



A Roadmap To **Psychiatric Residency**



American Association of
Directors of Psychiatric
Residency Training



AMERICAN
PSYCHIATRIC
ASSOCIATION



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Welcome to the wonderful medical field of psychiatry. The authors of this document and the many practicing psychiatrists around the world are thrilled that you plan to join our exciting and ever-changing field. The information provided in this document has been compiled by leadership in the following organizations: ADMSEP (Association of Directors of Medical Student Education in Psychiatry), AADPRT (American Association of Directors of Psychiatric Residency Training), AAP (Association for Academic Psychiatry), and PsychSIGN (Psychiatry Student Interest Group Network). This document is meant to provide a global overview of the residency application process and information about subspecialty specialization. For questions specific to your application or a specific residency program, we encourage you to speak to your Dean's office, consult your faculty advisor, or review individual residency program websites.

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





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PREPARING FOR A CAREER IN PSYCHIATRY

Your psychiatry clerkships and electives in medical school and the resident and faculty supervisors whom you meet on these rotations will give you the best sense of whether psychiatry is the right path for you. If you love talking with or listening to your patients, and developing helpful therapeutic relationships, that is a good sign! Additional psychiatry experiences with research, volunteer, or advocacy efforts can provide a view of the multifaceted nature of a career in psychiatry.

Starting by scheduling a meeting with your school's psychiatry advisor or another faculty mentor can be immensely helpful in confirming or solidifying your interest in psychiatry, planning your schedule, and developing a residency application approach. If your institution does not have someone who can advise you, there are excellent resources, including mentorship and trainee travel award programs, within many of the regional or national psychiatric organizations described below.

Psychiatry training programs attempt to be holistic in their review applicants, which means that, in addition to your grades and test scores, they consider the breadth of your life experiences, passion for and commitment to psychiatry, participation in various meaningful activities, and potential to contribute to the residency program, and the field in general. Although they are a meaningful part of your application, there is no Step/COMLEX score considered "too low" to match in psychiatry. Highly valued is any participation in longitudinal and meaningful service,

leadership, and scholarly experiences that demonstrate unique individual attributes and a strong commitment to psychiatry. Remember that quality is more important than quantity. The depth of commitment (e.g., longer, consistent duration of involvement, leadership roles showing impact of your work) is preferable to being involved in multiple roles superficially (e.g., shorter duration, intermittent, rank and file volunteer). Service activities could include service to the community (e.g., student-run free clinic, community health fair, homeless shelter, volunteering on inpatient psychiatry unit or pediatrics service) or service to the medical school (e.g., committees, student council, peer support and wellness activities). Roles involving teaching and mentoring other students (e.g., peer tutor, course teaching assistant) or running student interest groups demonstrate desirable professionalism and leadership skills.

Clinical experiences outside of the required clerkship, such as psychiatry electives and acting internships, are valuable for preparation for residency, further exploration and refinement of interests, and demonstration of commitment to the field. Most psychiatrists work in outpatient settings, but clerkship rotation sites are usually inpatient, so you may want to gain exposure to multiple settings to solidify your interest in the field. Additional clinical electives will also enable you to develop relationships with faculty who may become mentors and who may later write your letters of recommendation.

Research is not a requirement to match into psychiatry, but any form of scholarship related to psychiatry can strengthen an application. Scholarly work is not limited to traditional research in a lab; scholarly projects in the areas of patient safety and quality improvement, social determinants of health, education/curricular design, and clinical case reports or reviews are also highly valuable in training. While on your psychiatry rotations keep an eye out for interesting patient care scenarios that can lead to clinical case reports. Presentations at professional meetings or publications are especially impressive.

Regional or national work with organizations such as [American Psychiatric Association \(APA\)](#), [Student National Medical Association \(SNMA\)](#), [Latino Medical Student Association](#), [American Medical Student Association \(AMSA\)](#) and [Psychiatry Student Interest Group Network \(PsychSIGN\)](#) may strengthen an application as well as provide opportunities for networking, leadership, mentorship, and scholarship. Many of the psychiatric subspecialty organizations—such as [American Academy of Child and Adolescent Psychiatry \(AACAP\)](#), [Academy of Consultation-Liaison Psychiatry \(ACLP\)](#), [American Academy of Addiction Psychiatry \(AAAP\)](#), and [American Association for Geriatric Psychiatry \(AAGP\)](#)—have free or discounted membership rates for medical students and offer helpful resources, mentorship initiatives, and exposure to areas of psychiatry not seen as often in medical school clerkships. Their annual meetings can be great places to network and meet psychiatrists from all around the country.

Most psychiatry programs are looking to recruit applicants with a diversity of life experiences, passions, language

fluency, skill sets, and professional interests, including those not directly related to psychiatry. These could include accomplishments in the arts, music, athletics, writing, advocacy, human rights, health policy, anti-racism/bias, or global health. Work and commitment to increasing access to care for any disadvantaged communities (such as unhoused, LGBTQ+, or specific racial, ethnic, immigrant, or religious groups) demonstrate skills and values. Skill sets and experiences from careers prior to medicine are also valued. The Electronic Residency Application Service (ERAS) for psychiatry residency includes short essays about meaningful experiences, and all of these previous roles can be excellent experiences to discuss.

Do not fret if you are one of the many who discover their love of the psychiatric profession only after completing the clerkship. This is a common experience in psychiatry. You may write in your personal statement about what experiences helped you come to this decision and how your journey fostered the skills and values you'll needed for psychiatry, even though you didn't plan it that way. Consider joining your local chapter of a professional organization listed above, and be sure to meet with your school's psychiatry advisor or a knowledgeable faculty advisor to develop a strong application for residency.





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PLANNING YOUR FOURTH YEAR

Your plan for 4th year should include time for required and elective clinical experiences, taking the USMLE Step 2 or COMLEX exam, and residency interviews (typically mid-October to February).

Every school has their own requirements for 4th year. Start with these requirements. Ask your faculty advisor or your school's psychiatry residency program director how many additional rotations they recommend you take in psychiatry (a general ballpark would be two to three). They can include sub-internships or acting internships (sub-I's or AIs). Both experiences are a terrific opportunity to demonstrate your potential as a future resident, meet faculty mentors, and request letters of recommendation (LORs.)

Sub-I's are generally completed after your core clerkships, and the primary goal is to demonstrate competence and the confidence of taking on duties of an intern. Completing a sub-I in a core medical specialty (medicine, pediatrics, or family medicine) early in the year can provide a good opportunity to obtain a letter of recommendation from non-psychiatry faculty (see the section on letters of recommendation for more information about this).

Electives in psychiatry give you the opportunity to explore various topics and subspecialties, such as addiction psychiatry or geriatric psychiatry, or settings, such as outpatient, that you may not have seen during your clerkship. If you plan to discuss your interest in a subspecialty of psychiatry (in interviews, personal statement, etc.), it is a good idea to pursue an elective in that subspecialty if one is available to you. You should also consider electives outside of psychiatry that complement your interests in psychiatry or provide experiences you may not have the opportunity to pursue after medical school or residency.

Rotations can also be completed at an institution other than your home institution, also known as "away rotations."

Away rotations are not required to apply for psychiatry. They allow you the opportunity to see how medicine is practiced elsewhere and gain experience with a specific program. An away rotation is also an opportunity to demonstrate your interest in a specific region or institution if you have a "dream program" where you hope to match. It does not guarantee that you will receive an interview, but if you do well it can greatly increase the chances both of an interview and matching to that program. Away rotations are also an opportunity to explore areas of psychiatry not available at your home institution. Many away rotations need to be applied for using a third-party service such as Visiting Student Learning Opportunities (VLSO) and require an application, letters of reference, or other requirements. Research or contact any program you would be interested in to learn their specific requirements well in advance. Many people begin this process at least three months before your final year in medical school. If you think that you would like to do an away rotation, budget for travel, food and rent expenses (some programs may offer discounted housing, and you can also look into options such as Airbnb or RotatingRoom). Some programs connect visiting medical students with their residents to discuss lodging options in the area ask the program coordinator whether this is an option.

Due to the high cost associated with away rotations – which can be a structural barrier for students – some programs are offering away electives or student fellowships that come with stipend support. Often such programs are focused around a theme or mission of the program, such as developing clinical scientists or improving health equity. Research for these early, as they are likely to have stricter requirements for their competitive application process.

During your rotation, keep in mind that your performance and potential as a future resident are always being evaluated. Members of the clinical team will try to get a



sense of how you will perform or fit as a future resident. Always arrive early and prepared for the day. Volunteer for additional clinical work, be a team player and support all members of the team, and take advantage of all additional learning opportunities, including resident didactics. At the same time, you are also evaluating the program more up-close than you ever can from their website and an interview day. Pay attention to the culture you experience during your rotation, to make sure the program is as good a fit as its reputation led you to hope.

Only grades that are submitted prior to the release of the MSPE will be seen by programs. If you are taking psychiatry electives or sub-I's and want programs to see your performance, plan to complete these by September to allow enough time to have your grade submitted by the ERAS opening date. (Note that some medical schools will only include 3rd-year clerkship grades in the MSPE; if this is the case for your school, you should be able to request an updated transcript once your 4th year psychiatry grades are in).

Most students take USMLE Step 2 and COMLEX exams early during their 4th year. Most programs require a passing USMLE Step 2 or COMLEX Level 2 score to be on the final certified rank order list. Taking the exam earlier in the

year gives you more opportunities to retake the exam or reschedule in the event of unforeseen circumstances.

As noted above, residency interviews typically occur between mid-October to February. Although your interview schedule may be difficult to predict, it is helpful to schedule more flexible clinical rotations or non-clinical experiences during the height of interview season. If this is not possible, make sure you communicate with your clinical team and clerkship director at the start of each rotation to notify them of any dates you anticipate needing to attend an interview.

Many schools offer 'boot camps' or similar rotations in the few months before graduation. They are designed to prepare you to be an intern in your matched specialty. You should sign up for this type of course if it is offered. Alternatively, consider a non-psychiatry clinical elective such as Endocrinology that will prepare you for common medical problems you'll face in psychiatry.

While parts of 4th year may feel stressful or overwhelming, try to also remember the positive aspects of this time. Fourth year provides the opportunity to explore new places, meet new people, and develop new skills. If time allows, schedule leisure or vacation time to relax before the start of intern year. Remember to enjoy your last year of medical school.



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FACULTY ADVISORS

The faculty advisor, also called a specialty advisor, plays an important role in supporting and guiding you in planning your 4th year schedule and applying to residency. Ideally, this will be someone with whom you feel comfortable discussing your goals for the future, your strengths and weaknesses, any concerns you have about matching successfully, and who has recent knowledge about the application and match process. A faculty advisor might be a program director at your home institution, or a faculty member you worked with on your clerkship. You could be assigned a faculty advisor by your Dean's office, someone within the department of psychiatry, or there may be no formal structure. Typically, faculty advisors who are also Program Directors or Associate Program Directors switch roles once ERAS is submitted and may not be available after that for specific questions about your application.

You should request a meeting with a potential faculty advisor as soon as you identify an interest in psychiatry since your advisor can help assess your fit and competitiveness for the field as well as identify any steps you can take to make yourself a more competitive applicant. In addition, the advisor can provide guidance as you make decisions about what rotations and electives to pursue in your 4th year and can discuss whether you should consider applying for any away rotations.

We strongly recommend meeting with an advisor no later than late spring of your 3rd year to begin discussing your CV, personal statement, elective schedule, how many applications to submit, which programs may be a good fit for you, which are “reach” programs, and which are “safety” programs. It will be important to discuss early on whether you may need to apply for a parallel specialty along with psychiatry. It is ideal for your faculty advisor to review

your personal statement and provide feedback as well as guidance on interview preparation. If your medical school has opportunities to complete a mock interview, we strongly recommend doing so as this can provide tailored feedback as well as help increase your confidence for the interview day. It is important to remember that faculty advisors are working with many students and may require you to provide any materials for review significantly before the formal deadlines. After submitting your application, plan to stay connected with your advisor to update them on your interview offers. If you are concerned about not having enough interviews, reach out to your advisor to discuss what steps you should take next. Advisors can also provide guidance on navigating post-interview communication with programs and perspective as you finalize your rank list.

HOW TO CHOOSE WHERE TO APPLY

Everyone's preferences in a residency program will be different, and everyone will prioritize different aspects of a program when making their rank list. Program information is available on the FREIDA website (<https://www.ama-assn.org/life-career/freida>), through the AAMC's Careers in Medicine specialty pages (www.aamc.org/cim), and by visiting residency program websites. In addition, many students utilize Doximity (<https://residency.doximity.com/>) to gauge the relative competitiveness of residency programs, although the Doximity rankings may not reflect an applicant's individualized priorities in choosing a program. Doximity's rankings are based primarily on US News & World Report rankings, which tend to prioritize research funding and hospital metrics over quality of training. The question of which programs might be right for you is a very individual question, one that is based on ultimate career goals and personal values.



[Texas STAR online dashboard](#) is a database utilized by some medical students to determine their likelihood of receiving an interview at a specific residency program based on the student's individual metrics. Not every residency program participates, and it only offers an estimate, not a guarantee. This is something that has been very frustrating to applicants over the years, and the AAMC is currently working on a solution. In the meantime, discuss your options with your faculty advisor, who can guide you in selecting programs of appropriate competitiveness. Ideally, you will apply to some "reach" programs (slightly above your competitiveness level), some "middle of the road" programs (at your competitiveness level), and some "safety" programs (you are likely very qualified for these programs).

When choosing the programs to which you will apply, we recommend first considering what specific factors are most important to you in training. Afterwards, schedule a meeting with your faculty or specialty advisor to ask which programs they recommend based on your career goals and competitiveness. Consider getting opinions from recent graduates who have gone through the process, to find out where they applied and what they liked and disliked about each program they explored this is a great way to discover programs that you may have otherwise overlooked.

Here are some things to consider when evaluating a program:

- o **Location:** Can you see yourself living happily in that area? Is the cost of living acceptable? Are there nearby leisure activities you enjoy? If applicable, are there local job or school opportunities for your significant other, and what does local education, daycare, and family support look like here?
- o **Program Size:** Would you prefer a smaller cohort, or larger class of co-residents? Does the number of residents match the needs of the hospital? Are the residents trained in a close and individually supportive environment?
- o **Resident Morale:** Do residents in the program get along with each other? Have any residents left the program, and if so, why? When you are interviewing, ask residents to describe the culture of the program and their perceptions of the faculty, department, and institution. Ask about the attitudes of people in the program and opportunities not apparent on the website.
- o **Program Culture/Vibe:** What do the residents do for fun? Do they spend time together outside work? What words would residents use to describe

their professional culture and local interests?

- o **Work-Life Balance:** What is the frequency of call? Is it in-house or at home? Are there internal moonlighting opportunities? How many residents are participating in external moonlighting opportunities? Are duty hours meaningfully enforced? Is time for wellness seriously valued or given lip service?
- o **Clinical Opportunities:** What different clinical settings are included in training? What populations of patients do residents have the opportunity to treat? Is the patient population diverse? What about the training sites (VA, private, community, etc.)? Will you have the opportunity to gain exposure to a large array of sub-specialties within psychiatry (women's health, sports psychiatry)? Is there ECT and TMS training readily available?
- o **Nursing & Therapy Staff:** are there sufficient staff in the clinical environments to support good patient care and safety? Are there enough nurses, CNAs, security staff, therapists, etc? These roles are critical and affect the quality of patient care and education.
- o **Academics, Teaching, and Research:** What are the predominant academic interests of residents and faculty? Does the program offer concentrations or tracks that interest you? This might include clinical education, rural and underserved, psychotherapy, or other tracks. How does the program support scholarly activity? Is research built into the program? Is mentorship built into the program?
- o **Credentialing and Reputation:** Have there been any accreditation issues? Any major upcoming changes to the program?
- o **Chair and Faculty Interests:** Are there any areas of expertise among the faculty? What sub-specialties are represented among faculty?
- o **Diversity and Inclusion:** What efforts have been made to support diversity in the program? Do residents of various identities feel safe in the department? Is there diversity within the faculty? Are team members and patients with marginalized identities treated with respect? Does everyone (especially in leadership) speak comfortably about the need to recognize and dismantle structural bias, or are traditional power structures unchallenged?
- o **"Quality of Life" Considerations:** Is parking convenient and affordable? Are residents given food allowances or frequently provided food? Does the hospital have food suitable for your dietary



needs (gluten-free, vegan, etc.)? Are there any perks related to childcare or gym access? Do the residents enjoy the employment benefits offered? How much does the health insurance cost? There can be very large variability in how much health insurance costs, particularly if you will need to choose a plan that covers other family members, even at programs with otherwise similar salaries.

- o **Post-Residency Careers:** What do residents in the program do post-graduation? Are they matching into the fellowships you're considering? What career development and support are available to residents as they apply for jobs?
- o **Administrative Support Staff:** This can be difficult to assess but may have a huge impact on your residency experience, as these are the people who organize resident schedules, coordinate didactics, track vacation and sick days, and other important "behind-the-scenes" jobs, which can impact a resident's quality of life. Is the residency administration's communication timely and professional? Was the interview day organized? Were questions regarding scheduling or technical difficulties received with kindness?

As you can see, there are many factors to consider when evaluating a residency program. To find what is most important for you, it can be helpful to:

- o Weigh your priorities honestly. Your priorities do not need to match those of anyone else. What is important to one individual may be vastly different from another individual, and that's a good thing. Let yourself find programs to apply to that are a good fit, and rank them based on your own plans and values.
- o Consider making a spreadsheet with your top 5-7 factors and then prioritize them. That might mean placing them in order of importance or using an Excel function to give them a weighted importance that allows you to tally a total score for each program. Do the programs score in the order you expected? How does the order make you feel?
- o Take notes when you interview. Take a few extra minutes at the end of your interview day to jot

down your thoughts to help yourself compare programs weeks later when making your rank list.

- o Standardize your process. Choose four or five questions that you will find answers to for every single program. This will make it immensely easier to compare programs later.
- o Keep a running rank list throughout the season that you update after each interview day. Interviewing is tiring and it can be hard to sit down and take detailed notes; but it is much easier to add your program to a work in progress rank list. After your first interview, your list will be just one program long; after five interviews, there will be five programs. Include a note each time you change the list to explain why you chose to order it that way on that day.
- o Consult people you trust. Ask mentors and advisors for career-specific advice. Discuss your impressions with friends and family as you explore programs and complete interviews. Ask partners, family, and friends which programs you seemed most excited about after their respective interview days.
- o Visualize yourself on Match Day. As you finalize your rank list, take a few moments to visualize yourself matching to each program. What is your gut reaction? Are you excited for the path ahead of you? Any regrets?
- o Ultimately, remember that the list is your choice and is *just a list*. The list– the order of programs, the number ranked, and the program to which you match– does not define your worth as a person, your ability to succeed as a psychiatrist, or the impact you will make on your future patients.



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HOW MANY PROGRAMS TO APPLY TO

There is no magic formula to answer this question (we wish there were!). How many programs someone should apply to is a complicated decision based on individual factors. Students should consider not only the strength of their application, the types of programs (large versus small, big city versus smaller town, academic versus community, research versus clinically focused, etc.), geography, culture, proximity to family and the significant costs involved in the Electronic Residency Application Service (ERAS). The number of students applying to psychiatry overall and the applications per student have dramatically increased over the last decade which has made the application process more complicated both for students and residency training programs.

To better understand the National Residency Matching Program (NRMP) match for psychiatry, let's take a look at the numbers.¹ From 2014 to 2023, the percentage of "MD seniors," which is what the NRMP calls graduating allopathic (MD) students from US and Canadian LCME accredited schools, matching to a psychiatry residency has increased from 3.9% to 7.3%. That is the highest percentage of graduating MD students matching into psychiatry in the last 50 years. Similarly, the number of MD seniors applying to psychiatry in the match has increased since 2014 from 751 to 1562, more than doubling, even though the total number of MD seniors in the match increased by only 17%. Applications from osteopathic students have also increased steadily. Likewise, in 2014 the average MD student applied to 26 psychiatry residency programs. In 2024, per ERAS data,² that number was over 63. Osteopathic (DO) students in 2024 applied on average to over 81 programs! Even with the reduced application fee

structure for the 2025 ERAS residency season, applying to that many programs will cost a student somewhere between \$1300 and \$1900. Some people apply to 100+ programs, or even all of them! For most students, applying to that many programs may not be money wisely spent.

So, what would a reasonable number of applications be in this era of more students applying to psychiatry in the match? While this is a complicated decision, there are some data-driven reports that may be useful to consider. One of the most commonly used is the NRMP's biennial report "Charting Outcomes in the Match," which documents how applicant qualifications affect match success and was last published in 2022.³ These reports are available for US allopathic and osteopathic seniors as well as international medical graduates and include data comparing matched and unmatched applicants on a number of variables. The variables include, among others, USMLE Step scores and the number of research projects, abstracts/presentations/publications and volunteer experiences. Both MD and DO applicants may also be comforted to know that even those with relatively low USMLE or COMLEX scores, including those just above the passing bar, are much more likely to match in psychiatry than not.

One of the most important variables in the "Charting Outcomes in the Match" reports is the "mean number of contiguous ranks" (or CR, which is the number of programs ranked in psychiatry before a program in another specialty is ranked). CR roughly equates to the number of programs a student puts on their rank list, which is closely tied to the number of interviews a student gets. While students will often decide after interviews that one





or two programs is not a good fit for them, most students will rank all of the programs they interview with. Not surprisingly, matched MD students in 2022 had a higher CR (12), than unmatched students (just over five). The probability of matching with a CR of 8 is about 90% for MD students, but even those students with only one rank still matched more than half the time. For DO students, the probability of matching was 90% with 10 CRs. Strategically applying to programs that are a good fit and attainable will lead to less money spent on ERAS applications and should not decrease your chances of matching.

Another valuable biennial report from the NRMP is the “Applicant Survey.” The most recent version is from 2022 and includes surveys of “US MD Seniors,” “US DO Seniors,” and “Other Applicant Types.” According to the survey, US MD Seniors who matched into psychiatry and those who were unmatched applied to a median of 52 and 50 programs, respectively. US DO Seniors reported notably higher numbers at 77 (matched) and 142 (unmatched). In terms of interview offers, both US MD and DO Seniors who secured matches were offered a median of 13 interviews, while those who were unmatched were offered a median of six and five, respectively.⁴ An additional reference that can be helpful for students applying to psychiatry is the Texas STAR (Seeking Transparency in Application to Residency) survey and database. The 2023 report includes three years of data (2021-23) with survey responses from approximately 7,000 medical students at 146 medical schools. Students who matched into psychiatry during the survey period reported applying to a mean of 44 programs and interviewing

at 12 programs.⁵ Finally, the AAMC Residency Explorer tool can be used to research ERAS residency application data and residency program characteristics in order to make informed data-informed application decisions.⁶

Although these reports offer valuable insights, the correlation between match rate and the number of applications submitted and interviews completed is influenced by numerous other variables that are not documented. Did students solely target highly competitive programs, or did they also explore lesser-known or newer programs? Were their applications concentrated in major coastal cities, or did they consider programs in mid-sized cities nationwide? Did they complete any away rotations or develop connections with programs before application season? How did students use their program and regional signals? To best use the limited resources available for recruitment and interviews, residency program directors are increasingly scrutinizing applications for predictive indicators of the probability of matching into their programs. Thus, other factors not included in these reports, such as regionality, tailored personal statements, pre-existing familiarity with applicants or letter of recommendation authors, and the strategic use of signaling and geographic preferences, are increasingly influential in interview selection.

To best determine an individual student’s most strategic number of applications, students are encouraged to discuss their unique circumstances with their local departmental or dean’s office advisors and, if available, home residency program leadership. Moreover, the interview component cannot be overstated. Students with highly competitive applications or high test scores



who interview poorly or exhibit undesirable behaviors during the application process are at risk of not matching, regardless of how interviews they receive. Ultimately, the number of applications submitted is just one of the many factors determining whether their match is successful.

Citations:

¹ *Results and Data: 2023 Main Residency Match.*

<https://www.nrmp.org/match-data-analytics/residency-data-reports> Accessed February 6, 2024.

² *ERAS 2024 Cycle Applicant and Application Data*

<https://www.aamc.org/data-reports/data/eras-statistics-data> Accessed February 6, 2024.

³ *Charting Outcomes in the Match, 2022.*

<https://www.nrmp.org/match-data-analytics/residency-data-reports/> Accessed February 6, 2024.

⁴ *Results of the 2022 NRMP Applicant Survey*

<https://www.nrmp.org/wp-content/uploads/2022/09/NRMP-2022-Applicant-Survey-Report-Final.pdf> Accessed January 30, 2024.

⁵ *Texas STAR (Seeking Transparency in Application to Residency) Database*

<https://www.utsouthwestern.edu/education/medical-school/about-the-school/student-affairs/texas-star.html> Accessed January 30, 2024.

⁶ *AAMC Residency Explorer Tool*

<https://students-residents.aamc.org/apply-smart-residency/residency-explorer-tool> Accessed January 30, 2024.



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NAVIGATING ERAS

Introduction

ERAS (Electronic Residency Application System) from the AAMC has gone through many revisions in the last several years, and will likely continue to do so in response to applicant and program director feedback. Applicants are encouraged to work with an advisor to discuss this section, and to take caution if using AI to assist with the section. Critically, have your application finished with letters and scores submitted before the date that residency programs gain access to reviewing MyERAS applications. Residency programs typically begin reviewing applications in ERAS on the first day they can and will typically only invite applicants with complete applications. Thus, it is a huge disadvantage to be late.

Medical Student Performance Evaluation

The Dean and staff of your medical school will write the Medical Student Performance Evaluation (MSPE). According to the AAMC, it is a “summary letter of evaluation intended to provide residency program directors an honest and objective summary of a student’s salient experiences, attributes, and academic performance.” If your school allows this, look over your MSPE and provide notes of any factual errors or framing issues of your performance. Most MSPEs include a section that describes the student’s background, experiences before or outside of medical school, or noteworthy characteristics – if you are able to edit this section, try to use it to highlight positively the ways in which you differ from the traditional or average applicant.

Self-Identification

ERAS offers the option to self-identify race and ethnicity in the Self-Identification section. Applicants should note that following a pair of US Supreme Court decisions ending affirmative action in higher education in June 2023 (*Students for Fair Admissions v. Harvard* and *SFFA v. UNC*), some institutions are requiring that self-identification information be blinded during the selection process. However, applicants may choose to self-disclose information about their identity in other parts of the application, (e.g., the Impactful Experiences statement or personal statement.) It may be helpful to consider the text of the decision, which notes that “nothing in this opinion should be construed as prohibiting universities from considering an applicant’s discussion of how race affected his or her life, be it through discrimination, inspiration or otherwise” [*SFFA v. Harvard*, 600 U.S. 181 (2023)]. We recommend that applicants discuss with their advisors how best to approach self-identification of race, ethnicity, gender identity, and other characteristics and life experiences in their applications.

Geographic Preferences

The adage “Location, location, location!” holds true here. You can specify up to three geographic preferences chosen from the nine US Census areas. This information, along with your explanations, is shared only with programs in those geographic areas. However, the other residency programs will see if their program is not geographically aligned. If you choose not to have a geographic preference, all programs will see the statement that you do not have a geographic preference. Bear in mind that all programs in the region that you have applied to and selected as your preference can

see the statement you write regarding your preference. Be cautious about identifying a single city or state that you are interested in. It is still valuable to note if there are states that served as your hometown or places where you have lived. Your geographic preference choices can significantly impact your chances of receiving an interview offer. [AAMC data](#) for the 2022-2023 cycle showed that the percent median number of interviews offered from geographically aligned program is 16%, compared to the percent median number of interviews offered from non-geographically aligned program of 4%. [AAMC survey](#) of Psychiatry program directors in 2023 showed that 56% agree or strongly agree that “In general, applicants who stated a preference for my region were more likely to accept interview invitations.” You can also select a preference from urban setting or rural setting, and a reason for your preference.

Experience

Meaningful Experiences

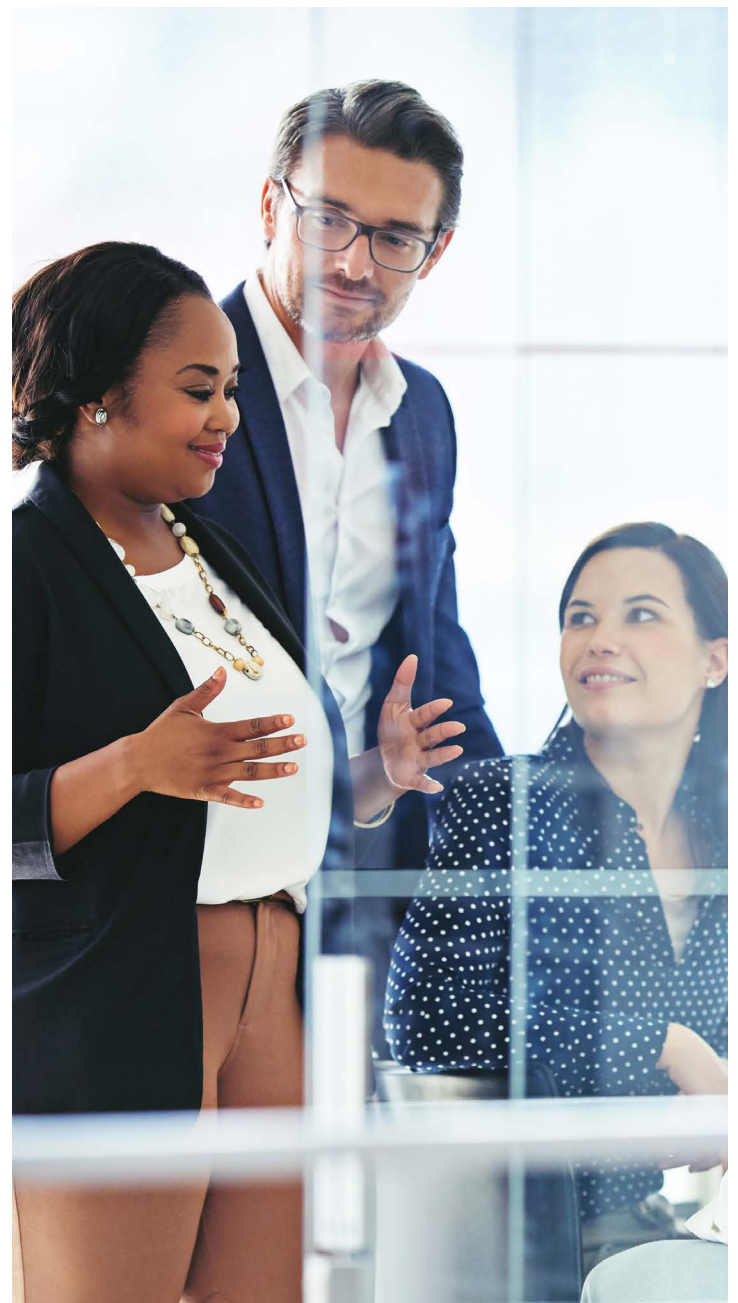
This section allows you to share up to 10 selected experiences, with three identified as ‘Most Meaningful.’ The experiences can vary from volunteer work to research and should highlight key characteristics like problem-solving and leadership. This section should complement, not replicate, the information in your CV, personal statement, or MSPE. Applicants are discouraged from including medical school rotations as “Meaningful Experiences”, as this replicates information that programs have available on your MSPE and transcript. Particularly meaningful patient care experiences, including those that have impacted the decision to pursue residency training in psychiatry, are best discussed in your personal statement and in interviews. [AAMC survey](#) of Psychiatry program directors in 2023 showed that 71% agree or strongly agree that “The most meaningful experiences responses helped me get a better picture of each applicant.”

Impactful Experiences

In the ERAS application, the “Impactful Experiences” section is an opportunity for applicants to share personal challenges or hardships that have significantly influenced their journey to residency. This includes experiences related to family background, financial difficulties, community challenges, educational barriers, or other significant life events. This section is distinct and should complement, not repeat, your personal statement or other parts of the application.

This optional section is particularly relevant for those who have faced and overcome substantial obstacles. In no more than 750 characters, applicants should succinctly describe

how these experiences have shaped their path to residency and the personal growth or insights gained. This section allows space to detail personal challenges and hardships which may have made the road to medicine and residency more difficult. Some examples can include: first generation to graduate college, low-income family, food scarcity, limited educational opportunities, and other general life circumstances that impacted you before or during your medical school journey. The [AAMC survey](#) of Psychiatry program directors in 2023 showed that 65% agree or strongly agree that “The other impactful experiences essay helped put the main ERAS application in context.”



Program Signaling

Signaling is a new part of ERAS introduced only in the last few years. While both applicants and programs are still learning how to think about signals, you should absolutely use all signals provided. Applicants can signal up to 10 programs, including their home program, away or elective programs, or others of interest. For your home program and away rotation programs, it is vital to know if the residency programs expect you to signal if you are interested. Some home institutions interview all medical students from their own institutions, and may not recommend their own applicants signal their home program. However some home institutions may expect students to signal if they have a strong interest in the program; the same is true of programs in which away rotations have been completed. It is helpful to speak with the residency program director at your home institution and any programs where you have away rotations regarding expectations around signaling. Note that only programs you signal will see your indication of interest.

When signaling, strongly consider factors like the program's mission, regional preferences, and the competitiveness of your application. Signaling enhances your chance of securing an interview. [AAMC data](#) for the 2022-2023 cycle showed that the median number of percent interviews offered from signaled program is 46%, compared to the median number of percent interviews offered from non-signaled program of 8%. [AAMC survey](#) of Psychiatry program directors in 2023 showed that 57% agree or strongly agree that "Applicants who signaled my program were more likely to accept interview invitations." Based on these data, applicants are encouraged to utilize all 10 signals. However, you should keep in mind that signaling will not change your chances of receiving an interview at programs that you are not at all competitive for. Very competitive programs receive a very high number of signals. Preliminary understanding of the current use of signals in the psychiatry match is that you should use most of them for "middle of the road" programs, and "safety" programs.

Red Flags

There is no ERAS section for "red flags," but addressing red flags in your application is important. Items that may stand out to residency programs as red flags are clerkship failures, USMLE/COMLEX failures, unexplained or unaccounted-for leaves of absence, and professionalism concerns. These topics should be addressed in the MSPE, personal statement, and/or the Impactful Experiences with further discussion typically occurring in the interview. Descriptions in other parts of the application should be congruent with the "official" description in the MSPE. Applicants should be prepared to clearly explain the circumstances of the event and the steps they have taken to minimize the recurrence of the event (for example, if a health condition has been resolved or new study strategies were implemented for exams). Note that programs cannot ask for specific details of health conditions or disabilities if it has not been explicitly disclosed by the applicant. Applicants may choose to expand the information or not; there are advantages and disadvantages to each strategy. Applicants should discuss decisions about what to disclose with their advisors or mentors and gauge their readiness to do so in a professional interview.

For More Information:

Detailed ERAS Application Worksheet can be found [here](#).
<https://students-residents.aamc.org/media/9711/download>





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LETTERS OF RECOMMENDATION AND SLOR

Letters of Recommendation

Letters of recommendation (LOR) are an important opportunity to communicate your attributes, strengths, and abilities to programs. LOR usually include the extent to which the writer knows the applicant, specialty to which you are applying, and the clinical strengths of the applicant in areas such as medical knowledge, interactions with other disciplines such as nursing, and the psychiatric interview. LOR also frequently highlight personal attributes such as humor or empathy and gives an overall level of endorsement.

Most Psychiatry programs will require three or four LORs. ERAS allows you to upload a maximum of four LORs to a single program. Some programs may request that one of the letters be a Chair Letter from your department chair, or a psychiatry-specific standardized letter of recommendation (SLOR). Please refer to the section entitled “Standardized Letter of Recommendation” below for more information on the SLOR. You can customize which letters are uploaded to which program.

According to the NRMP 2021 Program Director Survey [1], the letter of recommendation (LOR) was more important

in deciding whom to interview than USMLE/COMLEX scores, class rank, and extracurricular experiences. Now that licensing exams are moving towards PASS/FAIL scoring, the LOR is expected to become even more influential. Hence, determining who can provide the strongest LORs is important. Typically, students ask attending physicians from third and fourth-year rotations to write letters. Attending physicians who have worked closely with you and who have witnessed your strongest clinical performance typically write the best letters. While you may imagine that a chairperson, training director, or senior faculty member may carry extra “weight,” psychiatry Program Directors generally agree that it is more important that a letter writer know you well than be in an administrative leadership position. Individual programs may have specific requirements about the number of letters written by psychiatrists, but most programs look for at least two from psychiatrists. Many programs also look for at least one letter that is NOT from a psychiatrist, that can speak to your performance on other rotations—remember, you will spend several months on medicine and neurology as a psychiatry intern! Students often ask if all four letters need to be from clinical attendings. Generally, it is fine for one of your letters to be written by a research



advisor or someone you worked with more longitudinally in the first or second year of medical school if your work with them is a substantial part of your application. You should never ask family members and should not ask resident physicians to write your letters; however, it is ok to ask a psychiatry fellow to write a letter IF they will be a faculty member at by the time the letter is submitted.

There is variability among faculty in their skill at writing LORs, and an inexperienced unskilled letter writer may not write the most effective LOR. Depending on your setting and in what context you worked with the letter writer, you might be asking for a letter from someone who has not written many. Ask your advisor for help gauging whether your prospective LOR writer could benefit from guidance or resources and then providing that. For any writer, experienced or not, you can helpfully frame for them what focus will be most helpful. You can politely suggest, “Based on our work together, I thought that your letter might help me particularly if it highlights my [specific skills and/or qualities].” Use the psychiatry standardized SLOR to get ideas of what you should ask a writer to focus on.

Ideally, ask your chosen faculty to write letters as soon as possible after you decide they have worked with you enough to judge your performance; this could be mid-rotation, at the conclusion of the rotation, or soon after completion. This allows them to draft the letter, even if they cannot yet upload it to ERAS, while your performance is still fresh in their minds. If you are asking a faculty member you are no longer working with, review any previous feedback they have provided before determining if they are a good candidate to write a LOR. Ideally, you should schedule a meeting and ask in person, or ask during your last week on that service. Explain what you learned or enjoyed on your rotation and why you are asking this particular writer, before asking if they would be willing to write a strong letter of recommendation for a residency in psychiatry. Then, follow up with an email thanking them for agreeing to write a LOR. Include your CV, specialty choice, and personal statement (it is ok if this is a draft) with your email. If a faculty member shows any hesitation about writing a letter, you may want to rethink the request. If a faculty member volunteers a letter without being asked, you should accept.

Faculty are very busy and may need at least 4-6 weeks to complete a letter. This means that you should aim to ask your letter writers by August 1st (however, most faculty will understand if you are rotating in August you may ask for a letter from that rotation and understand the shorter timeline). Monitor when your letters are uploaded and if, after a few weeks, the letter is not uploaded, send a friendly reminder (“Thank you again for agreeing to write a letter for my application to psychiatry residency. I have attached my CV and personal statement. I am aiming to have all of my letters uploaded by September 15th and would greatly appreciate it if the letter could be uploaded by this date.”). After the letter is uploaded, be sure to send a thank you note. Also consider emailing your faculty a thank you after the match informing them where you matched! Faculty who write letters appreciating hearing the outcome of your application.

You should have all letters uploaded when ERAS opens for program director review. As such, you should schedule important rotations, like a psychiatry sub-internship where you hope to obtain a LOR, before September. If you are unable to do so, you should work with advisors at your institution to create the optimal plan for obtaining LOR and communicating with program directors. Usually, all students waive their right to see the contents of the letter. This theoretically allows the letter writer to be as candid and authentic as possible. If you choose not to waive this right, Program Directors may view this as a “red flag.”

[1] National Resident Matching Program, Data Release and Research Committee: Results of the 2021 NRMP Program Director Survey. National Resident Matching Program, Washington, DC. 2021



A photograph showing three medical professionals in a discussion. On the left, a Black man in a white lab coat is partially visible. In the center, a man with dark hair and a beard, wearing a white lab coat over a dark shirt, is gesturing with his hands while speaking. On the right, a woman with curly hair, wearing blue scrubs, is listening attentively. The background is a blurred office or clinical setting.

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Standardized Letters of Recommendation

Use of a SLOR or standardized letter of evaluation (SLOE) has become increasingly common across residency applications as various specialties have been rethinking the utility of traditional letters of recommendation. The Association of Directors of Medical Student Education in Psychiatry (ADMSEP), with input from the American Association of Directors of Psychiatric Residency Training (AADPRT), created a psychiatry specific SLOR template which was first available as an option for students to use for one LOR starting Match 2024. It will continue to be supported as an option for student use in future Match cycles.

This SLOR was created to assist both applicants and letter writers in communicating informative, uniform, equitable, and unbiased information that is most useful for psychiatry residency programs to review. This was created based on feedback from residency program directors and medical student clerkship directors. The SLOR requests that letter writers provide a brief description of how they know you and then discuss both your characteristics and qualities as well as your clinical skills. To assist with these areas, five prompts are given, and letter writers are asked to choose two of these to comment on for each section. Letter writers are then asked to comment on an area for growth, one additional item that makes you as an applicant unique, and your preparedness for residency. More information on the SLOR development is available on the AMDSEP website. The SLOR template can be found on the ADMSEP website (admsep.org)

Russo, R. A., Hameed, U., Ibrahim, Y., Joshi, A., Kerlek, A. J., Klapheke, M., Kovach, J. G., Raml, D. M., Schatte, D., Thomas, L. A., & Rakofsky, J. J. (2022). Psychiatry Residency Directors' Attitudes Toward and Uses of the Medical Student

Performance Evaluation and Other Potential Tools for Residency Selection. *Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, 46(5), 622-626. <https://doi.org/10.1007/s40596-022-01636-x>

PERSONAL STATEMENT

The personal statement is one of the more important screening tools for psychiatry programs. It provides a space to highlight your story and reasons for becoming a psychiatrist and should complement the more structured ERAS application. Ideally, it ties together experiences that are relevant to your interest in psychiatry (e.g., research in other specialties) that may not be obvious to the reader. Your application will provide details of extracurricular activities, awards, and other achievements. You should use the personal statement as an integrated narrative of your career choice. There is no need to restate experiences described elsewhere in your application, unless they are relevant to your career choice, and you wish to elaborate further on how they contributed to your path to psychiatry. Talk to your advisor or a psychiatry faculty member if you have questions about what to include.

Typically, the personal statement address why you chose psychiatry, any experiences you bring to the field of psychiatry, and where you see your career going in the future. Statements are more cohesive and memorable if you pick one theme or experience and focus on developing it, choosing to elaborate on experiences that speak to that theme. Unconventional topics or styles (e.g., poems) are discouraged and may raise issues around professionalism and seriousness.

Some students wish to include sensitive elements from their application (e.g., failed rotation, leave of absence,



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personal mental health journey, etc.) in their statements. If you choose to do so, weave it into the greater theme of your professional development and growth as a future physician and psychiatrist. While “personal” is in the title, you should not include things you will be uncomfortable discussing during an interview. The “Impactful Experiences” section may be a better place to address these topics. Discuss with your advisor on how to best approach sensitive topics.

Personal statements are generally one page in length, single-spaced, and approximately 500 words. You can preview the final draft on ERAS to make sure it is about a full page in length. Personal statements should be well-organized and grammatically correct. You are strongly encouraged to seek the guidance and feedback of someone who is familiar with the expectations of a personal statement and the process of reviewing residency applications. Ideally, your personal statement should be reviewed for content and clarity by an advisor or a psychiatry faculty member prior to submission. Some applicants may use generative artificial intelligence (AI) to provide inspiration, just as they may rely on trusted friends and loved ones to help develop ideas and edit drafts. Be mindful that the overall voice of the personal statement should be uniquely yours and that you are responsible for the full content presented as original and authentic.

NUTS AND BOLTS OF THE INTERVIEW DAY

Scheduling

Interviews usually run from mid-October through the end of January. Most schools allow students to take one month off for interviews or use asynchronous elective time to schedule interviews. You should prepare for interviews by reviewing each program’s website, gathering questions you plan to ask during your interview, doing a mock interview with an advisor, faculty, or resident, etc. The mock interview should test not only your ability to respond to questions, but you should test the exact technical setup you plan to use (internet connection, computer, camera,

room, lighting) to make sure that you can be clearly seen and heard on video. Since 2020, the NRMP has supported the AAMC’s recommendations for programs to conduct interviews virtually, for equity and expense reasons. This now allows you to save time and travel costs such that you may do more total interviews and space them more judiciously. Most interviews will last one half to one full day with sometimes a dinner or virtual meet and greet the night before to meet and socialize with residents. You do not need to be watchful for interview offers all the time, as the NRMP stated that programs must give at least 48 hours to respond to an interview offer. However, many program interview offers will fill on a first-come first-serve basis, so if you have particular date preferences, it may help for you or your designated person to monitor your email to sign up for interviews when you first receive an interview offer. Program website may publicize when they will release interview offers. Decide how many interviews you can manage in a week to allow you to properly prepare, consistently perform with energy and sincerity, and recall programs accurately, in addition to fulfilling any concurrent rotation requirements. Interviews will be scheduled through several different platforms depending on the residency program, including Thalamus, ERAS, and email. Many applicants choose to download the Thalamus app onto their devices for ease of Interview scheduling.

Preparing for Interview Day

A typical interview day involves an overview of the program by the program administrator or the program director, virtual tour(s) of the clinical and workspaces, virtual or actual lunch with residents, group meeting with the department chair, and two to eight individual interviews (which may include resident interviewers) or, rarely, group interviews. While some programs utilize structured behavioral interviewing (Situation, Task, Action, Result) where you may be presented with a situation and asked how you might handle it, most interviewers want to know if

you might be a “good fit” for their program and will conduct more conversational-style interviews. Sometimes different interviewers will focus on distinct aspects of your application or clinical experiences (e.g., meaningful clinical experiences, strengths/weaknesses, why you chose psychiatry, and especially why you are interested in their program.)

Most interviewers will ask applicants what questions they have about their program, so it can help to have specific questions prepared ahead of time. These can be the same question(s) you ask about each program to evaluate them comparably (e.g., DEI initiatives if not already stated on their website) or specific ones directed to the particular program (hopefully garnered after a review of their website) to address a particular area of interest to you (e.g., Women’s health, LGBTQ focused care, etc.) Avoid the appearance of reading pre-prepared answers to likely interview questions as it will look insincere or unauthentic. Asking questions about benefits, vacation time, etc. that may be stated on the program’s website does not reflect well on your preparation for the interview and may be better suited for the residents during the pre-interview resident social meet and greet (which is one of the best times to get your more nitty-gritty questions answered about a program!). Questions are an opportunity for you to learn more about the program, and also they demonstrate your individual interests and even your interview day preparation. For example, someone who uses their question opportunity to ask about DEI initiatives, or support of faculty and residents from groups underrepresented in medicine, simultaneously helps themselves assess the program’s culture and demonstrates their values.

Additionally, remember that the entire day, including any dinners or virtual socials, is a part of the interview. Program administrators and residents frequently give feedback about seemingly casual interactions, so be your “best self” in all interactions, maintaining professionalism and gratitude for the opportunity to interview.

It is a good idea to keep a notebook or document of your own notes from each interview day. As the interview season progresses, your memory of specific details from each interview may become less clear or different interview experiences may start to blur together. After each interview, take a few detailed notes about your impressions about the program, who you interviewed with, and your overall take-aways from each day. Other ways to debrief after each interview is to film yourself for 30-45 seconds talking about your impression, talk to significant others about your impressions, or keep a running rank list to remind yourself when it comes time for ranking.





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Preparing for Virtual Interviews

Although it may be tempting to wear shorts and slippers because only your upper half is visible on camera, it is best to wear business attire that you would wear if it were in person. Not only will this help to set your frame of mind for interviewing, but if something unexpected occurs where you must get up, your lower half may be visible to the interviewer. Highly patterned clothing may cause a moiré effect, and cause distracting wave patterns on screen. As such, many applicants choose to wear a professional non-patterned shirt and a dark-colored blazer. Given the virtual interview environment, make sure to review your interview space to ensure a neutral background that is quiet without interruptions (no pets, kids, or a clinic room where noise can be heard), adequate access to outlets for charging of laptops or interview devices, and a reliable, fast enough internet connection to accommodate video. Update any relevant video platform program or apps and turn off all notifications. Consider downloading the interview platform on your cell phone as a backup. If you do not have reliable interview space or Internet connection at home, see if your medical school has such space available for use.

A mock interview with family or friends, ideally using the interview space and connection you plan to use, may yield valuable feedback. Attention to the adequacy of lighting and sound, verification that camera is at eye level, underexposure from sitting in front of a window, glare from glasses, and presentation of clothing are areas to consider.

Travel for In-Person Interviews (Rare)

There are a few programs (usually smaller programs in perhaps more rural locations) that request or require in-person interviews rather than virtual. For such programs, it is likely a significant disadvantage to decline to travel. To defray the significant costs of travel for the interview, you could ask the program administrator if the program can provide any recommendations or discounts for lodging, and you could also ask if any residents are will to host an applicant. Nationally, the trend is away from requiring in-person interviewing because the cost creates a significant barrier for students.



Suggested areas to ask interviewers about

1. What the program looks for in an applicant/resident
2. Strengths/weaknesses of the program
3. Emphasis on psychotherapy training, including didactics, supervision and clinical experience in different types of psychotherapy
4. Training sites such as subspecialty clinics (e.g., mood disorders, anxiety disorders, eating disorders, med/psych clinics, transgender clinics, women's mental health)
5. Resident evaluation process
6. Diversity of patient population
7. Number and variety of training sites and distance from department "home"
8. Foreseeable changes in the department or program (e.g., if the Chairperson or Program Director is leaving it could signal a period of transition for the program)
9. Research opportunities for residents
10. Elective opportunities
11. Perception of relationships between psychiatry and other departments at the institution
12. Faculty involvement in activities such as journal club, M & M, etc.
13. Expectations on primary care and neurology rotations
14. ECT and neuromodulation experience/education
15. Training in Telepsychiatry and Collaborative/Integrated Care
16. Perceived teamwork and relationships between residents
17. Teamwork and relationships between residents and staff (including non-physician staff and leadership)
18. Availability of faculty and resident mentors that share your gender, sexual, racial, ethnic, or other identity
19. Resident career paths after graduation, including fellowships
20. Leadership, volunteer, and teaching opportunities
21. Examples of continued growth/improvement in the program



Questions for Residents

1. Do you feel like you have the appropriate level of supervision?
2. Why did you choose this program? Are you happy here?
3. If you had it to do over again, would you choose the same program? What are the strengths/weaknesses of the program?
4. Has anyone left the program and why?
5. How is call? Is there a night float system?
6. How is morale at the different PGY 1-4 levels?
7. How is resident camaraderie? Do residents get along with faculty?
8. How much didactic teaching do you get? Do educational activities reliably occur as scheduled? Is didactic time protected from other clinical duties?
9. Do you get to attend or present at conferences? Is there any financial support for this?
10. How diverse is the patient population? What are your community psychiatry experiences like?
11. What are your off-service rotations like in internship?
12. How much and varied psychotherapy exposure and supervision do you get?
13. How does the department seek and utilize resident feedback?
14. Are there assigned textbooks for different PGY levels? Are there resident funds available to purchase these?
15. Do you have time/opportunities for research?
16. How is parking/transportation?
17. What is the cost of living? Where do most residents live? Do they usually rent or buy?
18. Do you have time/opportunities for moonlighting? And from which PGY year?
19. How are the facilities? Library? Call rooms? Resident lounge? Computer system? Cafeteria?
20. Is the program supportive of residents starting families during residency?
21. Food allowance? Laundry? Lab coats?
22. Recreation? Exercise facilities?
23. What wellness/fun activities occur? Are there faculty/resident wellness activities?
24. What are the job opportunities for one's spouse/significant other? Are there job opportunities locally after graduation?
25. Do you feel you have adequate free time?
26. Is there low cost psychotherapy or psychiatric care available for residents?
27. Are residents able to request and receive accommodations for disability without stigma or retaliation?
28. How does the program or department or hospital leadership handle issues like bias and microaggression when they arise?

References:

1. <https://www.nrmp.org/wp-content/uploads/2023/08/2024-MPA-Main-Match-Applicant.pdf> Accessed 1/17/2024
2. <https://www.aamc.org/services/admission-interview-foundations/residency> Accessed 1/17/2024
3. <https://students-residents.aamc.org/applying-residencies-eras/publication-chapters/preparing-your-interviews> Accessed 1/17/2024



POST INTERVIEW COMMUNICATION AND SECOND LOOKS

Programs may advise a specific post-interview communication approach (e.g., not to send letters/e-mails). You should follow the guidance of the program. While post-interview communication should generally be limited, you may wish to send important updates to your application (e.g., new publications, exam scores, in addition to thank you notes.)

If not discouraged from doing so, you may consider sending thank you notes to the individual people you interviewed with, the Program Director and the program coordinators and assistants who helped to schedule your interview. In addition to thank you letters, some advisors will recommend sending a 'letter of intent' to the program you plan to rank first; however, the consensus is that sending a letter of intent does not matter to the program. If you choose to send a letter of intent be confident that what you are telling programs is honest and recognize that the program may not respond to communications sent after your interview. This absence of communication should not be used as data regarding the program's ranking intention.

Make sure to know the guidelines for interview and post-interview communication prior to reaching out all programs matching through the NRMP process are expected to respect an applicant's right to privacy and confidentiality, accept responsibility for the actions of recruitment team members, refrain from asking illegal or coercive questions, not require second visits or visiting rotations, and discourage post-interview communication.

For more information about Match Code of Conduct: <https://www.nrmp.org/communication-code-of-conduct/>
<https://www.nrmp.org/match-participation-agreements/>

SPECIAL CONSIDERATIONS FOR OSTEOPATHIC STUDENTS

The osteopathic medical profession is rapidly growing throughout the United States. As of 2024, more than 25% of all medical students in the US attend osteopathic medical schools. In the 2023 Match, almost one in four (23%) of medical students entering categorical psychiatry residency programs graduated from an osteopathic medical school.

In the past, osteopathic physicians completed graduate medical education in American Osteopathic Association (AOA), ACGME, or dually accredited residency programs. Since the creation of the single accreditation system, a single-match system with the ACGME, osteopathic and allopathic medical students follow the same

process for applying to residency programs.

With the expansion of osteopathic medical schools in the US, the percentage of osteopathic students matching into psychiatry has been steadily increasing in recent years. Due to the growing interest in psychiatry among both osteopathic and allopathic medical students, and the limited number of psychiatry residency programs and slots, matching in psychiatry has become more competitive.

Licensing Examinations: COMLEX and USMLE

Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Levels 1 and 2 are the national standardized licensing board examinations required by osteopathic medical schools for graduation and for DO licensure in all states. They are the counterpart to United States Medical Licensing Examination (USMLE) Steps 1 and 2, but also include examination of Osteopathic Principles and Practice as well as Osteopathic Manipulative Treatment.

Although osteopathic medical students are eligible to sit for both the COMLEX and the USMLE, taking both examinations carries an additional preparation burden and cost and should be carefully considered and discussed with an advisor. In 2023, the American Association of Directors of Psychiatry Residency Training issued a statement supporting parity between osteopathic and allopathic candidates and for COMLEX:

"Historically, many DO graduates have been advised of a need to take both Comprehensive Osteopathic Medical Licensing Examinations (COMLEX-USA) and United States Medical Licensing Examinations (USMLE) when applying to psychiatry residencies. Taking two sets of examinations should be unnecessary. Passing COMLEX-USA examinations is required for graduation with the DO degree from Colleges of Osteopathic Medicine and for licensure in numerous jurisdictions. We encourage all psychiatry residency programs to clearly state their policy regarding the acceptability of COMLEX-USA and USMLE scores and recommend that programs accept COMLEX-USA when considering DO applicants to their training programs."

Although the examinations are viewed as equivalent by state licensing boards, some residency Program Directors may give preference to an osteopathic medical student that takes and passes USMLE in addition to COMLEX. The benefit of taking Step 1 for an osteopathic medical student may be minimal compared to Step 2 since scoring has moved to a Pass/Fail system. It is important to explore specific program preferences when applying to the Match.



Number of Applications

The number of applications to residency programs has been historically higher for osteopathic medical students compared to allopathic ones. In part, this is due to fewer osteopathic medical schools with their own psychiatry residency programs. Consult with your advisor for current statistics on recommended number of programs to apply to based on your individual situation. Many advisors recommend applying to at least 60 programs to ensure an adequate number of interviews. Guidance may change once there are data around how new signal numbers affect applications and interviews are known.

Additionally, not all psychiatry residency programs have historically taken osteopathic medical students into their psychiatry residencies. Therefore, it is prudent to research residency websites and look for programs that currently have residents who are osteopathic physicians or provide other indicators that they are interested in taking DO students. Another important factor is whether there are members of the faculty, particularly program directors, who are osteopathic physicians.

Away/Audition Rotations

Since fewer osteopathic medical schools have their own affiliated psychiatry residency programs, it may be especially helpful for osteopathic medical students to participate in away or “audition” rotations. Audition rotations may provide the student with a first experience in an academic medical setting or working with psychiatry residents, experiences that may influence the student's career goals and preferences for residency programs. The benefit of sustained, in-person interaction for determining fit between applicant and student is even more valuable for an osteopathic student applying to a program with few DOs, in order for both student and program to evaluate fit for each other. When completed early in the fourth year, audition rotations are valuable also as a source of a letter of recommendation from a faculty member or residency program director. Osteopathic medical students who do not have a psychiatry residency program at their home institution should consider doing one to three audition rotations in their fourth year, preferably as early in the academic year as possible.

Board Certification

The osteopathic psychiatrist is eligible for board certification through the American Board of Psychiatry and Neurology (ABPN) as well as the American Osteopathic Board of Neurology and Psychiatry (AOBNP). The AOBNP continues to offer specialty board certification in multiple subspecialties as well, including Child/Adolescent Psychiatry, Geriatric Psychiatry, Addiction Medicine, Hospice/Palliative Medicine, and Sleep Medicine.

Osteopathic Recognition

There are residency programs that have earned a specific designation known as Osteopathic Recognition. This may be of particular interest to osteopathic medical students. According to the ACGME, “Osteopathic Recognition is a designation conferred by the ACGME's Osteopathic Recognition Committee upon ACGME-accredited programs that demonstrate, through a formal application process, the commitment to teaching and assessing Osteopathic Principles and Practice (OPP) at the graduate medical education level.” See this link for more details: <https://www.acgme.org/programs-and-institutions/programs/osteopathic-recognition/>

For a map of programs that offer Osteopathic Recognition, please see this link: <https://www.acgme.org/programs-and-institutions/programs/osteopathic-recognition/>

Resources for Osteopathic Medical Students

AOA: About Us – OMP Report, 2023: <https://osteopathic.org/about/aoa-statistics/>

AOBNP: <https://certification.osteopathic.org/neurology-psychiatry/>

AADPRT Consensus Statement re: COMLEX: https://www.aadprt.org/application/files/6416/8149/1623/AADPRT_Supports_Consensus_Statement_Regarding_Acceptance_of_COMLEX.pdf

Osteopathic Recognition through the ACGME: <https://www.aacom.org/gme/osteopathic-recognition/programs-with-osteopathic-recognition>

AACOM Match Resource Center: <https://www.aacom.org/gme/transition-to-residency/match>

COMLEX Score Conversion Chart to USMLE: <https://www.nbome.org/news/concordance-comlex-and-usmle-scores/>





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MILITARY MATCH

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THE ROAD TO A MILITARY RESIDENCY

So, you want to be a Military Physician?

The United States Army, Navy, Air Force, and Public Health Service have service-specific Medical Corps. They offer training in psychiatry residencies and a wide variety of postgraduate fellowships. Training as a uniformed psychiatrist provides an extraordinary opportunity for exciting and varied career paths. Each service has similar paths to military residency training and starts with contacting a local military health services recruiter (resource links below).

Planning for a military career and residency typically starts prior to entering medical school. One must either attend the Uniformed Services University of the Health Sciences (USUHS) or accept a Health Professions Scholarship Program (HPSP) scholarship to compete for a military residency. An active-duty service obligation (ADSO) will be incurred by medical students whose training was paid for by the military. The vast majority (>90%) of USUHS and HPSP students will complete an active-duty military residency at one of the Military Medical Treatment Facilities (MTF).

Uniformed Services University of the Health Sciences:

USUHS is located in Bethesda, Maryland. USUHS students are commissioned as active-duty officers in the grade of O1 Second Lieutenant in the Army and Air Force and an Ensign in the Navy, Coast Guard, and Public Health Service. Students receive full pay and benefits of an officer along with coverage of full tuition, fees, and health insurance. Upon graduation, USUHS students compete for the residency of their choice. USUHS students have a seven-year ADSO, which is served whenever they are not in Graduate Medical Education (GME).

The Health Professions Scholarship Program (HPSP):

Recipients are commissioned as Reserve Corps Officers upon accepting their scholarship. They can use their scholarship at any accredited allopathic or osteopathic medical school in the United States or Puerto Rico. HPSP recipients receive full coverage of all tuition/fee charges and reimbursement of health insurance costs and other related school expenses. They receive a monthly stipend of approximately \$2,500. Upon completion of medical school, HPSP recipients are commissioned in the active medical corps of their service. They have an ADSO equal to the number of

years that they received the scholarship, which is served whenever they are not in Graduate Medical Education. Most HPSP scholarships are four-year scholarships although a few three-year scholarships are available.

Military-Specific Training during medical school:

HPSP students attend military-specific training during medical school, usually prior to the start of medical school and/or during the first summer break. The timing and length of training vary by military service. In general, such training consists of a direct commissioning course and a basic officer leader course. USUHS students will typically attend their respective service's medical officer basic course prior to the start of medical school and receive military-specific training throughout their four-year education.

Clinical Rotations during medical school:

Select MTFs (military treatment facilities or hospitals) throughout the US provide elective rotations and subinternships. These are typically available at GME locations and provide opportunities for students to become familiar with the military medical mission and specialties. Students who desire such rotations are encouraged to contact MTFs early as space is limited.

Psychiatry residencies: Nearly all USUHS medical students and a majority of HPSP medical students will Match to a military psychiatry residency or a civilian residency responsible for training military psychiatry residents. The following are the current psychiatry training programs and locations. Note: Training at a given location depends on the service-affiliation of the prospective resident.

- Walter Reed National Military Medical Center (Bethesda, MD)
- University of Texas Health Science Center at San Antonio (San Antonio, TX) with rotations at Brooke Army Medical Center and Wilford Hall Ambulatory Surgical Center
- Wright State University (Dayton, OH) with rotations at Wright Patterson Air Force Base

- Carl R. Darnall Army Medical Center (Killeen, TX)
- Tripler Army Medical Center (Honolulu, HI)
- Naval Medical Center Portsmouth (Norfolk, VA)
- Naval Medical Center San Diego (San Diego, CA)
- Novant Health New Hanover Regional Medical Center (Wilmington, NC) with rotations at Naval Medical Center Camp Lejeune (Jacksonville, NC)

The Joint Graduate Medical Education Selection Board,

sometimes called the “Military Match”: The military services hold their own graduate medical education selection boards. Results are released in mid-December.

After completion of residency training: Once a Medical Corps Officer has completed residency training, they may go onto fellowship training or begin serving as a fully trained physician.

Resources to help you learn more about these programs:

Uniformed Services University: <https://www.usuhs.edu>

HPSP Service-specific Information:

Air Force: <https://www.airforcemedicine.af.mil/Media-Center/Fact-Sheets/Display/Article/425437/hpsp-fact-sheet/>

Army: <https://www.goarmy.com/careers-and-jobs/specialty-careers/health-care/amedd-scholarship.html>

Navy: <https://www.med.navy.mil/Accessions/Health-Professions-Scholarship-Program-HPSP-and-Financial-Assistance-Program-FAP/>

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-For the Army: Dr. Amit Gutpa Interim Program Director for Ft. Cavazos Army Psychiatry Residency Program @ Carl R. Darnell Army Medical Center.

-For the Navy: Dr. Eric Serpico Associate Program Director of NCC Military Psychiatry Residency Program.





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COUPLES MATCHING

Couples have been able to participate as such in the Match since 1984 and have had match rates above 90 percent every year since 1984 (1). In the 2023 match, 2,478 individuals participated as couples and had a PGY-1 match rate of 93.0 percent which is comparable to the overall 2023 match position fill rate of 93.3% (1). This is higher than the overall 2023 match rate for Psychiatry (1). However, this data is not released by specialty so the exact match rate for an applicant who is couples matching in Psychiatry is not available.

Speak with your faculty advisor if you are considering couples matching as couple matching requires additional considerations compared to matching solo. Ideally coordinate with your advisor and your partner's advisor to determine the number of applications they recommend submitting. If one or both of you is trying to match into a competitive specialty, you typically will be advised to apply more broadly and to more programs than if you were matching alone. Depending on your specialty and that of your partner, you may also be limited to programs in larger cities as opposed to more rural options. It is advisable to reach out to programs at institutions where only one partner has received an interview to show additional interest and let them know you are part of a couple.

If you would like to end up in the same geographic area, official couples matching is advised. "Unofficial" couples matching (e.g. mentioning to programs that you are trying to match together) is much more likely to end up with you and your partner matching in very distant locations. Couples

need to submit a longer rank lists than an individual; this is because their rank list contains combinations of programs rather than individual programs. A maximum of 300 combinations of programs can be submitted by those who are couples matching. A couple's rank list usually includes programs listed multiple times in combination with the other partner's desired programs. It is fully up to you and your partner how to order your rank list, whether you prioritize geographic proximity, program strengths, or other factors. The longer the rank list that the couple submits, the more likely they are to be matched to one of those options. The couples match also has the option for one partner to indicate a willingness to be unmatched at a specific rank on the rank list, as long as the partner is matched to the program linked to that rank. In 2023, there were 114 couples where only one of the pair matched (1). By submitting a longer rank list that includes more possible options (including the possibility of one of you going unmatched), you can improve your chances of successfully ending up in the same city together as a couple.

1. Results and Data 2023 Main Residency Match.

The Match. National Residency Matching Program. <https://www.nrmp.org/wp-content/uploads/2023/05/2023-Main-Match-Results-and-Data-Book-FINAL.pdf> Accessed January 22, 2024.

IMG (INTERNATIONAL MEDICAL GRADUATE)

International medical graduates (IMGs) play a pivotal role in the U.S. health care system and make up around 29% of the psychiatry workforce. IMGs often bring adaptability, sound clinical judgment, diversity and maturity to the residency program they join. However, in recent years, applying and matching to residency programs has become more challenging. From 2014 to 2020, IMGs successfully matching into psychiatry decreased by 46.3%. As per the data from the 2023 National Resident Match Program, more than 45% of the IMG's applying to psychiatry did not match. Given the growing interest in Psychiatry among U.S. Medical Graduates (USMGs) and DOs, IMGs applying for a residency training program in Psychiatry should look into strengthening their application based on some of the below suggestions.

Before taking the first step to pursuing residency training in psychiatry in the U.S., IMGs should familiarize themselves with the U.S. medical education system especially GME; language/communication and cultural factors affecting interpersonal relationships with patients, faculty and staff; immigration policies; and visas required for coming to the USA. The American Psychiatric Association and Educational Commission for Foreign Medical Graduates (ECFMG) provide the following web resources with useful topics in navigating residency training in the United States:

1. Navigating Psychiatry Residency in the United States:
A Guide to International Medical Graduate Physicians:

<https://www.psychiatry.org/psychiatrists/international/international-medical-graduates-resources>

2. ECFMG Certification Overview:

<https://www.ecfm.org/certification/>

IMG's planning to apply for residency training in the United States should ensure that their medical school is listed in the World Directory of Medical Schools and has an ECFMG note in the directory stating that the applicants from the school are eligible to apply for ECFMG certification. Further information on the ECFMG qualification of the medical school can be found at:
<https://www.ecfm.org/resources/sponsor-notes.html>

U.S. clinical experience in Psychiatry is highly valued by training directors as it familiarizes IMGs with the U.S. health system. Many program directors prefer IMGs who have at least 6 months of varied U.S. clinical experiences. It is advisable to gain such experience from an observership or externship, if available, especially at a Sponsoring Institution of GME training or with affiliated faculty, or by participating in clinical research opportunities. Participation

in US clinical experiences will increase IMGs' exposure to the differing cultures of health care systems and to diverse population groups. This will help IMGs acculturate to U.S. health systems while experiencing likely cultural difference in topics like gender related issues, physician-patient relationships, approaches to patient care, and organizational hierarchy. Interactions with clinical staff and patients should be used to sharpen verbal and nonverbal communication. IMGs should also choose their clinical or research experiences based on their ability to demonstrate their dedication and commitment to the field of psychiatry and obtain strong letters of recommendations, as well as seizing opportunities to publish articles in a medical journal, present oral presentations, or posters at meetings, or contribute to writing grant proposals. Attending national conferences may help provide opportunities to present scholarly work and network with psychiatrists.

Personal statements should be used to succinctly but honestly describe one's journey of immigrating since graduating medical school, along with a sincere description of the factors leading to one's choice of psychiatry over other medical specialties. A unique and genuinely stated personal description stands out over any manufactured samples that you may find online. Gaps in training must be explained clearly. The length and quality of prior training experiences should also be described especially those in psychiatry and mental health. In addition, programs often evaluate the quality of medical school and post-graduate training experiences. Maturity, adaptability, language skills and life experiences should be highlighted as assets to any program. If research is your strong interest, then research background should be highlighted along with any advanced degrees and publications. Programs will be looking for transferable skills would benefit them from your background.

USMLE scores are strongly considered by many programs. Some programs put weight on passing Step 3 prior to starting residency for this group. Transcripts from non-U.S. medical schools are different from transcripts from U.S. medical schools. Make sure there is a clear explanation of the grade system.

Strong letters of recommendation (LORs) from psychiatrists, especially affiliated with psychiatry residency training programs, further reinforce the genuine interest of the applicant. Given the competitive nature of the residency application process, IMGs often apply to more programs than USMGs. Since this becomes expensive, it is wise to review program details and location online, understand if the program will be a good fit for you, and then



strategically invest your resources. Programs that have not historically matched IMGs may be ones to avoid. Be sure to determine what visa a particular program may offer. Many programs offer J-1 through ECFMG, which requires a 3-year J-1 waiver position post-residency. A much smaller number of programs may offer an H-1B, which requires completion of USMLE Step 3.

IMGs also need to be vigilant about the changes expected in the future in the residency application process. As the USMLE Step 1 scoring process has transitioned to a Pass/Fail System, strong USMLE Step 2 Clinical Knowledge (CK) scores will be helpful for IMGs to demonstrate their strengths in clinical knowledge. To be eligible to rank programs in the NRMP, IMGs are required to be certified by the ECFMG. To qualify for the clinical skills and communication skills requirement for ECFMG certification, IMGs should either have passed the former Step 2 CS or complete an ECFMG pathway and meet the score requirements of the Occupational English test (OET) Medicine. Further details of the ECFMG pathways and OET score requirements for ECFMG certification for IMGs can be obtained at:

<https://www.ecfm.org/certification-pathways/>

IMGs are strongly recommended to frequently visit the ECFMG website to be updated with the changing requirements and deadlines for ECFMG certification, including pathways, to match to residency programs in the coming years. In 2021, the ECFMG and the Foundation for Advancement of International Medical Education and Research (FAIMER) integrated their services into a new private nonprofit organization called Intealth. Intealth plans to transition the application for ECFMG certification to their online platform, MyIntealth, to help streamline the process for ECFMG certification. Further information is available at: <https://www.ecfm.org/myintealth/>

What happens if you don't match?

On the third Monday of March, you will learn whether you matched. Students who do not match have the opportunity to participate in the Supplemental Offer and Acceptance Program (SOAP) to apply to any unfilled programs. If you received few interviews or have a red flag in your application that may make matching challenging, your advisor may ask you to pre-emptively plan a strategy for SOAP. There have been very few psychiatry positions available in SOAP for the last several years (around 10), so securing a position through SOAP will at minimum mean applying to both psychiatry and non-psychiatry programs. Please refer to the NRMP website

for complete and up-to-date information on the SOAP.

You should plan to work closely with your medical school Student Affairs Office, faculty advisor, or Career Counseling Office to navigate the SOAP process. Ideally, you will apply to and accept an offer with an unfilled psychiatry residency program during SOAP (best outcome) or a categorical position in an acceptable second choice specialty (e.g., family medicine.) However, there have historically been more preliminary medicine, preliminary surgery, and transitional year positions available in SOAP than categorical positions, so you may find yourself being offered a one year preliminary or transitional year, with or without an offer for a residency position for the following year. This can be a stressful time; make sure you are practicing self-care, including exercise, good nutrition, and strong social connections to safeguard your physical and mental health.

If you are unable to secure a preliminary or transitional year position, then you should immediately – before graduation – begin working with your medical school career advising office and faculty advisor on how to strengthen your application for reapplying in the next application cycle. If you are not able to secure a residency position during the SOAP, then you have a few options to consider. If there are any positions that remain unfilled after the SOAP, you can apply directly to those programs. These openings may be identified through listing services or the NRMP website. Additionally, you should ask your school to notify you if they become aware of any newly approved residency programs that are looking to fill their new class before July 1. If these efforts are not successful, begin considering how you would like to spend the next year.

Examples include the following:

- Clinical work – scribe, med tech, etc. – leading to new LORs
- Consider an unfilled Family or IM position
- Pursue a graduate degree (such as an MPH)
- Delay your graduation (some medical schools, but not all, will allow an unmatched senior to delay graduation by one year)
- Research (particularly within a psychiatry department that has a residency program) – leading to presentations & publications

You should discuss the pros and cons of these options with your Student Affairs Office and advisor. Be mindful about the financial implications and any student loans that will affect you. Work closely with your faculty advisor to assess any weakness in your application or



other reasons you may not have matched and develop a plan to address any identified issues. While painful, it is critically important to do an honest examination of your application and interview experiences to identify the best path forward. This may mean creating a brand-new personal statement and revising what letters of recommendation you will use in the next application cycle.

If you get into a transitional year or another residency program, then you can try to transfer into psychiatry (see the next section), or you may find that you can come to love a different specialty. There is lots of room in primary care and other specialties for the psychiatrically minded physician, who cares for those patients with personality or behaviors that make them “challenging”, or who provides mental health care in settings lacking psychiatrists, or who treats conditions in the borderlands between psychiatry and other medical fields.

If you do not match into any residency even after a second application cycle, then it is time to explore alternate careers. Hopefully by this point you will have been developing a “plan B” in parallel to your psychiatry application. There is meaningful work for a medical graduate to do, work that is connected to mental health, that does not require a residency. For example, think about public health, industry, consulting, and public policy. You may have to go further afield than your traditional medical school-based advisors to learn about such paths, and you should be brave enough to start considering these after one unsuccessful Match, even if your “plan A” is to apply to psychiatry residency in the next cycle.

Important Link:

<https://www.nrmp.org/residency-applicants/soap/>





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PGY2 AND OTHER TRANSFERS

A small number of PGY2 psychiatry spots are available each year for residents who choose to switch specialties or to switch psychiatry programs. Some residency programs plan to offer PGY2 spots each year, but other programs may have unexpected openings depending on the number of residents who “fast-track” in child & adolescent fellowship or when a resident leaves a program. Due to the limited number of PGY2 openings each year, these spots may be competitive to obtain. The single most critical factor in obtaining a PGY2 transfer spot is a strong performance in your current residency position.

While some PGY2 opportunities are available within the match, many are filled outside of the match. Advertising for non-match PGY2 spots is not done in a consistent manner. Programs may provide information about transfer positions on their website or on their social media pages. Anecdotally, the most common place where these sites are posted or listed is the listserv of the American Association of Directors of Psychiatry Residency Training (AADPRT). Some of these positions are also listed on the American Psychiatric Association website: <https://www.psychiatry.org/residents-medical-students/residents/vacant-resident-positions>.

Residents seeking a PGY2 position should consider sources of support and guidance. For residents in non-psychiatry training programs, transfer may reveal a change of heart in specialty choice or that a resident did not match into psychiatry as the first choice during the last match cycle.

Open communication with the program director may be challenging if they are unaware of your wishes or if the program will be negatively impacted by the transfer. In these situations, you should seek guidance from the medical school from which you graduated. You may consider reaching out to the official psychiatry advisors or residency director at your own medical school for assistance. You can inquire if the program director is on the AADPRT listserv and have seen recent notice of open spots. You may also directly email program directors to inquire about open spots. Emails should contain your CV and other relevant application information to this email. Transferring residents should be prepared to send standard application materials including board scores, transcript, MPSE, and letters of recommendation. Letters of recommendation from the current program director and attending physicians are preferable, if not required. Personal statements should be updated to include your reason for changing programs or specialties. For residents who did not match initially into psychiatry, the personal statement should generally be honest, authentic, and reveal how the interval experiences prepared you for transfer and training in psychiatry.

Programs with open spots will conduct interviews; the interview may be an individual interview instead of the group interview day that is common in the match process. Please see other sections of the Roadmap for general interview tips. Clinical experiences to date will likely be viewed as a strength and should be framed as such



during the interview process. Since the match process does not apply, interviewees should consider inquiring at the conclusion of the interview day about when you will hear if you will be offered a spot. While some programs may have contracts available for signature when offering a position, many will have an offer letter for your consideration, and signature and the formal contract will come later. Transferring residents should be sure to verify your last day of work at one position, the first day at the new position, and orientation dates. Residents on a VISA should be aware of how any gaps in residency employment dates would affect the VISA. Your new program and old program should coordinate communication of your previous completed rotations and milestones attained.

While acceptance into a program and starting as a PGY2 are not governed by the American Board of Psychiatry and Neurology (ABPN), the ABPN does determine board eligibility and thus transferring residents should pay close attention to ABPN requirements. Historically, the ABPN has granted credit for a full year of training only if the training was completed in a primary care specialty. Only residents in psychiatry programs receive credit to laterally transfer to PGY3 or PGY4 positions. Residents seeking to change specialties should inquire with the accepting program director about credit for rotations or for a full year of training. Accepting programs should obtain, in writing, documentation of what the ABPN will give credit for, and should provide this documentation directly to the transferring resident. Credit for activities completed in a psychiatry program prior to transfer has historically been less troublesome. However, residents switching between psychiatry programs should also clarify with their prior and accepting program about which ABPN requirements were fulfilled at the prior program, and which will be fulfilled at the accepting program.





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