



# IFMSA & IEA ALUMNI TALK & M3 PANEL!



EVER WONDER HOW IS LIFE BEYOND BASIC SCIENCE YEARS?

HOW HAS COVID AFFECTED RESIDENCY INTERVIEWING AND STEP STUDYING?

WE HAVE THE ANSWERS!!

**ZOOM MEETING:**  
ID: 976 0900 8960  
PASSCODE: ALUM2020

**SATURDAY OCT 24TH  
7:00 - 8:30 PM EST  
OUR SPEAKERS:**

COME JOIN US TO GET ANSWERS ABOUT THESE QUESTIONS AND MORE. TIPS ON STUDYING FOR STEP 1 AND 2 CS AND CK. ROTATION SITES, HOW TO GET GOOD LETTERS OF RECOMMENDATIONS AND FIGHT THE STIGMA OF BEING AN IMG!

FACEBOOK EVENT QR CODE



**DR. RICHARD SHALMIYEV,  
MD**

- PGY1 INTERNAL MEDICINE RESIDENT  
- AVENTURA HOSPITAL AND MEDICAL CENTER, FLORIDA



**CHELSEA SPENCER**

- 3RD YEAR MEDICAL STUDENT  
- CLINICAL SITE: HACKENSACK NJ



**CLAIRE COLLINS-HAM**

- 3RD YEAR MEDICAL STUDENT  
- CLINICAL SITE: CHICAGO, ILLINOIS



**STELLA YUN**

- 3RD YEAR MEDICAL STUDENT  
- CLINICAL SITE: WYCKOFF HEIGHTS MEDICAL CENTER BROOKLYN, NY



**OGECHI NWOSU  
3RD YEAR MEDICAL STUDENT  
CLINICAL SITE: ST. ANTHONY HOSPITAL, CHICAGO, IL**



**\*NOTE: Our organizations do NOT endorse any one resource/company. All information provided is advice from alumni, but do what is best for you!\***

## Rotations:

1. **How did you choose which clinical rotations/sites to go to?**
  - a. Pick 1.5 month into T5 @ OCG2 meeting → SGU has a due date with Top 3 choices → rank and give reasons
    - i. If you really want a place and you want to go with your friends mention that so you can stay together and make sure you each list each other
  - b. Rank by state, then city
  - c. Usually get placed in your Top 3
2. **How do they pick who gets which site, does it depend on anything like grades?**
  - a. It does not depend on grade and they try to give you your Top 3
3. **Does the reputation of the hospital you rotate matters?**
  - a. No, depends on how you perform and your letter of recommendations and if your scores are good then it shouldn't affect your residency application
4. **Once you pick a state, do all of the core rotations happen at the same site? or is there potential that you'll be moved to another state for different rotations?**
  - a. Depends on the clinical site. There is a potential you have to move if a core rotation is not provided. Refer to excel spreadsheet that SGU will send you to choose which sites have ALL the rotations.
5. **How to apply for electives?**
  - a. Each program has different timelines and requirements so must research on your own to not miss them
6. **Daily Schedule during rotations: EVERY HOSPITAL/CLERKSHIFT IS DIFFERENT!**
  - a. Chelsea
    - i. Preround: 5:40am
    - ii. Hand off: 6:30am
    - iii. Round with residents
      1. Present 1 or 2 patients
    - iv. If you want to go to a specific patient → establish connection first
    - v. Leave: 5/6pm
    - vi. 6-10: relax, study, workout
    - vii. Bed: 9:30/10
  - b. Ogechi (surgery)
    - i. Scrub in & vitals: 6am
    - ii. First case: 7am
      1. Mostly holding things for physicians and ask you questions about anatomy or observing
    - iii. When not in surgery, still in OR where you can watch or will be asked questions

- iv. 5pm: home, study, dinner
- c. Claire (Psych/Family Medicine)
  - i. Psych - hours varied because outpatient was based on appointments.
    - 1. 2 weeks child psychology
      - a. Outpatient. Observational only
      - b. Hours varied.
    - 2. 2 weeks out patient at clinic
      - a. 8-10 hours a day.
    - 3. 2 weeks inpatient
      - a. Followed a psychologist and observed therapy (3x a week for 4 hours each)
      - b. Inpatient psychiatrist and seeing patients. (3x a week for 2 hours each)
  - ii. Family Medicine
    - 1. I go in 3 times a week (M-W) for a total of 20 hours a week.
      - a. M and T = 9-5
      - b. W = 9-1.

**d. Tips**

- i. ANKI in between seeing patients because will not have time to study or do Uworld, Amboss, etc.
- ii. Meal prep → saves time especially when tired after long shift

**7. Shelf exam scheduling:**

- a. How long did it take to schedule the exam?
  - i. **PreCovid:** SGU schedules them at the end of rotations
  - ii. **PostCovid:** NBME sent email to M3s that they can take shelf exams at prometric centers and some are still taking it at home due to pandemic

**8. Step 2 CS and CK**

- a. Shelf exams: best marker for how you will do for Step 2 CK
- b. Do questions and Anki throughout the day (between patients, lunch)
- c. CK is more important because clinically base & easier :)
- d. Once you get certificate → schedule your CS and CK right away
- e. CS: SGU offers Kaplan practice exams
  - i. CS: cancelled until next year! English exam instead
- f. STEP 2: not required for US schools so makes us more competitive!

**9. Letters of Recommendations (SUPER IMPORTANT)**

- a. Ask but do not be annoying about it (ie. every week)
- b. Try to ask people that are in the speciality you want to be

- c. **TIP:** Approach in the beginning and ask if that is something they can do if you do perform well → yes, great; No → ask someone else
  - i. This helps because if you ask at the end and they are unable to do it, then you do not have someone else
  - ii. Remind them a week before ending rotations, not every day
- d. When applying for Residency, the LOR portal is usually open in June or July so attendings will need to upload them when it is open
  - i. Keep in contact with them, send them happy new year, remind them who you are!
  - ii. Ask if they can write it right now so they don't forget who you are at the end of 3rd year
- e. Some programs require recent LORs → may need to set up elective to meet that requirement (i.e. sub internship rotations - make sure to schedule earlier, before applications go out; want different locations and different people)
- f. Try to get LOR from department chair or head because has more weight than just an attending

#### 10. Electives/SUBIs

- a. Choose an elective/SubI in the speciality you want
- b. Each program has their own requirements so look in the beginning of the year such as July or August and think where you would like being placed
- c. Reach out to coordinators and scheduling offices from 3-4 months before
- d. Be persistent
  - i. **Emergency medicine:** need 2-3 SLOIS (emergency medicine specific LOR, from different hospitals) → difficulty to be placed in EM elective therefore reach out 3-4 months in advance
- e. If not SGU affiliated hospital, reach out EARLY!!!
  - i. More paperwork to fill out and requirements to be placed, but it is possible
  - ii. Look on website to see
- f. There is an excel spreadsheet that shows what electives are offered and where

#### 11. When will we be told where we have been placed? **VARIES!**

- a. Claire: found out 2 hours after STEP → 2 weeks to move
- b. Chelsea: got location before STEP
- c. Usually supposed to be 1 month before you are going → take STEP → confirm when you get your STEP score if you Passed

#### 12. Wycoff: Stella

- a. Loves it, scheduled to do all core rotations including EM but psych at a different hospital in the city

- b. IMG friendly, residency programs
- c. Lectures M-W with attending
- d. Some patients are there for weeks, so you learn from them and helps with your studying if you engage and pay attention

**13. St. Anthony's: Claire & Ogechi**

- a. All core there, smaller hospital so more opportunity to learn with one on one attention
- b. Claire: in psych and has done a lot of hands on experience, traveling to other sites to do inpatient

**14. Hackensack: Chelsea**

- a. 5 year contract so might not be available to T1-T3
- b. All core rotations including EM, student oriented

**General:**

**1. Did you ever feel discriminated against or looked down upon being from SGU? If so, how did you overcome the stigma?**

- a. Claire: rotating with other IMG students from Ross so no
- b. Stand out by holding yourself well
- c. No attending asks you what school are you from → playing field is leveled at rotations
  - i. Seems like you all went to the same school because all the info is the same
  - ii. Be nice to everyone and make friends → COLLABORATION!
- d. *People will always hold beliefs about IMG, but don't let that change how you handle yourself and how you want to become a better doctor, be good to your patients, try to always learn and grow, stay engaged*
- e. Chelsea: Hackensack is super IMG friendly so hasn't seen stigma

**2. For the M3's, in retrospect, what would you have done "more" or "less" during the 1st 2 years?**

- a. Do what is best for you, everyone is different

**Residency:**

**1. What are some tips to stand out on residency applications?**

- a. **Research:** always a plus, doesn't count against you and gives you something to talk about
  - i. There is a check box on ERAS so it can be used as a screening tool for specific programs

- ii. During core/elective rotations → find an interesting/unique case and write about it (ie. COVID) → approach resident to write a case report → counts as a research project that you can put on application
  - 1. Rich did it right before application and was brought up multiple times
  - 2. Recommends having 1 case report or lit review
    - a. Many residents have projects/a requirement to do these and are more than likely happy to have the help writing and willing to put your name on the paper
  - b. **Extracurriculars:** great to talk about especially if it aligns with your specialty!
    - i. Shows that you are engaged in the field you are applying to
  - c. Make sure ALL your answers, LOR everything is geared towards that specialty
- 2. **Process and Timeline:**
  - a. SGU has a timeline for each specialty, due dates
- 3. **How to apply to a backup specialty?**
  - a. Won't be asked if it is your back up, so just do it
  - b. Make sure you send the RIGHT LOR, paperwork, answers, etc.
  - c. Will need to write separate personal statements
    - i. Spend a lot of time on them, super important
  - d. Get LOR just in case if you are not sure if you want that specialty
    - i. IM: needs 3
- 4. **Interviews:** used to see if they like who you are because you will be someone they will be spending 10-16 hours with a day with and how will you get along with other people
  - a. Talk about Organization highlights
  - b. Look online and practice answering the questions
    - i. Write questions on document and answer them
    - ii. Speciality specific questions
    - iii. If you are asked a new, unique question → add to doc
  - c. Answer sincerely and honestly → don't robotically answer

### Dr. Rich

- 1. **What was Match day like for you?**
  - a. Interesting because the peak of COVID :(
    - i. Everything was cancelled so disappointing but ultimately everything he wanted because you find out where you will be going and doing for the rest of your life!
- 2. **What is a typical day as a resident like for you?**
  - a. Same as rotations just longer hours (12-18 hours a day at the hospital) → gets easier overtime!

- b. Right now on floors, so runs the inpatient and patients → Next, EM
- 3. How are you liking your residency program?**
- LOVE IT! 15 residents (4 SGU, 10 IMG, 5 US) → environment is encouraging and great to be in
  - Tip:** Decide if you want more of a university vs. community program
  - Make sure it is the specialty that you want because it will be hard, don't limit yourself
- 4. What electives do you think are best for someone looking to pursue IM?**
- Make sure you do a SubI for like a month to see if you are interested in
  - Participated in ICU, Cardiology, Pulmonary, Endocrinology because interested in getting into a fellowship,
- 5. Any advice for Canadian students?**
- SGU colleague: dependent on if you are trying to match in Canada or US
    - Canada:** do clinical rotations in Canada and get LOR
    - US:** apply broadly, but look into which states are friendly towards non-US IMG (northwestern states)
      - Excel sheet is provided by department about which hospitals are more friendly
- 6. What's most important?**
- ACGME has a ranked list, grades, LOR - may ask about attendings who wrote, personal statement - may be asked to elaborate, board scores
    - Don't care too much about scores because you already made it through the grade screening
- 7. Could you please talk a little bit more about your rotations at Coney Island? Pros and cons of this hospital site? Thank you!**
- I had 3 cores: IM, Surgery, and OB at Coney...and a number of electives in 4th year. Overall, I enjoyed all of my rotations. The administration and people in charge are there to help any time. The faculty is good. And the time they require from you gives you enough free time to study for shelves/Step 2. Also many of the residents are SGU so they get it. Cons, no parking, you have to do a lot of the scut work (which I enjoyed but some didn't), surgery rotation isn't what most would consider a typical experience (so find somewhere to do your subI if that's what you want to apply for), hospital is pretty old itself (but they're adding a new wing so there's that)
- 8. When ranking your hospitals for residency is there a limit and can you rank different specialities?**
- You can rank as many programs as you want. You rank the programs that you get an interview for. 20 ranks are covered but you have to pay for any additional rank you make. Typically, depends on the specialty, but typically if you have 10-15 ranks, you stand a good chance to match

## 9. What are some shelf study resources

- Depends on the specialty. I used UW, AMBOSS, Anki (made my own cards), Uwise questions (OBGYN), Pestana/di Virgilio (surgery), BRS (peds), First aid (psych), OME (Medicine)

## 10. Inspiration and Tips from Rich :)

- a. ACGME: lists new programs that are speciality independent → apply because more accommodating to IMGs
- b. Any obstacles you come across in Y1, CR, failed STEP, change speciality, anything → medicine doesn't seem to be big on second chances, talk about it and SHOW improvement and don't let it stop you → keep progressing
- c. Reach out to students above you to help you!

## STEP:

### 1. Are SGU grades reflective of how you'll do on Step 1?

- a. Everything is review for STEP so if you have been doing well, have a good foundation → it does help your score
- b. Makes it easier to review
- c. Chelsea: Studying for STEP is the most anxiety producing → growth mindset, don't pigeon yourself
  - i. Just because people say 70 = 220 whereas 90=240 doesn't mean you are stuck there

### 2. How to study for step 1 and how it relates to bsce2?

- a. Don't feel like you need to change up your studying
- b. Study what you are weak on
- c. Use SGU lectures, board and beyond
- d. Claire: During dedicated just did questions: Uworld, Kaplan
  - i. Review questions got wrong
  - ii. Call a friend and go over 1 chapter in first aid and question one another
- e. Every 500 questions, you get a point increase so do a bunch
- f. NBME practice tests: 5-6 months before STEP
  - i. 1/week or every 2 weeks in T4/T5
  - ii. 1/ every 4days during dedicated

### 3. What resources to use?

- a. Kaplan and RX: for T5
- b. Amboss, Uworld: dedicated
- c. NBME Practice Tests
- d. Anki: nice review for things you haven't seen in awhile
  - i. Zanki, light-year deck (goes well with B&B), Duke's pathoma

#### 4. When to start studying for step 1?

- a. T5: prestep studying and annotate First Aid
- b. T1-T4: know the info well so it is just review for Step 1, but do not need to dedicate only STEP studying

#### 5. STEP Registration (Term 5): When and how?

- a. SGU sends out email (~\$1000)
- b. You CANNOT sign up until you PASSED T5
- c. Find where you want to get tested and pick a date
- d. **Pre Covid:** Before July 16 → August 15 (first rotation)
- e. Now most pushed back a month → rotations have been pushed back to multiple start dates

#### 6. Logistics and timeline for ECFMG STEP 1 sign up

- a. Documents you need to send out to school
- b. 30 minutes to fill out but long waiting time from school
- c. Do it right when SGU sends it out, do not wait until deadline
- d. First thing
  - i. Release form
  - ii. Instructions for how to make ECFMG paperwork → 1 week to get your ID number
  - iii. School will send you emails all the time → check and follow instructions

#### 7. What are your budget friendly tips for studying for the USMLE?

- a. Reddit → medical student forums where people post step decks for Anki, which NBMEs to take first/last, most reflective of STEP scores
  - i. One user has an excel sheet that populates potential score

#### 8. Study tips for T1-T3

- a. Look at SGU lectures, learn how to retain info

#### 9. Study tips for T5

- a. Years 1-2 in months, but info was things we learned already but more integrated
- b. Great way to figure out what you are weak on and study those topics during your dedicated STEP studying (ie. neuro)

### ADDITIONAL QUESTIONS FOR M3/General

#### 1. Would a delay in starting rotation result in a delay in graduation?

- a. It depends on how long you delay. For the August 2018 class we were told we could start as late as October and still graduate on time. You will need to ask the school for time specific answers.

## 2. How many students are you typically with in rotations?

### a. Claire

- i. Because of covid the doctors I am with don't want more than 2 or 3 students at a time. Both my Psych and Family Medicine core have about 6 SGU students split into 3 groups. You are paired with 1 person for the 6 weeks.

### b. Stella

- i. For internal medicine @ Wyckoff - there are upwards of 20 students including sub-interns (4th years) in the IM department, but students are constantly cycling in and out during your 12 weeks depending on their school's specific program and schedule sometimes this number is less. There are 3 floors, two of which are med-surg floors and one of which is a telemetry floor, plus ICU (only sub-I's rotate in ICU). They split us up on each of the floors so there's about 4-6 of us on each unit. Most floors have two teams, each with one attending. 2-3 of us are assigned to one team and we round on the floor every day with our attending and residents.

## 3. How do clinical years differ from basic sciences?

### a. Is it easier than years 1-2?

- i. Stella: I wouldn't say "easier." It's certainly different, though! I'm not sure about other specialties, but internal medicine is a direct clinical representation of everything you've learned didactically in your first two years. If you don't have good foundational knowledge (as my preceptor would call the "foundations of medicine" a.k.a. everything you've studied in years 1 and 2), it's hard to understand why physicians manage certain patients the ways they do. I think the most challenging part of studying while rotating is finding time to actually do it!

### b. Is there more balance?

- i. Stella: If we're talking about personal life vs. med school balance, yes and no. I'm closer to my family and friends now that I'm back in NYC so I definitely get to see them more often than I would compared to when I was in Grenada. However, hospital shifts can be long and taxing - some students are even scheduled to go in on weekends and holidays! So in that way, not really. It was easy on the island to buckle down and study because there were few, if any, outside obligations, events, or functions that we were at liberty of attending. In my opinion, it's harder to maintain

the same level of focus and motivation of years 1 and 2 during clinical years, especially when we have to study after rotations.

**4. Do you get assigned all your rotations at once or do you just get one at a time?**

a. Claire

- i. I was assigned psych first and had to wait a few more weeks to have everything else assigned. (Currently I have MS3 scheduled).

**5. if you know upper termers in a location and request to be with them as well, could that be added in the additional notes on the form for rotation site request? or would that not be relevant since they are not in your term?**

a. Stella: I think requesting people only applies to people in your term! Double check with ClinEd on this!

**6. How could you go about going to different places in 3rd year instead of one place (different states)?**

a. Claire

- i. You can ask to do that in the comments section.

**7. What advice do you give to an AVERAGE student to excel in rotations?**

a. Stella: First and foremost, there's no such thing as an average SGU student - by definition we're all outstanding so don't ever label yourself as average going into rotations. Throw the word average out of your vocabulary. Average who?! This is irrespective of your step scores and grades - no attending or resident will ever ask for/judge you based on these parameters. With that being said, be engaged and be willing. Don't ever turn down an opportunity to help out on a procedure or patient interaction, no matter how small. If you're assigned a patient to follow, get to know them really well - spend time talking with them, their families, and getting a complete and high quality history and physical. (One of my attendings told me that you get 75% of your diagnosis just from talking to the patient!) Find creative ways to help your team - I literally carry around a fanny pack full of Hemeoccult cards, gauze, COVID swabs, and requisition forms just to have it handy for my team, and believe it or not, my fanny pack and I have become a very vital part of my floor and has saved us some major time. I never imagined myself standing out this way but I'll take it! Ask questions - I seriously haven't met a doctor, so far, that doesn't love teaching. Last but not least, be a humble and sensible student. Don't ever call out an answer to a question from your attending that was directed to your resident (even if you know the answer), and

be able to read the room and know when it's appropriate to speak on certain things vs. when you should just listen. Being a good student goes beyond your knowledge - so just keep those last things in mind!

**8. We were given some hospitals with this following description \*\*\* -> Some or all of the core rotations at this hospital are done under an ACGME Family Medicine program ("Family medicine Umbrella"). This means that the hospital has an ACGME Family Medicine residency but may not have all specialty-specific residencies (i.e., surgery, pediatrics, internal medicine, ob/gyn or psychiatry). California regulations explicitly accept this arrangement as do most other states.**

**a. I am not quite sure what this actually means. So my question is if there is any disadvantages of selecting these hospitals that do not have all specialty-specific residencies?**

i. Stella: Some residencies in certain states (I think Texas is notorious for being strict with this) will require that you completed a rotation in a hospital that specifically has a residency program for the specialty you're rotating in. For example, if you want to go into general surgery, and the hospital you rotated in had surgeons you shadowed but didn't have a general surgical residency program, it might be harder for you to match into surgery for certain states. If you're looking to match into any of these particular states, make sure you plan to rotate somewhere that has a residency program for the specialty you're interested in.

**9. Do you bring your ipad to rotations? Can you walk around with it/put it somewhere etc (to look up things or study (Anki)) during down time etc?**

a. Claire

i. I bring my laptop with me but I am in outpatient and my things are in an office. (I know that St. Anthony's Hospital has lockers but not enough for all students so I am not sure if I will bring it to the hospital). I have not used it at all because I have been seeing patients and have not had downtime to study while I am in the clinic. If I did have time - I would use it.

b. Stella

i. I leave my ipad at home and instead, bring an amazon 7" fire tablet that I bought for 50\$ and keep it in my white coat pocket to do ANKI + questions when I have down time. I bought it so that if I misplace it accidentally, it's not a fortune to replace. It's not as bulky as an ipad, and

It looks more professional than being on your phone. Even if you might be doing ANKI on your phone, an older attending passing by might assume you're on social media and not spending your time wisely. You don't want something silly like that to affect your marks!

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