



NIMSA UCD

2016 Match Talk

Outline

- 2016 Match Results UCD
- Match results for previous years: Where are they now?
- Match Results for IMGs in Ireland
- Characteristics of Matched students
- “Lessons Learned”
- What can I do if I don’t match
- NIMSA Vice-Presidency
- Small Group Discussions

2016 Match Results for UCD

- **Disclaimer:** We want to track matches accurately
 - If applied to both ERAS and CaRMS and matched to ERAS after CaRMS 1st iteration: Counted as an application to ERAS only
 - Applied to both ERAS and CaRMS and did not match: Counted as an application to both
 - Basically: Overall match rate shows PEOPLE who matched, and CaRMS and ERAS rates show applications (if you applied to both you were counts for the stream you matched to)
 - Only Final meds from the 2016 year are included
 - Those from previous years are included separately

2016 Match Breakdown- Final Meds

13 Applied



1st round: 10 Matched

3 went to USA match

7 Applied only to USA

10 Applied



1st Round: 8 Matched

1 Matched to UK

2016 Match: UCD 18/20 (90%)

- CaRMS (10/13) (2 matched ERAS) = **(10/11) 91%**

- **Family (5):** McMaster x 3 (2 rural, 1 Hamilton),
Queens, Western
- **Pediatrics (2):** Ottawa, Toronto
- **Internal:** Western
- **Dermatology:** Ottawa
- **Anesthesia:** Toronto

*2nd Iteration

From Previous Cohorts:

Texas Tech OBGYN ('2015)
Toronto FM ('2015)
Family Pennsylvania (2015)
Family Manitoba (2015)*
Harvard Neurology ('2014)
Hawaii Internal ('2013)
Emergency Toronto ('2006)

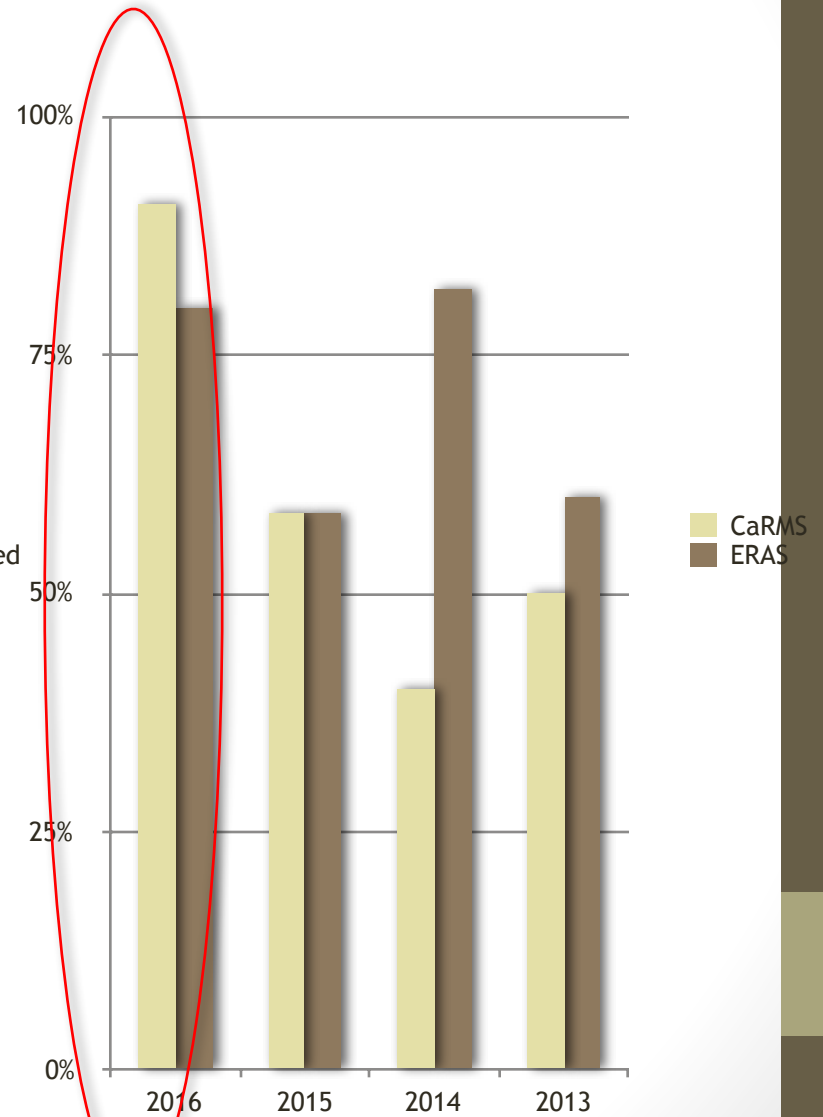
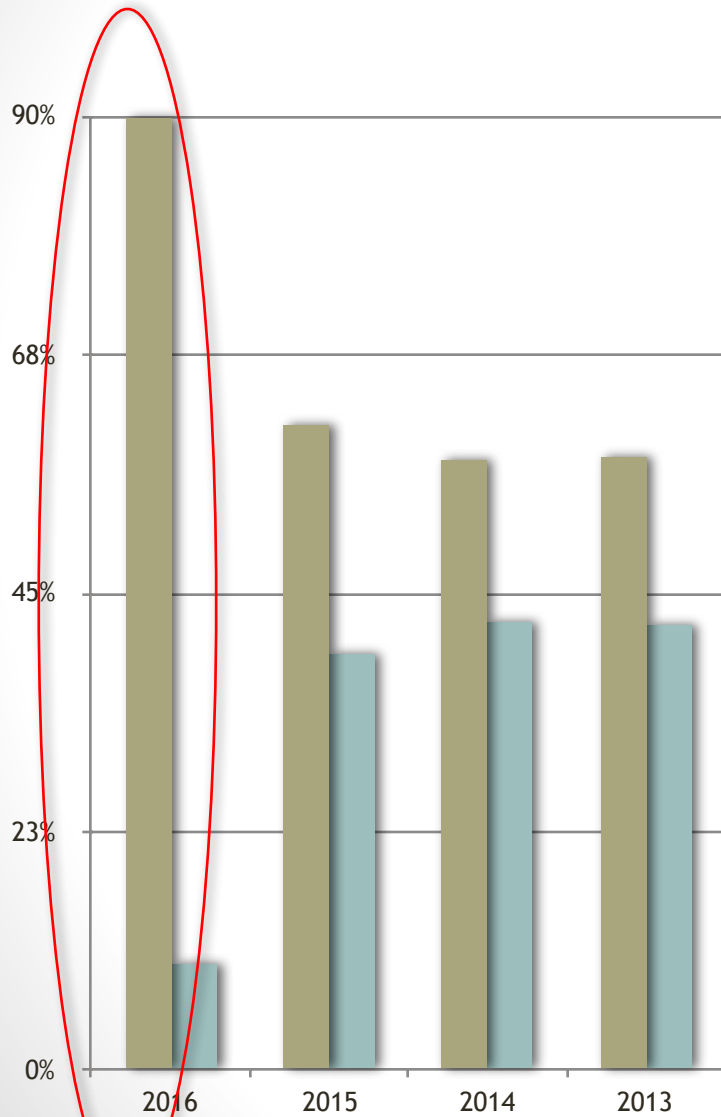
- ERAS (8/10) **80%**

- **Family (2):** NJ Medical Centre; Concord Hospital, NH
- **Internal (2):** Pennsylvania; Leyhey clinic Burlington, MA
- **Pediatrics:** Salt Lake City, Utah
- **Gen Surg:** St. Vincent Hospital Centre, Indianapolis
- **Anesthesia:** University of Buffalo, New York
- **Psychiatry:** John's Hopkins

couples match (RCSI)

1 (applied ERAS only) matched to UK

Trailing Match Rates



Previous Matches: Where they are

Class of 2015 (14 North Americans did not have residency positions in NA)

- 9 Unmatched who applied in 2015
 - 1 Matched after SOAP in 2015: Pathology Rochester
 - 1 Matched in 2016: OBGYN Texas Tech
 - 1 Matched CaRMS 2nd round 2016: Family Manitoba
 - 1 staying in UK or Ireland
 - 5 remain to match
- 5 didn't apply to NA residencies in 2015
 - 1 Matched Family Pennsylvania
 - 1 matched to Toronto FM
 - 2 staying in Ireland
 - 1 Staying in UK

Class of 2014

- 9 unmatched: 5 matched in 2015
- 1 matched in 2016
- 3 remain to find North America Jobs

Class of 2013

- COMPLETELY MATCHED to North American (NA) Residencies by 2015

2016 Match Mania Ireland



TCD 8/11 (73%)

CaRMS: 5/8 (62%)

- **Family - 3:** Manitoba, Western (Windsor)*, Dalhousie*
- **Psych - 2:** Queens, Manitoba*

*3 matched 2nd Round

1 Matched Ortho at Western (class of 2015)

ERAS: 3/4 (75%)

- **Peds:** Beaumont Children's Hospital, Royal Oak
Michigan
- **OBGYN - 2:** Wayne State Detroit Medical Centre,
Baystate/ Tufts

1 couples match

RCSI: 32/40 (80%)

CaRMS: 11/21 (7 matched in ERAS) = 11/14 (78%)

- Family - 5: Dal x 2, Saskatoon, Queens, Western
 - Internal - 3: Ottawa, Toronto, Regina*
 - Anesthesia: Ottawa
 - Psych: Toronto
 - Radiology: Queens*
 - *2nd iteration: IM Regina, Queen's Radiology
- 4 Matched from 2015 GEM class (FM McMaster, Emergency Ottawa & Queens Gen Surg, Memorial FM in 2nd round)

ERAS: 14/19 (+7 from CaRMS) = 21/26 (81%)

- Family - 3: Dartmouth, Florida, Upenn
- Internal - 6: Santa Barbara, Mayo, Lahey, U Pennsylvania, Case Western Reserve, Baystate
- Peds - 4: Monmouth NJ, Robert Wood NJ, Bronx Lebanon, Case Western
- Anesthesia: Thomas Jefferson
- Gen Surg: Vanderbilt
- Surgery (Prelim): Mass General (Preliminary)
- OBGYN - 2: Louisiana State, Stamford
- Neuro: Utah
- Radiology: Boston U
- Psych: Tufts Boston

1 Couples match (with non-RCSI)

Galway: 5/6 (83%)

CaRMS: 3/4 (75%)

- **Family:** Saskatchewan North Battleford
- **Psych:** UBC
- **Phys and Rehab:** McMaster

3/4 class of 2015 (Family UBC, Internal Calgary, Psychiatry Queen's)

ERAS: 2/2 (100%)

- **Family:** Louisville Glasgow
- **Anesthesia:** SUNY Downstate NYC

Limerick: 33/36 (86%)

CaRMS: 20/25 (4 entered ERAS) = 20/21 (95%)

- **Family - 8:** Western (3), Ottawa (3*), UBC (2)
- **Internal - 3:** Ottawa (2), Saskatchewan*
- **Pediatrics - 2:** UBC, Ottawa
- **Neurology - 2:** Toronto, Western
- **Gen Surg - 2:** Toronto, Ottawa
- **Urology:** Toronto
- **Anesthesiology:** Toronto
- **Emergency :** Toronto

*2 matched in 2nd round

1 couples match

ERAS: 13/15 (includes 4 from CaRMS) (87%)

- **Family - 6:** Indiana (3), Mt Sinai - Chicago (2), Mayo - Minnesota
- **Internal - 6:** Case Western Metro Health, Cleveland Clinic, Lahey, North Carolina, Buffalo, Montana
- **Gen Surg:** Brown
- **Neurology:** Kentucky
- **Transitional:** Tufts

1 couples match

1 SOAP Match

2 from 2015 class matched

2 Irish Students matched with ERAS

Cork: 17/21 (81%)

CaRMS: 10/14 (74%)

- **Family - 5:** Manitoba Winnipeg, Sask Prince Albert, Sask North Battleford, UBC victoria, McMaster*
- **Internal:** Western
- **Psych - 3:** Western, McMaster, UBC
- **Path:** Sask

*1 matched 2nd Round

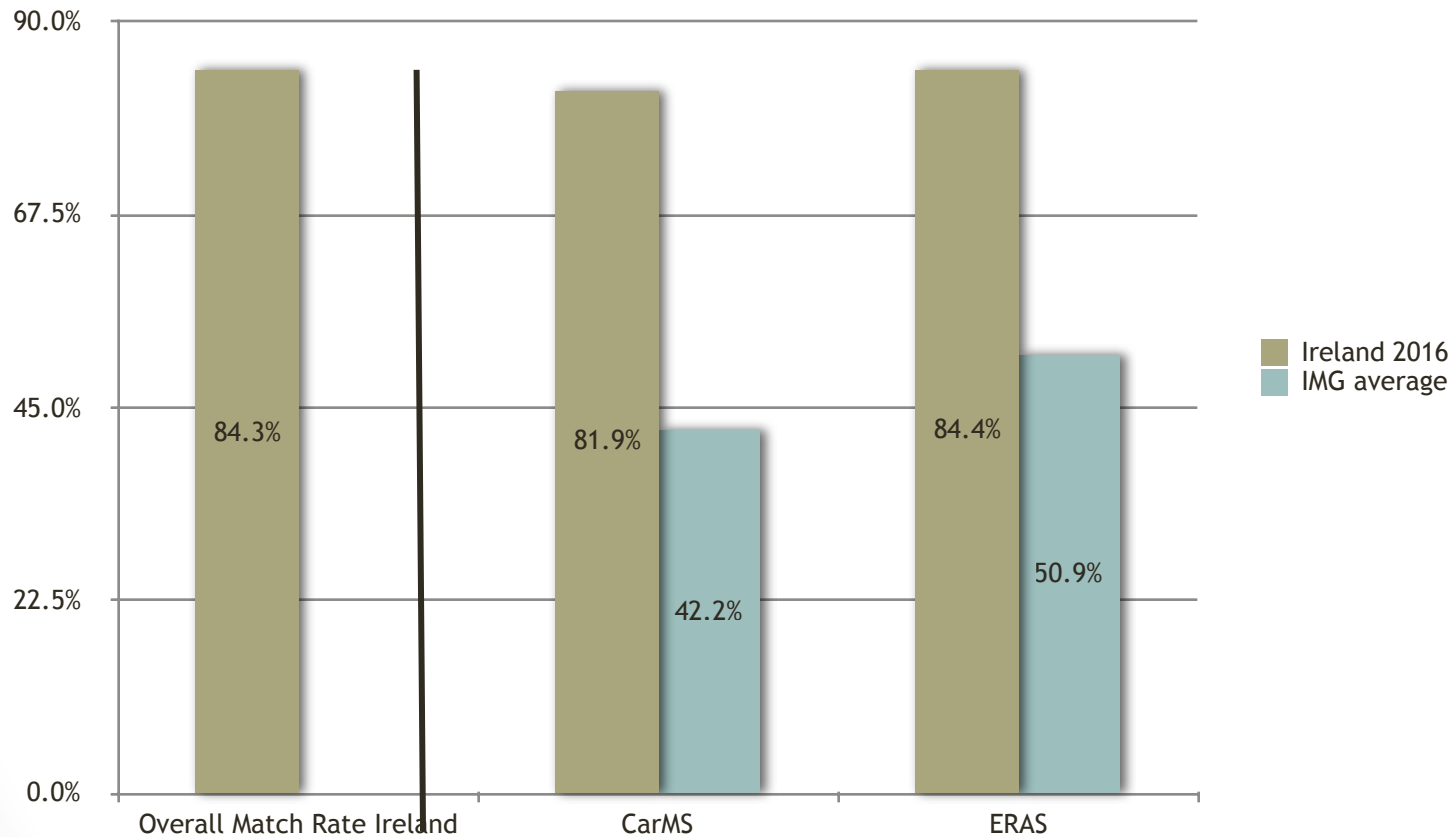
ERAS: 7/7 (100%)

- **Family:** St. Louis
- **Internal - 4:** Mount Sinai NYC, New York City, Philadelphia, Boston
- **Gen Surg:** John Hopkins
- **OBGYN:** Rochester

How'd We Stack Up?

Match rates to North American residencies

Ireland vs World



Source: IMG 2015 averages

[http://www.carms.ca/wp-content/uploads/2015/05/Table 1 Summary of Match Results English.pdf](http://www.carms.ca/wp-content/uploads/2015/05/Table_1_Summary_of_Match_Results_English.pdf)

<http://www.ecfm.org/news/2015/03/27/img-performance-in-the-2015-match/>

Apps of Matched Students

(N=11, 61% response rate)

- Elective weeks: **9.5**
- Observership weeks: **1.7**
- Letters of reference (Specific/generic): **6 (4/2)**
- CaRMS applications: **30 (2 specialties)**
 - Interviews: **5 (1.5 specialties)**
- ERAS applications: **103 (1.3 specialties)**
 - Interviews: **8 (1.1 specialties)**

Summary: lots of applications (more in US than Canada), often to more specialties in Canada vs USA (fewer spots in Canada mean you need more options). Get more references than you need, if possible. Students got plenty of interviews!!

Application Details

N=11

- Publications: 1.8
- scholarly activity: 3.9
- Awards: 1
- Volunteer: 4.2
- Extracurricular: 4.1
- Work: 3.6

Summary: Publications are great, but not needed (specialty dependent). Its better to do quality activities that show long-term commitment compared to many short term superficial activities. Keep up with things you enjoy (e.g. hobbies, interests, sports, research) because they make you unique, are talking points for interviews, and important for personal wellness.

Board Exam Averages

(UCD final meds, N=11)

EE: 353

NAC: 78

Step 1: 228

Step 2ck: 240

USMLE Resources at UCD

- NIMSA run info session (x2)
- Audit USMLE Step 1 course run by Holloway
- 2 NBME practice tests paid for by school

NB: May require diagnostic test to be able to sit exam in future.

MCCEE and NAC OSCE resources

- MCCEE:
 - Student organized tutorials run by generous faculty:
 - Run during Forensic and Legal Medicine with review session in spring
 - 4-5 x OBGYN
 - 4 x Peds (weren't run this year)
 - May be able to arrange GP tutorials in future.
 - Start organizing these in early fall
 - Trying to get qBanks or practice exams paid for by school
- NAC OSCE:
 - Mock NAC session: student run and organized, but faculty offered help
 - Majority of prep happens during electives, studying for CS and practicing with friends in the weeks before exam.
 - Books include: NAC OSCE a comprehensive review, Edmonton Manual, and Master the NAC

www.nacoscereview.com/

<http://edmontonmanual.com>

<http://www.masterthenac.com>

Lessons Learned?

1. Stay Organized

- Lots of boxes to tick: Stay on top of things
- This takes time: Keep working at long-term goals
- Submit full application the day ERAS opens
- Get help from EVERYONE: Friends, Family, Mentors, Residents, Alumni, NIMSA

2. ACE Board Exams

- Board scores are likely first cut-off
- Help each other but do your own work
- Use the resources NIMSA provides
- Work with NIMSA to MAKE UCD help us

3. Shine on Electives

- Use Res year to prepare: History, exam, procedures, presenting patients, progress notes, helping out
- Most supervisors know you will want a letter of reference: Strive for a spectacular one!
- Can do a lot in 4 weeks, but most attendings have an impression of you within a week
 - don't knock 2wk electives (especially if applying to multiple specialties)
- Observerships in early stages can help you network and prep for electives

4. Keep up to date

- NIMSA helps, but take control of your deadlines and future
- Stay current with committees, clubs, volunteering, hobbies
 - Showing commitment and rising the ranks is a big plus
 - Doesn't always have to be medicine
- You will be doing a lot of talking in interviews
 - These extracurriculars are what you will almost always be talking about

5. HELP EACH OTHER

- You are already in competition with every other IMG in the world, you don't need to beat each other
- There is so much to gain from working together, for example:
 - Board exam studying
 - Info on elective applications, deadlines, residency application timelines
 - Interview practice
- Our year was very vocal and constantly asking each other questions, posting info on FB, messages. It was a great experience!
- I always felt like I could ask for help whenever I needed it.

Interviews and Advice

Memorable Interview questions:

- “Teach me something in 2minutes....Go!”
- "Describe your emotional approach to patients."

Interview Advice:

- Make a true connection with the program: on elective, patient examples, research, etc
- Have some stories of patients who stood out to you or challenging situations you may have faced
- Think of times where you faced **conflict**, make sure you finish by telling the interviewer how you dealt with it in a positive way.
- **Many interviews had mock "OSCE" scenarios**
- be as calm as possible and just answer questions naturally
- extrapolate on answers, say why you responded in such a way or really explain why what you said is important.
- fill out lots of interests (sports, hobbies, **travelling**...) - makes you look more interesting and can help you stand out from all the others - gives some interviewers something to ask you outside of medicine.

- Some interviewers haven't read application, so be prepared to start from scratch ("tell me about yourself..")
- prep with as many people as possible. Organize mock interviews with faculty, friends, residents you know
- Go over your own application so you are prepared to talk about any activity or interest you have listed there
- Some helpful matching books: "Why Medicine? And 500 other questions for the medical school and residency interviews", "First Aid for the Match", "the Successful Match"
- Be confident, You rock!
- Know the program's website well and prepare answers accordingly. If its a big research centre, be prepared to talk about how much you love research. If its a small community program, be prepared to talk about how much you want to practice rural medicine.
- Multiple residents warned me that faculty can tell if someone is coming off as too rehearsed and they don't like it.
- Spend more time on your personal statement. Don't leave it for the last minute. Ask for letters early and follow-up with the authors!

- Be genuinely interested; think of things you really want to know about the program and ask them! Even if you end up asking the same 3 questions to all your interviewers, that's ok, they'll never know!
- Befriend the residents - they get a HUGE say at "rank parties". Ask them if they're happy, ask them what they like to do for fun etc.
- Make sure you **go to the interview dinners**. Even though they're "optional", the residents are often given evaluation forms to mark you on afterwards! They also give you a great sense of if you would be happy working with the group of residents.
- Treat every single interview as if it's your only one. There is no point in going to an interview and not putting in your full effort, that's a waste of all the travel expenses.
- Go to as many interviews as possible, don't worry about UCD stuff. Tutors can be very accommodating and NIMSA is working towards informing everyone about what we are going through, but so should you
- Board exams are very important cut offs so take them seriously
- We need a guidance counsellor at UCD, maybe finding mentors to help you navigate the system would be worth while now!
- It's an imperfect game of checking boxes (like most clinical exams), so look at what successful students did and make it work for you