</p> <p><i>After graduating from college, I accepted a position as an investment banking analyst in J.P. Morgan's syndicated and leveraged finance division. My responsibilities included summarizing rapidly changing market conditions for investors during the financial crisis and constructing financial models to analyze pricing scenarios for various debt products. After two years, I was promoted to strategy analyst, where I researched and interpreted economic data for J.P. Morgan presentations at client forums and media appearances. I liaised with market data providers to ensure the firm's league table rankings were accurately represented in The Wall Street Journal, Thomson Reuters, and Bloomberg and prepared global competitor analyses for presentations to senior management. In addition to my responsibilities as an analyst, I was also actively involved</i></p>					

MyERAS Application

Experience

Experience	Organization & Location	Position	Dates	Supervisor	Average Hours/Week
<p><i>with summer intern recruiting efforts at Smith College. I was the lead representative from J.P. Morgan in planning the annual Out for Undergraduate Business Conference.</i></p> <p>Reason for Leaving:</p> <p><i>I enrolled in the Postbaccalaureate Premedical Program at Columbia University and took classes at night in order to save money. After a year in the program, I decided to leave my position at J.P. Morgan for a research position at a New York hospital and pursue my passion for medicine full-time.</i></p>					
Volunteer Experience	Mount Sinai LGBTQ+ People in Medicine, New York, NY, United States	Leader	05/2015 - 07/2016		5
<p>Description:</p> <p><i>As a leader of the LGBTQ+ People in Medicine, I collaborated with medical school faculty, administrators, and staff to develop an inclusive academic and professional environment through year-long admissions process review and on-going curriculum reform. Our group partnered with Student Affairs to develop and implement a Preferred Name/Preferred Pronoun Policy and conducted teaching sessions for faculty and staff to review best practices. Our curriculum was adopted by the medical school and is currently being used in first and second year courses. I presented Sinai's institutional review process at two national AAMC conferences. Under my leadership, the LGBTQ+ People in Medicine planned and hosted after-hours presentations and panel discussions for medical students, faculty, and community members on topics including: reproductive health, the history of LGBTQ+ people in medicine, professional development and career planning.</i></p> <p>Reason for Leaving:</p> <p><i>I passed leadership responsibility to the next class when I started my 3rd year of medical school, as is the tradition at Mount Sinai. I continue to remain involved as a senior advisor to the group.</i></p>					
Volunteer Experience	Mount Sinai Peer Tutors, New York, NY, United States	Leader	03/2015 - 03/2016		2
<p>Description:</p> <p><i>Mount Sinai Peer Tutors is an anonymous peer-to-peer tutoring service for first- and second-year medical students seeking additional instruction in the preclinical curriculum. As a leader of this organization, I worked with medical school administrators and preclinical course instructors to increase awareness of this service and promote its utilization alongside current coursework. I maintained a database of available tutors and paired students requesting tutoring services with mentors who would coach them through the material. In addition to my administrative responsibilities, I also taught 3 students who required assistance with anatomy, physiology, and biochemistry.</i></p> <p>Reason for Leaving:</p>					

MyERAS Application

Experience

Experience	Organization & Location	Position	Dates	Supervisor	Average Hours/Week
<p><i>I passed along my administrative and leadership responsibilities to the next class when I started the 3rd year of medical school, as is the tradition at Mount Sinai. I continue to be involved as a senior tutor and currently tutor 2 students in anatomy.</i></p>					
Volunteer Experience	Mount Sinai Elective: Words to Live By, New York, NY, United States	Student Writer	02/2015 - 04/2015	Jacob Appel, MD	3
<p>Description:</p> <p><i>Words to Live By is an elective creative writing workshop open to all Mount Sinai students. The course provides a creative outlet for processing the various experiences of medical school and beyond. As a student in this class, I engaged with works of fiction and nonfiction submitted by my peers and discussed elements of style in a workshop format.</i></p> <p>Reason for Leaving:</p> <p><i>The course ended.</i></p>					
Volunteer Experience	Mount Sinai Admissions Committee, New York, NY, United States	Student Member	09/2014 - 04/2018	Valerie Parkas, MD; Elisabeth Brodbeck, MPH	4
<p>Description:</p> <p><i>During my first year of medical school, I was selected as the sole student member of the Masters in Public Health Program Admissions Committee. I reviewed applications for the program on a weekly basis and met with program administrators to determine criteria for admission. As a second year medical student, I was selected to be a student member of the MD Program Admissions Committee. I screened applications for admission and attended training for committee members on Unconscious Bias. I have continued to be involved in the MD Program Admissions Committee as a third and fourth year student. My role has expanded to include interviewing candidates and attending committee selection meetings.</i></p> <p>Reason for Leaving:</p> <p><i>I am an Admissions Committee Member for the 2017-2018 application year.</i></p>					
Research Experience	Department of Anesthesiology, Mount Sinai, New York, NY, United States	Research Assistant	06/2015 - 08/2015	Stacie Deiner, MD	45
<p>Description:</p>					

## MyERAS Application

### Experience

Experience	Organization & Location	Position	Dates	Supervisor	Average Hours/Week
<p><i>During my first year of medical school, I was awarded a Medical Student Training in Aging Research (MSTAR) grant to perform research in perioperative frailty. I developed a retrospective study to examine the association of preoperative frailty with intraoperative hemodynamic instability and postoperative mortality. Under the guidance of my mentor and a biostatistician, I constructed a database from preoperative and intraoperative anesthesia records and ensured data integrity. Our preliminary work was presented at the 2016 American Geriatrics Society Annual Meeting.</i></p> <p>Reason for Leaving:</p> <p><i>The MSTAR program ended.</i></p>					
<i>Research Experience</i>	<i>Department of Thoracic Surgery, Mount Sinai, New York, NY, United States</i>	<i>Research Assistant</i>	<i>01/2015 - 04/2015</i>	<i>Andrea Wolf, MD, MPH</i>	<i>2</i>
<p>Description:</p> <p><i>Under the direction of my mentor, Dr. Andrea Wolf, I researched the classification, presentation, and surgical management of pulmonary neuroendocrine tumors. I co-authored a chapter on this topic for publication in Endocrine Surgery, 2nd Edition (Pertsemlidis).</i></p> <p>Reason for Leaving:</p>					
<i>Research Experience</i>	<i>The Look AHEAD Study, New York, NY, United States</i>	<i>Research Coordinator</i>	<i>04/2011 - 08/2014</i>	<i>Jennifer Patricio, MPH</i>	<i>50</i>
<p>Description:</p> <p><i>The Look AHEAD (Action for Health in Diabetes) study was a multi-center, randomized controlled trial that investigated whether lifestyle intervention reduces cardiovascular morbidity and mortality in overweight individuals diagnosed with type 2 diabetes. As the research coordinator for the New York site, I scheduled and tracked participant follow-up and working with the research team to ensure maximum participant retention. I conducted annual participant visits, which included performing physical exams, electrocardiograms, and administering a battery of cognitive tests and physical fitness assessments. I maintained accurate participant records through data entry, charting, and routine quality control checks. I attended annual trainings for study design and implementation.</i></p> <p>Reason for Leaving:</p> <p><i>I left this position to attend medical school.</i></p>					

### Publications

Peer Reviewed Book Chapter

## MyERAS Application

James L., Wolf A.S., Flores R.M. (2017). Bronchopulmonary and thymic carcinoids, other endocrine tumors. In Pertsemliadis D., Inabnet W.B., Gagner M. (Ed.), *Endocrine Surgery, Second Edition* (pp. 41-46). New York: CRC Press Taylor & Francis Group.

### Poster Presentation

James L., Levin M., Lin H., Andreopoulos E., Deiner S. (May, 2016). *The Association of Preoperative Frailty with Intraoperative Hemodynamic Instability and Postoperative Mortality*. Poster presented at: 2016 American Geriatrics Society Annual Meeting; Long Beach, CA, USA.

### Oral Presentation

James L., Tarras E., Anand S., Aristegui J., Pe N., Sante M., Palermo A., Parkas V., Karani R. (November, 2017). . *Promoting an Inclusive Educational Environment for Transgender and Gender-Nonconforming Students in Medical School: An Institutional Approach* Oral Presentation presented at: 2016 Association of American Medical Colleges Annual Meeting; Seattle, WA, USA.

James L., Tarras E., Palermo A., Parkas V. (June, 2016). *A Model for Creating Sexual and Gender Minority-Inclusive Admissions Policies and Practices: A Partnership Between LGBTQ and Allied Students and Medical Education*. Oral Presentation presented at: 2016 Association of American Medical Colleges GSA, OSR, and CiM National Professional Development Conference; St. Louis, MO, USA.

### **Language Fluency**

Language	Language Proficiency	Proficiency Description
English	Native/functionally native	<i>I converse easily and accurately in all types of situations. Native speakers, including the highly educated, may think that I am a native speaker, too.</i>
French	Advanced	<i>I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.</i>

### **Hobbies & Interests**

*Long-distance running, skiing, tennis, crossword puzzles, college basketball*

### **Other Awards/Accomplishments**

*2012 Columbia University School of General Studies Scholarship*

*2007 Cum Laude: Latin Honors awarded at Smith College Graduation*

*2007 Smith College Dawes Prize  
For the best undergraduate work in political science*

*2006 Smith College Ruth Alpern Leipziger Prize  
For an outstanding French major participating in the Smith Program in Paris*

*2003 International Baccalaureate Diploma*

*2003 J.M. Atherton High School Smith College Book Award*

*2002 Kentucky Governor's Scholar*

Dr. B was jaundiced. So jaundiced, in fact, he was not difficult to spot even in the crowded pre-op area. He had been an internist at the same hospital where he was now a patient, and his bed was surrounded by colleagues. When I introduced myself as the medical student scrubbing for his Whipple's resection, there was a glimmer of recognition.

"Oh, you're a third year. This is your surgical clerkship, then?"

"Yes, sir. It's my second day."

"Well, I've never seen a Whipple. You'll have to tell me how it is." He gave a wry smile. It was only later that I appreciated how nervous he must have been in those moments.

The operation lasted seven hours, but to me, time had come to a standstill. The dissection of the mass, the dilated common bile duct, the newly created anastomoses – it was all amazing. During his recovery I saw Dr. B every morning. No matter how early I arrived, bucket in hand, he was awake, waiting. First and foremost a physician, he monitored his progress (as well as mine). Under his watchful eye, I changed his dressing, stripped his drains, palpated his abdomen, and examined his legs for edema before rounds. Nearly two weeks later, the jaundice had disappeared and I said goodbye to Dr. B as he was discharged, recovered and healthy. The sight of him leaving was a profound experience and is ultimately the catalyst that has led me to pursue a residency in general surgery.

Even before I met Dr. B, there were many ways that surgery complimented my personality. Having traded in the pinstriped suit of an investment banker for the short white coat of a medical student, I realized that synthesizing large amounts of information and adapting to rapidly changing markets was not dissimilar to being on the wards. During my third year, I learned how labs and imaging could be interpreted to care for patients in any specialty. My surgical clerkship, however, gave me a sense of completeness. Beyond diagnosing and managing disease, surgery offers resolution. I welcome the fullness of days that start well before dawn and the efficiency of morning rounds. As a marathon runner and lifelong athlete, the intense focus of the OR and the constant practice needed to perfect technical skills like suturing and knot tying resonates with me. I love that surgery is the ultimate team sport, where performance and outcomes depend on the summation of individuals' knowledge and proficiencies. Most importantly, I value the deep sense of trust underscoring each interaction between patient and surgeon – from the quiet, anxious moments before induction to the follow-up visits in clinic months or even years later.

In addition to my clerkship, I have sought to deepen my exposure to surgery through electives; in so many instances, it is clear that surgery is imbued with and necessitates dedication to teaching. During a month of thoracic surgery, a resident showed me how to palpate the scapula and use its tip as a landmark for a thoracotomy. On trauma sub-internship I gowned and gloved for bedside tracheostomies and PEGs, each time talking through the steps with my chief. En route to procure a liver, the transplant fellow found a 2-0 silk and demonstrated how to tie a one-handed surgeon's knot. My time at Mount Sinai has cultivated my interest in medical education, specifically as it relates to teaching, curriculum development, and mentorship. I served as a pre-clinical TA and developed a curriculum focused on improving healthcare for LGBTQ patients that is now being used in first and second year courses. My leadership with peer-to-peer tutoring further fostered my growth as a teacher and mentor. I want to continue these pursuits in residency, combining my enthusiasm for surgery with my background in teaching, mentorship, and advocacy to perform clinical and medical education research.

Taking care of Dr. B and other surgical patients demonstrated the unique potential of surgery to combine clinical data interpretation, procedural skill, and continuous teaching in a way that will ultimately lead to exceptional patient care. It is this opportunity to recognize disease, actively intervene, and continually improve that has inspired my commitment to this field.

## Sample Thank You Notes

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Dear **Interviewer**,

Thank you so much for taking the time to speak with me during my interview day. I really enjoyed meeting you and hearing your advice about what to look for in a residency program. The autonomy and responsibility residents have in running the oldest public hospital in the U.S. is truly inspiring.

I hope I conveyed during our meeting how thrilled I would be to continue my training at **Residency Program**. From the camaraderie of the residents, the innovative research opportunities, and the expansion of the hospital system, **Residency Program** offers an exceptional training environment.

Thank you again for your time yesterday. I hope you and your family have a great holiday season.

Sincerely,  
**Candidate**

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Dear **Program Director**,

Thank you so much for meeting with me during my interview day at **Residency Program**. I really appreciated all of the opportunities to speak with the residents and hear their impressions of the training environment. I was particularly impressed by the culture of education that you spoke about and how apparent this is in the opportunities faculty and residents have to shape the program. Touring the simulation center and seeing all of the opportunities to develop excellent technical skills was also a highlight – the facilities are truly stunning.

Again, thank you for the opportunity to interview. I thoroughly enjoyed my visit and came away with a great sense of the culture, the people, and the training. I would be thrilled to continue my training at **Residency Program**. I hope you have a peaceful holiday season.

Sincerely,  
**Candidate**

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Dear **Department Chair**,

Thank you very much for taking the time to speak with me during my interview day at **Residency Program** on Friday. Your talk during Grand Rounds about violence in the ethic of care was fascinating. I especially appreciated what you said about marginalized communities having decreased access to palliative care in the framework of trauma. It gave me a lot to think about over the weekend - there is clearly tremendous work to be done in this arena. I look forward to reading the book by Dr. Fins that you recommended.

In my conversations throughout the day with both faculty and residents, I had the distinct impression that surgical training at **Residency Program** is closely connected to serving the community. It was also great to learn a bit more about the work being done to serve the LGBTQ+ community. Thank you again for the opportunity to interview at **Residency Program** and for the time and consideration you gave my application.

Sincerely,  
**Candidate**

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## Sinai's Historical Categorical Matches in General Surgery

Year	Program	Year	Program
<b>2008</b>	Rutgers Robert Wood Johnson Montefiore Medical Center/Albert Einstein St. Luke's-Roosevelt Hospital University of Pennsylvania New York Presbyterian (Columbia) North Shore-LIJ Beth Israel Deaconess Medical Center Mount Sinai Hospital (2)	<b>2009</b>	Yale-New Haven Medical Center Staten Island University Hospital University of Washington University of Rochester Massachusetts General Hospital Mount Sinai Hospital
<b>2010</b>	George Washington University Rutgers New Jersey Beth Israel Deaconess Medical Center Mount Sinai Hospital	<b>2011</b>	Massachusetts General Hospital Mount Sinai Hospital Temple University Hospital St. Luke's-Roosevelt Hospital
<b>2012</b>	Mount Sinai Hospital Einstein/Beth Israel Medical Center New York Presbyterian Hospital (Columbia) Temple University Hospital Mount Sinai Hospital University of Florida	<b>2013</b>	Inova Fairfax Hospital University of Pennsylvania Temple University Hospital St. Luke's-Roosevelt Hospital Center Montefiore Medical Center/Albert Einstein (2) Icahn SOM at Mount Sinai Georgetown University Hospital UCLA Medical Center Washington Hospital Center Atlantic Health (Morristown)
<b>2014</b>	University of Texas Southwestern Tufts Medical Center Atlantic Health (Morristown) UMMS-Baystate	<b>2015</b>	Massachusetts General Hospital New York Presbyterian Hospital (Cornell) Brigham and Women's Hospital Stony Brook/University Hospital Icahn SOM at Mount Sinai/St. Luke's-Roosevelt
<b>2016</b>	Vanderbilt University Medical Center Brigham and Women's Hospital Icahn SOM at Mount Sinai Icahn SOM at Mount Sinai/St. Luke's-Roosevelt New York Presbyterian Hospital (Columbia)	<b>2017</b>	Georgetown University Hospital New York Presbyterian Hospital (Cornell) New York Presbyterian Hospital (Columbia) UPMC Medical Education Cedars-Sinai Medical Center Madigan Army Medical Center University of California San Francisco (East Bay) Temple University Hospital Program Drexel University/Hahnemann University Hospital
<b>2018</b>	Icahn SOM at Mount Sinai (2) Harbor-UCLA Medical Center Montefiore Medical Center/Albert Einstein Monmouth Medical Center NJ New York University Rutgers New Jersey University of Florida UCLA Medical Center		

