



# CHOICES

The Careers in Medicine newsletter

Association of  
American Medical Colleges

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### In This Issue

- Spotlight on Specialties:  
Otolaryngology . . . . . 1
- Ask the Advisor . . . . . 4
- CiM Toolbox: Feeling Stuck?  
The SIS is the Tool For You! . . . 5
- Match Corner:  
8 Things You Should Know  
About Applying For Residency  
but Were Afraid to Ask . . . . . 6

## From the Director

Welcome to “Choices,” a newsletter from the AAMC’s Careers in Medicine (CiM) program. Every few months you’ll get a new edition containing pertinent information about specialty choice, getting into a residency, and other important guidance related to medical student career planning. With columns like Spotlight on Specialties, Ask the Advisor, and CiM Toolbox, you’ll find a wealth of information that can help you make good career choices.

We know you have some big decisions ahead of you. There will likely be more than one career path that can lead you to much

success and happiness. Our aim is for you to base your decision on a sound understanding of who you are and what you want out of a medical career. Every step you take will help you make the best choice, so engage in a thorough examination of the options available. We hope that this newsletter will give you some new ideas or perhaps introduce new ways to think about your career. Use this newsletter to supplement other valuable resources provided by your school and the Careers in Medicine program as you consider the “Choices” ahead.

**George V. Richard, Ph.D.**  
*Director, Careers in Medicine Program  
Association of American Medical Colleges*



## Spotlight on Specialties

### Otolaryngology

For such a hard-to-pronounce specialty, otolaryngology has a pretty straightforward mission: to take care of people’s ears, noses, and throats. Commonly called ENTs, otolaryngologists are responsible for treating patients with diseases or disorders of the head and neck. More specifically, they provide medical and surgical care for problems of the ears, nose, and throat, the respiratory and upper alimentary system, and any other related structures of the head and neck.

According to the American Academy of Otolaryngology—Head and Neck Surgery, otolaryngology is the oldest medical specialty in the United States, dating back to the 1500s.

After having been around for hundreds of years, the specialty has grown in numbers quite remarkably over the last five decades or so as significant technological advances allowed doctors to enhance their treatments. In 2007, there were 10,227 trained otolaryngologists in the United States, up from 9,074 in 1996.<sup>1</sup>

So what does a day in the life of an otolaryngologist look like? We interviewed Dr. Toni Ganzel, senior associate dean for admissions and student affairs at the University of Louisville School of Medicine. Dr. Ganzel splits her time between practicing as a pediatric otolaryngologist two days a week and fulfilling her duties as a dean at the medical school the other three. On her clinic days, Dr. Ganzel is generally conferencing with residents and students, doing pre- and post-operative meetings, and performing surgery. Her typical hours in the clinic are from about 7:30 a.m. to anywhere from 4:00 to 6:00 p.m., although



some of her partners put in longer hours. Her remaining weekdays are spent working as a dean in student affairs.

When asked what she likes most about practicing ENT, Dr. Ganzel says that “it allows me to do what I love and love what I do.” In terms of her day-to-day work and doctor–patient relationships, Dr. Ganzel enjoys treating a mostly healthy patient population and getting to work with generations of the same families. She is now occasionally getting to treat the children of her former patients, and has even had a medical student or two that she treated as a child. She also loves working with kids as well as their families. In order to coordinate care for her patients, she interacts often with a team of pediatric specialists, such as neonatologists, anesthesiologists, pediatric surgeons, and gastroenterologists, among others.

We also spoke with Dr. V. Patrick Mahat to get a sense of what it is like to practice otolaryngology in a community setting. Dr. Mahat is a general ENT who has been practicing for more than 30 years. He treats patients of all ages for general ENT-related disorders or illnesses at his solo practice in Washington, D.C. A typical week in his practice includes both office visits and surgery. He spends three full days a week in the office seeing patients in 15-minute blocks from 9 a.m. to 5 p.m. and then generally has to devote additional hours to dictation, business-related tasks, and personnel management. Dr. Mahat spends another 1.5 weekdays in the hospital doing surgery and sees two to four outpatient cases per day in addition to paperwork and dictation for those cases. Between the office and surgery, Dr. Mahat gets the chance to treat problems ranging from the standard ENT-related ailments—clearing earwax, stopping nosebleeds, diagnosing sinusitis—to more complex, surgical cases—endoscopic sinus surgery, tympanomastoidectomy (inserting tubes in the ears), etc. This variety is the best part of practicing otolaryngology for Dr. Mahat—he sees mostly healthy patients and has high rates of success and gratifying results when patients are treated for their maladies and are able to go home happy and “fixed.”



Otolaryngologists have the opportunity to manage a wide assortment of patient concerns and diseases/disorders. The biggest misconception about otolaryngology encountered by Dr. Mahat is that they are “just the tonsil people.” He feels people often assume that all otolaryngologists do is take out tonsils when, in reality, the practice is much more complex and diverse. The variety of illnesses and disorders that can occur in the ears, nose, throat, neck, and head region is substantial and therein lies the reason that many ENT docs say they love their specialty best.

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*Otolaryngologists have the opportunity to manage a wide assortment of patient concerns and diseases/disorders.*

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As a resident, Dr. Ganzel described having been strongly influenced by a mentor who was able to combine seemingly diverse interests within the specialty of otolaryngology. Having role models who were happy and worked hard but also had a life outside of medicine allowed Dr. Ganzel to see how ENT could be a great choice. She knew that she loved surgery and the environment of the OR but also enjoyed seeing patients, specifically children, in the clinic. “When I coupled my interests with my goal of being able to balance work and family, ENT—particularly pediatric ENT—was a perfect fit,” said Dr. Ganzel.

In Dr. Mahat’s case, he knew as early as high school that he wanted to be a doctor. Once in medical school, he narrowed his interests down to surgery. Then, after

doing rotations in ophthalmology, orthopaedics, and otolaryngology, he knew that otolaryngology was the place for him. He saw just the balance of simplicity and complexity that he desired—he says up to 30 percent of ENT can be general practice, seeing the everyday colds, ear and throat aches, sinus infections, and flu that afflict many people. But then the opportunity to do surgery and treat more complex disorders is just the variety that satisfies Dr. Mahat.

Over the years, Dr. Ganzel feels that the fundamentals of the specialty have not changed much but that there are more options now for fellowships and specialization than ever before. Areas of subspecialty include allergy, facial plastic and reconstructive surgery, head and neck surgery, laryngology, otology/audiology, pediatric otolaryngology, and rhinology. In the coming years, Dr. Ganzel envisions ENT becoming more diagnostically precise and less invasive with the introduction of more technology in the field. As she puts it: “We have really cool gadgets!” Dr. Mahat echoed this sentiment. Over his 30-plus-year career, Dr. Mahat has seen the field of otolaryngology evolve with the innovation of new technology and instrumentation for the treatment of ENT-related disorders. Endoscopy and other small hole surgical techniques allow for a faster recovery time in patients. Another 10 years into the future, Dr. Mahat envisions similar technological and electronic advancements, such as the continued improvement of cochlear as well as brain stem implants to enhance the treatment of diseases or disorders of the ear, nose, throat, neck, and head. Already he witnesses new techniques being announced and used almost every day.

Dr. Mahat also described his practice environment, which can greatly affect career satisfaction, regardless of your specialty. After running a practice with a long-time partner for a number of years, Dr. Mahat now has a solo practice. The best thing about private practice for Dr. Mahat is that he gets to control his schedule and flexibility. As his own boss, he chooses which cases to take and whether to keep a patient for treatment or

refer them to another otolaryngologist depending on his schedule. You set your own hours and holidays and manage the balance of office versus surgery appointments. The types of appointments you see coincide with how much income can be made, as time spent in surgery is typically more profitable than time spent with office visits. However, the down-side to being the lone provider of care as a solo practitioner is that, when you can't be in the office or are on vacation, you must arrange for the continuous care of your patients. Often, solo practitioners like Dr. Mahat will work out an agreement with another doctor's practice to cover when they are not available. Also of concern, as in most any medical practice, are the business and administrative aspects. He relates that his least favorite part of managing his own office is handling the day-to-day business of dealing with the insurance system, Medicare reimbursements, and exorbitant malpractice premiums.

Qualities essential to the practice of otolaryngology mentioned by both Dr. Ganzel and Dr. Mahat are manual dexterity and attention to detail. It is a very technical and manual specialty, so the wrong move can result in major problems. Everything requires precision, so "good hands" to manipulate precise instruments and perform intricate movements are important, according to Dr. Ganzel.

Residency training in otolaryngology is five years including a PGY-1 prerequisite year with at least nine months of basic surgical, emergency and critical care, and anesthesia training.<sup>2</sup> In the 2008 main residency Match, there were only 273 positions offered in 105 programs with U.S. seniors filling 93 percent of the positions.<sup>3</sup> In 2007, the average USMLE Step 1 score for students who matched into otolaryngology was 238, making it one of the more competitive specialties. Students successfully matching into otolaryngology rank about seven more programs than students who don't match (the median number of ranked programs is 11 vs. 4, respectively).<sup>4</sup> When asked what she would tell a student hoping to earn a residency position, Dr. Ganzel says that students should explore otolaryngology early. But

she reminds students that what gets them in the door for an interview are factors like board scores, how they did in their clerkships, letters of recommendation, and overall academic performance. Then, once they have an interview, how well they interview plays an important role in whether they're offered a position.

Of course, salary is another important aspect for most students as they consider specialties. Salaries will certainly depend on your practice setting and, to some extent, on the type of otolaryngology you practice, but average salaries in clinical practice range from \$256,293 to \$399,460. If you are considering a career in academic medicine, salaries for otolaryngology faculty range from \$180,000 to \$256,000 early in their careers and from \$230,000 to \$348,000 in their mid to late careers.<sup>5</sup>

With years of practice and experiences accumulated between them, the doctors we interviewed still find enjoyment in the field of otolaryngology. Dr. Ganzel finds every day both entertaining and energizing, and in fact had a hard time naming something she liked least about her specialty. Dr. Mahat has taken pleasure in his private practice for years, balancing the common-place earaches and sinus problems with surgical days spent employing the latest and greatest gadgets. Given the many fascinating niches (literally) to discover within the head and neck, it is easy to see how this is a rewarding and richly diverse specialty. To read more about otolaryngology, check out the Web site resources below and begin your in-depth exploration of a field that just might be the perfect fit for you.

- American Academy of Otolaryngology - Head & Neck Surgery: [www.entnet.org](http://www.entnet.org)
- American Board of Otolaryngology: [www.aboto.org](http://www.aboto.org)
- American Academy of Audiology: [www.audiology.org](http://www.audiology.org)
- American Laryngological Association: [www.alahns.org](http://www.alahns.org)
- American Rhinologic Society: [www.american-rhinologic.org](http://www.american-rhinologic.org)

By **Carissa A. Englert, M.S.**  
Research Analyst, *Careers in Medicine Program*

## Otolaryngology by the Numbers

**Number of practitioners in United States<sup>1</sup>:** 10,227 in 2007

### Match data/Competitiveness<sup>3</sup>

- Of 273 residency positions offered in the 2008 Match, approximately 93 percent of those were filled by U.S. seniors

### USMLE Step 1 Scores<sup>4</sup>

	25th percentile	75th percentile
U.S. Seniors Matched:	229	247
U.S. Seniors Unmatched:	214	236

### Median number of programs ranked by U.S. seniors<sup>4</sup>

- Matched students: 11
- Unmatched students: 4

### Compensation<sup>5</sup>

- For academic medicine positions—
 

Early career:	Low: \$180,000
	Median: \$206,000
	High: \$256,000
Mid to late career:	Low: \$230,000
	Median: \$280,000
	High: \$348,000
- For clinical practice positions—
 

1-2 years in specialty:	Median: \$254,155
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- All physicians:
 

Low: \$256,293
High: \$399,460

### References

- <sup>1</sup> Career in Medicine. Otolaryngology Specialty Page: Workforce Statistics. (<http://services.aamc.org/careersinmedicine>). Revised 2007. Accessed August 5, 2008.
- <sup>2</sup> Careers in Medicine. Otolaryngology Specialty Page: Residency Requirements. (<http://services.aamc.org/careersinmedicine>). Revised 2007. Accessed August 5, 2008.
- <sup>3</sup> Careers in Medicine. Otolaryngology Specialty Page: Match Data. (<http://services.aamc.org/careersinmedicine>). Revised 2008. Accessed August 5, 2008.
- <sup>4</sup> Szenas, P., Jolly, P.J. Charting outcomes in the match: characteristics of applicants who matched to their preferred specialty in the 2007 NRMP main residency match. Washington, D.C.: National Resident Matching Program/Association of American Medical Colleges; 2007.
- <sup>5</sup> Careers in Medicine. Otolaryngology Specialty Page: Compensation. (<http://services.aamc.org/careersinmedicine>). Revised 2008. Accessed August 5, 2008.



## Ask the Advisor

*We know you have questions, so we went to the experts for answers. This column features experienced faculty advisors and student affairs professionals answering questions about choosing a specialty, applying for residency, and any other career-related concerns you may have. In this issue, we look at how to order clerkships and avoid mistakes when choosing a residency.*

### Dear Advisor, How do I determine the best order for my third-year clerkships?

Advisors are commonly asked by students for the optimal order of clinical rotations. Personally, I see no benefit to agonizing about this decision and I think the order is of little relevance. Ask yourself these two questions:

1. Have you had ample time to practice medical history taking and physical examinations?
2. Do you feel reasonably comfortable in the hospital?

If you answer yes to both questions, then the order of your clinical rotations is unlikely to make a difference.

If you are not confident in your patient-based skills (taking histories and doing exams), start with a rotation where you can work on these basic skills. I recommend starting with family medicine, pediatrics, or internal medicine.

If you are not reasonably comfortable in the hospital, start with a more user-friendly basic clerkship. This is particularly relevant with medical schools that have many affiliated teaching hospitals with different cultures, layouts, and computer systems. I recommend starting with family medicine, pediatrics, or psychiatry.

I hear students saying “Don’t start with medicine if you want to do medicine.” I am an internist as well as a student affairs dean. When I attend on wards, I evaluate students within the context of their prior

experience. I do not expect the same from students at the start of their third year in comparison to ones at the end of their year.

I also hear students saying “Don’t start with surgery.” If you know the hospital well and feel comfortable with the electronic medical record, it is fine to start with surgery.

There are no hard and fast rules for determining the order of clerkships, and I do not support excessive scheming or wasting lots of time on this decision. If you are self-confident and comfortable with your nascent clinic skills, jump right in. If you are under-confident or uncomfortable with your skills, then start with a basic clinical rotation.

**Steven Ricanati, M.D.**  
Dean, Joseph Wearn Society  
Director, Inquiry Group Program  
Assistant Professor of Medicine  
Case Western Reserve University School of Medicine

*If you are not reasonably comfortable in the hospital, start with a more user-friendly basic clerkship.*

### Dear Advisor, As I contemplate the whole specialty and residency selection process, what are some mistakes I should avoid?

By simply asking this question, you are already aware that successfully obtaining a residency position in the specialty and program of your choice is a process. There are many steps along the way, and paying attention to important factors in every year of your medical schooling will help prepare you. I am glad to hear you ask this question prior to your senior year, so...

1) Don’t wait until the last minute—for anything! If you are the type of student who always plans ahead, those traits will suit you well. If you tend to procrastinate, there is no better time than the present to start changing old habits. DO give yourself the time you will need to



explore specialty options. Gaining more exposure to specialties (especially those you don’t spend much or any time on during your clinical rotations) will make you feel much more informed. More complete information helps you make better decisions. Your goal should be to match your values, interests, and skills with the specialty that best suits you. Once you have selected a specialty—hopefully with confidence—proper planning also affords you time to meet with your faculty mentors and practicing physicians in that field. The more time you have to gather information and chart out a game plan for your senior schedule and senior year, the more you will feel in control. Less stress equals more confidence. Use all the great resources at your disposal, but give yourself time to explore them.

2) Avoid narrowing your choices too quickly: As you take the time to explore options, keep your eyes open to new ideas. You may be surprised at things that actually excite you but that you had previously found unappealing. Everyone has preconceived notions about certain fields of medicine; that’s normal. You may be one of about 66 percent of students who change their minds about the specialty they thought they’d pursue when they started med school. DO allow your experiences to matter and seek to get the most out of them. Actively evaluate how you feel before, during, and after clerkships. If you do have your heart set on a certain specialty, stay realistic. Evaluate your own competitiveness for that field by reviewing online information, such as Charting Outcomes in the Match found on the CiM Specialty Pages, and talking with your career advisors or mentors.

Keep this an active, ongoing process, so you can make modifications along the way—early enough to not feel too stressed out later on.

**3) Don't trust everything you hear:** Be selective and learn which sources of information you can trust. Try to avoid the infamous “they say” phenomenon. Use all that you've learned about evidenced-based medicine and ask who “they” are. There is a difference between opinions and advice. Gather many opinions, but seek true advice from those you trust and those who have experience: faculty mentors, advisors, or your deans. Your friends who have not yet completed the process may have great opinions, but they don't have any history on which to base their facts.

**4) Don't exaggerate your talents:** The residency application process is a time to highlight your laurels. Just don't overdo it. Have confidence in all that you have achieved, but be wary of stretching or overstating your level of involvement in extracurricular activities, research, etc. Remember, the academic medical community is small. If you feel that you lack “luster,” then speak to your advisor about ways to showcase your strengths.

**5) Rank only programs that you are willing to attend:** This is a cardinal rule when it comes time to finally select programs and submit your Rank Order List to the Match. You could potentially end up at any program on your rank list, so make sure you rank all the programs you would be willing to attend, in the order that you want to attend them.

**Hilit F. Mechaber, M.D., F.A.C.P.**

*Assistant Professor of Medicine  
Director, Office of Professional Development  
and Career Guidance  
University of Miami Miller School of Medicine*

**Have a question you want our panel of experts to address? Send your queries to [careersinmedicine@aamc.org](mailto:careersinmedicine@aamc.org) and put “Ask the Advisor” in the subject line. We won't be able to answer every question in the newsletter, but we'd love to hear from you!**



**CiM Toolbox**

## Feeling Stuck? The SIS is the Tool for You!

For some, the very thought of having to choose a specialty is nerve-wracking. Others choose the more popular approach of denial and delay. After all, choosing a specialty can be one of the most challenging aspects of medical school. Luckily, there is an assessment tool available on the CiM Web site ([www.aamc.org/careersinmedicine](http://www.aamc.org/careersinmedicine)) that jumpstarts your thinking about specialty choice and helps pinpoint problems that may be holding you back. The Specialty Indecision Scale (SIS), Second Edition, is a 35-item questionnaire to help you figure out how to overcome any concerns you may be having as you consider all the specialties available to you. The assessment measures six major areas of career concern:

**1. Readiness** – your readiness to make a specialty decision. If you score high on readiness, it usually means you aren't ready to commit to a specialty choice. If you're a first-year student, it is perfectly normal not to be ready, but a high score on readiness in your fourth year may be a bigger concern.

**2. Information** – your need to find out more about how to make career decisions—who to talk to, what to do, where to go. Students just beginning this process frequently score high in this area.

**3. Identity** – your need to know more about yourself (interests, values, personality, and work skills) to help you explore appropriate career options or specialties. Scoring high on identity means that you need to explore what's most important to you in your future practice of medicine to help you achieve the best fit.

**4. Barriers** – these are the external conflicts or barriers that keep you from making a choice. You may be having difficulty because of a spouse or parent who does not agree with your specialty choice or a concern that the specialty you're considering won't pay well enough to meet your needs. Barriers are the external issues related to characteristics of the specialty or specialties themselves or to difficulties created by other people important to you.

**5. Indecisiveness** – internal conflicts that impede your ability to decide. Often this concern focuses on two or more specialties equally appealing to you or that may have competing characteristics you find difficult to choose between.

**6. Self-Doubt** – psychosocial factors, such as self-confidence or anxiety. Feeling overwhelmed or anxious about making the decision can lead to high scores in this area of concern.

After answering all 35 items, you'll get a report that provides your scores on all of the scales. Your highest scoring areas of concern and the individual items within are highlighted for you. Your results help identify the cause of your concern and provide a variety of guidance and activities for your high-scoring areas and items. The suggested activities and guidance depend on where you are in your medical school career. As you progress through medical school and face new challenges, your concerns about making a specialty choice may change. You can take the SIS multiple times, and each report will be saved to your Personal Profile.

The SIS is available upon login to the CiM Web site in the “Understanding Yourself” section. It's a great place to start the CiM process and should be your first stop when getting “unstuck!”

*By Jeanette L. Calli, M.S.  
Senior Specialist, Careers in Medicine Program*



## Match Corner

## 8 Things You Should Know About Applying For Residency but Were Afraid to Ask



You can just imagine the scene: a conference room full of teaching faculty and the program director, everyone swilling murky coffee and avoiding the day-old doughnuts as they consider the fate of residency applicants they want to rank in the Match. The debate begins over who would make the best residents for their program—who interviewed well, who has the best credentials on paper, who seemed arrogant or uptight, who is the diamond in the rough that can truly shine given the chance? Just as you want to find a residency that is right for you, program directors and faculty want residents who will fit in with their training environment and faculty. The application and interview process is all about evaluating that fit so you can thrive in your training.

Careers in Medicine staff recently attended a student affairs professional development

conference that focused on the transition to residency. We listened to program director panels, heard horror and success stories of students going through the Match, and participated in sessions designed to impart the best wisdom and current practices in preparing for the application and residency process. Without further ado, we present the 8 Things:

- 1. Do your homework regarding how competitive you are.** Make sure you review all the Match and residency applicant data available on the Careers in Medicine Specialty pages to ensure you are competitive for the specialty you are considering. Talk with your specialty-specific advisors about programs you are considering since they will have a better grasp on program characteristics. Your school may also have specific information on where past students have matched. This data can help you gauge how competitive you are at both the specialty and program levels.
- 2. If you are interested in a competitive specialty, cast your net widely and have a back-up plan.** It's no secret that specialties like dermatology, plastic surgery, anesthesiology, otolaryngology, radiology, ophthalmology, and a few others are competitive. You should plan on applying to a larger number of programs to be successful on match day if you've chosen a more competitive specialty. You may even need to consider a back-up plan, so meet with your advisor early to discuss your individual situation.
- 3. Don't get too creative with your personal statement.** Programs are not looking for the next *New Yorker* columnist. They want a simple, one-page statement that talks about who you are and why you want to go into their specialty. It gives you the chance to highlight your strengths, outline why you're a good match for your chosen specialty, and indicate how their residency program can help you meet your career goals. As one program director panelist put it, "spell well, use good grammar, and get out!"

- 4. Your letters of recommendation are an important part of the screening process, so get good ones.** Who do you ask? Someone who knows you and your work. You want at least one and preferably two (out of three or four letters) written by someone in your chosen specialty. To ensure getting a good letter, ask your potential letter writers if they feel like they know you and your work well enough to write you a strong letter of recommendation. If there is any hesitation, that person may not be the letter-writer for you.

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*It is to your advantage to plan well in advance for the application process and prepare your materials early.*

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- 5. Programs review applications early, so get them in as soon as you can.** Many programs begin reviewing applications as soon as the Electronic Residency Application Service (ERAS) opens in September, and some begin making interview offers in October. It is to your advantage to plan well in advance for the application process and prepare your materials early.
- 6. The interview is a two-way street.** Keep in mind that interviews are critical for both the program and the applicant. While it is certainly your time to shine, it's also your opportunity to assess the program itself and your fit with its residents, faculty, institution, and community. They want you to learn about them as much as they want to learn about you. Preparation is key, so practice answering common interview questions. A list of frequently asked interview questions is available in the "Getting into Residency" section of the CiM Web site ([www.aamc.org/careersinmedicine](http://www.aamc.org/careersinmedicine)). You should also think about what characteristics are most important to you in a program so you can formulate questions to ask your interviewers.

**7. Most programs include a number of different people in their selection process.** A review committee can include faculty, residents, chief residents, program coordinators, and of course the program director, so know that there are people reviewing your application packet from a number of different backgrounds and perspectives. You never know what may stand out for one person or be a red flag for others. Being a well-rounded student who is a good fit with the program (see #1) can take you far in this process.

**8. The more programs you rank, the better your chances of matching.** The National Resident Matching Program (NRMP) has collected data on the relationship between the length of an applicant's rank order list and whether or not they match. The data have consistently shown that matched applicants have, on average, longer rank order lists than unmatched applicants. In the 2008 Match, U.S. seniors who matched ranked an average of 9.26 programs, while unmatched applicants ranked only 5.63 programs.<sup>1</sup>

The residency application, interview, and match process can be grueling. Use the services your school has to offer, including advising, workshops, panels, specialty groups, and other resources to help you stay on track and get into a training program that is right for you.

*By Jeanette L. Calli, M.S.*

*Senior Specialist, Careers in Medicine Program*

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#### References

<sup>1</sup>National Resident Matching Program, (2008). Impact of length of rank order list on Match results: 1999-2008. ([http://www.nrmp.org/res\\_match/about\\_res/impact.html](http://www.nrmp.org/res_match/about_res/impact.html)). Accessed July 8, 2008.