Applying for Residency: Internal Medicine

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Part I: Overview of Internal Medicine

Welcome to Internal Medicine! We are excited that you will be pursuing a career in this specialty! Internal Medicine is a broad field with many subspecialties, career options, and practice settings. Options range from being a general internist seeing primary care patients at a community practice to practicing as a hospitalist at an academic center to working as an interventional cardiologist performing coronary catheterizations. It is the biggest field of Medicine and one rich with possibilities and new opportunities. In Internal Medicine, you will see all adult patients with many different medical conditions – what you see will depend on whether you are a generalist or a subspecialist, what type of setting you practice in, and where you practice.

Internal Medicine offers a wide breadth of career opportunities clinically, as well as non-clinically (research, education, health policy, etc.). It is arguably the most diverse field given the numerous options available to you. Careers can range from a primary care physician who spends time in health policy research and patient care, to a hematologist involved with medical education as a residency program director, to a hospitalist who is involved with health systems research and medical education roles. Clinical and non-clinical opportunities are not mutually exclusive; you will have time in residency, fellowship, and beyond to determine your ideal career and how to get there.

Practice Models
Practice models for Internal Medicine completely depends on your specialty and career goals. Settings include private practice, group practices, academic ambulatory practices (specialty and primary care), community health centers, hospital or medical center, or academic medical centers or medical schools.

Residency: Length, Typical Curriculum
Residency in Internal Medicine is 3 years in length. During residency, residents participate in a longitudinal continuity clinic, ambulatory medicine rotations, general medical wards, inpatient specialty services such as oncology or cardiology, intensive care, emergency medicine, night coverage or
admitting, and a variety of inpatient and ambulatory elective experiences. Programs will differ on the exact combination of the above and will also differ in their call schedules. Programs will also differ in their offerings around research time, education time, and other opportunities such as away/international rotations and career tracks.

As you look at residency programs, it is important you look at programs which offer a robust clinical training and a breadth of experiences so you graduate as an outstanding internist, poised to pursue your next step. If you know you are interested in a specific specialty (for example, cardiology), it is also important to ensure programs offer enough time and exposure in a specialty to prepare you to apply for fellowship. Just be aware interests may change so you want to be in a place which will provide a breadth of opportunities!

**Fellowships offered after residency**
Fellowships offered post residency range from the clinical specialties to the non-clinical (for those pursuing other career options, such as medical education).

Standard clinical fellowships include Allergy & Immunology, Cardiology, Endocrinology, Gastroenterology, Gerontology, Hematology & Oncology, Hepatology, Infectious Diseases, Nephrology, Palliative Care, Pulmonary & Critical Care, Rheumatology, and Sleep Medicine. These fellowships range from 1-4 years depending on the breakdown of clinical and research time. There are further subspecialties in many of these fields, which may involve further fellowship training (for example, Interventional Cardiology).

Other fellowships include those such as General Medical Fellowship (1-2 years), which is primarily focused on research and/or education, in addition to patient care. There are also dedicated Medical Education, Global Health, and other research fellowships available for faculty, ranging from 1-2 years.

**Part II: Life as an Internist**

**Demographics**
In 2017 62.1% male, 37.9% female (faculty)
In 2017 57.6% male, 42.4% female (trainees)

**Earnings Potential**
Due to the wide range of career paths within Internal medicine, the average salaries can have a very wide range. Salaries will also depend heavily on type of practice (community vs. academic vs. private) and location. The Bureau of Labor Statistics has data available at: [https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm#tab-5](https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm#tab-5).

Other sources of information include specialty websites.
Lifestyle
Lifestyle will depend heavily on type of clinical focus, setting of practice, and whether there is focus on non-clinical areas such as research or medical education. Lifestyle will also be based upon the breakdown of your overall job description and how much time you devote to the various aspects of your career. Internal Medicine fortunately allows a wide range of flexibility in how you design your career.

Academic Medicine
Internal Medicine offers many opportunities for a career in the academic setting. Careers can range from exclusive clinical practice at academic institutions to careers combining clinical with non-clinical interests such as administration, medical education or research. Given the wide breadth of prospects in Internal Medicine, there is ample opportunity to design a unique career combining your range of interests.

Part III: Applying in Internal Medicine

How Competitive is Internal Medicine?
Internal Medicine (categorical) has gained positions every year since 2005 and offered 7,542 positions in 2018, the highest on record. 7,363 of these positions were filled. There are 2.3 positions per U.S. senior in Internal Medicine (0.8 positions per all applicants).

Planning the post-clerkship and senior years
Once you have decided on or are considering a career in Internal Medicine, you should meet with your academic advisors, your PCE advisor, and your Medicine clerkship site directors to plan your post-PCE clinical experiences. It will be important to determine which rotations are required (such as sub-internships) or recommended (to help you decide if you are unsure of IM or to help keep clinical skills robust), and the general timing of these rotations. During these meetings, you should also discuss your research or other scholarly activities, as these will be important for your application.

Clinical Rotations

Sub-Internships
You must complete a medicine sub-internship if you are applying into Internal Medicine. Most of the other residency specialties, as well as HMS, also require a medicine or pediatrics sub-internship prior to graduation. Your medicine sub-internship must be at a different HMS-affiliated hospital than where you completed your PCE. The sub-internship should ideally be completed by July of your application year in order for the departmental committee to write the Departmental Summative Assessment (DSA) and for your medicine clerkship directors to write your Department or Chair’s letter of recommendation.

Away electives
Away rotations are often sought out by students as “audition rotations.” While these away electives in Medicine specialties are not actively discouraged, these should be approached with much caution and discussion with your advisors. A stellar performance can impress the faculty at an away institution; however, anything less than can potentially diminish your standing as an applicant.

If you have a specific reason for doing an away rotation at a particular institution (geographic tie to the location, family member at the institution), choose a rotation which will allow you to come into contact with many faculty and residents. Remember you cannot receive academic credit at HMS for more than
2 clinical electives in the same specialties, including away electives (HMS Student handbook section 2.14).

**Other Recommended Electives**

When approaching elective options during the post-PCE year(s), you should think about the following: electives which will help you decide on Internal Medicine if you are uncertain or are on the fence; electives which will continue to keep your clinical skills robust (ICU rotations, emergency medicine, sub-internship(s), etc.); and electives outside of Internal Medicine to enhance and round out your medical training.

If uncertain about Internal Medicine, choosing electives in the medicine subspecialties (such as hematology, cardiology, etc.) along with the sub-internship, can help solidify your decision. Rotations such as the sub-internship, an intensive care unit rotation, and emergency medicine are great examples of electives which will challenge you and help boost your clinical skills as you prepare for your residency. Placing these rotations every few months through your post-clerkship curriculum will help “trigger” those foundational skills which are needed during internship and beyond. Finally, this is your last opportunity to experience those specialties outside of Internal Medicine! Choose electives you are interested in or which will benefit your future practice.

As you will be interviewing for residency programs between late October to mid-January, it is advisable to avoid scheduling any electives with extensive clinical commitments during this time. As noted above, your sub-internship should be completed by July of your senior year at the latest.

**Research**

Highly selective IM residency programs will be interested in applicants who are potential future leaders in medicine and within the specialty. To that end, they will be looking to see if applicants have been involved in some type of scholarly work. Scholarly work does not need to be lab experience or clinical trials; other areas include medical education, quality improvement, health policy, public health, or other scholarly activities.

Research experience also does NOT need to be in Internal Medicine – residency programs understand interests change over time and an initial career interest may not be the same as the final chosen specialty. If you do not have any scholarly work by the time you decide on IM, meet with your clerkship directors, your society advisors, or your specialty advisor. They can help direct you to a project.

Research blocks are a good choice for the September- January time period when you will need a flexible schedule for interviews during your final year. While it is less likely a research project in the senior year will result in a publication for inclusion in your application, you may have a poster presentation or other avenue for presenting your work.

**National Meetings**

If you have the opportunity to present at a national meeting, even if it is not an Internal Medicine meeting, take advantage of it! It is a great way to show your work, network, and meet other leaders in medicine. There are MANY Internal Medicine meetings, depending on the area of interest in IM. There are general medicine meetings as well as specialty meetings associated with each field of Internal Medicine. General Internal Medicine meetings include Society for General Internal Medicine (SGIM) New England regional & National annual meeting; Society of Hospital Medicine (SHM) – Boston chapter meetings & National annual meetings; and American College of Physicians (ACP) – MA chapter meeting
& National annual meeting. These meetings all have opportunities for student presentations, either through a poster or oral presentation.

Other degrees
Similarly with the question about scholarly work/research experience, an additional degree can boost your application, as long as it’s clear what you gained from the degree (publication, projects, etc.) and you are able to discuss how you plan to use this training in your future career. An additional degree is definitely NOT required.

Part IV: Assessing your Competitiveness

What Criteria do Programs Consider?

1. Grades and your DSA
Internal Medicine residency programs will be looking at your clinical performance during rotations, as it is a good predictor of how you will be clinically as a resident physician. In addition to any grades, the summative comments in the MSPE (for all rotations, not just Core I) are also strongly taken into consideration when assessing an applicant’s strengths.

HMS is now using the Department Summary Assessment for 2019 and beyond (a small set of seniors will still be in the New Pathways and will not have a DSA in 2019-2021). The DSA is intended to capture a student’s professional growth over time and includes all clinical coursework in the specialty from the clerkship through July of the application year. For Internal Medicine applications, you will have a Medicine DSA, which is comprised of your Core I performance, your sub-internship grade, and any medicine-specific elective grades. Depending on the strength of your Core I and sub-I performance, you should discuss with your society advisors whether further medicine electives are needed early on to boost your DSA. Clinical performance is important to residency programs, but many programs use a holistic approach to evaluating candidates.

2. USMLE Step Scores
Though not a predictor of clinical performance (rather, it is a predictor of Board exam performance), given the increased number of applicants each year, many programs use the Step 1 as an actual or virtual screening tool. Specifically, highly selective IM programs are more likely to use this as a screening tool due to high number of applications they receive. Less selective programs are more likely to consider applicants with lower scores.
There is no standard cut-off score, but if your score is less than the national average, you should strongly consider taking Step 2 prior to application season (speak with your advisors) to demonstrate an improvement in score and boost your application.

3. Research Experience
Refer to “Research” section above.

4. Publications
Refer to “Research” section above. Publications are not necessary; however, selective IM programs will look to see if you have done some scholarly work and the outcome. If you have an additional degree or have taken a research year, programs will likely expect to see publications from those degrees.
5. Extracurricular Activities

Residency programs value applicants who are well-rounded and who have demonstrated commitment to other activities, outside of academics. Activities which demonstrate dedication, leadership, and innovation are highly valued.

Getting an Interview: Attributes Residency PD’s Consider in Granting Interviews

Letters of recommendation:
You will need at least 3 letters of recommendation (LoR); Internal Medicine programs require a Department Chair letter (from the Chair of the Internal Medicine department where you did your PCE), and 2-3 supporting letters. You should have 2 clinical letters in addition to the Chair’s letter. At least one of the supporting letters should be from Internal Medicine (Core I rotation, sub-I, elective). If you have done research or spent some time in scholarly activity, a letter from your faculty mentor is also a good choice as one of your supporting letters. You should have no more than one “non-clinical” supporting LoR.

You want to choose faculty who will be strong advocates for you as an individual, who know your personal and clinical strengths, and can speak to these attributes specifically rather than in generic terms. You do NOT need to have a letter writer who is a national expert or a renowned internist, nor do you have to have a senior faculty member as a letter writer – it is more important the letter writer knows you well, has worked with you closely, and can comment on all your strengths.

Ask for your letters as soon as you identify the faculty member you want as your letter-writer; this may be at the conclusion of a rotation or sub-internship, which may be months in advance of the deadline. Some faculty members write a LoR at the time they are asked, while others may put this off until the deadline. Once a faculty member agrees, remember to reach out to them again in May or June of the application year to give the writer adequate time to review your record. Give your letter writers your CV and personal statement to review as soon as you have them completed (drafts are OK). Plan to meet with each writer in the summer to review your portfolio and give them time to write the letter. Faculty receive many requests and have many other obligations; it is strongly recommended you give your faculty at least 6 weeks to complete the letter. Ask the writers to submit their letters before August 31.

ERAS provides a letter request form you should provide to your LoR authors. This form assists your letter writer with submission of the LoR, and includes instructions on how to access and use the ERAS Letter of Recommendation Portal. You should send a reminder to the writers a couple of weeks before the deadline of August 31. You should consider writing a thank you note once the letter is on file with ERAS.

ERAS gives you the option to waive your right to review the LoR. There is no benefit to reviewing your letters, and program directors would be concerned if an applicant did not waive this. It is strongly recommended you waive the review.

How many programs should you apply to?
The number of programs you should apply to depends on your competitiveness as a candidate, your geographic restrictions (if any), whether you are couples-matching, and other factors. HMS students applying to Internal Medicine are generally considered very competitive candidates, so we typically
recommend applying to between 10-12 programs. This range may shift if you have other factors to consider, such as the ones noted above, or if there are concerns regarding your clinical performance and/or Step I score is not competitive enough. A helpful resource can be found at the NRMP site Internal Medicine Match 2018.

As mentioned earlier, many programs use the Step I score as an initial screening tool. There is no set cut-off and every program is different. The AAMC has calculated a “point of diminishing returns” based on step 1 scores in each specialty, to help guide applicants in regards to number of programs they should apply to. In Internal Medicine, those who scored above 237, needed to apply to 13-15 programs to reach the highest likelihood of matching successfully – adding more applications did not increase the chances of a successful match. For those students with scores in between 218-236, the number of programs is around 21; for those with scores <217, the number of programs is around 29.

Keep in mind these numbers are for all types of programs and for all types of applicants – as a HMS applicant, you are already competitive. Based on prior years, applying to 10-12 programs is generally sufficient. You should consider “mixing” the types of programs you apply to, with some “reach” and some “safety” programs. A recent applicant gave the following advice:

*It is crucial to get advice from your faculty mentors, but especially from residents and fellows with whom you’ve developed strong relationships to determine how many programs to apply to and which programs to apply to, given your interests. I remember having an initial list of >60 programs and over the course of many meetings with my advisors, clinical/research mentors, and resident/fellow mentors, narrowing it down to 14 programs. Residents are closer to the application process and may have more accurate insights into certain aspects of it.*

In deciding which programs to apply to, it is crucial to get advice from your faculty mentors, but especially from residents and fellows with whom you’ve developed strong relationships to determine how many programs to apply to and which programs to apply to, given your interests. One recent graduate noted: “I remember having an initial list of >60 programs and over the course of many meetings with my advisors, clinical/research mentors, and resident/fellow mentors, narrowing it down to 14 programs. Residents are closer to the application process and may have more accurate insights into certain aspects of it.”

You should interview at all the programs you are interested in, and depending on how you feel interviews are going and total number of programs you applied to, consider interviewing at all programs you applied to keep options open. When ranking programs, be realistic and understand you are agreeing to employment at a program. Do not rank a program you do not wish to attend. Rank the programs in your preferred order, and (this is the hardest part!) trust the NRMP will give you your best match.

**Interview**

Common questions you may be asked – specialty specific: Be prepared to discuss everything listed in your ERAS portfolio, especially anything you mention in your personal statement. Since this is the area of your application where you have the most “voice,” it is natural for interviewers to use it as a launching pad for getting to know you. Be prepared to talk about your accomplishments and any current projects, publications, or activities outside of medicine.
Interview questions typically fall into several categories:

- Career plans:
  ● Why Internal Medicine?
  ● Where do you see yourself in 5, 10, 15 years?
  ● Do you plan to sub-specialize? If so, why and what? If not, why not? (*It isn’t necessary to know at this point exactly what you want to do with your career, but you want to answer this question thoughtfully demonstrating what you might be interested in and why Internal Medicine)

Motivation for applying to this program, and what you will add:
  ● What are you looking for in a residency program?
  ● What makes you stand out among your peers?
  ● Why do you want to come to our program?

- Behavioral: These are questions directed to understand an applicant’s personality, resilience, teamwork & communication skills, and their compatibility. Examples of these questions include:
  ● Tell me about a time you received constructive criticism?
  ● Tell me about a time you had a challenging situation- why was this challenging, and how did you handle it?
    ● Give me an example of your initiative and/or leadership.
    ● How do you handle conflict? Give an example.
    ● Tell me about a time when you had to make a split-second decision- either in or outside of medicine

- Unique characteristics:
  ● What are you most proud of (academic or in general)?
  ● What I should know about you that is not mentioned in your application?

For all these question types, have answers prepared and be well-versed. Writing the answers to interview questions out and rehearsing the answers out loud (even if it’s just to the mirror or a houseplant!) are good techniques to prepare. Mock interviews, which are offered by HMS, are strongly recommended.

Common interview errors include:
  ● Poor preparation, not being familiar with the program
  ● Not having any questions to ask of your interviewer
  ● Rude behaviors toward staff, other applicants, program administrators
  ● Inappropriate behavior at the pre-interview dinner, including drinking too much.