Preliminary Programs
PGY-1

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

NRMP Data

Source: Results and Data: 2019 Advance Data Tables (NRMP publication)

- Number of positions offered: 1,944
- Number of positions filled by US Applicants: 1,356
- % of positions filled by US Applicants: 69.8%

Source: Results and Data: 2016 Advance Data Tables (NRMP publication)

- Number of positions offered: 1,918
- Number of positions filled by US Applicants: 1,415
- % of positions filled by US Applicants: 73.8%

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
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 – it will most likely be in your primary specialty.

4. Publications
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.

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.

Personal Statements

Internal medicine programs are looking for thoughtful, sincere personal statements that relay enthusiasm for preliminary training in medicine. The statement should demonstrate attention to detail and organization.

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

Application Timing

When do programs begin reviewing applications?
    ● As soon as ERAS opens in September

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

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

**Interview Advice**

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.