A Roadmap To
Psychiatric Residency
Table of Contents:

What Should I Do During Medical School To Prepare For A Career In Psychiatry? .......................... 4
A Timeline For Applying To Residency .......................................................................................... 5
Planning Your Fourth Year ........................................................................................................... 6
How To Choose The Right Program For You .............................................................................. 7
How Many Programs Should I Apply To? ....................................................................................... 10
Letters Of Recommendation ......................................................................................................... 12
Personal Statements ....................................................................................................................... 14
Nuts And Bolts Of The Interview Day ............................................................................................ 15
Post-Interview Communication ..................................................................................................... 20
What Happens If You Do Not Match? ............................................................................................ 20
SPECIAL TOPICS Faculty Advisors ............................................................................................. 21
Special Considerations For Osteopathic Medical Students (DOs) .............................................. 22
Advice For International Medical Graduates (IMGs) .................................................................. 24
The Road To A Military Residency .................................................................................................. 26
Special Considerations For Couples Matching .............................................................................. 28
PGY2 And Other Transfers ............................................................................................................. 29
Conclusion ....................................................................................................................................... 30
Welcome to the wonderful medical field of psychiatry. The authors of this document and the many practicing psychiatrists around the world are thrilled that you plan to join our exciting and ever-changing field. The information provided in this document has been compiled by leadership in the following organizations: ADMSEP (Association of Directors of Medical Student Education in Psychiatry), AADPRT (American Association of Directors of Psychiatric Residency Training), AAP (Association for Academic Psychiatry), and PsychSIGN (Psychiatry Student Interest Group Network). This document is meant to provide a global overview of the residency application process and information about subspecialty specialization. For questions specific to your application or a specific residency program, we encourage you to speak to your Dean's office, consult your faculty advisor, or review individual residency program websites.

Note to Readers: This document (A Roadmap to Psychiatric Residency) is a collection of information developed by the organizations named herein, which is intended to be useful to medical students interested in applying for a psychiatric residency program. It does not represent the official policy or views of the named organizations. The information contained in this document is intended to be general advice and is provided as-is and not guaranteed to be correct, complete or current. For any specific situation or question about how the information might apply to a particular situation, individuals are encouraged to consult with their Dean’s office, advisors, or other knowledgeable persons such as members of their psychiatry department.
WHAT SHOULD I DO DURING MEDICAL SCHOOL TO PREPARE FOR A CAREER IN PSYCHIATRY?

Psychiatry programs are generally holistic in their review of applicants. As such, participation in the following is highly valued - longitudinal and meaningful service, leadership, and scholarly experiences that may demonstrate unique individual attributes and a strong commitment to psychiatry. Service activities could include service to the community (e.g., student-run free clinic, community health fair, homeless shelter) or service to the medical school (e.g., committees, student council, and peer support and wellness activities). Roles involving teaching and mentoring other students (e.g., peer tutor, course teaching assistant), or running student interest groups demonstrates desirable professionalism and leadership skills. While most programs do not require research, any form of scholarship particularly related to psychiatry, can strengthen an application. If access is limited to more traditional research experiences, scholarly projects in the areas of patient safety and quality improvement, education/curricular design, and clinical case reports are highly valued. Presentations at professional meetings or publications are especially impressive. Regional or national work with organizations such as the American Psychiatric Association (APA), Student National Medical Association (SNMA), American Medical Student Association (AMSA), and PsychSIGN may strengthen an application, as well as provide opportunities for networking, leadership, mentorship, and scholarship. Many of the psychiatric subspecialty organizations, such as American Academy of Child and Adolescent Psychiatry and Academy of Consultation-Liaison Psychiatry, have free or discounted membership rates for medical students and offer helpful resources and exposure to areas of psychiatry not seen as often in medical school clerkships. Most psychiatry programs are looking to recruit applicants with a diverse set of life experiences, passions, and skill sets, including those not directly related to psychiatry. These could include accomplishments in the arts, athletics, writing, advocacy, human rights, health policy, anti-racism, global health work, and commitment to increasing access to care for particular communities (LGBTQ+, specific racial/ethnic/religious groups, homeless population). Finally, do not fret if you are one of the many who discover their love of the psychiatric profession later in medical school, such as after completing the clerkship. You may write in your personal statement about changing career course and what experiences helped you come to this decision. Consider joining PsychSIGN or other national or local psychiatric organizations and be sure to meet with your specific psychiatry advisor for additional strategies to show your commitment to the field.
# A Timeline for Applying to Residency

The road to residency begins with choosing your specialty. Often this occurs during your clerkship rotations. Below is a suggested timeline for your third and fourth year of medical school.

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb-April</td>
<td>- Research Residencies  &lt;br&gt; - Find a psychiatry faculty advisor  &lt;br&gt; - Plan the MS4 year, including rotations and board exams</td>
</tr>
<tr>
<td>May-June</td>
<td>- Talk to the attendings you have worked with to obtain letters of recommendation  &lt;br&gt; <em>(Earlier is OK, especially if you had a great experience early in your clerkship year)</em></td>
</tr>
<tr>
<td>July-Sept</td>
<td>- Ask for additional letters of recommendation during MS4 year  &lt;br&gt; - Register with your dean’s office for information on NRMP/ERAS  &lt;br&gt; - Have your faculty advisor review your personal statement  &lt;br&gt; - Submit application into ERAS  &lt;br&gt; - Beginning submitting applications to programs (early September)  &lt;br&gt; - NRMP Match registration opens (usually mid-September)  &lt;br&gt; - Your application and MSPE are made available to Residency programs (late September)</td>
</tr>
<tr>
<td>Oct-Jan</td>
<td>- Interviews  &lt;br&gt; - Applicant Standard Registration Deadline for the Match and SOAP (late January)</td>
</tr>
<tr>
<td>Feb</td>
<td>- Ranking opens  &lt;br&gt; - Make final decisions and submit list to NRMP</td>
</tr>
<tr>
<td>March</td>
<td>- Rank order list certification deadline  &lt;br&gt; - Match Week and Supplemental Offer and Acceptance Program (SOAP)</td>
</tr>
</tbody>
</table>
PLANNING YOUR FOURTH YEAR

Every school will have specific requirements for 4th year. Start with a full understanding of how many courses are required, how much time you can carve out for interviews, senior projects, and any outstanding work, in order to plan your last year.

Generally, two specific types of courses are reserved for 4th year students: electives and sub-internships (“sub-Is”). Psychiatry elective experiences give you the opportunity to explore various topics and subspecialties. There are many subspecialty areas in psychiatry such as forensics, geriatrics, addiction, child and adolescent, consultation-liaison, neuropsychiatry, perinatal and early childhood mental health. There are additional fields that are also relevant and available for specialization such as sleep medicine, addiction medicine, palliative care, and psychotherapy additional training.

Ask your faculty advisor or your school’s psychiatry Residency Program Director how many electives they recommend you take in psychiatry (typically two or three). It is recommended that you take these electives as early as possible (even as early as 3rd year if available) to both gauge your own interest in psychiatry and demonstrate your interest in the field. Electives are also an opportunity to demonstrate your potential as a future resident and to request letters of recommendation (LORs) from psychiatrists.

Sub-Is are generally completed after your core psychiatry clerkship. Not all schools offer sub-Is in psychiatry. However, if your school does, this is another opportunity to explore your interest in psychiatry while also developing more advanced clinical skills. Like electives, sub-Is are a great opportunity to meet faculty mentors and request LORs.

Sub-Is and electives can also be completed at an institution other than your own. These rotations are known as “away rotations.” At this time, away rotations are not required, nor necessarily encouraged, to apply for psychiatry. Away rotations allow you the opportunity to see how medicine is practiced elsewhere and to gain experience with a specific program. An away rotation is also an opportunity to demonstrate your interest in a specific institution if you have a “dream program” where you hope to receive an interview invitation (although performing an away rotation in no way guarantees that you will receive an interview). Many away rotations require a specific application using a third-party service such as VSAS (Visiting Student Application Service) or VSLO (Visiting Student Learning Opportunities). These services request an application form, letters of reference, and often other requirements. Make sure to research or contact any away rotation program to learn about their specific requirements well in advance. Many people begin this process with approximately two to four months left in their 3rd year. If you think that you would like to do an away rotation, make sure to appropriately budget for travel and rent expenses during this time. Some programs may offer discounted housing, or you can look into options such as AirBNB or RotatingRooms. Because of the impacts of COVID-19, the availability of away rotations will likely vary by institution and be dependent on the policies at each individual program. As of June 2021, an individual should accept a maximum of one away rotation in a specific clinical specialty.

A final important note: Only grades that are submitted prior to the release of the MSPE will be seen by programs. If you are taking psychiatry electives or sub-Is and want programs to see your performance, plan to schedule these with enough time in advance to have your grade submitted before ERAS opens for programs to review. (Note that some medical schools will only include third year clerkship grades in the MSPE; if this is the case for your school, you should be able to request an updated transcript once your new fourth-year psychiatry grades are in). You can still do psychiatry rotations in the fall and winter and talk about these during your residency interviews.
Choosing the right residency program can feel like a daunting task. Everyone’s preferences will be distinct, and everyone will prioritize different aspects of a program when making their rank list. Databases for program information are available through the Residency Explorer Tool (https://www.residencyexplorer.org/Explore), the FREIDA website (https://freida.ama-assn.org), and the AAMC’s Careers in Medicine specialty pages (www.aamc.org/cim). Out of these databases, the Residency Explorer Tool provides the most up to date information, including resident demographics, average hours worked per week, and average USMLE scores. This tool also provides students with insight into the relative competitiveness of residency programs, often displaying where one’s board scores fall in comparison to the average scores of 2016-2020 applicants who matched to each program. While this can be quite helpful, information from newer programs is not included. Many students also utilize Doximity (https://residency.doximity.com/) to help them determine the relative competitiveness and reputation of residency programs, but this can be problematic. Doximity’s rankings are based primarily on US News & World Report rankings, which tend to prioritize research funding and hospital measures rather than education and training.

While the “reputation” of a residency program may be an important factor for some applicants, finding a program that is the right fit for you is more important than going to a program with the most prestige. Determining the right fit is an individual journey, and based on your ultimate career and personal goals. Databases can provide you with key information, however visiting an individual program’s website will provide students with more guidance on the specific details of the program including rotations, call frequency, updated salaries, special areas of interest, and wellness activities.

Even with this additional information, traditional websites may not provide insight into the culture of the program or institution including important aspects of resident life. Characteristics such as resident cohesion, the availability of mentoring, departmental events, community outreach, and social interaction among residents and faculty can be difficult to ascertain. Recognizing this deficit, many residency programs have expanded their strategies to include an active social media presence and virtual recruitment events. Applicants are encouraged to explore the social media accounts of prospective programs and the professional accounts of faculty members associated with them. These accounts often allow an applicant a glimpse into the “personality” of a program and how that program interacts with the community. Virtual outreach events may happen throughout the year but are often concentrated in the summer and fall prior to the start of interview season. These events are structured to allow applicants to learn about programs and are not meant for programs to evaluate applicants. Types of events include large informational sessions, panels of multiple residency programs, or sessions hosted by an individual program. Events may be sponsored by larger professional organizations or those specifically for underrepresented minorities in medicine. We recommend
following organizing groups such as PsychSIGN and ADMSEP to learn about these events. Thoughtful use of social media and virtual recruitment events can help applicants glean more information about potential programs, discover new programs, and/or help eliminate programs that do not fit with their priorities and career goals.

Additionally, speaking with current residents or alumni of the program can also help you gain a sense of the culture and answer any lingering questions. Consider reaching out to your faculty advisor to see if they can connect you with anyone currently at the program or previous graduates. Also consider reaching out to your upperclassmen in medical school to see if they have any specific experiences with your programs of interest. Speaking with residents outside of the interview day is by no means a requirement for your residency application, but it can be another helpful source of information. Also, consider getting opinions from recent graduates or residents who have recently gone through the process to find out where they applied and what they liked/disliked about each program - you just might decide to consider a program that you would have otherwise overlooked.

Now that you know where to look for information, you need to consider what is important to you. Afterwards, schedule a meeting with your faculty or specialty advisor to ask which programs they recommend based on your career goals and competitiveness.

Here are some common things to consider when evaluating a program:

**Logistics**

- Location, including whether you can see yourself happily living in that area, cost of living (keeping in mind your salary and state taxes, local job or school opportunities for a significant other), considerations for potentially raising children in the area, if applicable, and personal hobbies.
- Size of the program/number of residents per class

**Culture**

- Resident morale, including whether residents at the program get along and if there are residents who have left the program, and if so, why. When you are interviewing, residents can help you gauge the culture of the program, perceptions of faculty and department interests, attitudes of people in the program and opportunities not apparent on the website
- The culture of the resident group, including what the residents do for fun and academically how they spend their time
- What is the mission statement/core values of the program?

**Clinical Training**

- Rotations offered in a program, the settings, hours, and variety of experiences offered, including off-service rotations, diversity in training and cases, including diversity of patients, training sites, specialty clinics, ECT and TMS training, etc.
- The Hospital system(s), including its size, number of residencies and services, and support staff
- Work-life integration in the program, frequency of call, typical patient load, whether the duty hour policies are meaningfully observed/enforced
- Psychotherapy training – timing, supervision, therapy modalities, case load
- Fellowship training opportunities and subspecialty rotations at the institution (how many accredited and non-ACGME accredited fellowships are available?)
- Career post-residency, what do residents in a program do post-graduation, including jobs they pursue, practice settings they work in, and fellowships they match into

**Didactics / Non-clinical Opportunities**

- Didactics and how is time protected for didactics
- Electives
- Special tracks available (e.g. clinical educator track, women’s mental health track, etc.)
- Academic, teaching and research opportunities (e.g. how is research built into the program, opportunities to attend conferences, opportunities for mentorship)
- Diversity, equity, and inclusion efforts in the department and the institution as a whole

**Benefits**

- Retirement benefits, healthcare benefits, etc.
- Subsidies for housing
- Academic allowances (e.g. funding for study materials, conferences, licensing, etc.)
- Vacation policies
- Maternity and paternity leave policies
• Moonlighting opportunities (when do residents start moonlighting, is there internal versus external moonlighting, is there time actually available to moonlight)

• Other considerations; parking availability, food allowance, childcare availability, gym access, etc.

**Other miscellaneous things to consider:**

• Accreditation issues or any major upcoming changes to the program

• Chair and other faculty interests, including faculty areas of expertise

That said, it is generally helpful to:

• Make a spreadsheet with your main priorities and a running rank list/score sheet based on your priority list. Make a row for each program and a column for each program feature (e.g., location, academics, faculty/residents, etc.); put the features in order of importance to you.

• Take notes when you interview at a program. Jot down your thoughts immediately so that you do not forget later.

• Weigh your priorities honestly and take into account your “gut feeling” when you are interviewing and interacting with people at the program. Ultimately your list is just that, your list.

For medical students interested in psychiatry plus an additional specialty, a number of combined training programs exist. These include programs that combine psychiatry training with internal medicine, pediatrics/child and adolescent psychiatry (“triple board”), family medicine, or neurology. Combined training programs allow residents to become board eligible in multiple specialties and may be appealing to students interested in integrated care or another clinical discipline that requires proficiency in multiple specialties (e.g., neuro psychiatry or pediatric consultation-liaison psychiatry). Combined programs are usually accelerated as compared with categorical programs, so residents may need to sacrifice electives and schedule flexibility. Rotation schedules range from alternating months to alternating years, so reviewing individual program descriptions and rotation schedules will be helpful. Sequential training (completing one residency program followed by a second residency program) is another way to become board eligible in multiple specialties, although often longer in duration than an accelerated combined program. In considering combined training, applicants should take into account the potential stress, lifestyle and financial implications of longer training and the limited availability of many of these programs (leading to geographical restrictions in many cases). As many physicians who complete combined training ultimately practice in predominantly one of the specialties, seeking out advising from faculty who have completed combined training can help to determine if this type of training is truly necessary for your desired future career goals.
HOW MANY PROGRAMS SHOULD I APPLY TO?

There has been a marked increase in interest in psychiatry leading to an increase in the number of graduating medical students applying to psychiatry residencies. However, the number of applicants to residency programs has exceeded the more modest increase in the number of psychiatry residency spots and programs. This has made the field more competitive to enter, and medical students may feel a greater pressure to “over-apply” to psychiatry residency programs in order to secure matching. Indeed, over the last application cycle, there has been an increase in the number of students applying for psychiatry residencies, which complicates the entire process both for students as well as training directors.

Deciding how many programs to apply to is a difficult decision. Ideally, you will apply to programs that would be considered “reach” programs (slightly above your competitiveness level), “middle of the road” programs (at your competitiveness level), and “safety” programs (you are likely very qualified for these programs). Students have to consider not only the strength of their application and the types of programs (large versus small, academic versus community, research versus clinically focused, etc.), but also the significant costs involved in the Electronic Residency Application Service (ERAS). Psychiatry statistics from the National Residency Matching Program (NRMP) Match show that since 2016 the number of U.S. and Canadian students applying to psychiatry through ERAS has increased from 1,754 to 2,309 (a 30% increase). On the other hand, the total number of U.S. and Canadian students in the overall Match increased by only 11%. Similarly, the average number of applications per U.S. and Canadian student applying to psychiatry has increased from 33 to 54 in the last several years. Since ERAS application fees increase as you submit more than 10 and various increments thereafter, 54 applications will cost almost $1100. For the vast majority of students, 54 applications is significantly more than they need to submit.

While the number of applications for an individual student is still a complicated calculation based on the student’s unique circumstances and aspirations, data-driven reports are useful to consider. Namely, the NRMP’s Biennial Report Charting Outcomes in the Match reviews how applicant qualifications affect match success. These reports are available for U.S. MD and DO seniors as well as international medical graduates and include data comparing matched and unmatched applicants on a number of variables. The variables include but are not limited to USMLE scores and AOA status, the number of “contiguous ranks” (the number of programs ranked in psychiatry before a program in another specialty is ranked), research projects, abstracts/presentations/publications, and volunteer experiences. Although the mean board Step scores of psychiatry applicants has increased, applicants with relatively low USMLE scores are more likely to match than not. A probability of matching graph allows students to better understand how their rank list length affects their chance of matching. According to the 2020 report, the probability of matching reaches about 80% with six contiguous ranks and over 90% with nine contiguous ranks for an MD applicant. While not directly correlated with the number of applications, this report can help a student target the number of programs to interview at and eventually rank.

Another potentially useful Biennial Report from the NRMP is the Applicant Survey. The most recent 2019 data (3)
includes surveys of “U.S. seniors” (MDs) and “independent applicants” (everyone else). Results show that U.S. seniors who matched into psychiatry applied to a median of 37 programs, while those who didn’t match applied to a median of 45 programs. Matched applicants, of the 37 programs they applied to, were offered a median of 13 interviews, attended 11, and ranked 11. One can conclude from this data that applying to more programs may deprive qualified applicants of interview opportunities because the number of psychiatry positions/interview spots are still fewer than the number of interested applicants.

An additional report called the AAMC’s Apply Smart (4) may be useful for psychiatry program applicants. This analysis includes ERAS data from the 2013 through 2018 cycle, and it used a regression analysis to find a “point of diminishing returns” where the benefit of more applications is significantly reduced. For U.S. students applying to psychiatry with a USMLE Step 1 score > 229, the point of diminishing returns was at 14 applications. Even for students with a USMLE Step I score < 209, the point of diminishing returns was 23 applications. Since each applicant is unique, these numbers should not be used strictly but more as a guide. However, this data does give some information about where the relative benefits of additional applications start declining for most applicants. Of note, while the USMLE Step 1 score reporting transition to Pass/Fail will occur on or after January 2022, the Apply Smart tool may still be useful for those candidates applying prior to this change.

Although these reports can be quite helpful, the association between the number of applications or interviews and eventual match success rate is influenced by a number of non-measured factors. Some contributing factors that determine match success include the following:

Did the students apply to only “top-notch” programs?

Did they include lesser-known or newer programs?

Did they only apply to programs with specific geographic locations or preferences (big cites, coasts, within one limited area)?

Did they include in their application why they might be applying to programs that are far away from their medical school or reported hometown?

Did they apply to institutions that tend to take higher proportions of internal candidates?

The number of applications per ACGME (Accreditation Council of Graduate Medical Education)-accredited residency programs has increased from 220 to just over 300 in the last five years, but more applications are submitted per program than ever before. Therefore, residency Program Directors are increasingly looking in applications for factors that might predict which students would truly want to come to their program. As such, factors like geographic proximity or unique program interests are becoming more important in selecting students for interviews. In order to best consider an individual situation, applicants are encouraged to discuss their unique circumstances with their local advisors, Dean’s office, and if available, home residency Program Director.

Lastly, what about the all-important “interview skills” component? Even top scoring students from excellent medical schools who interview poorly are at risk for not matching no matter how many applications they submit. In the end, the number of applications a student submits is only one of the many factors that will determine whether their match is successful.


LETTERS OF RECOMMENDATION

Letters of recommendation (LORs) are an important opportunity to communicate your personal attributes, strengths, and abilities to programs. LORs usually include a discussion of how the writer knows the applicant, as well as the particular clinical strengths of the applicant in areas such as medical knowledge, the psychiatric interview, and interactions with other disciplines on the team. LORs also frequently highlight personal qualities such as humor or empathy and give an overall level of endorsement.

Most psychiatry programs will require three or four LORs. ERAS allows you to upload an unlimited number of LORs to your file, but you can only assign a maximum of four LORs to a single program. You can customize which letters are uploaded to each individual program. Be sure to familiarize yourself with each individual program’s instructions and preferences regarding LORs.

Traditionally, students ask attending physicians from third-year and fourth-year rotations to write LORs. Attending physicians who have worked closely with you and who have witnessed your strongest clinical performance typically write the best letters. While some may imagine that a chairperson, training director, or senior faculty member may carry “extra weight,” psychiatry program directors generally agree that it is much more important that a letter writer know you well than be in an administrative leadership position.

Individual programs may have specific requirements about the number of letters written by psychiatrists, but most programs look for at least two from psychiatrists. It can be helpful to have at least one letter from someone in a field outside of psychiatry, to demonstrate the breadth of your skills and talents in other areas of medicine. NOTE: Due to the ongoing COVID-19 pandemic, most psychiatry residency programs are requiring only one letter or recommendation from a psychiatrist, in recognition of ongoing challenges with clerkship and elective experiences.

Students often ask if all four letters need to be from clinical attendings. Generally, it is fine for one of your letters to be written by a research advisor or someone with whom you closely worked longitudinally (a relationship starting in the first or second year of medical school, and then hopefully beyond). You should not ask family members, personal friends, or resident/fellow physicians to write your letters.

Some students may worry that the COVID-19 pandemic may complicate the process of obtaining quality LORs. Changes to clinical rotations (or outright cancellations of rotations) can create challenges in developing personal relationships with attending physicians who can closely assess your performance and learn about your personal strengths. Thus, now more than ever, it is important in all of your clinical experiences to be proactive in fostering relationships with attending physicians and creating opportunities to demonstrate your aptitude and knowledge. If, due to the COVID-19 pandemic, you did a meaningful clinical or scholarly experience in lieu of a traditional clinical clerkship, you can consider requesting a LOR from faculty from that experience (provided that they know you well and can speak well about your skills and background).
You should aim to have at least two letters uploaded when ERAS opens, and all of them by the time Dean’s Letters are released. If you have a particularly important rotation in the fall of your MS4 year, such as a psychiatry sub-internship or elective, you may consider replacing an earlier letter at the conclusion of that rotation. Usually, students waive their right to see the contents of the LORs. If you choose not to waive this right, Program Directors may view this as a “red flag.”

Ideally ask your chosen faculty to write letters mid-rotation, at the conclusion of the rotation, or soon after completion. This allows them to draft the letter while your performance is still fresh in their minds, even if they cannot immediately upload it to ERAS. Ideally, you should ask in person. First, discuss what you learned and enjoyed on your rotation, and explain why you are asking this particular physician for a LOR. Then proceed with asking if the faculty member would be willing to write a strong letter of recommendation for a residency in psychiatry. If possible, you should bring hard copies of your CV and personal statement to share with the writer. If a faculty member shows any hesitation about writing a letter, you should rethink the request. If a faculty member volunteers a letter without being asked, you should likely accept as long as you feel they can write a strong letter.

After the meeting, follow up with an email thanking them for agreeing to write a LOR. Include your CV and personal statement with your email, even if you already provided them hard copies. In this email, you may also want to mention highlights on your CV with which the letter writer may not be familiar, or other personal information they could include (what you want highlighted).

Faculty are frequently busy and may need at least 4-6 weeks to complete a letter. This means that you should aim to ask faculty for LORs by early August. Monitor when your letters are uploaded and if, after a few weeks, the letter is not uploaded, send a friendly reminder:

“Thank you again for agreeing to write a letter for my application to psychiatry residency. I have attached my CV and personal statement. I am aiming to have all of my letters uploaded by mid-September and would greatly appreciate if the letter could be uploaded by this date.”

After the letter is uploaded, be sure to send a thank you note. Your letter writers will also likely appreciate hearing from you after you match; let them know the program with which you matched and thank them again for their efforts in supporting your residency application.
PERSONAL STATEMENTS

The least structured component of the ERAS application is the personal statement. The personal statement is your platform to convince the selection committee of your reasons for entering psychiatry, your professional goals, and your reasons for choosing to apply to their program. In what is otherwise a highly structured application, this is an opportunity for you to share your personal experiences and reflections. Be creative, as you have total control over the content. Most students choose to focus on an experience or series of experiences that ignited or solidified their interest in psychiatry. While there may be many reasons why you are passionate about psychiatry, statements usually are more cohesive and read better if you pick a single theme or experience, rather than jump from one topic to another. Statements are strongest when they are specific and are focused on the applicant’s own background, interests, or endeavors. More general commentary on the field of psychiatry often does little to distinguish the candidate. Laundry lists of accomplishments are similarly less than ideal. Remember that your application allows you to provide details of your extracurricular activities, awards, and other achievements, so unless these details are relevant to the subject of your personal statement, do not restate them. A typical personal statement is approximately one page in length (around 750-850 words), single-spaced, in 10 to 11 point font. It is worth keeping in mind that residency programs review a significant volume of personal statements, so a statement that is easily accessible, brief, well-organized, authentic, insightful, and memorable should serve an applicant well. Remember, a mediocre personal statement can hurt a strong application, and a strong personal statement can strengthen an average application.

It is recommended to do your own research of the program you are applying to and consider personalizing your statement according to the opportunities provided by the program and its alignment with your professional goals. Some applicants use their personal statement as a means of exploring complicating elements of their application, such as a failed course or time off. If you choose to do this, make sure you weave this subject into a greater theme of your professional development and your growth as a future psychiatrist. Sensitive issues can be “red flags” for some programs, so discuss with your advisor how best to approach these matters. At all times, applicants should be honest and forthright, taking care not to raise concerning questions without adequately answering them. Please keep in mind that any subject you address directly in a personal statement is “fair game” for an interviewer to raise, even if such a subject would otherwise be outside the bounds of reasonable expectations during a typical interview. If you are going to include a potentially controversial or sensitive subject in your personal statement, such as personal experience with mental illness or substance use, discuss this choice directly with your advisor.

Remember that the personal statement is part of what is effectively a job application. Your statement should be logically structured and grammatically correct. Start working on it early and revise your personal statement multiple times to proofread your work. Each statement should be clear in purpose and content. While it is designed to be “personal,” it should not include subjects you might be uncomfortable discussing with a faculty interviewer. Make sure that someone who is familiar with expectations for personal statements reviews it and offers guidance. Ask your advisor or another psychiatry department member who has experience with the residency application process.
Scheduling

Interviews usually run from mid-October through the end of January. Most medical schools allow students to take one or two months off for interviews. Keep in mind that you will want to have additional time to prepare for interviews by reviewing each program’s website, doing a mock interview with an advisor, etc. More than three interviews in a week often limit your ability to properly prepare, consistently perform with energy and sincerity, and recall programs accurately. Since many programs fill their interview slots quickly, applicants should schedule interviews promptly after receiving an invitation (within 24-48 hours).

Interview Season in 2020 was incredibly unique. There was a rapid shift to virtual interviewing, as the AAMC recommended that interviews not take place in person in order to slow the spread of COVID-19. At the time of this publication, psychiatry residencies have confirmed they are proceeding with all virtual interviewing again for 2021-2022.

Preparation for Interview Day

Fortunately, most residency interviews are more relaxed than medical school interviews. Most interviews last a single day, but some programs may schedule a dinner or social hour with residents the night before. It can be helpful to attend these dinners to learn more about the program from current residents and get a sense of the resident camaraderie. A typical interview day involves an overview of the program, tours, lunch, and anywhere from two to nine individual interviews. While a minority of programs utilize structured behavioral interviewing, most interviewers will be interested in if you are a “good fit” for their program and if what they see on paper aligns with who they are meeting. Some may ask about clinical cases or situations that you found challenging. You can prepare for this by thinking of two interesting or challenging patients from medical school. Consider what you learned from the patient and how the patient influenced your decision to go into psychiatry. It is important to be prepared to talk about why you chose the field of psychiatry and what appeals to you about a specific program and location. A mock or practice interview with an attending or resident at your home school is always a great way to prepare.

Most interviewers will ask applicants what questions they have about the program, so have a list of questions prepared ahead of time. Questions are an opportunity for you to learn about the program, but they also demonstrate your individual interests and even your interview day preparation (review the website). Be aware that the quality and quantity of “lifestyle” questions (e.g. benefits, vacation time, etc.), risks portraying more focus on benefits than education/training. This information is also available on the website, HR materials, or documents the program provides to you.

Finally, remember that the entire day, including any dinners or social events, is a part of the interview. Program administrators and residents frequently give feedback about seemingly casual interactions. Stay engaged throughout the events and consider taking notes to remember details discussed. Also, avoid cell phone use when interacting with representatives from the program. Cell phone use can make you seem distracted, or worse, disrespectful.
Preparing for virtual interviews

Although it may be tempting to wear your slippers, we would recommend wearing a complete business attire outfit. This will help set your frame of mind for interviewing. Additionally, should something unexpected occur where your lower half is visible to the interviewer, you will want to be dressed appropriately. For virtual interviews you may also consider avoiding busy patterns for your clothing.

Spend some time investing in your interview space. You will need a space quiet and free from interruptions with a neutral background. Ensure you have adequate access to outlets for charging of laptops or interview devices. If you are informed of what virtual platform the program is using, consider downloading it on your cell phone as a back-up. Check that your Internet connection is reliable and fast enough to accommodate video. If you do not have appropriate interview space at home, reach out to your medical school which may have programs to provide this space for you. Before your interview, consider a trial run. Your medical school may be doing virtual mock interviews, or you can solicit assistance from family and friends. Things you will want to consider - does your attire look appropriate on screen? Is the lighting adequate? You do not want a distracting glare from your glasses the entire interview! Are you positioned at eye level? You can also practice looking into the camera, as opposed to the screen. Consider turning off “self-view” to minimize distractions.
CONCLUSION

We have attempted to summarize the road to becoming a psychiatrist in a way that is digestible yet thorough. We are excited to share in your journey and wish success to you, our future colleagues.

The following persons have contributed to this current edition of A Roadmap to Psychiatric Residency:

- Jeana Benton, M.D. University of Nebraska Medical Center
- Shambhavi Chandraiah, M.D., FRCPC East Tennessee State University, Quillen College of Medicine
- Carrie Ernst, M.D. Icahn School of Medicine at Mount Sinai
- Daniel Gih, M.D. University of Nebraska Medical Center
- Brian Hodges, M.D. (contributions via PsychSIGN)
- Anna Kerlek, M.D. The Ohio State University College of Medicine
- Eleanore Knox, M.D. Psychiatry Resident, UT Southwestern Medical Center
- Jessica Kovach, M.D. Lewis Katz School of Medicine, Temple University
- COL Judy Kovell, M.D. Tripler Army Medical Center
- Francis Lu, M.D. University of California, Davis School of Medicine
- Nat Mulkey, M.D. University of Vermont Medical Center (contributions via PsychSign)
- Meghan A Musselman, M.D. Lewis Katz School of Medicine, Temple University
- Dana Raml, M.D. University of Nebraska Medical Center
- Badr Ratnakaran, MBBS Psychiatry Fellow, Carilion Clinic- Virginia Tech Carilion School of Medicine
- Rachel Russo, M.D. UT Southwestern Medical Center
- Rachel Shmuts DO Rowan University School of Osteopathic Medicine
- John Spollen, M.D. University of Arkansas for Medical Sciences College of Medicine
- Lia Thomas, M.D. UT Southwestern Medical Center, Chair of Residency Roadmap to Psychiatric Residency Project
- Bernice Yau, M.D., Psychiatry Resident, UT Southwestern Medical Center
- Matt Yung, M.D. Psychiatry Resident, UT Southwestern Medical Center

Michael Ziffra, M.D. Feinberg School of Medicine, Northwestern University

The following persons have contributed to the first edition A Roadmap to Psychiatric Residency:

- Carrie Ernst, M.D. - Icahn School of Medicine at Mount Sinai
- Ellen Guzman, M.D. Lewis Katz School of Medicine, Temple University
- Alyse Ley, DO - Michigan State University College of Osteopathic Medicine, College of Human Medicine
- Anna Kerlek, M.D. - The Ohio State University College of Medicine
- Jessica Kovach, M.D. - Lewis Katz School of Medicine, Temple University
- Francis Lu, M.D. University of California, Davis School of Medicine
- Vishal Madaan, M.D. - University of Virginia School of Medicine
- John Spollen, M.D. University of Arkansas for Medical Sciences College of Medicine
- Evan Taniguchi, M.D. - PGY3 Psychiatry Resident John A. Burns School of Medicine, University of Hawaii
- Lia Thomas, M.D. UT Southwestern Medical Center School of Medicine, Chair of Roadmap to Psychiatric Residency Project
- Christina Warner, 4th year medical student, University of Minnesota Medical School
- Marcy Verduin, M.D. University of Central Florida College of Medicine
UPDATE TO THE ROADMAP

JULY 2022

This year Psychiatry will join 14 other specialties in the utilization of the ERAS Supplemental Application. The application is free, and applicants must opt-in to the process. Applicants can fill out the Supplemental Application beginning 8/1/2022, and the process will close on 9/16/2022. Supplemental application material will be accessible to programs when ERAS opens September 29, 2022.

Supplemental applications include three sections: past experiences and other impactful life events, geographic division preferences, and signaling.

Past Experiences

The Past Experiences section is an additional place to provide context to your overall application – it is not a re-hash of your CV or personal statement. It is designed to showcase who you are (e.g., special qualities and characteristics) and what’s important to you. There are several sections to fill out but you do not have to complete each and every one.

1. Meaningful experiences: for each you provide three “tags.”
   (a) experience type such as research, volunteering, teaching
   (b) focus area such as basic science, medical education, advocacy
   (c) key characteristics such as resilience, reliability, empathy.
   You may select up to 5 experiences. For each, you write an “essay” which is only 300 characters, explaining why it was meaningful and how it influenced you.

2. Other impactful experience essay, which is up to 750 characters; programs do not expect all applicants to reply to this question as it relates to challenges or hardships that influenced your journey to medical school and residency, such as financial or family background.

Geographic Preference

Students may indicate a geographic preference for up to 3 of 9 geographic reasons as defined by the US Census. They may also express a preference for a residency program in urban or rural area. If a student wishes, they can provide a small statement as to why they have made these choices. For both options, students may also select ‘no preference’ and again provide a statement as to why. Only programs listed in your selected preference will see your answers.

Program Signals

Psychiatry has chosen to allow students to send 5 signals to their preferred programs. Signaling occurs prior to the actual interview process, not afterwards. Additionally, home institutions may instruct individual applicants not to utilize a signal at their home program. Students should consider program alignment (fit with personal interests), location, and strength of clinical training when using their program signals.

For more information, please refer to AAMC’s guide for applicants, advisors, and programs:
students-residents.aamc.org/applying-residencies-eras/supplemental-eras-application