

Section A

INTRODUCTION

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This chapter identifies the underlying reasons why we have created this medical student resource, and explores key concepts in the residency decision-making process.



A-1

PURPOSE OF THIS BOOK

Acceptance to medical school represents the beginning of a journey toward lifelong service to the community. Along this journey there will be many choices to be made, but none will be as important as the one pertaining to what type of doctor you wish to be. In making this life-altering decision, there are a multitude of factors that require consideration, including job security, satisfaction, and quality of life. These are not trivial issues and require considerable time to fully evaluate; however, it may seem like there is never enough time. From as early as the end of first year, students begin to feel the brewing pressure of the decision that looms regarding what residency to choose. In this book, we try to relieve this pressure by providing students with an adjunct resource to their own experiences to help them make the most informed residency selection decision.

The 2011/2012 Canadian Medical Residency Guide has been compiled by medical students from all medical schools across Canada and in conjunction with the Office of Student Affairs at the University of Toronto. We have done our best to create continuity throughout the book and hope it will be a useful guide and resource for your questions. Each chapter addresses an issue we identified as important for residency selection. Also, Case Studies have been added to this edition to showcase and address common questions regarding lifestyle, financial issues, and specialty-specific concerns that medical students may face.

This book highlights the areas that medical students, residents, and Program Directors feel are important in choosing and securing a specialty. Furthermore, it helps guide you through all aspects of your application. An outline of a suggested way to use this book through your three or four years of medical school can be found in the next section.

A-2

HOW TO USE THIS BOOK

We have tried to arrange the book in a logical order to best assist you as you navigate your way through the decision-making process. It highlights the areas that medical students, residents, and Program Directors feel are most important in choosing and securing a specialty. Furthermore, it helps guide you through

all aspects of your application. Read it straight through for a comprehensive review of the process, then keep it handy to use as a reference guide as you go through your three or four years of medical school. This guide is an important part of the information-gathering process and can serve as the basis of your action plan.

The Decision-Making Process

The decision:

- What residency program(s) do I want to apply to?
- What should I consider in this decision?
- How should I go about making this decision?

Key Factors in Making Your Decision
The Decision Algorithm



Making the decision:

- What are the program features?
- What about lifestyle?
- Where do I want to do my residency?
- What are the Program Directors looking for?



Residency Program Profile Section
Career Profile Section
Location Profile Section
Program Director Survey Section



Securing the residency position:

- What is CaRMS?
- How do I strengthen my application?
- How do I maximize my performance at the interview?

The Application Process Section
The Application Process Section
The Application Process Section

Do you wonder what it would be like to have a baby in residency? Or if specialty training allows you to pay off your debts faster than if you pursued Family Medicine? Or do you wonder what a student should do to make himself or herself a competitive applicant for a competitive residency program?

These questions regarding lifestyle, financial, and specialty-specific concerns are examples of the issues showcased and addressed in the nine cases studies added to this edition.

Residents, physicians, and career counselors were consulted to compile answers pertaining to career decisions. A financial planner and lawyer compiled the financial and legal responses. Brief answers to the questions posed in the cases are highlighted or summarized throughout the text of the guide. For ease in finding the answers, the location of the answer within the book is written beside each question. For completeness, fully explained answers to the questions posed by the cases are found at the back of the guide in Section I.

Case Studies

Case 1 – Having a baby during residency

Lindsey and Rob are fourth year medical students who plan to get married before starting residency. Their concerns with applying to residency mainly pertain to their desire to attend programs in the same location. Being 26 years old, both are thinking about children too. They've both been to information sessions with residents who have children and heard their classmates talking about having children during residency. Lindsey and Rob both have some questions.

- › Are there any strategies for a couple to match to residency programs offered at the same location? Answer: Section H-6.
- › How will she manage to do call in her first and third trimesters? Answer: Section G-2.
- › How much time can she take off work if she has a baby? Can Rob take paternity time when their child is born? Answer: Section I-1.
- › Will having a baby during residency mean that it will take her longer to finish her residency program? Answer: Section I-1.
- › What are some advantages to having a child in residency versus when she has her own practice? Answer: Section G-2.
- › What are some options to make return to work easier? Answer: Section G-2.
- › Should Lindsey factor pregnancy into the decision of what residency program she chooses? Answer: Section A-4.
- › How can Rob and Lindsey prepare financially so that they can take as much leave as possible? Answer: Section B-5.

Case 2 – Overwhelmed with debt

Ruth, a third-year medical student, sits down one night to open her mail. She opens her bank statement. She can't believe that after three years she's already accumulated \$120,000 of debt and has heard rumours of unforeseen costs in fourth year. The reality of having \$150,000 in debt sinks in. She is feeling completely overwhelmed by debt.

- › Are the rumours that Ruth has heard true? What are the unexpected costs that she may need to cover in fourth year? Answer: Section I-2.
- › What steps/plans/budgeting should she carry out now to ensure minimal addition to her debt load? Answer: Section I-2.
- › How will she afford to repay her loans during residency? Answer: Section I-2.
- › She overheard some classmates mentioning something about saving receipts for income taxes. Why would they do this? Answer: Section B-2.

Case 3 – Who has more debt? A comparison of two-year, five-year and seven-year residency programs

Tyler, a fourth year medical student, is still undecided about his future career choice. He's thinking about Family Medicine, Endocrinology specializing in Pituitary and Thyroid Disorders or General Obstetrics. He accumulated \$160,000 of debt over the course of his medical training. Coincidentally, this is the average amount of debt acquired by Canadian medical school graduates. He heard that some of his classmates were considering Family Medicine because of the shorter training time to pay off their debt more quickly.

- › What would his financial situation look like if he did a five-year residency plus a fellowship, a five-year residency or a two-year residency program? Answer: Section I-3.

Case 4 – Training beyond residency

Alex has just started his residency in Ophthalmology and is considering subspecializing in treating Glaucoma. Alex is excited about starting his residency but wonders what is required to subspecialize within a given specialty.

- › What are the steps he needs to take to specialize in Glaucoma? Answer: Section C-1.
- › Will Alex be in a different city for his fellowship? Answer: Section I-4.

Case 5 – The reality of disability insurance

Andy is a third year medical student. His wife is a third year law student who will be entering the workforce next year. They have talked about having a family but have decided to wait until they are more established in their careers. Andy has gone to many information sessions about various types of insurance he should look into, but didn't really think he needed any of it. Andy decides he'd rather not obtain any disability insurance. He's young and healthy, right? Andy does an Internal Medicine rotation and unfortunately sticks himself with a needle that he had used to inject an HIV-positive patient.

- › What should he do about the needlestick injury? Answer: Section I-5.
- › Will he be able to work if he is HIV or Hepatitis B or C positive? Answer: Section I-5.
- › Is he still eligible for disability insurance? Answer: Section B-4.
- › What happens if he is diagnosed with a serious illness during his residency or career? Is there a type of insurance that would allow him to pay off his student debt? Answer: Section B-4.
- › What if Andy dies unexpectedly after his first child is born? Is there any insurance to ensure his child and wife are looked after financially? Answer: Section I-5.

Case 6 – Tailoring lifestyle and pursuing a subspecialized Internal Medicine career

Sunny, a second year medical student, obtained a Master's degree and worked in a lab before he started medical school. One day in class he looks around at his classmates and realizes that he is a bit different than them. At 28, he's a few years older than the average student, he's married to a woman with an established career, he has a two year old daughter at home and, on top of his \$18,000 tuition, has a mortgage to pay. Sunny starts to think about his future and wonders.

- › What is the best way for him to manage the debt he will acquire? Answer: Section I-6.
- › He'd love to be a cardiologist, but wonders how new physicians arrange their workload. Is it possible for him to arrange a 50-hour workweek as a Cardiologist? Answer: Section D-1.
- › He's quite aware of how expensive school is and wants to save for his daughter's education. What should he invest in? What about for his retirement? Answer: Section I-6.
- › What residency program should he enter in to get into a Cardiology program? What is the application like? Answer: Section C-1.

Case 7 – Alternative career choices

Jaime, a fourth year student, comes home from a long day of dealing with patients and realizes he doesn't enjoy patient contact. He didn't enjoy the past year of clerkship and doesn't want to spend the rest of his life tending to patients in a hospital or clinical setting. However, he doesn't want to throw the past four years of education down the drain (not to mention the drain on his bank account) and plans to graduate. He knows vaguely that there are opportunities for MDs that don't revolve around the traditional physician role, but doesn't know what they are or where to start looking. However, he thinks there must be options available for medical students in his position.

- › What are some career options available to Jaime that make use of his medical degree but do not require him to practice medicine? Answer: Section I-7.
- › Do the alternative careers require additional training or schooling? Answer: Section I-7.
- › What is the starting salary for these careers? Answer: Section I-7.
- › Should he apply to CaRMS? Answer: Section I-7.
- › If he does not apply to residency, how will this affect his government loan and line of credit payments? If he goes for further schooling, will his government loan payment be deferred? Answer: Section I-7.

Case 8 – Starting your own practice

Sanjay is a second year medical student and isn't sure what career option he'd like to pursue, but knows he doesn't want to work in a hospital or academic setting. Opening up a private practice in his hometown is looking very attractive but he has heard that start up costs and overhead can be very steep. He plans to stay in the same location until he retires but worries that with his financial debt after medical school, he will not be able to pursue his ideal practice for many years.

- › What specialties would be feasible in a private practice setting? Answer: Section A-4.
- › Sanjay had questions about whether he'd be able to finance a practice and wondered if this career path was even worth pursuing. What are financial options available to physicians opening practices? Answer: Section B-5.
- › What are some costs associated with opening a clinic besides the obvious costs of an office space and equipment? Answer: Section I-8.
- › How would he obtain equipment or hire staff? Answer: Section I-8.

Case 9 – Pursuing a competitive residency program

Mambo and Adil are third year medical students who just finished their second clerkship rotation in Surgery. Mambo was not particularly interested in surgery before his clerkship rotation but is now keen on Plastic Surgery. He has heard that it's difficult to get into a Plastic Surgery residency program from Adil. Adil has shown interest in ENT since first year. Adil shadowed ENT surgeons regularly throughout first and second year and also pursued ENT research in both summers.

Mambo is very worried that it is too late for him to pursue Plastic Surgery especially when other students, like Adil, have demonstrated interest in competitive surgical programs through committing their summers to research and shadowing surgeons.

Mambo seeks advice from Adil about how to best pursue Plastic Surgery. During this conversation, Adil starts to wonder what would happen if he changed his mind about ENT.

Mambo and Adil both have some questions about pursuing competitive surgical residency programs.

- › Is research necessary? Does it matter if research is in that particular field? For a student like Mambo, are there any opportunities to complete research in the field during clerkship? Answer: Section A-5.
- › Is it looked down on to show interest in other specialties, e.g., doing summer research in ENT in first year like Adil, but then realizing you want to do Ophthalmology in third year? Answer: Section A-5.
- › Should all fourth year electives be in that field? If not, how many should? What's the best way to set up electives? Answer: Section A-5.
- › Should students like Adil who are interested in surgery from first year pursue surgical shadowing and research in first and second year? Answer: Section A-5.
- › Is it too late for Mambo to realistically pursue Plastic Surgery? What should he do to be a competitive applicant? Answer: Section A-5.
- › Is there anything else that someone interested in a competitive residency program should do in order to be a competitive applicant? Answer: Section A-5.

Choosing your future career is a very complex process and many factors are taken into account before a final decision is made. This book objectively examines many of these factors and hopefully it will provide you with a solid decision-making framework.

The key factors in this book can be broken into:

- › program features
- › career goals
- › location
- › additional factors (e.g., family and friends)

These factors have been succinctly examined by Dr. J. Gonzalez at the American Medical Association. A summary of his paper “Selecting Your Residency Program” is outlined below:

Program Features

Stability

Look at the stability of the program, especially the finances and outlook of the institution at which you are considering training.

Support

As an applicant, you want to know that the program will be there to support you. You can judge this by looking at the quality of fellowships attained, turnover rate in the program (how many residents leave/transfer after the first year), availability of mentors, number of residents who stay at the institution to complete fellowships, and departmental responses to resident complaints, as examples.

Flexibility

Does this exist in the program? How amenable is the program in allowing residents to change schedules to attend a conference? For residents who become pregnant during their residency, how hard is it for them to get time off?

Lindsey from Case 1 is questioning if she should factor pregnancy into a career decision. Some residents felt that non-surgical specialties are more accommodating of having children during residency. However, other residents felt that any residency program is manageable with pregnancy and this should not be factored into career planning decisions.

In particular, provincial agreements differ in terms of maternity leave, so it may be helpful to review which provinces are more supportive of pregnant residents in choosing the location of a residency program. A summary of provincial agreements can be found in section E-2.

Institutional Climate

What is the political/social/work climate at an institution? Very conservative institutions are less responsive to change. This could be manifested by very poor relations with the surrounding community or a lack of community outreach programs.

Career Goals

Academics

Decide whether you want to pursue research, work in the community or do a little bit of both. You will begin to get an idea of this toward the end of medical school as you get more experience. In this regard, remember that when applying for a competitive fellowship at a tertiary care hospital, you will likely have an advantage if your residency was completed at a tertiary location. A well-known and well-regarded program will give you a better opportunity to attain a higher-ranked fellowship.

For example, Sanjay from Case 8 has decided he'd like to work in a private office, rather than a hospital or academic setting. Factoring this preference into his decision would leave a career in the following specialties possible:

- Anesthesia
- Community Medicine
- Dermatology
- Diagnostic Radiology
- Family Medicine
- Ophthalmology
- Pediatrics
- Psychiatry

The End Game

Always consider where you want to end up living. If you want to settle down in Ottawa as a pediatric nephrologist, it does not matter much where you do your residency; you can complete it anywhere. But it is in your best interest to complete your fellowship in Ottawa. The main reason? More contacts and networking. It is easier to look for a job after fellowship if you know those working in your specialty in that area. Many job offers are not posted nationwide but disseminated within a closed circle in a community.

Location

Cost

In this regard, you have to reconcile your needs with the amount that you will be making. Consider that residents in the same province get paid the same, but that cost of living varies considerably between cities (e.g., Toronto versus London).

Outside Activities

What is there to do in the city? Do you have access to trails if you are into trail running? Is there live theatre if you like the arts? Life outside the hospital is critical, so these considerations cannot be overlooked.

Patient Population

Sometimes the patient population that we like dealing with (perhaps underserved areas) is not represented at all institutions. Sometimes this can be a powerful variable when deciding where to train.

Additional Factors (e.g., Family and Friends)

Significant Other

Always look at the demands of the residency in terms of normal work hours, call hours, and time required for studying as it will affect the amount of time you see your loved ones.

Your family has to live in the city where you end up, too. Will they have job opportunities in their chosen professions? Will they like the city? Keep in mind that an unhappy family will equal an unhappy residency.

Children

If you have children, you may consider whether your chosen city is a reasonable place for children to grow up. You may also have to consider child care and the nature of the public school system.

Camaraderie

The residency journey is often long and you will likely spend a lot of time within the hospital. Talk with residents to determine the climate in the program and whether it is friendly or unwelcoming.

As you read through each of the sections of this book, keep the features of each of the above variables at the forefront of your mind and they will help you refine your decision. Also keep in mind some variables may hold more importance than others in your career decision. The relative importance of these variables may play a role in your future career path. For example, if a medical student valued family life and interests unrelated to medicine to a greater degree, the student may be more interested in specialties that allow a flexible schedule.

A-5

THE DECISION ALGORITHM

Studies have shown that choosing a residency program is the most stressful aspect of medical training. The algorithm below may provide some structure to making the decision. Additionally, this algorithm highlights the importance of gathering information so that you can make an educated decision rather than on impulse or word of mouth. Furthermore, through usage of this algorithm, you may realize truths about career decision making. For instance, you may see that there is a crossover of responsibilities in a set of specialties (e.g., Emergency Medicine, Family Medicine plus Emergency and an internist who consults to the Emergency Room), each specialty has diversity in responsibilities, and there is variability in many career options; variability in day-to-day duties need not depend on your field of choice.

Self-Assessment

› You must be completely honest with yourself about your potential abilities, strengths, weaknesses, goals, and what you want and need in life. Also remember the variables mentioned in A-3 for determining what factors are most important to you.

Tentative Specialty Choices

› By identifying your strengths and weaknesses you will be able to make some tentative specialty choices.

› Read about these specialties, including the information included in the Program Profiles and Career Profiles. Talk to specialists. By matching your strengths, weaknesses, and interests, you will likely find that you can eliminate some specialties easily and put a few on the top of your list for further consideration. Begin by shadowing or observing physicians in fields that you think you may be interested in. This will allow you to gain a realistic appreciation of what the specialty offers. Many medical students find that their perception of a field actually differs from the real duties and routine of physician in that field. It is important to fully understand the fields you may be interested in.

Information Gathering

- › Now that you have tentatively narrowed down your search, you must get further information on the programs.
- › Talk to residents, clerks, friends, mentors. Attend career nights. Do mini-electives/observerships in these areas. Get a feel for all aspects of the life this specialty has to offer. At this point you are not trying to secure a position, but simply trying to make up your mind.
- › Gather as much information and experience as possible.

The following questions to ask your preceptor may serve as leading points of discussion to further your understanding of the specialty:

1. Why did you choose your specialty?
2. What are the top three things about your job?
3. What are three things you dislike about your job?
4. What else were you considering and why did you choose your specialty?
5. Do you have any regrets? What would you choose now?
6. How does your job affect your lifestyle?
7. Can you tell me about the job market?
8. How is the residency?

Commitment

- › Now that you have decided on your top specialty(ies), it is your job to do what is necessary to secure your desired position.
- › Find out what these programs require. Build yourself and your resume so that you are competitive. You might need to do research, take on a sport, do extracurricular activities, become more social, or work on your clinical and/or research skills.
- › Consider doing electives in the specialty, particularly in the location you want to match to. Also, if you have an idea of which program and/or school you would like to attend for residency, try to “fit” your electives and extracurriculars to your choices. You want your activities to demonstrate your interest in that city and the specialty. Also consider the relative

importance of the factors listed in section A-3 in regards to which school and city are your best “fit.” For example, if someone was interested in community-based practice they may want to consider a less research-focused school.

In Case 9, Mambo and Adil had questions regarding commitment to a competitive residency programs such as Otolaryngology or Plastic Surgery. Like Mambo and Adil, many medical students try to demonstrate they “fit” within a specialty by pursuing a research project or shadowing physicians in that field. In Mambo’s situation, research in the form of case reports or a small clinical research project can be undertaken to demonstrate an interest in Plastic Surgery. In applying to programs at centres that focus on academic training, research is highly recommended.

Adil, in particular, had questions about changing his mind after investing time in one specialty. Such an experience can be put in a positive light to demonstrate that another specialty was considered and explored, and an informed decision not to pursue that specialty was made. Adil also wondered if he should have invested his spare time in pre-clerkship in committing to a career path. Surely the time spent can help him make a career decision and demonstrate an interest in the specialty, but the time can also be spent ensuring he is a well-balanced candidate.

They both had questions regarding electives. As mentioned in the text, electives should be completed in areas of interest. Asking residents for recommendations can facilitate arranging electives.

Mambo’s late decision to pursue Plastic Surgery concerned him; however, it may not be too late for Mambo. Successful applicants to competitive programs include students who decided both early and late. Mambo may take comfort in hearing that an earlier decision to pursue a competitive program is not a guarantee for entry.

Relief and Stability

- › By now you have made a quality decision, have chosen a specialty and one or more backups that suit you, and have begun to act in a way to secure it. You have chosen these specialties because they match most closely to what will make you (not your parents, friends, etc.) most happy. Keep up the hard work. Stay the course.

Anxiety

- › The time comes to submit your application. You have made a big decision and it is understandable at this stage to feel stress and anxiety due to the uncertainty of your future.

Decision Point

- › Try to stay confident knowing that you have done your best. At the end of the day, it’s likely that you will get one of your top three choices.

(Refer to Section G: The Application Process for a more detailed explanation of this step of the process.)

The following table is reproduced with permission from CaRMS. The editors assume responsibility for the accuracy of the reproduced data. You are encouraged to go to the CaRMS website (<http://www.carms.ca>) and look at additional statistics.

Discipline Choices of Canadian Applicants 2011 Match

First Iteration

	Total First Choice Discipline	% Total Choices	Quota Offered	% Total Quota	Total Quota After Reversion	Quota Filled	Quota Vacant
Anatomical Pathology	11	0.4%	33	1.2%	33	23	10
Anesthesiology	133	5.3%	109	3.9%	109	109	0
Cardiac Surgery	7	0.3%	12	0.4%	12	8	4
Community Medicine	15	0.6%	24	0.9%	23	13	10
Dermatology	37	1.5%	23	0.8%	23	23	0
Diagnostic Radiology	97	3.8%	89	3.2%	89	85	4
Emergency Medicine	82	3.2%	60	2.2%	60	60	0
Family Medicine	859	34.0%	1151	41.4%	1150	991	159
General Pathology	1	0.0%	3	0.1%	3	1	2
General Surgery	121	4.8%	105	3.8%	106	106	0
Hematological Pathology	1	0.0%	2	0.1%	3	1	2
Internal Medicine	369	14.6%	411	14.8%	412	379	33
Laboratory Medicine	8	0.3%	13	0.5%	12	7	5
Medical Biochemistry	1	0.0%	6	0.2%	6	2	4
Medical Genetics	5	0.2%	8	0.3%	8	5	3
Medical Microbiology	12	0.5%	9	0.3%	10	9	1
Neurology	35	1.4%	42	1.5%	42	35	7
Neurology-Pediatric	6	0.2%	9	0.3%	9	9	0
Neuropathology	0	0.0%	3	0.1%	2	0	2
Neurosurgery	20	0.8%	19	0.7%	19	17	2
Nuclear Medicine	2	0.1%	9	0.3%	9	3	6
Obstetrics & Gynecology	103	4.1%	100	3.6%	100	97	3
Ophthalmology	62	2.5%	36	1.3%	36	36	0
Orthopedic Surgery	86	3.4%	81	2.9%	82	79	3
Otolaryngology	43	1.7%	29	1.0%	29	29	0
Pediatrics	175	6.9%	143	5.1%	143	143	0
Physical Med & Rehab	16	0.6%	23	0.8%	22	20	2
Plastic Surgery	46	1.8%	28	1.0%	28	28	0
Psychiatry	110	4.4%	147	5.3%	146	115	31
Radiation Oncology	23	0.9%	20	0.7%	20	20	0
Urology	42	1.7%	31	1.1%	32	32	0
Total	2528	100%	2778	100%	2778	2485	293