

THE RESIDENT'S GUIDE TO THE FELLOWSHIP MATCH

RULES FOR SUCCESS

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FROM THE AUTHOR OF THE SUCCESSFUL MATCH

PUBLISHED BY

MD2B

HOUSTON, TEXAS

www.MD2B.net

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In 2009, he co-authored *The Successful Match: 200 Rules to Succeed in the Residency Match*, a well-regarded and highly acclaimed book that has helped thousands of residency applicants match successfully. His commitment to helping medical students and residents reach their professional goals led him to develop the website, TheSuccessfulMatch.com. The website's mission is to provide residency and fellowship applicants with a better understanding of the selection process. He is also the founder of www.ImgAssist.com, a website providing guidance to international medical graduates (IMGs) seeking residency positions in the United States.

He is the co-author of *Success on the Wards: 250 Rules for Clerkship Success*. This book has helped thousands of medical students make the difficult transition from the preclinical to clinical years of medical school. *Success on the Wards* is a required or recommended resource at many U.S. medical schools, providing proven strategies for success in patient care, write-ups, rounds, and other vital areas.

Dr. Desai wrote the book, *Medical School Interview: Winning Strategies from Admissions Faculty*, to help medical school applicants deliver a compelling and powerful performance during the admissions interview.

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Chapter 1

Introduction

What does it take to secure a position in the subspecialty and fellowship program of your choice?

As the years have passed, subspecialty training has increased in popularity. In 1987, 46% of graduating ophthalmology residents chose fellowship training. By 2003, the percentage had risen to 64%.¹ In some specialties, over 90% of residency graduates pursue fellowship training. “The fellowship year is now chosen by more than 90% of radiology residents,” writes Dr. Stephen Baker, Chair of Radiology at the UMDNJ School of Medicine.² In 2012, the American Society for Clinical Pathology surveyed over 1,200 pathology residents about attitudes towards fellowship training and experiences with the application process. The authors wrote that “fellowship training in pathology is sought after by 95% of residents.”³

Competition is intense, and some applicants are unsuccessful. In the 2013 NRMP Fellowship Match, nearly 25% of applicants failed to match into one of 48 participating subspecialties. As you might expect, some subspecialties are more competitive than others. In competitive fields such as gastroenterology and gynecologic oncology, over 40% of applicants failed to match.⁴

Specialty	% of applicants unmatched
Abdominal Transplant Surgery	47.4%
Gastroenterology	40.9%
Gynecologic Oncology	40.3%
Pediatric Surgery	38.4%
Cardiovascular Disease	34.4%
Hematology and Oncology	33.9%
Reproductive Endocrinology	33.8%
Colon and Rectal Surgery	31.0%
Maternal – Fetal Medicine	28.8%
Female Pelvic Medicine and Reconstructive Surgery	26.2%
Allergy and Immunology	26.2%
Hand Surgery	24.6%
Pediatric Cardiology	21.1%
Interventional Radiology	17.1%

Graduates of U.S. allopathic medical schools fare better than osteopathic and international medical graduates.

Failure to Match % by Applicant Type (2013 NRMP Fellowship Match)⁴	
Applicant Type	Failure to Match %
Graduates of U.S. Allopathic Medical School	13.4%
Graduates of Osteopathic Medical Schools	23.2%
International Medical Graduates (Non-U.S. Citizen)	36.1%
International Medical Graduates (U.S. Citizen)	41.6%

As an applicant, you seek to secure a position in your preferred subspecialty. You also hope to gain acceptance into your most coveted program. That makes the process even more challenging. We review “approximately 400 fellowship applications every year,” writes the Division of Hematology & Oncology at the University of Pennsylvania. From those applicants, approximately 50 candidates are interviewed...There are 8 fellows accepted per year.”⁵ The percentage of applicants matching with their first-choice program is shown below for some subspecialties.

% of Applicants Matching with their First-Choice Program (2013 NRMP Match)⁴	
Subspecialty	Percentage
Pediatric Surgery	16.4%
Gynecologic Oncology	19.5%
Colon and Rectal Surgery	25.6%
Abdominal Transplant Surgery	29.3%
Hand Surgery	31.5%
Female Pelvic Medicine and Reconstructive Surgery	32.3%
Gastroenterology	32.7%
Cardiovascular Disease	35.2%
Hematology and Oncology	35.7%
Maternal – Fetal Medicine	38.4%
Pediatric Cardiology	42.9%

What does it actually take to secure a position in the subspecialty and program of your choice? In the following 300 plus pages, we answer this important question. As with our book, *The Successful Match: 200 Rules to Succeed in the Residency Match*, we provide specific evidence-based advice to maximize your chances of success.

Having successfully matched into a residency program, you may believe that the same strategy will serve you well in the fellowship application process. It is true that there are similarities between the two processes but there are significant differences. Being well informed about the fellowship application and selection process will help you develop the “right” strategy and implement a plan for success.

Our recommendations are based on evidence whenever possible. We have scoured the literature to present you evidence obtained from scientific study and published in academic medical literature. Who actually chooses the fellows? What do these decision makers care about? We review the data on the criteria that matter to them. How can you convince them that you would be the right fellow for their program? We provide concrete, practical recommendations based on this data.

Starting on page 148 we present specialty-specific data. Given the high failure to match rates for certain subspecialties, is there any literature available to applicants to guide them through the fellowship application process? Data is not available for every subspecialty but research in this area has accelerated over the past 5 to 10 years, and we provide the results of these studies. For example, in pediatric emergency medicine, a survey of fellowship program directors obtained data from 40 of 43 directors. Which criteria did these directors rank as most important in granting interviews? Which characteristics were most important in determining an applicant's place on the program's rank order list?⁶ This evidence-based information is critical to developing a strategy that maximizes your chances of success.

Residency Program Director

The residency program director will have significant impact on your chances of securing a position in a fellowship program. Surveys of fellowship programs have consistently demonstrated the importance of the program director letter of recommendation in the selection process. Therefore, it is essential to make the program director a strong advocate for you.

How should you proceed? Chief in importance is delivering high quality care to your patients. Fellowship programs are searching for applicants who are dedicated to excellence in patient care, and seek evidence of this in program director letters. What are the qualities that make an outstanding resident? We discuss these qualities in chapter 2.

The problem resident is defined as a "trainee who demonstrates a significant enough problem that requires intervention by someone of authority, usually the program director or chief resident."⁷ In a survey of 298 internal medicine residency program directors, Yao and Wright found that the mean point prevalence of problem residents was 6.9% for the academic year 1998 – 1999.⁸ In a more recent study of problem residents, 73.5% of programs reported having residents in difficulty.⁹ Problem residents can negatively impact a program by compromising patient care and increasing the workload of their resident

colleagues. In addition, to remediate the problem, considerable time, support, and guidance is required from the faculty, including the program director. What are the behaviors, attitudes, and actions that would label you a “problem resident?” Why is it surprisingly easy to become a problem resident? Which problem resident behaviors are worse than others? How will this affect your fellowship chances? Most importantly, how can you avoid being a problem resident? You will find the answers to these questions in Chapter 2.

In writing your letter of recommendation, the program director will rely heavily on the contents of your resident file. What is the resident file? What are the typical contents of the file? How can you protect it from harm? You’ll also find the answers to these questions in Chapter 2.

Letters of Recommendation

You will recall that letters of recommendation were an important component of the residency application. How important are letters of recommendation in the selection process for fellowship programs? Multiple surveys of fellowship programs have demonstrated that letters are critical. “Plastic surgery is a small community, with only approximately 500 academic plastic surgeons in the United States,” writes Dr. Rod Rohrich, Chair of the University of Texas Southwestern Medical Center Plastic Surgery. “When a respected plastic surgeon vouches that you possess the qualities of an excellent resident, program directors take notice.”¹⁰

Who you choose to write the letter can make a major difference in the strength of your application. A letter written by a faculty colleague who is well known to the fellowship program can carry considerable weight. In a survey of fellowship directors of internal medicine subspecialties, letters written from known specialists were ranked # 2 in importance, considerably higher than letters written by attendings not in the fellowship field (# 16).¹¹

Of course, this requires you to develop a strong relationship with the letter writer. How do you develop such relationships with faculty in your chosen subspecialty field? Whom should you target? How will you know if the writer is capable of writing the type of letter you require? These important questions are answered in chapter 3.

How can you help the faculty member write a glowing letter of recommendation? We discuss the type of information to provide, and the manner in which to provide it.

Our chapter on letters of recommendation reviews strategies to locate letter writers who will be most helpful to your candidacy. We

review how to identify these writers, approach them, and develop relationships with them. More importantly, we describe the type of evidence you can provide to the writer and the professional manner in which you provide it. Your letter writers want to write the best letter possible, and you can do much more than you realize to make this a reality.

Research

Research has always been an important part of the selection process for the most competitive specialties. As competition for fellowship positions has increased overall, even less competitive specialties and programs are placing more value on resident research. Applicants are urged to speak with advisors about the importance of research in the selection process for their specialty of interest.

Involvement in research, particularly work that leads to publication, is a means to gain recognition among of a sea of qualified applicants. “Many fellowship programs look for students who have published because it shows academic initiative, which is pretty important to fellowship directors,” explained Dr. Eric Milbrandt, former Chair of the ACP Council of Associates. “The articles don’t have to be groundbreaking cases; a simple case review published in a small journal will do. The important thing is to gain the research experience and to have your name on the study as a lead author.”¹²

Research that is published or presented is more highly regarded than participation alone. Bringing research to publication or presentation is not easy, particularly for residents. To maximize the chances of publication or presentation, you must recognize the major barriers residents face in completing projects. What are the major barriers? How you can overcome these obstacles? In chapter 4, we present you this important information.

Given the importance of research in the fellowship selection process, your choice of research mentor will have significant impact on your chances of success. “The right research mentor and appropriate projects are crucial for successful completion of projects,” writes Dr. Mitchell Cappell, Chief of Gastroenterology at William Beaumont Hospital.¹³ Careful thought and consideration are necessary in choosing among the available mentors. What are the key qualities of a research mentor? What should you discuss in your initial meeting with potential mentors? What are red flags that should make you reconsider your choice?

Also of importance is selection of the right project. A study of medical student research serves to emphasize this point even further.

When researchers examined the productivity of students who had spent one year fully immersed in research following their third year of medical school, they found that only 23% had publications in print by 6 months post-research fellowship. This date was chosen to indicate publications that could be included in residency applications. These were students mentored by well-regarded faculty as part of the Clinical Research Training Program at the National Institutes of Health or the Doris Duke Clinical Research Fellowship Program.¹⁴ The key point here is that considerable time is often required to perform the research and complete the peer-review and publication process. It is possible to accelerate this process, and we discuss this further in chapter 4.

Personal Statement

The personal statement plays an important role in the fellowship selection process. “This is your opportunity to let us get to know you and take your application out of the very large stack of competing applications,” writes the Department of Pediatric Cardiology at Stanford University. “What makes you special? Why are you a particularly good candidate for us? Why is Stanford a good fit for you? What in your background has prepared you to excel in fellowship? Our screening process puts a great deal of weight on the personal statement so make sure yours gets noticed.”¹⁵

In your application for residency, you may have submitted one statement to all programs. There is evidence to suggest that this approach may not be ideal for the fellowship application. Many fellowship programs seek to understand why you have specifically applied to their program. The clinical neurophysiology fellowship program at Wayne State University informs applicants that the personal statement should describe “your career goals, the reasoning behind your choice of the field and the fellowship program.”¹⁶ The Cardiovascular Disease Fellowship at the University of Washington has similar language at their department website. “The personal statement is limited to 300 words, and for the UW program, must contain the following information...type of research you are interested...potential mentors at the UW...Why are you interested in training in our program in Seattle?”¹⁷

Dr. Catherine Nelson, Assistant Professor of Surgery at the University of Rochester, emphasizes the importance of “fit.” “If they have an ultrasound course and this interests you, tell them why. If they have specific rotations or patient populations that you want training with, spend time talking about it. Programs not only have to figure out if you are a good match for them but also if they are a good match for

you. You want to show them why their program is ideal for your needs.”¹⁸

In chapter 5, we provide detailed information to help you develop a powerful and compelling statement. What content should you include? How can you develop a statement that sets you apart from other candidates? What do program directors and other key decision-makers prefer to see in statements? You’ll find the answers to these questions and more in our personal statement chapter.

Standardized Exams

USMLE scores are a factor of importance in the fellowship selection process. The emphasis placed on the USMLE varies from specialty to specialty, and even among programs within a specialty. In a survey of radiology fellowship program directors, most respondents viewed medical test scores (e.g., USMLE) as moderately to very important factors in the selection process.¹⁹

As with residency programs, some fellowship programs will have minimum score requirements. The Division of Gastroenterology at the University of Colorado requires applicants to have “taken and passed USMLE parts I and II, or equivalent test, with minimum of average score on both tests (typically about 200).”²⁰ Some programs will not have a minimum score, preferring to review applications in a more holistic manner.

Low-scoring applicants should understand that scores remain an important factor, and make every effort to strengthen credentials in other areas. Doing so will help you make a more convincing case to program directors. We have seen that low-scoring applicants can receive interviews at institutions where they do not meet the threshold score if other components of the application are particularly compelling.

In-Training Examinations are exams administered to residents during the training period. Like the USMLE, these exams are standardized and objective, and are thought to be excellent measures of medical knowledge. Results allow the examinee to compare his performance with that of other residents at the same level of training. Although intended to be used as an educational tool, programs in certain subspecialties do request these scores.

Which specialties utilize In-Training exam scores in the selection process? How important are these scores? What percentile should you aim for? You’ll find the answers to these questions in chapter 6.

Audition Elective

If you are a resident in a program that permits away electives at other institutions, one very effective way to communicate your interest and demonstrate your excellence to fellowship programs is through an audition rotation. “Internal candidates always have an advantage. People who’ve come to visit and spent a month training are known so they’re more likely to get a break,” writes Dr. Dennis Ahnen, Director of the Gastroenterology Program at the University of Colorado. “It’s hard for program directors and residents to evaluate somebody when they just see them for a day.”¹²

An audition elective essentially serves as an extended interview, and should be regarded as such. Audition electives are valued by programs as a means to more reliably assess an applicant’s cognitive and noncognitive skills and traits. Residents can showcase their clinical acumen, their skills in patient interaction, their abilities to work with colleagues and faculty, and their enthusiasm for the particular program.

These audition electives should not be taken lightly. Your performance will certainly be a major factor in the program’s consideration of you as an applicant. Less well appreciated among applicants is the importance of these electives to other institutions. The Galloway and Rutledge Fellowship Programs are short-term rotations in gynecologic oncology open to obstetrics and gynecology residents at the Memorial Sloan – Kettering Cancer Center and M.D. Anderson Cancer Center, respectively. Residents at other institutions may apply for these fellowships. Fellowship programs in gynecologic oncology often request grades or letters from such experiences. “If you do a rotation such as Galloway or Rutledge Fellowship, we would like a letter from this rotation,” writes the Gynecologic Oncology Fellowship Program at the University of North Carolina.²¹ In chapter 7, you’ll learn more about the pros and cons of audition electives.

Teaching

Teaching is an important responsibility of fellows. “Fellows are expected to vigorously pursue teaching medical students and residents,” writes the University of Missouri Kansas City Critical Care Medicine Fellowship Program. “Regularly scheduled conference presentations by the Fellows are included in this teaching responsibility.”²²

Programs will assess your interest and commitment to teaching through review of your application, analysis of your letters of recommendation, and interview.

How can you be recognized as a teacher at your institution? What are the awards available to residents for teaching excellence? We'll discuss this in chapter 8.

Specialty Organizations

Attending a national conference in your subspecialty of interest will allow you to learn more about the field. Often, there are sessions and workshops geared to young physicians. Networking opportunities abound, and many residents have opportunities to meet key fellowship program personnel, including fellowship program directors, at different institutions.

National scientific meetings are an excellent venue to present your research findings. Many residents have presented their work in the form of posters.

Opportunities for resident involvement beyond research also exist at national meetings. Many organizations not only offer membership to residents but also invite residents to participate on committees, run for leadership positions, and locate mentors outside of their home institutions. In chapter 9, we describe how you can become more actively involved in specialty organizations, and how this involvement can enhance your chances of securing a fellowship position.

Curriculum Vitae

The CV is an important component of the fellowship application. Few program administrators have seen more CVs than Annabeth Borg, former secretary to the Chairman and Program Director at the Nassau County Medical Center Department of Medicine. She was heavily involved in the hiring process for trainees, and became quite familiar with how CVs were used in the selection process. Because of her expertise, the American College of Physicians asked her to provide tips for writing a CV for residents. Below, she describes the importance of the CV:

Generally, your CV is the first contact you may have with a prospective program director. Therefore, you would surely want a C.V. that does more than simply impart information about your personal history, and educational and professional qualifications and achievements. Strive for a CV that establishes a favorable image of your professionalism in the mind of the reader. It should emphasize your areas of strength and

*create an interest about you sufficient to result in a personal interview. Make your C.V. work for you!*²³

As a fellowship applicant, you are undoubtedly familiar with the CV, having written one for your residency application. Whether you applied to residency programs utilizing ERAS or the Central Application Service, you probably recall not being able to attach your unique CV to the application. Instead, you were asked to enter information from your CV directly by computer into the ERAS CV format.

Over 50 subspecialties utilize ERAS, and you will follow the same process for the CV if you applying to one of these ERAS participating specialties. Even though you won't be able to attach your CV to your ERAS application, you will still need to create a professional-looking paper version of your CV for the following reasons:

- Many subspecialties don't participate in ERAS. These programs will request a paper CV.
- Even within ERAS participating specialties, there are some programs that do not utilize ERAS.
- The CV will help you complete different sections of the fellowship application.
- The CV can be of considerable help to you as you being to draft your personal statement.
- Mentors and faculty in your specialty of interest will review your CV to provide you with informed advice about how to strengthen your credentials.
- Your letter writers will rely on your CV to help them write strong letters of recommendation.
- Reviewing your CV prior to the interview will remind you of your strengths and accomplishments, helping to boost confidence.
- Interviewers may request a copy of your CV at the start of an interview in order to help structure the interview. This provides an ideal opportunity to emphasize your strengths and highlight the skills you would bring as a fellow.

The overall appearance of your CV is important as well. Fellowship programs must whittle down a large group of applications, and therefore every piece of the application becomes magnified in importance. Before reviewing your CV, the reader will form an impression of you based on its overall appearance.

How can you create a powerful and professional CV? What should you include? What should you not include? What are the common and damaging mistakes CV mistakes? In chapter 10, you'll receive CV tips directly from program directors and other key decision-makers.

Interview

Over the years, many surveys of fellowship program directors have inquired about the importance of the interview in the selection process. These surveys have consistently found the interview to be a major factor. In fact, the results of multiple studies indicate that the interview is *the most* important factor.

In a survey of internal medicine subspecialty fellowship directors, the candidate interview was found to be the most important selection factor among a group of 18 criteria.¹¹ "Most fellowship program directors consider the fellowship interview the most crucial aspect of the selection process," writes Dr. Eleanor Summerhill, Program Director of the Internal Medicine Residency Program at the Memorial Hospital of Rhode Island.²⁴ The interview is never just a formality. It can absolutely make or break your chances of matching.

Researching the program thoroughly before your visit is crucial. In our experience conducting mock interviews with fellowship applicants, this is perhaps one of the most common and serious mistakes applicants make. Inadequate research prevents applicants from responding to questions with specific answers. These are the types of answers that help applicants stand out. "Nothing strikes a better chord than a candidate who knows about the center at which he or she is interviewing, and can articulate what it is that attracted him or her to that particular center," writes Dr. Steven J. Cohen, Program Director of the Fox Chase/Temple University Hematology - Oncology Fellowship.²⁵

What type of research should you perform? How do you incorporate your research into your interview answers? How do you communicate that you are the right "fit" for the program? What are common interview pitfalls? Turn to chapter 11 for detailed preparation for your fellowship interview.

References

- ¹Gedde S, Budenz D, Haft P, et al. Factors influencing career choices among graduating ophthalmology residents. *Ophthalmology* 2005; 112: 1247–1254.
- ²Baker S, Luk L, Clarkin K. The trouble with fellowships. *J Am Coll Radiol* 2010; 7 (6): 446-51.
- ³ASCP Fellowship and Job Market Survey. Available at: <http://www.ascp.org/PDF/Fellowship-Reports/Fellowship-Job-Market-2012.pdf>. Accessed May 24, 2013.
- ⁴NRMP Match. Available at <http://www.nrmp.org/>. Accessed May 22, 2013.
- ⁵Penn Medicine Division of Hematology/Oncology. Available at: <http://www.pennmedicine.org/hematology-oncology/academics/fellowship/how-to-apply.html>. Accessed May 23, 2013.
- ⁶Poirier M, Pruitt C. Factors used by pediatric emergency medicine program directors to select their fellows. *Pediatr Emerg Care* 2003; 19 (3): 157-61.
- ⁷American Board of Internal Medicine. Association of Program Directors in Internal Medicine (APDIM) Chief Residents' Workshop on Problem Residents; 1999.
- ⁸Yao D, Wright S. National survey of internal medicine residency program directors regarding problem residents. *JAMA* 2000; 284 (9): 1099-1104.
- ⁹Dupras D, Edson R, Halvorsen A, Hopkins R, McDonald F. "Problem residents": prevalence, problems and remediation in the era of core competencies. *Am J Med* 2012; 125 (4): 421-5.
- ¹⁰Nagarkar P, Pulikkottil B, Patel A, Rohrich R. So You Want to Become a Plastic Surgeon? What You Need to Do and Know to Get into a Plastic Surgery Residency. *Plast Reconstr Surg* 2013; 131 (2): 419-22.
- ¹¹Mikhail S, Bernstein P. Selection criteria for fellowship: are we all on the same page? *Academic Internal Medicine Insight* 2007; 5 (1): 1, 10-11.
- ¹²Palmer I. Tips to find a fellowship in a competitive market. *ACP Internist*. Available at: <http://www.acpinternist.org/archives/2000/07/fellowship.htm>. Accessed May 2, 2013.
- ¹³Cappell M. Advice to program directors and applicants for gastroenterology fellowship application and selection. *Gastrointest Endosc* 2011; 74 (1): 155-8.
- ¹⁴Cohen B, Friedman E, Zier K. Publications by students doing a year of full-time research: what are realistic expectations? *Am J Med* 2008; 121 (6): 545-8.
- ¹⁵Stanford University Department of Pediatric Cardiology. Available at: <http://pedcard.stanford.edu/education/application.html>. Accessed May 12, 2013.
- ¹⁶Neurophysiology Fellowship Program at Wayne State University. Available at: <http://neurology.med.wayne.edu/epilepsy/app-info.php>. Accessed June 23, 2013.
- ¹⁷University of Washington Cardiovascular Disease Fellowship. Available at: <http://depts.washington.edu/cardweb/fellowship/application.shtml>. Accessed May 12, 2013.
- ¹⁸Chiu W, Reilly P, Asensio J, Tisherman S, Minshall C. A Guide to Fellowship Training Programs in Trauma, Surgical Critical Care, and Acute Care Surgery. Developed by the Eastern Association for the Surgery of Trauma Careers in Trauma Committee. Available at: www.east.org/content/documents/eastfell7.pdf. Accessed May 13, 2013.
- ¹⁹Mulcahy H, Chew F, Mulcahy M. The radiology fellowship application and selection process in the United States: experiences and perceptions from both sides. *Radiology Res Pract* 2012 (epub).

²⁰University of Colorado Department of Gastroenterology. Available at: <http://www.ucdenver.edu/academics/colleges/medicalschoo/departments/medicine/Gastroenterology/Fellowship/Pages/FellowshipApplicationProcess.aspx>. Accessed May 12, 2013.

²¹University of North Carolina Department of Gynecologic Oncology. Available at: https://www.med.unc.edu/obgyn/Patient_Care/specialty-services/gynecologic-oncology/education-research/fellowship#application. Accessed May 2, 2013.

²²UMKC Critical Care Fellowship Program. Available at: http://www.med.umkc.edu/fellowships/critical_care/overview.shtml. Accessed May 2, 2013.

²³Borg, A. How to write a CV. Available at: http://www.acponline.org/medical_students/residency/borg.htm. Accessed May 30, 2013.

²⁴Williams F. *A Textbook for Today's Chief Medical Resident* (20th edition). Association of Program Directors in Internal Medicine; 2012.

²⁵Bruck L. Interviewing 101: Tips for landing your first post-fellowship position. Available at: <http://www.targetedhc.com/publications/oncology-fellows/2011/december-2011/Interviewing-101-Tips-for-Landing-Your-First-Post-Fellowship-Position>. Accessed May 15, 2013.