



the 2019-2020
MATCH
BOOK

*A guide to prepare you for the
Canadian Residency Match*



CFMS FEMC

Canadian Federation
of Medical Students

Fédération des étudiants et des
étudiantes en médecine du Canada

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The CFMS has made every attempt to ensure the accuracy of data presented herein; however, absolute accuracy cannot be guaranteed.

The tips from residents presented in this publication were not collected systematically. They reflect personal opinions and do not represent the views of any organization. Readers should use their judgment in this regard. The CFMS is not responsible for any consequence resulting from readers’ actions based on these tips.

TABLE OF CONTENTS

A Introduction

Message from the Match Book Editor	4
Message from CaRMS CEO And Chair	6
Message from the AFMC	7
Message About Wellness	8

1 Background

1.1 The Match Process	10
1.2 The CaRMS Contract	21
1.3 FAQ About CaRMS	21

2 Preparation

2.1 Dates and Milestones	23
2.2 Statistics	25

3 Strategy

3.1 Guide to Elective Planning	37
3.2 AFMC Elective Portal	39
3.3 Tips from R-1 Residents (2018-2019)	43
3.4 Tips from Previous Residents (2013-2018)	65
3.5 Balancing Priorities for Your Rank-Order-List	96
3.6 The Unmatched Scenario	100

4 How-To's And Guides

4.1 Hidden Costs of Fourth-Year Medical School — And How to Manage Them	113
4.2 Applying to the USA (Through ERAS)	121
4.3 Working and Training in the NHS in the UK	122

5 Transition To Residency

5.1 Competence by Design and Common Myths	125
5.2 CFMS Pocket Cards: for Medical School and Beyond	131

6 Miscellaneous

6.1 Useful Resources	137
6.2 Previous Match Book Contributors	138
6.3 References	140

INTRODUCTION

MESSAGE FROM THE MATCH BOOK EDITOR

The Match Book, created in 2008 and currently in its 12th edition, is a publication from the Canadian Federation of Medical Students (CFMS). It is a student-written resource tailored for Canadian medical students entering the confusing and sometimes overwhelming residency-matching process administered by the Canadian Resident Matching Service (CaRMS).

New to this year's edition is the "Balancing Priorities for Your Rank-Order-List" section, which was created to help medical students create a Rank-Order-List that is reflective of their own unique qualities, experiences, values and priorities. This section will help medical students decide how to rank their residency programs and will help them to better understand why they made each of their particular ranking decisions. Another new section in this year's Match Book edition is the "Transition to Residency" section, which will help matched medical graduates transition to their residency program. A "Tips from Previous Residents (2013-2018)" section has been incorporated, in order to afford medical students the opportunity to gather a more thorough and diverse array of advice, which has been accumulated throughout the years through surveys to each year's graduating class. An "Applying to the USA (Through ERAS)" section has been added to provide students with information concerning this process. A "Working and Training in the NHS in the UK" section has also been added. This section is meant to provide an introduction for Canadian medical graduates considering working or training in the National Health Service of the United Kingdom.

This year's edition will also be the first addition to feature a TL;DR summary format for the Match Book. This organizational format highlights the main points of each section in this book in red text, while allowing for the remainder of the text to provide context and additional available information. Moreover, this edition will provide an overview of how the Canadian residency match process works, statistics from previous matches, and practical tips provided by medical students who have gone through the process in recent years. The Match Book covers the major steps involved in residency application and aids Canadian medical students at various stages of training in planning their strategy for matching to their preferred programs. In addition, the Match Book was thoroughly reviewed and updated with relevant information applicable to the match process, as well as with useful advice applicable to medical school life and the CFMS. Finally, we are proud to share that this year's Match Book will be the second edition with a full version published in French. Special thanks go to the Adel Arezki (Quebec Regional Director), Alyssa Daianska (Bilingualism Committee Lead), and the rest of the Bilingualism Committee for their work in *making this possible*.

We are grateful to all the respondents of our survey for providing valuable insight for future CaRMS applicants. We would like to thank the members of the CFMS Education Committee; Maylynn Ding (Director of Education), Rishi Sharma (Ontario Regional Director and Education Attaché) and Nathan Rider (National Officer of Education) for their contributions; and finally, CFMS members at large for their contributions in the advancement of this annual publication. We also extend our thanks to the previous Match Book editors for their tremendous work in creating the framework of the current Match Book.

The CFMS Education Committee was created in 2014 and is responsible for the CFMS Education Portfolio, which comprises several active projects including the Match Book. Any CFMS member interested in editing future editions of the Match Book is advised to apply for the CFMS Education Committee in Fall 2019. Any questions can be addressed to the CFMS Vice-President Education (education@cfms.org).

Sincerely,

Rafael Zaki
Match Book File Lead
Class of 2022
University of Manitoba

MESSAGE FROM CARMS CEO AND CHAIR

Your final year of medical school marks an important transition along your path to practicing medicine. This is the year you'll enter the R-1 Main Residency Match, facilitated by the Canadian Resident Matching Service (CaRMS), to determine the next step on your journey.

The Match is such an ingrained part of the residency selection process, we don't often stop to consider the critical role it plays in our medical education system. The Match was created by the medical education community (including strong representation from medical students) to eliminate the problems that plagued the residency recruitment process at the time. Offers from programs came in one-by-one without a predictable schedule, meaning students had to decide whether to accept the first offer or hold out for something else – likely losing out on the first offer if that “something else” never materialized. Programs were under pressure to extend early offers to get the best candidates, meaning students were faced with “exploding offers” that expired before they could consider all the options. In this chaotic environment, there were concerns about fairness, objectivity and transparency – which is why CaRMS prioritizes these principles in today's application, selection and matching process.

Since its establishment in 1970, CaRMS (or the Canadian Interns Matching Service, as it was then called) has administered the Match, creating a level playing field for all students and making sure they have the tools and information they need to navigate the process. Over the last five decades CaRMS has constantly evolved our tools and services to support the changing needs of the community. While the technology has changed (a lot), the value of the Match has remained constant.

While such a critical time in your career progression is never going to be entirely stress-free, you can be assured that the Match exists to give you your best possible outcome. An efficient, standardized application means you (and the faculties who will review your application) can focus on what matters. Everyone follows the same rules and adheres to the same deadlines, and you can consider all your options before making any decisions. Most importantly, the strategy for success is simple: rank the programs you want, in the order you want them. It's safe to express your true preferences in your rank order list, because CaRMS keeps this information completely confidential. At the end of the process, the applicant-proposing Match Algorithm provides you with your best possible outcome based on your choices and those of the programs you apply to.

As you embark on your match year, we encourage you to consult the wealth of information and insights on carms.ca. For more about how the Match Algorithm works, visit carms.ca/algorithm. To access years of match data, visit carms.ca/data.

Sincerely,

John Gallinger
CEO
CaRMS

Dr. Eric Peters
Chair
CaRMS Board of Directors

MESSAGE FROM THE AFMC

Dear medical students:

The process of career decision making and the match into residency is a major part of every medical student's life. The Association of Faculties of Medicine of Canada (AFMC) is pleased to provide you with career counseling online tools such as the [Myth Buster video clips](#), developed with faculty leaders from across the country, to help you make these important decisions. AFMC is pleased that our advocacy efforts led to smaller number of unmatched Canadian medical graduates this year. Our report, [Reducing the Number of Unmatched Canadian Medical Graduates](#), confirms the commitment of the Deans of Medicine to providing strong support to medical students and unmatched graduates from Canadian medical schools on their path to a meaningful career that contributes to improved health for all Canadians. AFMC continues to be actively engaged in a system-level reform including advocating strongly with government to increase the number of residency positions as well as to fund a pan-Canadian resident transfer program.

As we continue to work together to address challenges in the [transition to residency](#), I invite you to share any feedback you may have. Please let us know how else we can help support you.

Sincerely,



Geneviève Moineau, MD, FRCPC
President and CEO
Association of Faculties of Medicine of Canada

MESSAGE ABOUT WELLNESS

“No man is an island, Entire of itself, Every man is a piece of the continent, A part of the main.”

—John Donne “Meditation 17” (1624)

Congratulations, final year students! You have made it and the end of this journey is in sight. It is a bittersweet moment to know this adventure is nearly done but a new adventure awaits. Congratulate yourself for how far you have come. You have accomplished much while navigating academic and personal challenges. Along the way you learned not just medical sciences but also about your own strength and resiliency.

The match process will challenge you in new ways. It is not uncommon to feel isolated, inadequate, or overwhelmed. These are common emotions, but each person’s experiences will be different. Even if you feel so, you are not alone on this emotional roller coaster. It is a journey all medical students have or will face. As you navigate the ups and downs of this process, looking after your own health is key.

Maintaining wellness (not just physical but also mental, emotional, and spiritual health) can be increasingly difficult this year. If you have not already, this is a good time to explore available resources.

For example, many universities offer free counselling, gym memberships, accessibility offices, spiritual centres, LGBTQ+ resources, and more. Your undergraduate medical education office may offer additional mental health resources, financial advisors, and career support. Classmates, mentors, family and friends, including those outside medicine, are important emotional supports; they want you to succeed too.

Maximize resources by helping them help you. Access them early, ie. use them prophylactically. As well, the importance of explicitly identifying needs was a lesson I learned from my mom (because moms are usually right, aren’t they?). She is not in medicine or familiar with the match, so it helped her to explicitly state emotions, explain them, then say what was needed. For example, “I am frustrated with personal letters. I’m often too critical of myself and I’m selling myself short. Can you help me list my strengths?” This may sound straightforward, but the hardest step is often the first step, reaching out for support.

It is not easy to ask for help when our profession highly values perfectionism. In discussing wellness, we must acknowledge that this culture of perfectionism can be a barrier. Like most things in medicine, social norms and culture influence an individual’s actions.

On the other hand, this is also a bidirectional relationship. Our actions direct the evolution of medical culture. We can adopt the perspective of seeing someone’s strength, courage, and dedication to their work when they ask for assistance. Essentially, as the incoming generation of physicians, we can embody the culture in which we want to work. It is inspiring to see that many medical students

and residents are doing this already. For final year students, this is an important time to support your classmates and their wellbeing.

However you define wellness, check-in regularly with yourself this year and make sure your needs are met. Many resources are available to help you. Look out for your classmates too. Behind the facades of success, they may be feeling isolated or overwhelmed. You can offer support, so they know no one is doing this alone.

Good luck! And don't forget to have fun!

Sincerely,



Lauren Bilinsky
PGY-3, Public Health and Preventative Medicine with Family Medicine
University of Calgary

SECTION 1: BACKGROUND

For your convenience, a TL;DR version has been included in blue text, and is meant to encapsulate the main points of each section in this book. This is not exhaustive. Also, it is left within the remainder of the text in order to provide context, if you wish to read more about any specific topic in this book.

1.1 THE MATCH PROCESS

Overview

The [CaRMS R-1 match process](#) allows applicants to decide where to train and Program Directors to decide which applicants they wish to enrol in postgraduate medical training. The R-1 match is the largest match program that is offered through CaRMS, and students from all 17 medical schools in Canada as well as eligible students from the US and international medical students (IMGs) with no prior postgraduate training in Canada or the US participate in the match. It is offered in two iterations, where positions and applicants that were not matched in the first iteration can participate again in the second round for another opportunity at a match. [Once matched, applicants are legally bound to attend the residency program and programs are legally bound to accept applicants.](#) Read more on this topic in Section 1.2: The New CaRMS Contract. Visit the [CaRMS website](#) for more information about this contract.

Match Algorithm^{1,2,3,4,5}

CaRMS uses the Roth-Peranson algorithm to match students into postgraduate medical training programs throughout Canada. This is roughly the same matching algorithm that is used in the United States for their National Resident Matching Program (NRMP), as well as for matches in many other programs including law, dentistry, psychology, optometry, and pharmacy.

1 "Fixing the 'Match': How to Play the Game."

2 "Playing With Matches."

3 "The Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel."

4 "NMS | About the Match."

5 "How It Works."

A Brief History of the Matching Algorithm

We will cover here a brief history of the matching algorithm and how it works. We will also run through how an example match works, and some practical tips about how to rank residency programs. The algorithm used today by CaRMS is slightly more complicated than what we present here because it must deal with complex situations such as couples matching, but we hope that our simplified example here helps with understanding how the process works.

Interestingly, the work that went into this algorithm won the Nobel Prize in Economics in 2012 for Alvin Roth (Harvard University) and Lloyd Shapley (UCLA). Their work was pioneering because unlike with traditional markets, where prices can be adjusted so that supply meets demand, the process of residency matching provides a special challenge because prices cannot be used at all to allocate the limited resources of residency spots or graduating medical students.

In the early 1900s, residency matching in the US worked roughly the same way as traditional job offers. This presented a problem, however, because with the scarcity of promising medical students, hospitals would make offers for residency spots increasingly early — often before students had enough time to decide where their interests lie in medicine. With medical students often rejecting residency offers, hospitals would give “exploding” job offers, which had extremely short expiration dates.

Lloyd Shapley and David Gale developed a “deferred acceptance” algorithm in their theoretical work in game theory whereby applicants take turns applying to programs of their choice, making “tentative matches”, and programs will take their most preferred applicant who matched to them. Importantly, they showed that such an algorithm would always result in stable matches. That is, after the final match, there would be no switches of an applicant to another program that would be preferable to both sides. Moreover, the deferred acceptance algorithm is one-sided. Whichever side proposes first (the students or the programs) has an overall advantage in terms of how likely they are to obtain their top choice matches.

In the 1950s, the residency matching program in the US brought in the economist Alvin Roth and Elliot Peranson to help with their matching algorithm. Roth discovered that the algorithm that the NRMP was using was very similar to the “deferred acceptance” algorithm that Shapley and Gale had developed. They helped develop the algorithm further and adapt it for some special conditions, including couples matching.

How does it work?

The match algorithm compares rank-order-lists (ROLs) submitted to CaRMS by applicants and programs and matches applicants to programs based on both parties' stated preferences. ROLs submitted by applicants indicate a list of programs where they wish to train ranked in order of preference. Similarly, ROLs submitted by programs indicate a list of applicants they wish to train ranked in order of preference. The ROLs of both applicants and residency programs are confidential.

The algorithm is applicant-proposing, meaning it starts with an attempt to place an applicant into their most preferred program. In this way, the algorithm provides applicants with their best possible outcome based on the ROL submitted. At the end of the match process, each applicant is either matched to their most preferred choice possible from their ROL or all choices submitted by the applicant have been exhausted and they go unmatched.

The CaRMS match algorithm is also the same for IMGs. The CaRMS algorithm only looks at three pieces of data:

- i. Applicant ROLs
- ii. Program ROLs
- iii. Number of available positions

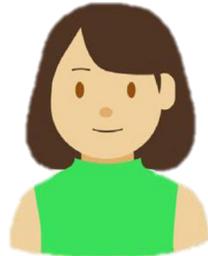
Following the first iteration of the match, unmatched applicants can reassess their standing and apply to programs with unfilled positions in the second iteration. The same algorithm is applied to this second match.

Let's Work Through an Example...

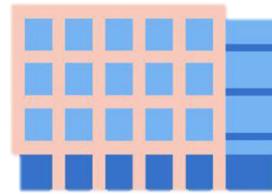
Imagine there are four applicants (Colleen, Mel, Cory, and Barb) and four residency programs (UBC, McMaster, Dalhousie, and NOSM), each with one position. The following is how the applicants and the programs have ranked each other:

- Applicants and residency programs make their Rank Order List.

- UBC
- McMaster
- Dalhousie
- NOSM



Colleen



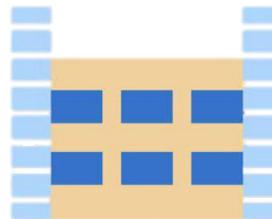
UBC

- Colleen
- Cory

- NOSM
- McMaster
- UBC



Mel



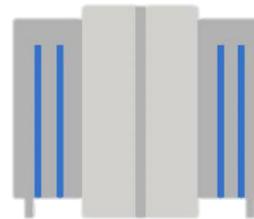
McMaster

- Colleen
- Cory
- Barb
- Mel

- UBC
- McMaster



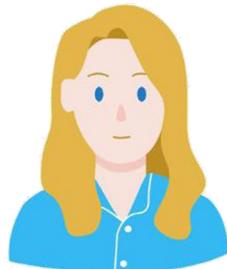
Cory



Dalhousie

- Mel
- Barb
- Colleen

- Dalhousie
- NOSM
- UBC
- McMaster



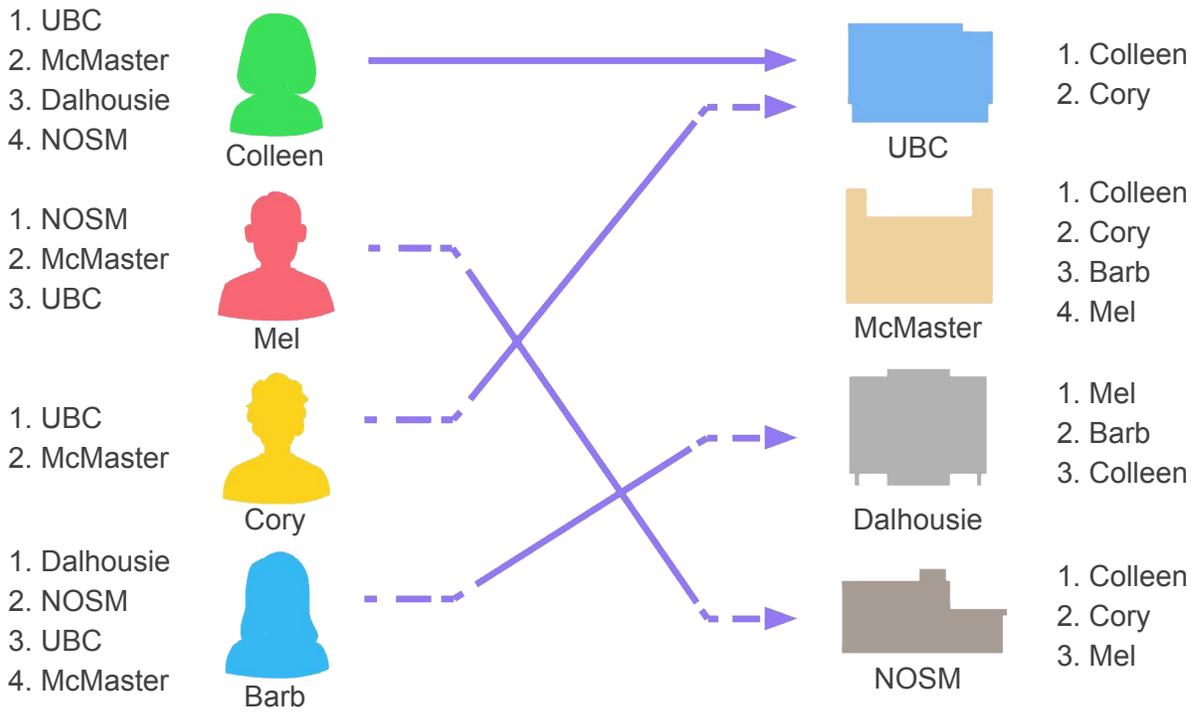
Barb



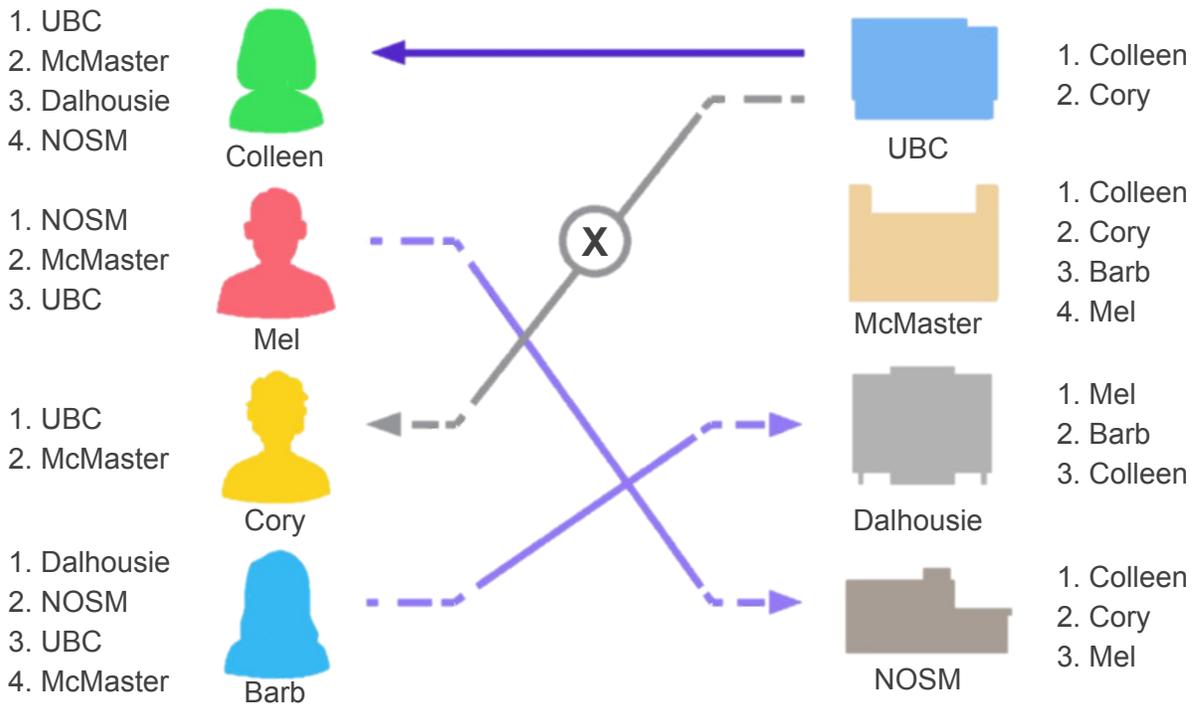
NOSM

- Colleen
- Cory
- Mel

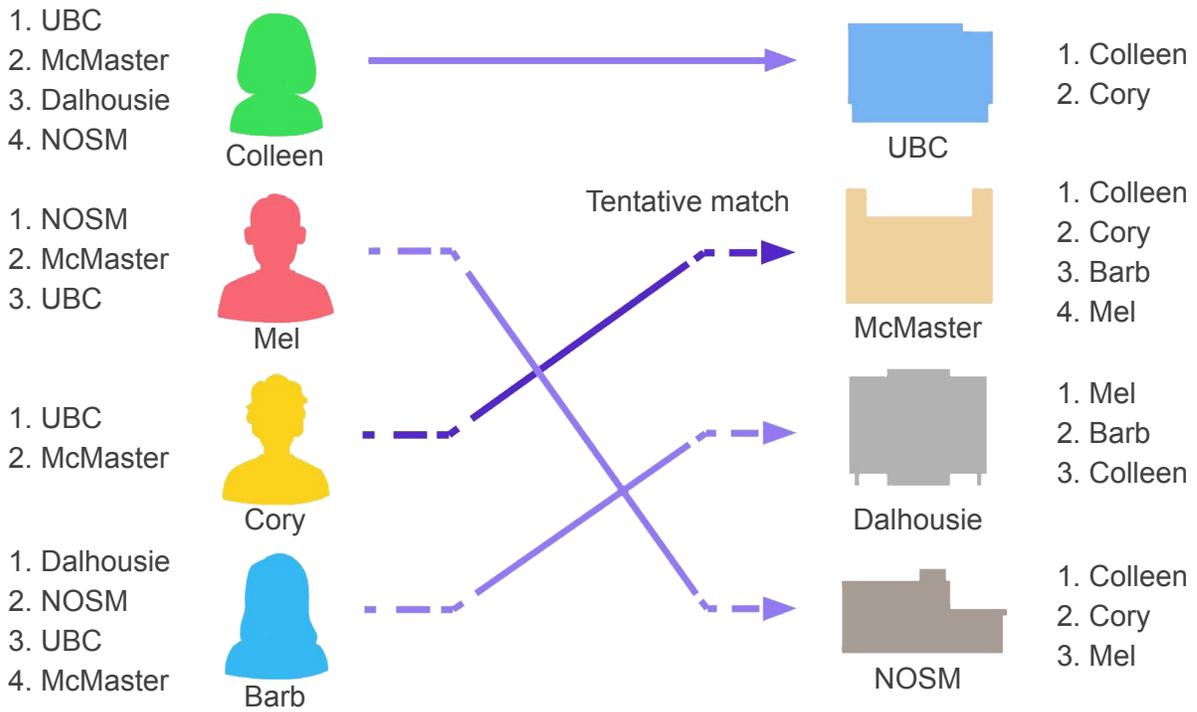
2. The algorithm attempts to match each candidate with their first choice



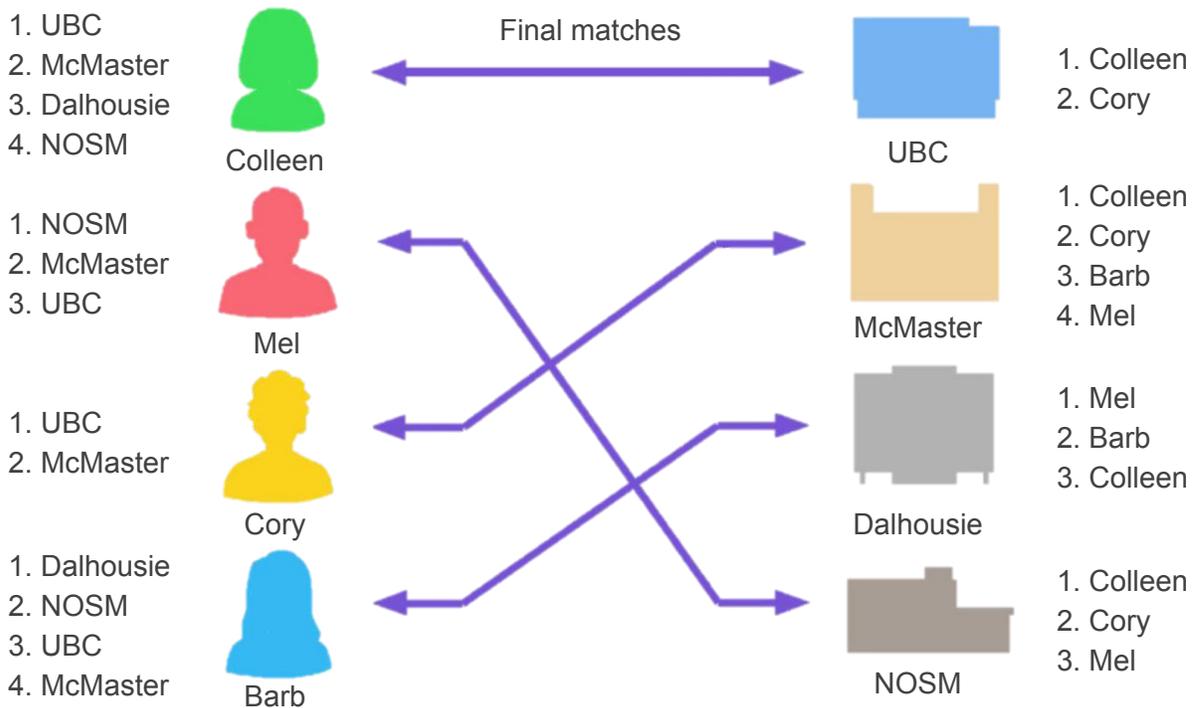
3. Colleen and Cory are both tentatively matched to UBC, but there is only one spot. Therefore, UBC is able to choose a candidate based on their Rank Order List.



4. Cory now makes his second choice based on his Rank Order List.



5. There are no more conflicts, and therefore a final match is made!



Rank Strategies

COLLEEN is a strong candidate and is confident about her applications and interviews. She chooses to rank UBC Pediatrics first as this is her preferred program but she also ranks the others, which she also finds acceptable. The program director at UBC Pediatrics told her that she would be ranked highly. Candidates should be cautious of these statements and they should not be considered commitments. Colleen has chosen a wise strategy. Applicants should consider ranking all programs they would consider to maximize their chances of matching.

MEL also prefers UBC Pediatrics but thinks he has a low chance of getting in so he ranks it last. He leaves Dalhousie Family Medicine off his list because he thinks his interview went terribly, even though he would like this program. These are both poor strategies. **Applicants should rank programs in order of preference, and they should rank all programs to which they would consider matching. Ranking should not be influenced by speculations of programs' rankings, as these may be inaccurate.**

CORY decides after his interviews that he no longer wants to pursue a residency in Dalhousie Family Medicine or NOSM Internal Medicine so he leaves them off his list. This is a wise strategy. **You should only rank programs that you would consider.**

BARB really wants to go to NOSM Internal Medicine but does not think her application is competitive enough. She ranks it first anyway because this is her preferred program and the other programs will never know she ranked them lower. This is a wise strategy. During the match, an applicant is placed into the most preferred program that ranks the applicant. **Always put your most preferred program as your first choice.**

Other Strategies

Applying to multiple sites within a single residency program may influence the probability an applicant will be matched. **If an applicant ranks more sites within a program they have created more opportunities for themselves, since they could be ranked on more lists. Nevertheless, a program will not later move an applicant to a location that they prefer more,** and therefore, applicants should not rank locations they are not willing to train at.

There is no advantage to ranking programs with more or fewer positions higher. There is also no advantage to ranking programs that you think you have a higher chance of matching to, higher than programs that you prefer more. Therefore, rank program's based on your own personal preferences.

There are three reasons an applicant may not match:

1. The applicant was not ranked by a program they ranked.
2. The applicant did not rank a program that ranked them.
3. The applicant was ranked by a program they ranked, but the program filled with more preferred applicants.

Second Iteration

If a candidate, like Mel, goes unmatched after the first iteration, they can participate in the second iteration of the R-1 match in CaRMS Online. **They are not automatically enrolled in the second iteration.** The second iteration is approximately five weeks in duration.

If all of the applicants on a residency program's rank order list match to other programs which they ranked higher, and/or if the applicants did not rank the residency program, the program will have unfilled positions. This may also occur if a specific residency program did not rank all of the applicants that ranked it, and would have otherwise received a position there. **CaRMS will post a list of unfilled positions available in the second iteration. During this time, candidates can supplement any other documentation they require to apply for additional programs. Documentation that was previously uploaded will still be on file. Applications continue to be sent to programs through CaRMS Online.**

Your faculty advisor may assist you during this stage of the process. **Note that requirements vary from program to program and are subject to change during the second iteration. The most up-to-date requirements will be posted on carms.ca. Most notable is the short time frame within which the application must be submitted.**

As in the first iteration, candidates are legally bound to their matched residency program.

Tips for Creating Your Rank-Order-Lists

- The sequence of your rank order list should reflect your true personal preferences.
- It is impossible to know how a program will rank you or other applicants, so this should not influence your ranking decisions.
- Factors to consider in determining the number of programs to rank include the competitiveness of the specialty, the competition for the specific programs being ranked, and the qualifications that the applicant offers.
- Rank all the programs that are acceptable to you and do not rank any programs which you find unacceptable. Remember, a match result is BINDING and you are not able to decline a match result.
- Postgraduate programs are not permitted to ask you questions about your rank intentions and you are able to decline answering such questions.

Couples' Match

Overview

CaRMS' ranking tools allow two applicants to prepare and submit their ROLs as a couple. Using this option, each program desired by one partner can be paired with a program desired by the other partner, and a single ROL composed of these pairings will be used. To have a successful match, both programs on the top pairing must match with both applicants. If not, the algorithm moves down to the next preferred pairing, until both partners match. This is due to the fact that **the CaRMS algorithm treats the paired ROLs submitted by the couple as a single unit of paired ranks.**

The CFMS offers a CaRMS Couple Match App, which helps couples' match applicants create ranked order lists. This tool can be found at: <https://www.cfms.org/resources/couples-match-app/>. Please use discretion when revising the rank-order-list created by this tool, as it is meant to serve as a helping guide, as opposed to a final arbitrator.

Note: By pairing their choices, couples may be limiting their individual chances of a successful match because each partner depends on the other for the match results.

If the applicants do not obtain a match as a couple, the CaRMS algorithm will not utilize their rank-order-lists separately to find a possible match for each individual.

Let's work through another example⁶...

Imagine a couple, Colleen Esterase and Cory Za, who decide to try matching as a couple.

Step 1: Each partner should prepare their own individual list of preferred programs on a separate piece of paper.

Colleen Esterase

1. McMaster Pediatrics
2. UBC Pediatrics
3. MUN Pediatrics
4. Dalhousie Pediatrics
5. Western Pediatrics

Cory Za

1. McMaster Orthopedic Surgery
2. UBC Orthopedic Surgery
3. Western Orthopedic Surgery
4. MUN Orthopedic Surgery
5. Dalhousie Orthopedic Surgery

⁶ "Couples Ranking Example."

Step 2: Both partners must decide together what PAIRS of programs they are prepared to rank.

Couples may consider all possible pairings where the programs are in the same general location or they may also wish to form some pairs where the programs are not in the same location. One rank in a pair may be designated as “No match” to indicate that one partner is willing to go unmatched if the other can match to their preferred program.

Colleen Esterase

1. McMaster Peds
2. McMaster Peds
3. Western Peds
4. Western Peds
5. UBC Peds
6. MUN Peds
7. MUN Peds
8. Dalhousie Peds
9. Dalhousie Peds
10. McMaster Peds
11. No match
12. UBC Peds

Cory Za

- McMaster Ortho
- Western Ortho
- McMaster Ortho
- Western Ortho
- UBC Ortho
- MUN Ortho
- Dalhousie Ortho
- MUN Ortho
- Dalhousie Ortho
- No match
- McMaster Ortho
- No match

Note: A couple may choose to rank only some or all possible combinations of their programs. **Ranking more pairings will reduce the chance that partners go unmatched. However, unacceptable pairings should be omitted from the list.**

Step 3: Next, both partners must decide together the order in which these pairs are preferred. Each partner must then enter their side of the list independently into the online system.

The couple might have a final list of paired programs like the one on the following page.

Colleen Esterase

1. McMaster Peds
2. BC Peds
3. McMaster Peds
4. MUN Peds
5. Dalhousie Peds
6. Western Peds
7. MUN Peds
8. Dalhousie Peds
9. Western Peds
10. McMaster Peds
11. McMaster Peds
12. McMaster Peds
14. UBC Peds
15. UBC Peds
16. UBC Peds
17. UBC Peds
19. MUN Peds
20. MUN Peds
21. MUN Peds
23. Dalhousie Peds
24. Dalhousie Peds
25. Dalhousie Peds
27. Western Peds
28. Western Peds
29. Western Peds
13. McMaster Peds
18. UBC Peds
22. MUN Peds
26. Dalhousie Peds
30. Western Peds
31. No match
32. No match
33. No match
34. No match

Cory Za

1. McMaster Ortho
2. McMaster Ortho
3. Western Ortho
4. MUN Ortho
5. Dalhousie Ortho
6. Western Ortho
7. Dalhousie Ortho
8. MUN Ortho
9. McMaster Ortho
10. Dalhousie Ortho
11. UBC Ortho
12. MUN Ortho
14. McMaster Ortho
15. Western Ortho
16. MUN Ortho
17. Dalhousie Ortho
19. McMaster Ortho
20. UBC Ortho
21. Western Ortho
23. McMaster Ortho
24. UBC Ortho
25. Western Ortho
27. UBC Ortho
28. MUN Ortho
29. Dalhousie Ortho
13. No match
18. No match
22. No match
26. No match
30. No match
31. McMaster Ortho
32. UBC Ortho
33. Western Ortho
34. MUN Ortho

Once you have listed all your couples rank options, each individual can choose to continue ranking programs to maximize individual match opportunities.

A rank of 'No match' should only be used if the couple agrees that one partner matching is a more acceptable result than neither partner matching. For example, using the pattern below, both individuals from the pair are given the same opportunity for their best-case match result as an applicant who submits an individual rank order list.

For example, if Colleen's best match opportunity was Western Pediatrics (her fifth choice) and Cory's best match opportunity was McMaster Ortho (his first choice), they would match at rank 9. However, if Colleen was not ranked by any programs or ranked behind other candidates and all positions were filled, and Cory's best match opportunity was McMaster Ortho (his first choice), they would match at rank 31, giving both partners the match result they would have received if they had submitted individual rank order lists.

1.2 THE CARMS CONTRACT⁷

The CaRMS Contract is legally binding and explains the expectations of the applicants and programs participating in the match, as well as the consequences if either party breaches the contract. The contract is interpreted and enforced by the laws of the Province of Ontario and the federal laws of Canada. It is important to only rank programs in which you are willing to train in. Applicants who wish to withdraw an application to a program must do so before file review. After a match has been made, applicants must obtain the appropriate licensure from the medical regulatory authority in the province or territory in which they have matched by July 1. CaRMS has the right to remove applicants from the matching program if credentials cannot be verified or are found to be falsified.

If an applicant matches to a program but decides to not accept the match, the violation will be reported to the CaRMS violation review committee and the applicant will be contacted to try to resolve the issue. If the issue is not resolved, the applicant will face a penalty decided upon by the violations review committee. The most common consequence is disqualification from entry into CaRMS matches for up to three years. All contract breaches are reported to licensing authorities and medical colleges, and become part of the applicant's professional history.

1.3 FAQ ABOUT CARMS

What is included in a CaRMS application?

Application requirements will vary depending on province, school, and program. A typical application will require your transcript and MSPR (provided to CaRMS directly from your medical school). You will also be able to enter details on the following: language skills, licensure (Medical Council of Canada exams, any international medical training, etc.), achievements and interests, undergraduate education and CÉGEP, graduate education, medical education, clinical electives, residency training and electives (for when applying to a subspecialty), professional training, work experience, volunteering experience, scholarly activities and research (publications and presentations), observerships, clinical experience, and fellowships.

What does it mean when a program has multiple streams?

This means the program offers training at more than one site, such as a Family Medicine program that has sites in London and in Windsor.

Can I submit a bilingual application?

Yes, you may submit applications in English and French.

⁷"Policies."

I applied to the first iteration, but I didn't receive any interviews so I didn't submit an ROL. Do I need to withdraw to enter the second iteration?

You do not need to withdraw your application. From the start of the second iteration until file review, you can make changes to your application, assign documents, and apply to other programs.

Can I modify a personal letter after it has been assigned to a program?

Yes, you can modify personal letters until the closing of the application period.

Do I have to rank all the programs that I applied to?

No, you do not have to rank all the programs that you applied to. Rank only the programs in which you would be willing to train in.

How do I rank multiple streams in the same program?

Each stream can be ranked individually and would be treated like any other program that you're ranking. No two programs or streams can have the same ranking.

How much does it cost to apply to CaRMS?

Applicants who wish to register in a CaRMS match must pay a participation fee, which varies by match type. Currently, the cost of R-1 Main Residency Match participation fee is \$309.01, which includes applications to nine programs. Each additional program is \$30.50 each, with no maximum number of programs that you can apply to. You do not have to pay for interviews, however if you request an interview via videoconference, the program has the right to charge you for any fees incurred for the accommodation. You can find a list of fees [here](#).

I am also applying in the US through the National Resident Matching Process (NRMP), do I need to notify CaRMS?

If you are participating in the NRMP match in addition to the CaRMS match, you must notify CaRMS through your online application prior to the rank order list deadline. If you fail to notify CaRMS of your participation in the NRMP match, you can be removed from the CaRMS match and your match results voided.

Further FAQs for CaRMS

In order to find further answers to your questions about CaRMS, another resource can be found on the CaRMS website, which contains FAQs for multiple categories of topics. You may kindly find the [FAQs](#) by following this link: <https://www.carms.ca/the-match/how-it-works/>

SECTION 2: PREPARATION

For your convenience, a TL;DR version has been included in red text, and is meant to encapsulate the main points of each section in this book. This is not exhaustive. Also, it is left within the remainder of the text in order to provide context, if you wish to read more about any specific topic in this book.

2.1 DATES AND MILESTONES

Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated deadlines, please visit the [CaRMS website](#).

General Information

All fourth-year students applying for entry into postgraduate medical training programs will be going through the R-1 Main Residency Match. The R-1 Main Residency Match is divided into the first and second iteration. Below is important information pertaining to both, which will be essential for you to consider through the application process.

FIRST ITERATION	SECOND ITERATION
Sept 4, 2019 at Noon ET CaRMS opens for CMG applicants	Jan 6, 2020 at Noon ET CaRMS online opens
Oct 17, 2019 at Noon ET Program selection begins	Feb 13, 2020 Translation requests
Oct 30, 2019 Documents sent by mail (MSPRs and transcript)	Mar 3, 2019 at Noon ET Match participation opens for applicants unmatched in first iteration
Nov 1, 2019 at 17:00 ET Deadline for translation requests	Mar 5, 2020 Physiciansapply.ca examination information unmatched in first iteration

Nov 14, 2019 Physiciansapply.ca examination information and document transfers	Mar 5, 2020 at Noon ET Program selection opens
Nov 20, 2019 Deadline for reference letters sent by mail	Mar 13, 2020 Deadline for documents sent by mail and reference letters sent by mail or online.
Nov 20, 2019 at Noon ET Application and document assignments	Mar 19, 2020 at Noon ET Application and document assignments. File review begins.

FIRST ITERATION

SECOND ITERATION

Nov 20, 2019 at 12:05 ET File review begins	Mar 24, 2020 at Noon ET Ranking period begins
Nov 27, 2019 at Noon ET Reference letters assigned to programs	Apr 2, 2020 at 15:00 ET Deadline for rank order lists
Jan 18 – Feb 9, 2020 National Interview Period	April 15, 2020 at Noon ET Match Day for second iteration of R-1 match
Jan 30, 2019 at Noon ET Ranking period begins	May 13, 2020 at 15:00 ET CaRMS online closes
Feb 19, 2020 at 15:00 ET Deadline for rank order lists	
Mar 3, 2020 at Noon ET Match Day	

2.2 STATISTICS

Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated statistics, please visit the CaRMS website [here](#).

In the 2019 CaRMS R-1 Match, there were 2984 Canadian Medical Graduates (CMGs), with an overall CMG match rate of 96.5%, in the first iteration.

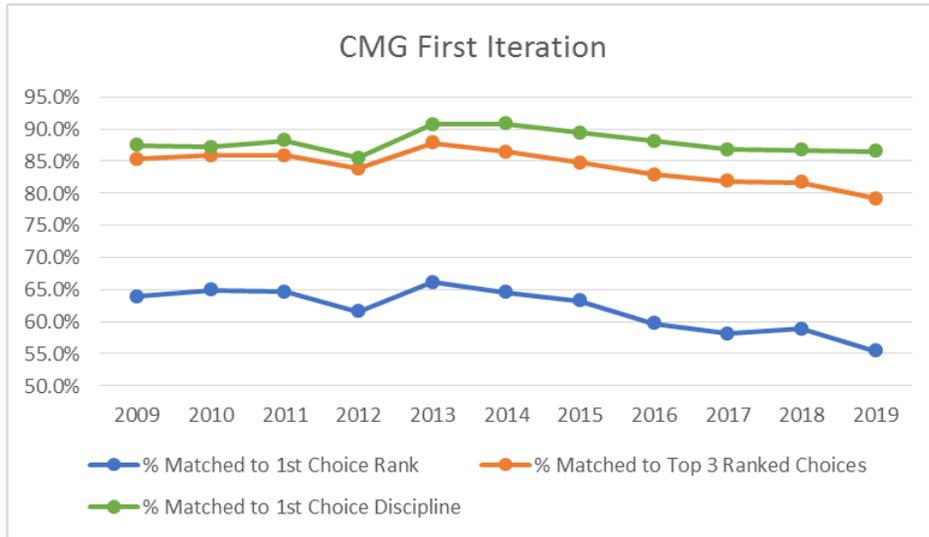
1725 IMGs had a match rate of 22.7% and 37 USMGs had a match rate of 59.5%.

Out of 3346 total residency positions, 3137 (93.8%) were filled and 209 (6.7%) remained vacant after the first iteration match.

3294 (94.8%) were filled and 52 (1.6%) remained vacant after the second iteration match.

*CMGs applied to:
An average of 21.2 programs
An average of 1.9 disciplines
1.029 = ratio of quota to CMGs*

The R-1 match has, overall, become increasingly competitive in recent years, especially when looking at the 1st iteration.



In 2019, 94.1% of CMGs matched in the 1st iteration.

Matched to 1st choice discipline: 86.5%

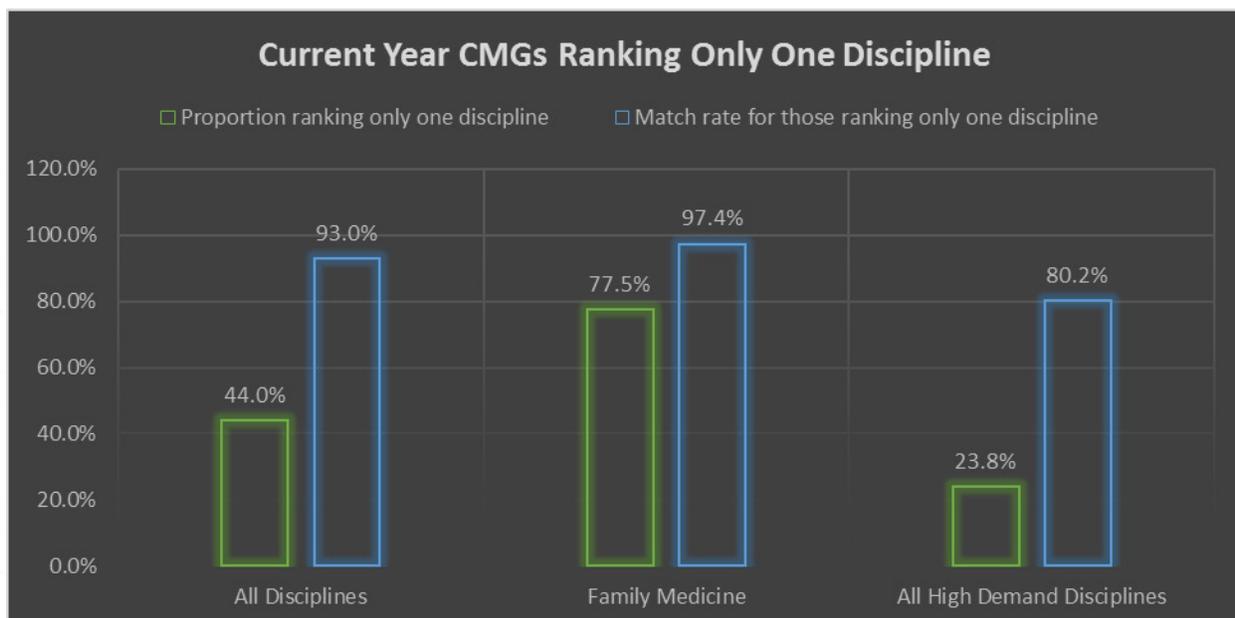
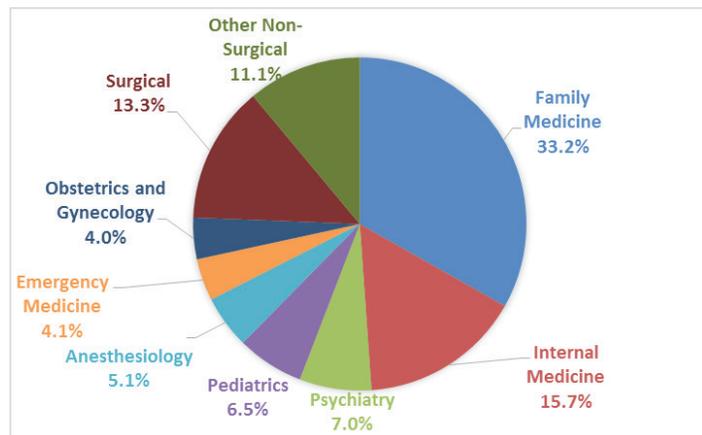
Matched to 1 of top 3 program choices: 79.2%

Matched to 1st choice program: 55.4%

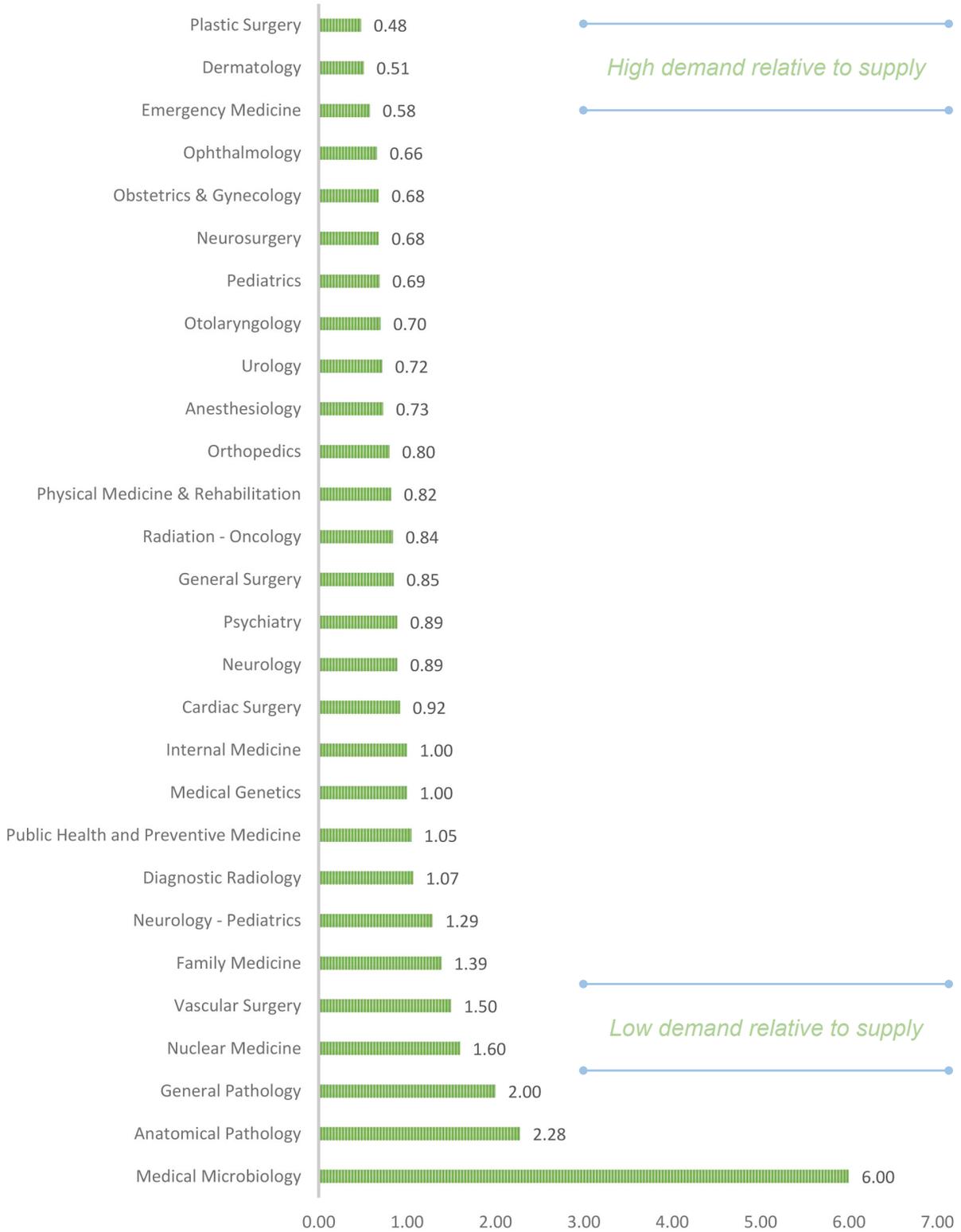
CMG 1st Choice Disciplines

Rate of current year CMGs matched to first choice discipline by discipline group:

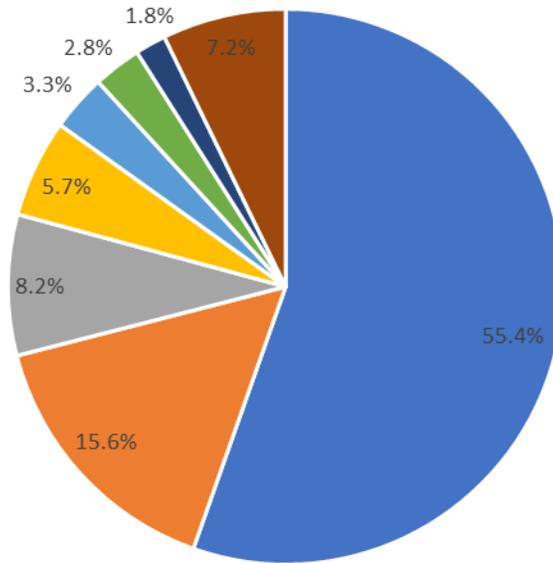
- All Disciplines: 94.5%
- Family Medicine: 97.4%
- Internal Medicine: 92.5%
- Surgical Disciplines: 77.1%
- Non-Surgical Disciplines: 75.2%



FIRST CHOICE DISCIPLINE VS. AVAILABILITY (SUPPLY : DEMAND RATIO)



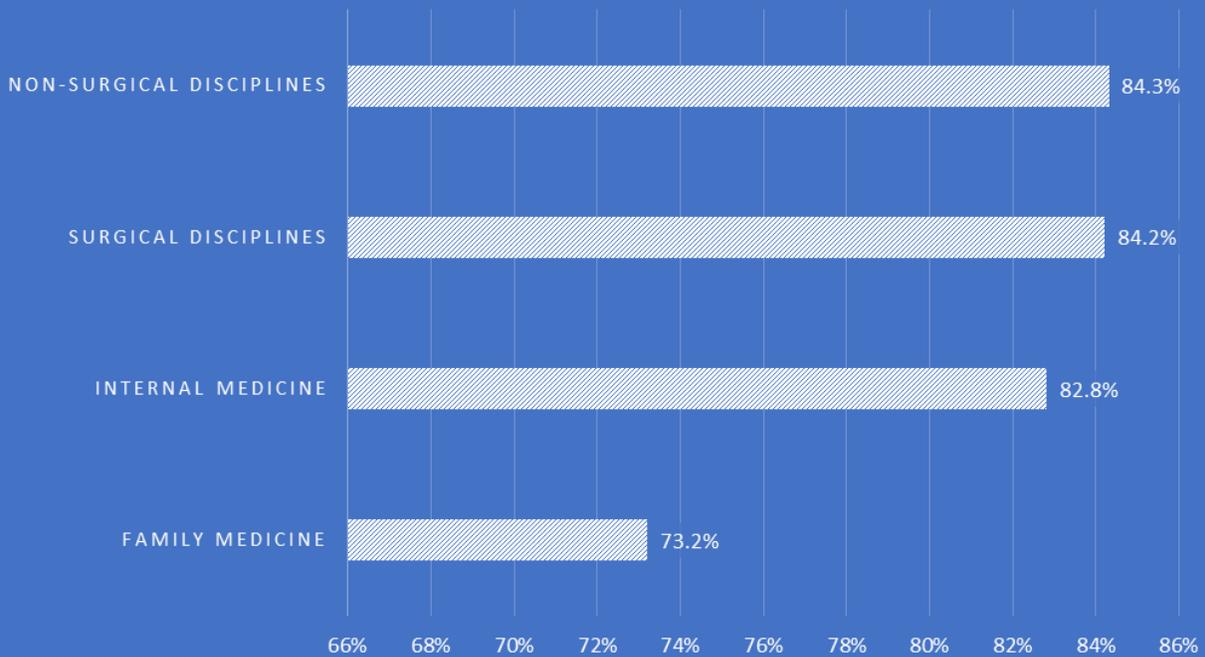
Matched to Ranked Program Choice, 2019



CHOSEN PROGRAM RANKING ON RANK-ORDER-LIST:

■ First ■ Second ■ Third ■ Fourth ■ Fifth ■ Sixth ■ Seventh ■ Eighth+

CMGS MATCHED TO ONE OF THEIR TOP THREE PROGRAM CHOICES, BY DISCIPLINE GROUP



Discipline	2019	2018	2017	2016
ANATOMICAL PATHOLOGY*	94.4	84.2	91	100
ANESTHESIOLOGY	70.2	68.5	70	73
CARDIAC SURGERY*	83.3	80	70	75
DERMATOLOGY	50.9	43.3	49	44
DIAGNOSTIC RADIOLOGY	86.8	88.9	79	88
EMERGENCY MEDICINE	56.7	50.4	53	50
FAMILY MEDICINE	96.2	96.4	97	96
GENERAL PATHOLOGY*	66.7	-	100	75
GENERAL SURGERY	79.6	63.6	72	79
INTERNAL MEDICINE	88.9	88.9	84	88
MEDICAL GENETICS AND GENOMICS*	87.5	100	100	100
MEDICAL MICROBIOLOGY*	100	66.7	100	64
NEUROLOGY	78.2	76.4	67	90
NEUROSURGERY	64	69.2	58	67
NUCLEAR MEDICINE*	100	100	100	67
OBSTETRICS AND GYNECOLOGY	64.4	63.4	63	70
OPHTHALMOLOGY	63.8	52.1	69	69
ORTHOPEDIC SURGERY	74.6	80.4	82	87
OTOLARYNGOLOGY - HEAD AND NECK SURGERY	65	47.2	69	69
PEDIATRICS	62.8	77.6	71	75
PHYSICAL MEDICINE & REHABILITATION	76.5	83.9	81	60
PLASTIC SURGERY	48.1	34.6	49	46
PSYCHIATRY	80	85.8	88	88
PUBLIC HEALTH AND PREVENTIVE MEDICINE*	76.2	65	84	78
RADIATION ONCOLOGY	80	77.8	100	100
UROLOGY	69.6	58.3	60	64
VASCULAR SURGERY*	100	57.1	88	75

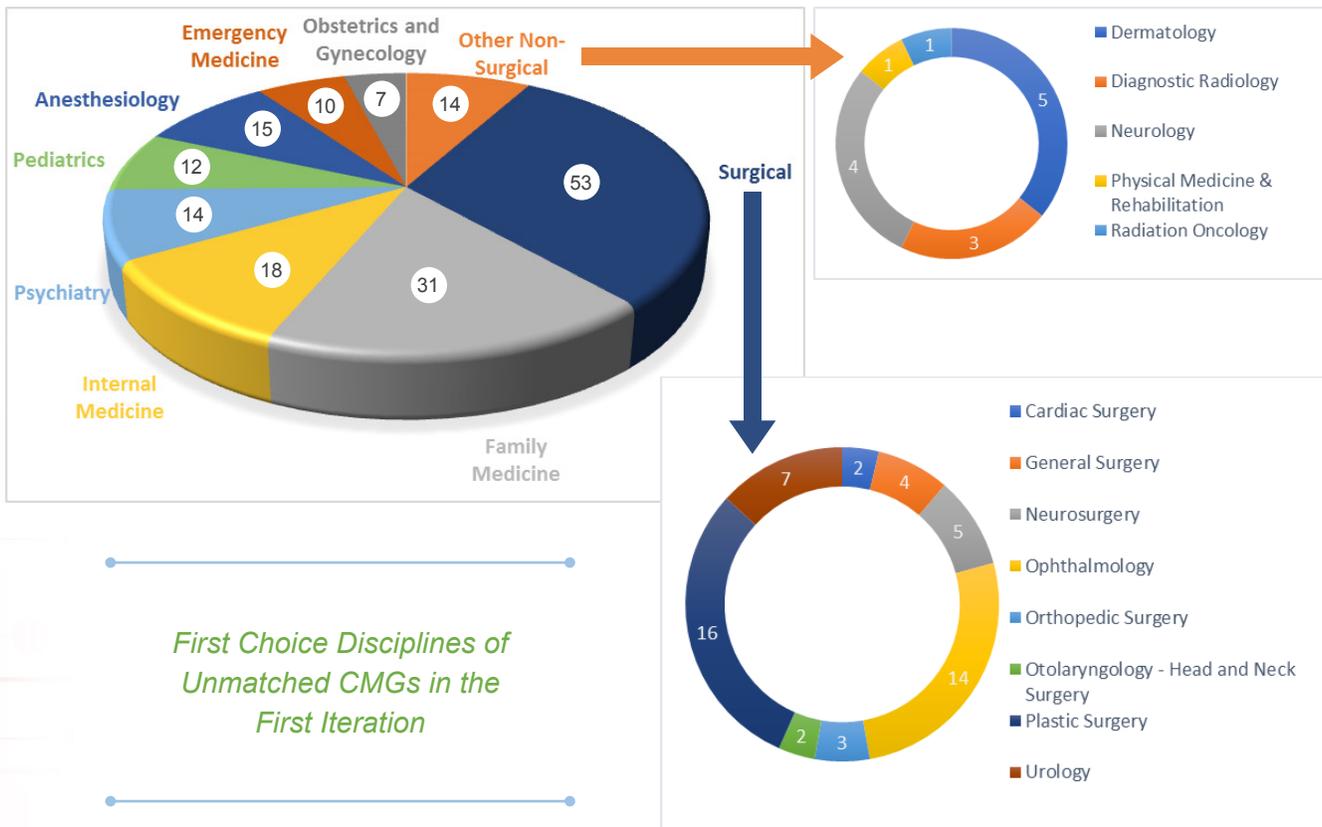
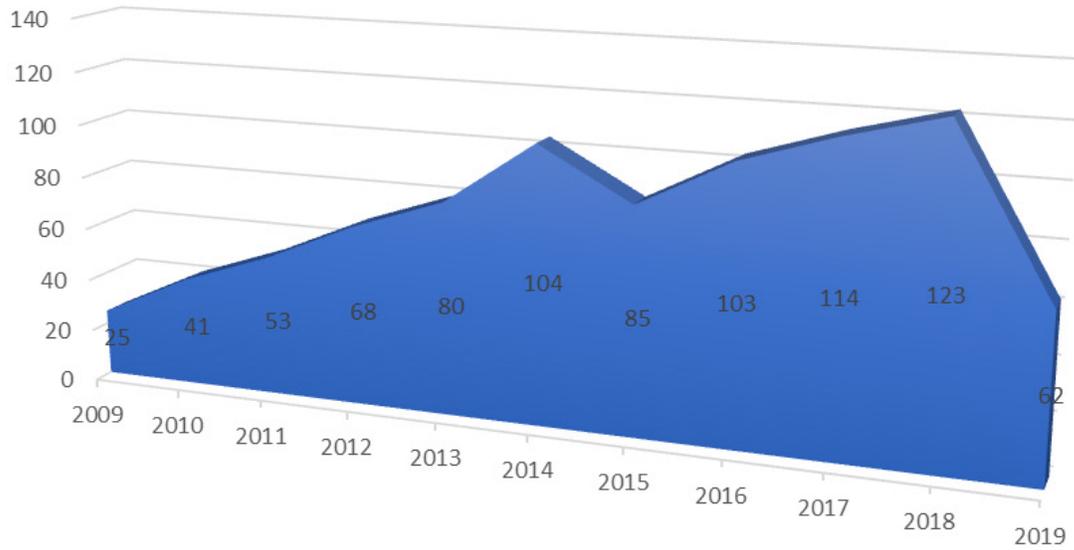
Matches in First Iteration by Discipline

For each individual discipline, please refer to the table on the left, which shows the percentage of CMGs who chose the discipline as their 1st choice who matched after the 1st iteration.

* indicates that fewer than 20 applicants chose this specialty as their 1st choice discipline in the 2019 year. Match percentages may vary greatly from year to year due to the small number of applications.

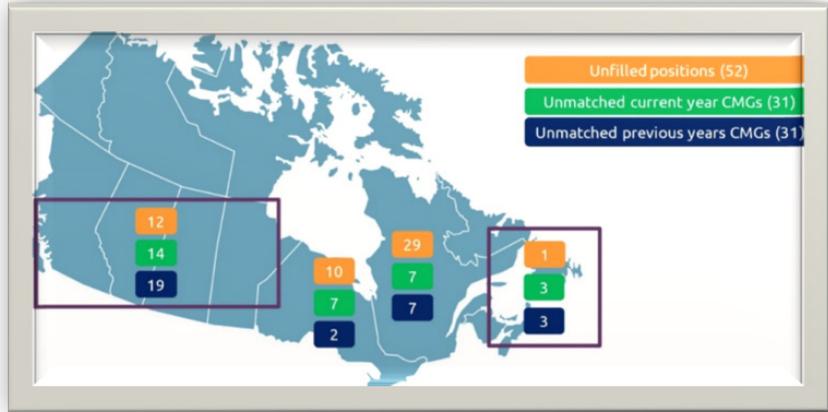
- indicates that the data for this discipline was not reported in that year.

CMGs Unmatched After Both Iterations



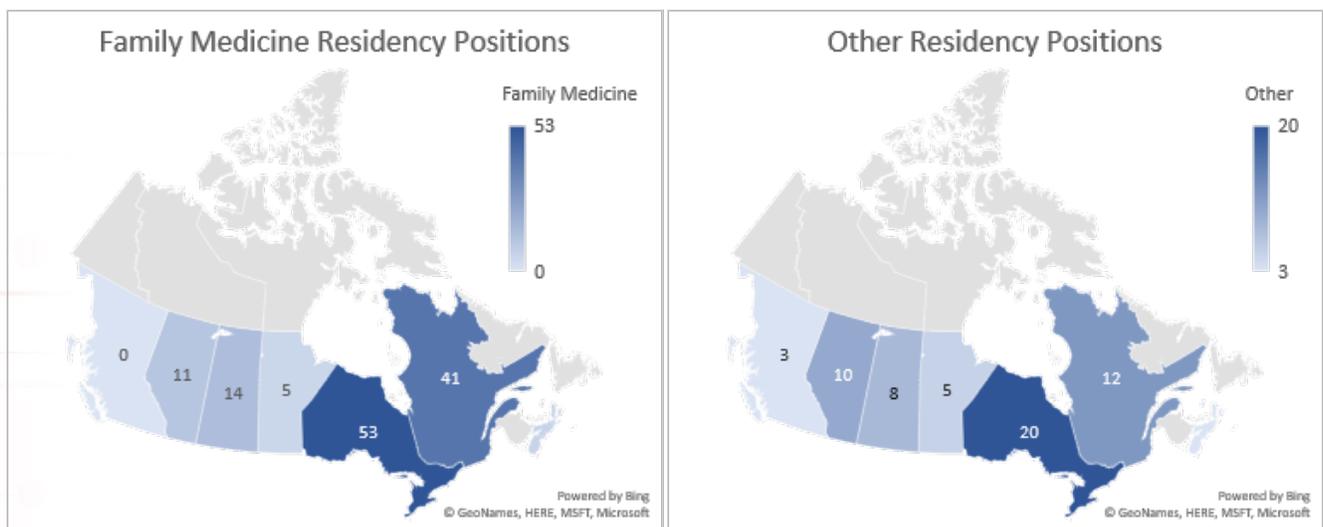
Of the **174** CMGs who went unmatched in the **1st iteration**, 30.5% (53) applied with a first choice surgical specialty, and 41.4% (72) applied with a first choice specialty other than a surgical, family medicine, or internal medicine specialty. Within the surgical specialties, Plastic Surgery and Ophthalmology had the highest unmatched rates, whereas in the “Other” category the highest rates were in Anesthesiology and Psychiatry.

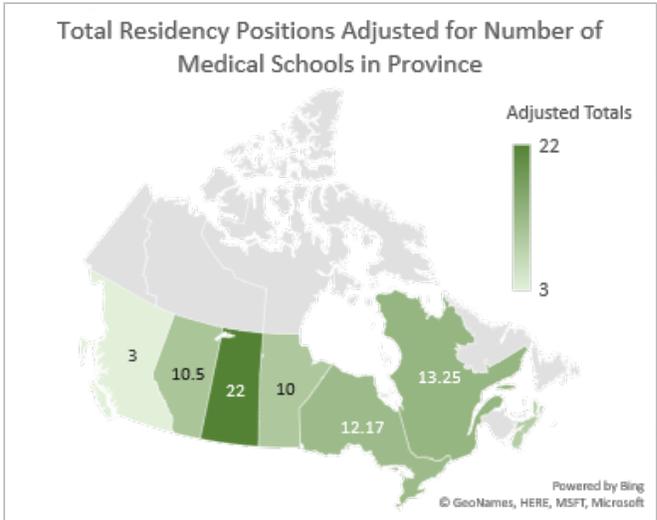
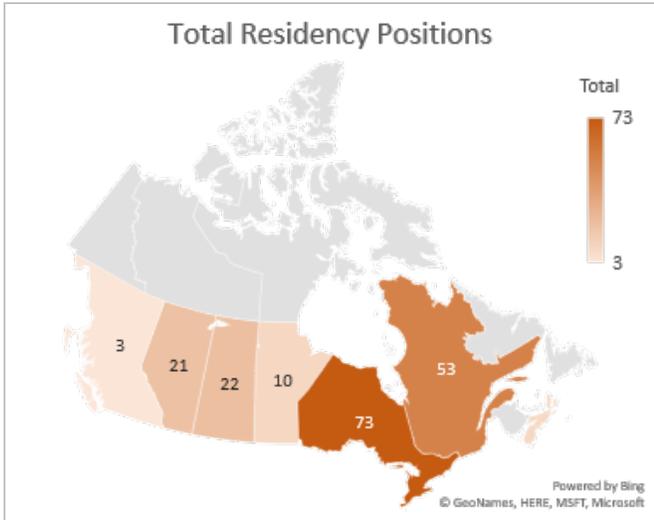
A total of **62 positions were unfilled** after the 2nd iteration match. The majority of these were in Family Medicine (33). The others included Anatomical Pathology (8), Medical Microbiology (30), Neuropathology (2), and 1 each for General Pathology, Hematological Pathology, Medical Genetics and Genomics, Neurology, Public Health and Preventative Medicine, and Vascular surgery.



After the 2019 first iteration R-1 match, there were 131 unfilled family medicine positions and 65 other unfilled residency positions, amounting to a total of 196 unfilled residency positions in Canada. These statistics include only those positions available to Canadian medical graduates, and excludes residency positions available to military applicants only. These statistics also include bilingual and French residency programs. There were only 2 unmatched surgical positions after the 2019 first iteration R-1 match. Both of these residency positions were vascular surgery positions, and were available in McMaster University and the University of Manitoba respectively.

Available Positions After 2019 First Iteration R-1 Match





2019 R-1 Main Residency Match – 1st Iteration Quota

DISCIPLINE	CMG STREAM	REGULAR STREAM	IMG STREAM	CMG ROS STREAM	REGULAR STREAM INCLUDING MOTP/ MMTP	CMG STREAM INCLUDING MOTP/ MMTP	MOTP-MMTP	COMPETITIVE STREAM
Anatomical Pathology	25	15	6					
Anesthesiology	82	26	10					
Anesthesiology - Clinician Investigator Program	2							
Cardiac Surgery	9	2	1					
Dermatology	16	12	2	1				
Diagnostic Radiology	55	25	4					
Emergency Medicine	62	8	6					
Family Medicine	647		167		503	214	10	8
Family Medicine integrated Care of the Elderly	1							
Family Medicine integrated Emergency Medicine	2							

General Pathology	7		2				
General Surgery	65	14	4				
Hematological Pathology	3						
Internal Medicine	311	146	51				
Medical Genetics and Genomics	6	2	2				
Medical Microbiology	7		2				
Neurology	38	12	4				
Neurology - Pediatric	7	2	2				
Neuropathology	4		1				
Neurosurgery	15	2	1				
Nuclear Medicine	3	5					
Obstetrics and Gynecology	68	12	6				
Ophthalmology	25	13	1				
Orthopedic Surgery	41	6	5				
Otolaryngology - Head and Neck Surgery	21	7					
Pediatrics	103	25	17				
Pediatrics - Clinician Investigator Program	1						
Pediatrics - MD-PHD stream	1						
Physical Medicine & Rehabilitation	21	7	2				
Plastic Surgery	20	5	1				
Psychiatry	124	56	23				
Psychiatry - Research Track	2						
Public Health and Preventive Medicine	3	5	2				

Public Health and Preventive Medicine including Family Medicine	14		1					
Radiation Oncology	17	4						
Urology	24	8	2					
Vascular Surgery	7	2	1					
Total	1859	421	326	1	503	214	10	8

Please see the following for descriptions of individual programs: <https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/>. This year's program quotas are subject to change.

Number of ranks given to applicants in 2019:	With Elective in Discipline	Without Elective in Discipline
<i>All Disciplines</i>	32583	5688
<i>Family Medicine</i>	21304	4758
<i>Internal Medicine</i>	2589	581
<i>Disciplines other than family medicine or internal medicine</i>	8690	349
<i>General Surgery</i>	607	27
<i>Obstetrics and Gynecology</i>	30	3
<i>Cardiac Surgery</i>	62	1
<i>Vascular Surgery</i>	196	0
<i>Neurosurgery</i>	248	0
<i>Ophthalmology</i>	434	0
<i>Orthopedics</i>	221	0
<i>Otolaryngology</i>	221	0
<i>Plastic Surgery</i>	191	0
<i>Urology</i>	252	0

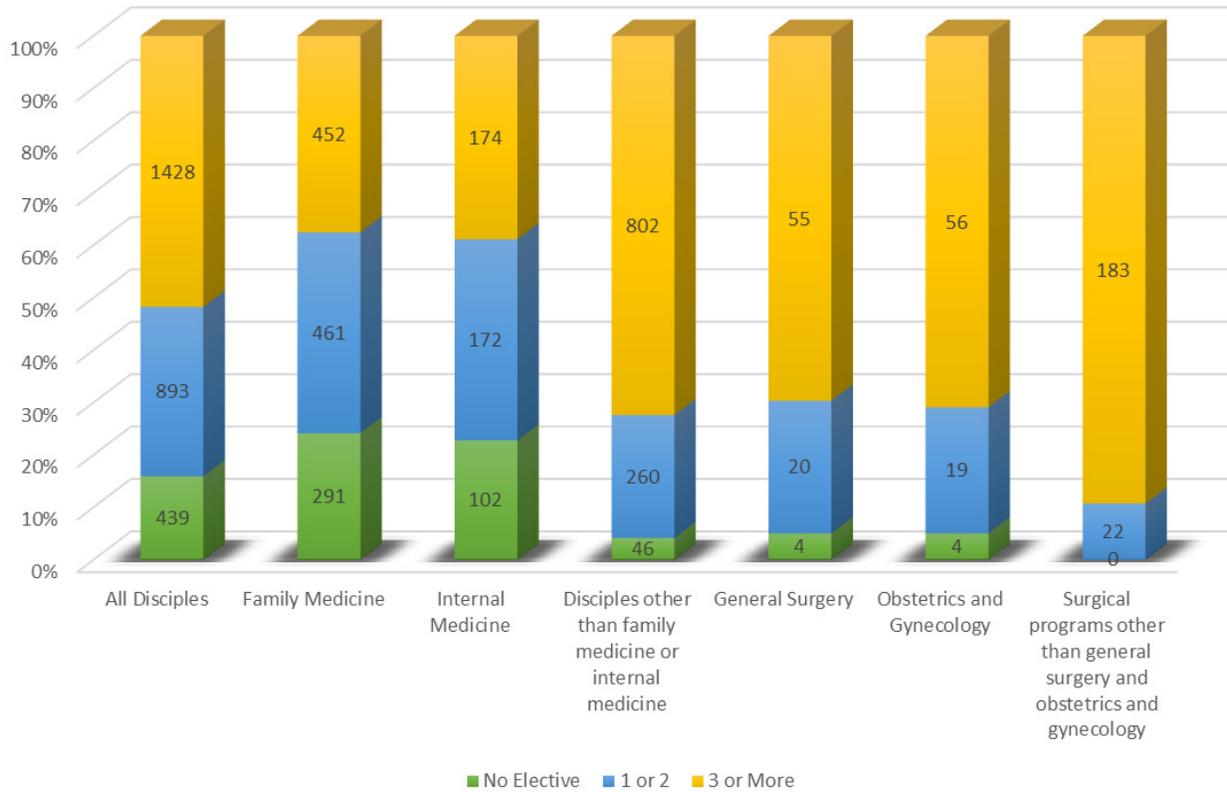
This data demonstrates that it is highly unlikely – although not entirely impossible – to receive a rank from a surgical program if the individual has not taken an elective in that particular discipline. In fact, most of the individuals who had not taken an elective in any of these programs, and received a ranking

by a program in the discipline, did so in general surgery followed by obstetrics and gynecology, whereas no surgical program that focuses solely on one specific surgical area of practice provided a rank to any individual who had not completed an elective in their program. The only exception is cardiac surgery, which provided one such ranking. However, there is no guarantee that this individual, or the individuals who received rankings from general surgery or obstetrics and gynecology programs, received high rankings by the programs, or matched to these programs.

<i>Number of ranks given to applicants in 2019:</i>	With Elective in Discipline at Program School	Without Elective in Discipline at Program School	Ratio
<i>All Disciplines</i>	12700	25571	1 : 2.01
<i>Family Medicine</i>	7908	18154	1 : 2.30
<i>Internal Medicine</i>	882	2288	1 : 2.59
<i>Disciplines other than family medicine or internal medicine</i>	3910	5129	1 : 1.61
<i>General Surgery</i>	267	462	1 : 1.73
<i>Obstetrics and Gynecology</i>	216	418	1 : 1.94
<i>Surgical programs other than general surgery, and obstetrics and gynecology</i>	1010	628	1 : 0.62

<i>CMGs Matched in 2019:</i>	With Elective in Discipline at Matched School	Without Elective in Discipline at Matched School	Ratio
<i>All Disciplines</i>	1530	1230	1 : 0.80
<i>Family Medicine</i>	557	647	1 : 1.16
<i>Internal Medicine</i>	198	250	1 : 1.26
<i>Disciplines other than family medicine or internal medicine</i>	775	333	1 : 0.43
<i>General Surgery</i>	59	20	1 : 0.34
<i>Obstetrics and Gynecology</i>	47	32	1 : 0.68
<i>Surgical programs other than general surgery, and obstetrics and gynecology</i>	183	22	1 : 0.12

Number of Electives Taken in Discipline By Matched CMGs in 2019



2019:	Applicants	Ranked Discipline as 1st Choice	Positions Filled	Quota for Positions
<i>All Disciplines</i>	2934	2934	2819	3020
<i>Non-Surgical Disciplines</i>	2764	2425	2454	2653
<i>Surgical Disciplines</i>	621	509	365	367

SECTION 3: STRATEGY

For your convenience, a TL;DR version has been included in red text, and is meant to encapsulate the main points of each section in this book. This is not exhaustive. Also, it is left within the remainder of the text in order to provide context, if you wish to read more about any specific topic in this book.

3.1 GUIDE TO ELECTIVE PLANNING⁸⁹¹⁰¹¹

Fourth year electives are meant to broaden and enhance your knowledge base, assist you in making a career choice, and provide an opportunity to learn in a specialty of your interest. Many students have found that the planning process can be overwhelming, especially when you're getting started. Here is a guide to help de-mystify the elective planning process.

Step 1: Register on the AFMC Student Portal

Register as a medical student on the [AFMC Student Portal](#). This is an online bilingual service that places students in visiting electives at the 17 faculties of medicine in Canada. Please see Section 4.2: AFMC Elective Portal for more detailed information on the AFMC.

Step 2: Choosing your Electives

Electives can be done at any Canadian medical school and in any discipline. If you don't mind matching to any school in Canada, it is strongly recommended that you do electives in the specialty that you like in various locations across the country.

To ensure students get a broad range of experience, medical schools generally require students to complete electives in at least 3 different disciplines. The definition of a discipline varies by school policy. The CaRMS entry disciplines are listed below for your reference:

⁸ "Advice on Electives."

⁹ "How to Book Electives - Medical Student's Society."

¹⁰ "Elective Scheduling Help Document for Students."

¹¹ "Booking-Electives.Pdf"

- Anatomical Pathology
- Anesthesiology
- Cardiac Surgery
- Community Medicine
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Medicine
- Family Medicine MOTP
- General Pathology
- General Surgery
- Hematological Pathology
- Internal Medicine
- Laboratory Medicine
- Medical Biochemistry
- Medical Genetics
- Medical Microbiology
- Neurology
- Neurology – Pediatric
- Neuropathology
- Neurosurgery
- Nuclear Medicine
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology
- Pediatrics
- Physical Med & Rehab
- Plastic Surgery
- Psychiatry
- Radiation Oncology
- Urology

Some programs may also ask for a broad range of electives. [You may want to do electives that are relevant to your specialty of choice and consider how you can justify choosing those electives in your interviews.](#)

[Try to book electives with committee members for schools you are strongly considering.](#) It is also advantageous to book electives with staff who are well-known in their field and obtain a reference letter from them.

Order of Electives: [You may want to consider doing your first elective at your home school to help you transition from core rotations to electives in a familiar environment. However, if you strongly prefer to match to your home school, you may consider scheduling electives at your home school later when you have more prior clinical experience.](#)

Length of Electives: [Usual length of an elective is 2 or 4 weeks.](#) 3 week electives are allowed at certain schools but less common. Different medical schools have different requirements for the number of weeks of electives that students must complete in their 4th year. Generally, schools require around 12-18 weeks of electives to be completed to be eligible for graduation.

Pre-Requisites: [Some electives require pre-requisites.](#) For example, to register for an elective in a surgical discipline, some schools require you to have completed your core rotation in General Surgery. This information can be found within the institution profile on the AFMC Portal in Section 4.2.

Documents: Each medical school may have its own requirements of what they would like you to provide before starting or while on the elective. Generally, schools may ask for:

- Recent photo of yourself
- Proof of N95 Mask Fitting
- [Immunization Forms and Records form](#)
 - » Please note that McMaster and Queen's University will additionally require students to provide proof of HIV and Hepatitis C testing
- Resume/CV

We recommend that you verify required documents on school pages as some requirements are specific to certain institutions. You can send in an application without having all of the documents submitted right away. You will need to send your documents in by a certain date, but schools can accept an elective while documents are pending.

Blackout Periods: Blackout periods are periods when schools do not accept elective students. They are usually around Christmas, New Year's and March break.

Travel: There is no extra time provided to travel between electives. Students will travel between electives during weekends.

Credit/Grades: To receive credits and grades (pass/fail) for your electives, you must ask your supervisor for an assessment. It is the responsibility of the student to obtain their evaluation in a timely manner.

3.2 AFMC ELECTIVE PORTAL

The [AFMC Student Portal](#) is the one-stop-shop for Canadian and international students applying for visiting electives at all faculties of medicine across the country.

This application system is designed to streamline the elective placement process and make life easier for students. It includes a searchable database of all visiting electives offered in Canada, payment processing, and a communication tool to keep students informed about their application status. The portal also reflects the commitment of the faculties of medicine to streamline elective workflows, timelines and policies.

Students are encouraged to use the [AFMC Student Portal's Visiting Elective Guide](#) to explore options available across Canada. The Guide is an online central database of visiting elective opportunities and can be searched at any time without having to register or submit an application.

- To access the AFMC Student Portal, visit: www.afmcstudentportal.ca
- For a comprehensive guide on how to navigate the AFMC Student Portal and submit an application, see the [following video](#).

NOTE: Please refer to [specific school policies](#) on the availability of visiting elective opportunities for Canadian and international medical students.

AFMC Student Portal – FAQs by school (a Quick Reference Guide)¹²

Answers to common questions on the AFMC Student Portal can be found in the following two pages, organized by school. Please note that this information is subject to change without notice.

¹²“Answers to Common Questions Quick Reference Guide for Students.”

Answers to Common Questions: A Quick Reference Guide for Students

	University of British Columbia	University of Alberta	University of Calgary	University of Saskatchewan	University of Manitoba	Northern Ontario School of Medicine	Western University	McMaster University
Can I contact the electives office?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can I contact preceptors?	No	No	No	No	No	No	No	No
Does the faculty maintain a waitlist?	Yes	No	No	No	No	No	No	No
Can students use the comment box on their application form to add additional elective dates?	No	No	N/A	Yes	Yes	Yes	Yes	Yes
Does the Elective Coordinator know the elective availability?	Yes	No	No	No	No	No	No	No
Does the faculty office organize Observership Shadowing for visiting students?	No	No	No, must be organized between student & preceptor	No, must be organized between student & preceptor	No	No	Contact department directly	No
What is the latest week I can cancel my confirmed elective?	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the start date	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date
If I cancel my confirmed elective, will an unprofessional letter be sent to my school?	Yes if cancellation is rec'd less than 6 wks before the start date, without mitigating circumstances	Yes if cancellation is rec'd less than 6 wks before the start date	Yes if cancellation is rec'd less than 6 wks before the start date	Yes if cancellation is received less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before the start date	Possible if cancellation is rec'd less than 6wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date
Do you offer 1 week electives?	No	Yes	No	No	No	No	No	No
My home school is in Canada, how early can I apply for an elective?	26 to 12 wks before start date	26 to 10 wks before start date	26 to 8 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date
My home school is in outside of Canada, can I complete more than 12 weeks within Canada?	Not exceeding 8 wks	We do not accept Int'l visiting students	We do not accept Int'l visiting students	We do not accept Int'l visiting students that are not residents of SK	Not exceeding 8 weeks	Yes, consult portal for particulars	Not exceeding 8 weeks	Not exceeding 4 weeks
Are additional documents required after application submission?	Yes, once confirmed. CPSBC Licensing Package, details in confirmation	Sometimes, you will be notified via Portal as needed	Sometimes, you will be notified via Portal as needed	Yes, License and Immunization & Serology forms	Yes, once accepted	Yes	Yes, consult Portal profile	Yes, consult Institution Profile
English is not my first language; will I be required to provide a proof of language?	Yes, see language requirements in Policies	Yes, see lang. requirements in student types + req. docs.	No	Yes	No	Yes	Yes	Yes
French is not my first language; will I be required to provide a proof of language?	N/A	N/A	N/A	N/A	No	No	No	No

Answers to Common Questions: A Quick Reference Guide for Students

	University of Toronto	Queen University	University of Ottawa	Université Laval	Université Sherbrooke	McGill University	Université de Montréal	Memorial University	Dalhousie University
Can I contact the electives office?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can I contact preceptors?	Yes	No	No	No	No	No	Yes	No	Yes, consult Institution Profile
Does the faculty maintain a waitlist?	No	Yes, consult Institution Profile	No	No	No	No	No	No	No
Can students use the comment box on their application form to add additional elective dates?	Yes	Only if within the elective window of date of application	No	Yes	Yes	No	Yes	Yes	Yes
Does the Elective Coordinator know the elective availability?	No	No	No	No	Yes	No	No	No	No
Does the faculty office organize Observership Shadowing for visiting students?	No, contact hospital	No	No	Contact hospital for availability	No	No, contact department or supervisor	No	No	No
What is the latest week I can cancel my confirmed elective?	6 wks before the elective start date	6 wks before the elective start date	6 wks before the elective start date	4 wks before the start date	8 wks before the elective start date	8 wks before the elective start date	6 wks before the elective start date	8 wks prior to the start date	6 wks before the elective start date
If I cancel my confirmed elective, will an unprofessional letter be sent to my school?	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if cancellation is rec'd less than 4 wks before the start date	Yes if cancellation is rec'd less than 8 wks before start date	Yes if cancellation is rec'd less than 8 wks before start date	Yes if cancellation is rec'd less than 6 wks before start date	Yes if insufficient or no notice of cancellation is provided	Yes if failure to provide 6 wks notice.
Do you offer 1 week electives?	No	Yes with some departments	No	No	No	No	No	No	No
My home school is in Canada, how early can I apply for an elective?	26 to 16 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date	26 to 12 wks before start date	26 to 12 wks before start date	26 to 16 wks before start date	26 to 6 wks before start date	26 to 16 wks before start date	26 to 16 wks before start date
My home school is in outside of Canada, can I complete more than 12 weeks within Canada?	Not exceeding 4 weeks	Not exceeding 4 weeks	Not exceeding 4 weeks	No	No	Not exceeding 8 weeks	N/A	Not exceeding 8 weeks	Not exceeding 4 weeks
Are additional documents required after application submission?	Yes, student will be notified via the Portal	N95 mask fitting, if not completed (Int'l Students)	Possibly, will be contacted directly.	Only for « étudiants hors-Québec »	No	Possibly, you will be contacted directly	No	Yes, consult Institution Profile	No
English is not my first language; will I be required to provide a proof of language?	Yes, applicable to international students	Yes	No	No	Non	No	No	Yes via Home School Verification	No (for Cdn. Students) Yes (for Int'l. students)
French is not my first language; will I be required to provide a proof of language?	N/A	No	No	Yes	Yes	No	Yes	No	No

3.3 TIPS FROM R-1 RESIDENTS (2018-2019)

This section is a collection of advice from fourth year medical students who applied to residency in the 2018-2019 application cycle, specifically written for their younger cohorts. We hope that this section can help demystify the process and provide further insight for students applying in this year’s cycle and beyond.

Quotes	Source
Advice for Pre-Clerkship	
General Advice	
“Be open to the possibility of unpredictable changes, letdowns, disappointments, failures, and most importantly, learn to learn and gain something from such an experience.”	Family Medicine, R-1
“One night off from studying won’t make the difference between passing and failing. Work hard but also have fun and remain human.”	Family Medicine, R-1
“Worry less about memorization to get the best exam score, and focus more on the clinical application. Also, spend more time on things outside of medicine.”	Family Medicine, R-1
“Make cheat sheets using Evernote and update frequently.”	Family Medicine, R-1
“If you feel like you’re struggling now to keep up with everything you need to do, and you’re feeling overwhelmed, seek help now (from Student Affairs, etc.) It only gets harder.”	Family Medicine, R-1
“I ended up using OnlineMedEd for LMCC studying. Was a resource I wish I had used all along to get a better understanding of topics instead of just memorizing before exams.”	Family Medicine, R-1
“Don’t feel guilty for not studying. Be a well-rounded person. Get involved in the community and with your peers. Stay connected with family. Read books of your favourite genre. Doing these things will actually help you with your studies!”	Family Medicine, R-1
“Use the spare time you have to build healthy habits.”	Internal Medicine, R-1
“Start your career exploration early! It is okay to not know what you want to do.”	Internal Medicine, R-1
“The process is long and tiring, but everyone is in the same boat so support each other through it! Just chip away at it slowly and you’ll get it done.”	Internal Medicine, R-1

<p>“Keep an open mind when thinking about careers; really, you can change your plans last-minute! Enjoy your abundance of time to really LEARN medicine. Don’t take shortcuts and memorize; fully understand the “why”.”</p>	<p>Pediatrics, R-1</p>
<p>“Develop effective study habits early.”</p>	<p>Pediatrics, R-1</p>
<p>“Enjoy the learning process. You’ll be well prepared for clerkship, just trust in the system.”</p>	<p>Pediatrics, R-1</p>
<p>“Studying is important, but also focus on creating healthy habits for the future, when free time is a bit harder to come by. Build up your support system, and stay in touch with friends and family outside of medicine. Take time to be active -- it pays off in both your physical and mental health! Try not to lose yourself in academics and think back to why you started in the first place -- your hard work will pay off soon :)”</p>	<p>Pediatrics, R-1</p>
<p>“Make good notes that you could turn to during clerkship. There is such a thing as 26-hour call shifts (did not know this existed when I was a pre-clerk).”</p>	<p>Psychiatry, R-1</p>
<p>“Study early and a little at a time rather than cramming last minute. Practise saying out loud physical exam in real setting to be more comfortable during OSCE (muscle memory). You learn by repetition, don’t fret if you don’t recall everything the first time you learn it; you will encounter it over and over again during clerkship and eventually you’ll know. The best way to get good evaluations is to just work really hard and make it easier for the team (i.e. doing discharge summaries early etc.). Download UpToDate app - super handy to review the “summary” portion to read up on something quickly in a comprehensive way in less than 2 minutes.”</p>	<p>Psychiatry, R-1</p>
<p>“If you think you know what you want to do, try and spend some full days in that discipline to get a feel for what it is actually like.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Find one resource you like and stick with it. It may take you multiple attempts to learn something before it will actually stick. Focus on sleeping and eating well and the rest will fall into place.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Develop a strong base in pre-clerkship years as available study time quickly goes down. However, do not forget to enjoy your time as well!”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Work hard and put the time into studying for exams, preparing for rotations and it will all be okay.”</p>	<p>Anesthesiology, R-1</p>
<p>“Explore as many specialties as you can. Try to keep an open mind. Staying on top of studying builds great habits for clerkship. I found studying a little bit every day really improved my stress level once exams came around. In clerkship it gets pretty difficult to cram because you have much less dedicated study time.”</p>	<p>Neurology, R-1</p>
<p>“Make sure to enjoy your time amongst the busy studying! If you have summers off, go travel. Try to get to know your classmates, as they’ll become you lifelong friends and colleagues. Stay involved in student life as a way to balance what feels like taking in a garden hose of information.”</p>	<p>Dermatology, R-1</p>

<p>“Pre-clerkship is challenging because you don’t know what to focus on that will help you clinically. One thing I wish I had have focused on earlier is how to differentiate between diseases. Going through clerkship I found creating tables (with headings like overview, clinical presentation, diagnosis, management) really helpful so I could distill each disease into a few bullet points and could quickly compare “how would I tell the difference between X and Y?””</p>	<p>Obstetrics & Gynecology, R-1</p>
<p>“Don’t worry about CaRMS too much in pre-clerkship, but be aware that it will be helpful for you to have extracurriculars to support your applications come fourth year, especially if you’re planning on applying to a more competitive specialty. Think about what activities you will enjoy of course, but it doesn’t hurt to think about what activities you can use in different applications (e.g. a women’s health activity could be used in both a family medicine application and an ObGyn application).”</p>	<p>Obstetrics & Gynecology, R-1</p>
<p>“Take time for yourself and relax. Being nice, working hard, knowing your material, and being coachable are what your preceptors are looking for.”</p>	<p>Plastic Surgery, R-1</p>
<p>“Stay true to yourself throughout electives and CaRMS process. Many people will give you advice about the best “strategy”, but do what you think is best. Plus, build contacts in specialties you are interested in. Maintain relationships with supervisors or residents that you enjoyed working with.”</p>	<p>Orthopedics, R-1</p>
<p>“Explore all specialties, but when you find something you like, commit to it.”</p>	<p>Otolaryngology, R-1</p>
<p>“Be nice, and easy to work with. Be keen, but don’t be annoying.”</p>	<p>Otolaryngology, R-1</p>
<p>“Maximize your experience. Spend more time with friends, do some research, join groups and sports.”</p>	<p>Otolaryngology, R-1</p>
<h2>Choosing Your Discipline</h2>	
<p>“Spend time figuring out your values and carefully reflect on your choice on specialty.”</p>	<p>Family Medicine, R-1</p>
<p>“Keep an open mind about the different specialties that you haven’t tried yet, and go to different interest groups to learn more about them.”</p>	<p>Family Medicine, R-1</p>
<p>“Try to explore as many specialties as you can prior to clerkship.”</p>	<p>Family Medicine, R-1</p>
<p>“When choosing a discipline go with your gut. It can be an overwhelming time, but chances are if something feels right or wrong to you that instinct is probably right.”</p>	<p>Family Medicine, R-1</p>
<p>“Trust your gut instinct. There will be specialties that appeal to you or ones that you’re leaning towards. Pay attention to the subtle clues (when do you come home excited, which patients energize you, when do you feel drained, what electives are you excited to book, etc.). It is ok not to know what specialty you want to pursue when you are a pre-clerk. That is what clerkship is for. Keep an open mind.”</p>	<p>Pediatrics, R-1</p>

“Be open and explore your options, but also don’t be scared to commit to something you know you love.”	Pediatrics, R-1
“People will tell you that for competitive specialties you need to start doing electives and research early. Although that certainly helps, it is not essential lots of people figure out what they want to do in clerkship and still match to competitive specialties. Keeping your options open and exploring is definitely what I’d recommend.”	Neurology, R-1
“Enjoy the time. Reflect on yourself the type of lifestyle and work environment you see yourself in.”	Orthopedics, R-1

Building your Dossier

“Make connections and don’t pass up opportunities to get more involved in your chosen field. Be likeable and not annoying and they’ll remember you.”	Otolaryngology, R-1
“Don’t worry so much about your CV: when it comes time to apply to residency what is important is showing that you have skills and interests. There never seems to be an answer as to what they are looking for so just demonstrate what you bring. Don’t take on opportunities that you have no passion for - it won’t go well. Search for and create opportunities for yourself if they aren’t there. As a medical student you have great power to follow your interests. Make connections during clinical work or pre-clerkship and ask how you can get involved in an area of interest be it QI, med ed, research etc. Don’t do something just because you think it will look good, find something you truly enjoy.”	Pediatrics, R-1
“Work hard, be nice, know your material.”	Plastic Surgery, R-1

Research

“Do more research prior to clerkship.”	Family Medicine, R-1
“Do research or an elective in one of your summers before med-3.”	Otolaryngology, R-1

Mental Health

“Things will not go as planned, but things will work out. I wish I spent less time worrying and comparing myself to others.”	Family Medicine, R-1
“Taking time for yourself will be more important than you know.”	Family Medicine, R-1
“Keep a journal about significant experiences during clerkship. Make sure to have a support group to talk about significant experiences. Don’t bottle things up. Make time for yourself and for your friends; this is one of the times where you can learn how to balance your lifestyle. You have to remember: you are not going to be able to know every little detail of every medical condition.”	Internal Medicine, R-1

<p>“Be open with yourself about the state of your mental health. If you are exhausted, spend the night on the couch or go for a drink with friends - one night or weekend off will not ruin your career but the build up of neglecting your personal well being will. Mental health is not as easy as doing yoga, exercising and eating well despite what some may tell you, its about acknowledging the difficulties of being a medical student and prioritizing what is most important to you in your career and personal life.”</p>	<p>Pediatrics, R-1</p>
<p>“Some of the people you will work with will be burned out and deflect their suffering onto others. When it happens to you, don’t internalize it. When it happens to patients, stand up for them. When you get overwhelmed and are in your worst moments, don’t punish yourself for not feeling ‘resilient’ in an environment that does not respect human rights or kindness. If and when you feel like dying, summon the patience to wait. There’s no rush.”</p>	<p>Psychiatry, R-1</p>
<p>Elective Choice</p>	
<p>“Pick 4th year elective locations based on where you would want to live, not on the program. Make sure to sleep as much as possible during the elective tour.”</p>	<p>Family Medicine, R-1</p>
<p>“Ask questions to the residents you work with - they will have lots of information about who to get electives with and which schools/specialties offer good electives.”</p>	<p>Internal Medicine, R-1</p>
<p>“Try to schedule away electives prior to home electives, in order to maximize the number of reference letters you can get.”</p>	<p>Internal Medicine, R-1</p>
<p>“There are endless rumors about how to get interviews at different schools through electives. At the end of the day I feel like none of them are true, and if they are we have no way of knowing. CaRMS is a black box so don’t fret over getting every elective at every site. Pick your top couple and do what you can to fit them in and fill in the rest of your electives with rotations or locations that interest you. There seems to be a movement towards wanting more “well rounded” electives in some specialties so maybe book some outside of your top choice - its also the last chance to explore a clinical area that you may never do again!”</p>	<p>Pediatrics, R-1</p>
<p>“Plan your electives early. Pick what your interested in early and just commit to it.”</p>	<p>Pediatrics, R-1</p>
<p>“Plan and apply for electives early on. There is so much to do for CaRMS, earlier start the better.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Choose pre-clerkship electives in areas that interest you that are not apart of the core rotations (ie: Radiology). Start your CaRMS applications early. Do not sweat if you have a weak area on your application, focus on areas that you are strong.”</p>	<p>Diagnostic Radiology, R-1</p>

Advice for Pre-Clerkship

General Advice

<p>“Take breaks whenever there’s a chance, clerkship is a long slog with constant learning and stress. Don’t worry about how everyone else is studying. The way you’ve trained yourself to do it got you this far, but do hunt up the practice questions.”</p>	<p>Family Medicine, R-1</p>
<p>“Everyone says this but it’s so incredibly true: keep a journal all through clerkship. In personal letters and interviews you constantly need to remember a time you were on a team that failed, or a time you failed, etc. It’s surprisingly difficult to remember personal vignettes without a journal (speaking from personal experience).”</p>	<p>Obstetrics & Gynecology, R-1</p>
<p>“Always say yes to new opportunities that are presented during clerkship.”</p>	<p>Urology, R-1</p>

Tips for Clinical Rotations

<p>“Don’t be nervous, clerkship is amazing. Treat it like a full time job. Get to know your team, including nurses, respiratory therapists, etc. Do “tuck in” rounds where you visit the floor at 10pm when you’re on call, before you go to bed, and save yourself a wake up call in a few hours. You’re welcome!”</p>	<p>Family Medicine, R-1</p>
<p>“Show up every day hoping to learn both about medicine and how to contribute in a team environment. The ability to learn, show interest, work well with others and improve is what will ultimately help you look good more than the knowledge you come in with.”</p>	<p>Pediatrics, R-1</p>
<p>“The key to being a good clerk is showing up on time, being respectful, doing what you say you’ll do and generally being a nice person. They don’t expect you to know everything.”</p>	<p>Pediatrics, R-1</p>
<p>“At the end of each of your rotations write down 3-4 one liners about important patient interactions (positive and negative). These will be very helpful in preparation for CaRMS interviews. You see a tonne of patients in clerkship and sometimes a one liner can act as a memory trigger.”</p>	<p>Pediatrics, R-1</p>
<p>“Study hard on each rotation, everything is applicable to your speciality of interest in some way.”</p>	<p>Plastic Surgery, R-1</p>

Elective Choice

<p>“You WILL NOT get the electives you initially plan for. If you’re going for a competitive specialty it’s important to apply VERY broadly to secure electives.”</p>	<p>Family Medicine, R-1</p>
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<p>“As a family medicine applicant, it is NOT NECESSARY to travel to the sites to be a competitive candidate (unless it says so on the CaRMS website). Don’t waste your time and money travelling if you don’t want to. Note that you don’t really study in fourth year.”</p>	<p>Family Medicine, R-1</p>
<p>“Programs don’t care about your elective disciplines, as long as you can extrapolate what you learned from a rotation to their discipline.”</p>	<p>Family Medicine, R-1</p>
<p>“If you are between two specialties, try to have an experience in both of those within the first 8 months of clerkship.”</p>	<p>Psychiatry, R-1</p>
<p>Other Electives Advices</p>	
<p>“Med 4 is a lonely year being on your own with no familiar faces around the hospital. Make sure you keep in touch with your friends and family. Take your evenings and weekends and explore the towns you go to. Do broad electives and go rural! Rural towns let you be able to do waaay more with more one on one.”</p>	<p>Family Medicine, R-1</p>
<p>“Build and maintain connections with preceptors in your specialty, and be kind to the other students interested in the same specialty -- you may be lucky enough to end up as co-residents! Take advantage of electives as an opportunity to explore programs and places, but be sure to apply to and learn about programs that you didn’t get a chance to visit. Talk to residents in different programs, and take notes throughout the process.”</p>	<p>Pediatrics, R-1</p>
<p>“Do electives in a variety of places but in places you would actually considering doing residency.”</p>	<p>Psychiatry, R-1</p>
<p>“Have a plan for booking electives, but try to accept early that it will get changed. Being flexible and being able to roll with changes is critical. I had a very specific plan set out weeks from when the portal open, I logged on and submitted requests within the first minute and still didn’t get most of the electives I was planning on. That meant I had to change my plan several times to get the schedule to work.”</p>	<p>Neurology, R-1</p>

<p>Paper Work</p>	
<p>General Advice</p>	
<p>“Put time into your CaRMS essays and start early. Do not leave the applications to the last minute. Ask a few people to review your essay; those you trust. It may not be beneficial to ask for help from a lot of different people because you may get conflicting advice and you may become confused.”</p>	<p>Internal Medicine, R-1</p>
<p>“Really take time to reflect long and hard on what your interests, goals, and values in life. This of course matters more if you are deciding between specialties, but can also be relevant when picking the right city.”</p>	<p>Pediatrics, R-1</p>

<p>“Don’t be as afraid about matching, as you are confident in yourself.”</p>	<p>Otolaryngology, R-1</p>
<p>CaRMS Application</p>	
<p>“There are no tricks to the applications, just take your time on them and have friends review them. I don’t think anyone knows the secret formula to securing the interviews you want, I sure don’t know it.”</p>	<p>Family Medicine, R-1</p>
<p>“Be prepared to actually match to your parallel plan, getting that backup match may make you sad so prepare yourself and remind yourself of the good things it has to offer. Start filling in the CaRMS drop down information early, it takes FOREVER. Same goes for your C.V..”</p>	<p>Family Medicine, R-1</p>
<p>“Do electives you are interested in. Be genuine on your rotations. Give yourself enough time to write your personal letter. Give your referees enough time to write letters for you - use the option to submit these early, this will save you a lot of stress down the road knowing that they are complete and available. My experience from knowing I wanted to do family medicine - if you know you are an average to strong candidate don’t worry about applying to every school - pick your top 2-3 and apply to all sites within each.”</p>	<p>Family Medicine, R-1</p>
<p>“Filling things into the CaRMS website, while easy, will take so much longer than you think!”</p>	<p>Family Medicine, R-1</p>
<p>“Study each night about your specialty of choice! ... Backing up is always a good idea, no-one is guaranteed anything.”</p>	<p>Plastic Surgery, R-1</p>
<p>“Be prepared to put a lot of time into the CaRMS application. Remember, among other things (i.e. reference letters, time spent on electives at particular school) this application is a reflection of you and what you have done. Ensure there are no grammatical errors, no ambiguity, and try to highlight what is unique about you.”</p>	<p>Anesthesiology, R-1</p>
<p>“I studied very little medicine during fourth year. Occasionally I would try to read up on something relevant to my electives. Entering information into CaRMS, organizing references, writing personal statements and prepping for interviews will consume much more of your time then you plan for. Give yourself permission to focus on this. Be on and present when you’re at your elective, but use your other time to focus on the many CaRMS tasks.”</p>	<p>Neurology, R-1</p>
<p>“I applied to multiple specialties, and it was very challenging balancing electives and contacts while applying to multiple fields. Sometimes, you feel like imposter when applying to various specialties, so focus on your strengths that may be applicable to all specialties. Ask upper year residents and medical students for advice regarding electives, applications and interviews. However, everyone’s CaRMS journey is different, and it is important to focus on your own path as opposed to comparing only to other people’s paths.”</p>	<p>Dermatology, R-1</p>

Reference Letters

“Ask for a strong reference letter from every clerkship preceptor, even if you don’t plan to use it. Then you won’t be scrambling if you change your mind last minute, and apply to more programs than you originally thought you would.”	Family Medicine, R-1
“Get references from med 3 core clerkship, they will probably be better than the med 4 one because they worked with you longer.”	Family Medicine, R-1
“Try to collect reference letters during third year to have options to choose from and not leave you scrambling during Med 4 if you don’t happen to work with preceptors you feel comfortable asking for a letter from.”	Family Medicine, R-1
“Ask for reference letters early, and be persistent in making sure they’ve been submitted. Feel free to use some references that may not be specialists in the area you’re applying to - choose the people who know you best and can best comment on your abilities and awesome personality!”	Pediatrics, R-1
“Ask for as many reference letters as you can going through your core clerkship rotation (and for electives as well). It feels strange because you may have only worked a few days together, but this is the norm in med school. Preceptors know this and even though it feels a bit awkward, your future self will thank you.”	Obstetrics & Gynecology, R-1
“Ask for reference letters about 6 weeks before they are due.”	Plastic Surgery, R-1

Personal Statement

“Start your personal statements early and have people in medicine review them and give critical feedback.”	Family Medicine, R-1
“Be honest and yourself in your personal letter, and have a few people who know you well review it for content, grammar, etc. Start your CV and personal letters early, and finish your CaRMS application a little bit early, if possible, to give yourself peace of mind and time to review.”	Pediatrics, R-1
“This should seem obvious, but don’t wait until the weekend prior to write those personal statements. Like really, don’t do it.”	Psychiatry, R-1
“Have your personal statement read by at LEAST 5 people, of which some should be non-medicine.”	Plastic Surgery, R-1

Additional Electives after CaRMS Deadline

“If you couldn’t get a pre-CaRMS elective at a school you really wanted just go post CaRMS, it still shows interest. Have fun in the post-CaRMS elective but stay professional.”	Family Medicine, R-1
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“Pick easy post-CaRMS electives at home!”	Family Medicine, R-1
“Stay close to home post-CaRMS. You’ll be tired and its nice to be near family. You will agonize over the Rank Order List - it is because they are all good options.”	Pediatrics, R-1
“Think about selecting post-CaRMS electives that you’re interested in that will help you in residency but are less suitable for getting reference letters or from schools that are lower on your rank list.”	Pediatrics, R-1
“Take advantage of post-CaRMS electives as learning opportunities without all the pressure of preparing your CaRMS application or interview prepping at the same time -- it’s really nice to be able to do these close to home, or to do a fun elective that maybe didn’t fit in the pre-CaRMS schedule!”	Pediatrics, R-1
“Make easy-post interview period electives.”	Otolaryngology, R-1

Interviews

Booking your Interviews

“Pre-rank your applications before interviews so that if there are scheduling conflicts it’s easier to decide which interview to drop.”	Family Medicine, R-1
“You won’t get as many interviews as your expecting, which makes things more stressful. Just know that people across the board are getting less and its not that you were a bad candidate.”	Family Medicine, R-1
“Most people will get one of their top choices for most specialties. Keep in mind the toll traveling around the country takes on your body and mind and do not hurt your chances at a school you really want in order to squeeze in interviews at a school or program you don’t.”	Pediatrics, R-1
“Be ambitious with your interview schedule, but also be realistic. Cramming in too many interviews will take out your steam.”	Pediatrics, R-1
“Be super organized - put everything in Excel and know what interview dates will conflict so you can plan well, especially if you are applying for multiple specialties.”	Pediatrics, R-1
“Reply to interview invites ASAP to try for dates that work best for you, but don’t get too focused on your perfect interview schedule because it may not work out that way you planned, but most of the time it will end up okay.”	Pediatrics, R-1
“Identify which interviews are absolutely important for you to attend, and let other schools know if you’re not able to make an interview early on so someone else can get your spot.”	Diagnostic Radiology, R-1

<p>“I believe that is best to take the opportunity to interview at any schools/programs where you could see yourself training. It may create a hectic interview schedule, but when it came time to create my rank list I felt better knowing I could rank 20+ programs versus someone who may be ranking 5.”</p>	<p>Anesthesiology, R-1</p>
<p>“If you are planning on only really ranking one location for personal reasons, apply broadly and do a few “practice” interviews elsewhere.”</p>	<p>Obstetrics & Gynecology, R-1</p>
<p>Travelling Advice</p>	
<p>“Don’t leave your luggage in an AirBnB “common area” while you wait for your room to be ready. It’ll be stolen.”</p>	<p>Family Medicine, R-1</p>
<p>“Travel with carry on only for interview tour. And learn how to iron your suit and shirt. Your travel plans will go array, it’s Canada in winter, look for other ways to get there, drive take a bus or train. Arrive early so you can get the lay of the land and know exactly where you’re going.”</p>	<p>Family Medicine, R-1</p>
<p>“Be prepared for travel plans to go awry and have back up plans in place.”</p>	<p>Internal Medicine, R-1</p>
<p>“Try to plan to meet up with friends or family if possible, and have fun meeting the other students and residents at socials. Socials are helpful to get a feel for the program, and hear from current residents.”</p>	<p>Pediatrics, R-1</p>
<p>“If you get to the airport early, you can ask to be bumped up to an earlier flight. If it looks like your flight is going to be cancelled, get the hell out of there asap. Buy the ticket that lets you switch or just shell out for a new one. Not worth the stress of potentially missing an important interview.”</p>	<p>Psychiatry, R-1</p>
<p>“Buy a handheld travel steamer. I didn’t and I got burned at a few AirBnBs that promised an iron. If you have a top choice school that you feel you pretty much need to match to, consider giving yourself a decent buffer (at least 1-2 days) to make sure you can get there, even if this means down turning down an interview.”</p>	<p>Obstetrics & Gynecology, R-1</p>
<p>How to Prepare for your Interviews</p>	
<p>“Get a good night’s sleep.”</p>	<p>Family Medicine, R-1</p>
<p>“Questions for interviews (especially for family medicine) were SOOOOOOOOOOOO straight forward and no more than about 20 minutes. Don’t spend weeks prepping, it’s not necessary. Just know your CV, and the common interview questions.”</p>	<p>Family Medicine, R-1</p>

<p>“If you can, and you’re interviewing in a city you haven’t been to before, try to arrive a couple days early and look around, try the restaurants, see the sights, etc. Interviewers always seemed to respond well when I could talk about the city, why I would enjoy living there, etc. Especially when I was interviewing a long way from my home province, interviewers always asked why I would want to move so far away for residency. I think ultimately they’re looking for someone who isn’t just planning to leave the city/province as soon as they finish residency, so if you show a degree of interest in and some degree of connection to the city, it seems to matter. If you’re in a new city on elective, and thinking of applying to train there, make use of the time to really experience the city (i.e. don’t just bounce back and forth between your hotel/ apartment and the hospital). The more experience you get of the city, the better it will serve you in interviews (and also in choosing where you want to live and study, when you get to the ranking process).”</p>	<p>Family Medicine, R-1</p>
<p>“Prep answers early, and practice saying them out loud. It’s easy to sound like an idiot in an interview, even if it’s a low stakes interview you’ll still feel stupid.”</p>	<p>Family Medicine, R-1</p>
<p>“Go over question banks and come up with loose answers to the common questions. Do be so rehearsed you sound like a robot... Don’t study for medicine exams on the tour. It’s 3 weeks and your LMCC is far away. Focus on being on your A game for interviews.”</p>	<p>Family Medicine, R-1</p>
<p>“Prepare for interviews by reflecting on your experiences as a med student and having examples for good qualities / CanMEDs roles. Even with preparation you may come up with a different scenario during the interview. Know that this is ok! Roll with it, your emotions will come through which makes for a better story and better opportunity to connect with the interviewers.”</p>	<p>Family Medicine, R-1</p>
<p>“Spend time reflecting on who you are today and what got you here.”</p>	<p>Internal Medicine, R-1</p>
<p>“Try not to think about the interviews too much and just be yourself. Prepare in advance so that your answers flow. Practice out loud.”</p>	<p>Internal Medicine, R-1</p>
<p>“Have fun and breath. The process goes quickly.”</p>	<p>Internal Medicine, R-1</p>
<p>“As much money as you will spend during the CaRMS interview tour, it is worth it to feel comfortable during this chaotic experience. Try to go to the socials and meet with friends across the country to balance the busy schedules. Practice for interviews with classmates 2-4 weeks in advance of interviews starting.”</p>	<p>Dermatology, R-1</p>
<p>“Stop asking how the system works - you’ll never know. Just prepare for interviews as best you can and put your best foot forward for the opportunities you have. You cannot control everything so focus on what you can control and do your best!”</p>	<p>Pediatrics, R-1</p>
<p>“Talk to residents and 4th-year med students in your preferred specialty to learn more detailed information about what program directors and admissions admin are looking for.”</p>	<p>Psychiatry, R-1</p>
<p>“Keep a diary of significant clinical experiences to have a list of stories to share in CaRMS interviews.”</p>	<p>Psychiatry, R-1</p>

“Do practice interviews with classmates/ if residents are willing to sit down with you to discuss answers.”	Diagnostic Radiology, R-1
“Have good questions prepared for each school. Know each school and each program well. Practice with a variety of people.”	Plastic Surgery, R-1
“Practice daily. Practice makes everything better.”	Plastic Surgery, R-1
“Know the strengths and weaknesses of programs. Talk to residents honestly about the environment.”	Orthopedics, R-1
“Know your C.V. cold, anything on it is fair game.”	Otolaryngology, R-1
“Interview answers seem to have low specificity but high sensitivity in screening applicants (anecdotal). That is, don’t send up any red flags, be yourself and reflect on yourself before the interviews as prep.”	Otolaryngology, R-1
During the Interview	
“Attend all interviews and approach each interview as if this would be your number one choice.”	Family Medicine, R-1
“You will likely bomb an interview. It’s okay. So will everyone else. All you need is to ace one interview and you will match.”	Family Medicine, R-1
“Try to show them your true self.”	Family Medicine, R-1
“Everyone shows up to interview wearing black, grey or navy. Stand out a little!!”	Family Medicine, R-1
“Don’t get worked up about messing up a question during interviews. Ask yourself why it went wrong then move on.”	Family Medicine, R-1
“Try not to be nervous (although this is impossible).”	Internal Medicine, R-1
“Even when facing difficult questions, be yourself and be confident in every interview.”	Internal Medicine, R-1
“Be yourself in your interviews, and be kind to yourself in between.”	Pediatrics, R-1
“Honestly just relax and be yourself. They want to know if you fit into their group so being yourself is your best bet.”	Diagnostic Radiology, R-1
“Selection committees appreciate it when you are relaxed and being yourself. Take a deep breath.”	Urology, R-1

Asking the Right Questions during the Interview

“Ask residents if the program is teaching-based or service-based. If it’s service-based, ask yourself: do the residents seem happy or like they are enjoying residency? Would you be okay with this life for the next 2-5 years?”	Family Medicine, R-1
“Always ask questions when probed during an interview (such as questions about the programs’ strengths & weaknesses).”	Internal Medicine, R-1
“Always ask the residents if they’re happy and see how pro-change the programme is (e.g. call reform); I had a couple of residents asked me what I meant when I asked if they were happy, which I took to be a bit of a red flag.”	Diagnostic Radiology, R-1
“Have a list of questions you want to ask to each program. Don’t stress if an interview did not go your way.”	Diagnostic Radiology, R-1
“Easy ideas for questions to ask for interviewers about the program: 1) Resident wellness 2) Research opportunities 3) Leadership/advocacy opportunities.”	Psychiatry, R-1

After the Interview

“ENJOY! The hard work is done! Things will work out.”	Family Medicine, R-1
“Try to relax and enjoy the ride!”	Psychiatry, R-1
“Have fun, make friends, enjoy the process. You will match!”	Otolaryngology, R-1
“Don’t drink too much at the socials even if it’s after your interview. The socials are also a great time to figure out if these are the people you will want as your future colleagues and potential co-residents.”	Diagnostic Radiology, R-1

Post-CaRMS Match

General Advice

“Be prepared to stick up for your unmatched classmates. Lecturers, volunteer patients, admin, and everyone in between will be asking where everyone matched. Don’t let anyone get singled out. Stick together! CaRMS sucks!”	Family Medicine, R-1
“Book a trip to give yourself something to look forward to.”	Internal Medicine, R-1

<p>“Even after being matched and the elation that comes with it, burn out is a real phenomenon and can continue lingering through selectives. Perhaps not everyone will experience it but I can personally say I seriously considered pursuing different careers many times through my clerkship.”</p>	<p>Psychiatry, R-1</p>
<p>Rank Order List</p>	
<p>“Ranking list is critical. Pay attention to every single choice.”</p>	<p>Family Medicine, R-1</p>
<p>“Be honest with yourself about what you want. You don’t have to explain yourself to anyone. Interest in content, lifestyle, income, partner/friends/family are all valid reasons to choose a specialty/location.”</p>	<p>Family Medicine, R-1</p>
<p>“Spend as much time ranking and re-ranking as you need. Ad nauseum. So you have no regrets. If you can’t pick between minimally different options, toss a coin to decide and see how the outcome feels. Then decide based on that feeling. And understand how important program vs proximity to family vs city are to you. Spend lots of time deliberating.”</p>	<p>Family Medicine, R-1</p>
<p>“Really think about where you rank. Some of the ranks you throw on the end of your list you might not think too much about, but anything you rank you have a chance of matching to. Try your best to picture yourself in each program on your list and determine if that is something you would be happy with.”</p>	<p>Family Medicine, R-1</p>
<p>“Rank order list, my old foe. You will AGONIZE over it. Rank based on your strategy whether you want a city, or school or specialty preferentially. Rank places that didn’t interview you. It doesn’t hurt your ROL at all.</p>	<p>Family Medicine, R-1</p>
<p>“Rank based on where you will flourish and be happy. Take all factors that play into your life into account.”</p>	<p>Internal Medicine, R-1</p>
<p>“Think about what you value in a program and whether that program can provide that. Don’t be surprised if your rank order list changes substantially after interviews. Don’t be disappointed if you don’t get your first choice - it is a huge accomplishment to match to your chosen specialty.”</p>	<p>Internal Medicine, R-1</p>
<p>“Post-CaRMS electives can be very helpful in creating your rank order list even if they don’t play a role in a program’s rank order list. Ask advice from upper year residents about programs to help in drafting your list given how difficult it can be to remember many programs’ strengths and weaknesses following the tour. The match does not work in everyone’s favour simply due to limited positions available, so only rank programs you would rather pursue than not matching at all.”</p>	<p>Dermatology, R-1</p>

<p>“There is so much pressure and stigma around going unmatched and that is truly unfair. It is not a perfect process and it is not an equal playing field despite great efforts by programs to make it such. Some of us can feel pressure to rank specialties that have greater match rates as a “back up”. This is great if you have multiple strong interests. If you are really passionate about one thing and picture yourself feeling disappointed with matching to a “back up” maybe reconsider and think about what other options you may have going forwards. Sometimes I think the idea of backing up is taken too lightly, for myself I felt great relief when I decided to remove a back up program from my rank list despite knowing it may increase my chances of going unmatched. Listen to your gut!”</p>	<p>Pediatrics, R-1</p>
<p>“Be thoughtful about each program you put on your ROL, and be sure that you could see yourself being happy in each program/place you rank. Talk it through with people close to you (partner, family members, friends, mentors) if that helps you solidify your choices, and remember that it’s your career and ultimately you decide what’s best for you.”</p>	<p>Pediatrics, R-1</p>
<p>“Only rank places that you are 100% OK going to.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Put the order of where you want to go and what specialty you want- it’s designed to help you not the school. Don’t be the person who says they’d be embarrassed at being unmatched- either it will be you, or someone who you know and then no one will want to discuss any of those challenges with you. With the number of spots compared to the number of applicants it’s basically inevitable someone will go unmatched. Consider family and social supports as important as the caliber of the school you’re attending since residency is going to be a hard 2-5 years and you’ll probably want a couple of shoulders to cry on/ bring you food.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Following the CaRMS process give yourself sometime to decompress and reflect and then assemble your rank list.”</p>	<p>Anesthesiology, R-1</p>
<p>“Only rank places you are absolutely willing to move to. Figure out whether specialty or location is more important to you. I think everyone wants a balance to some extent. I definitely did, but one probably is more important to you. It is critical to figure this out prior to rank order being due. For post-CaRMS submission/ post-match electives pick something you REALLY LIKE or something that is going to be relaxed, you will probably find it difficult to focus on this elective unless you find it really engaging. Definitely recommend ending electives on a week or two of vacation, you will deserve it!”</p>	<p>Neurology, R-1</p>
<p>“I ended up changing my mind about my top choice specialty when creating my rank order list. Ideally, don’t do this. But if you find yourself in a similar position, I found these strategies helpful: 1) Think about how you will actually feel if you match to your second or third choice specialty? If the answer is “excited” you may want to bump them up the list. 2) Reflect on whether there is any degree of “this is what I should do” affecting your decision. Is that actually true? 3) You have to go to work a 12h shift tomorrow. Where would you rather be?”</p>	<p>Obstetrics & Gynecology, R-1</p>
<p>“Rank based on your gut. Pros and cons lists are great but you need to answer: where would I be happy? And go from there.”</p>	<p>Plastic Surgery, R-1</p>

<p>“Don’t rank anything you don’t want to do - there are sad stories out there. Don’t stress too much about your rank list - where would you like to go. That’s it.”</p>	<p>Otolaryngology</p>
<h3>Couples Matching</h3>	
<p>“Involve your partner in the decision process. It’s their life too and they will feel included into the new journey and buy in to the chaos easier.”</p>	<p>Family Medicine, R-1</p>
<p>“This almost goes without saying, but if you’re in a committed relationship, it’s imperative you involve your partner/spouse in the rank-order process. No sense ranking somewhere high on the list if your partner/spouse wouldn’t be willing or able to go with you. My spouse traveled with me to a couple cities I interviewed at (that she hadn’t been to before) so she could see for herself whether it would be somewhere she would want to live for at least the next few years.”</p>	<p>Family Medicine, R-1</p>
<p>“I participated in the couples match and my partner and I both applied for the same program (Family Medicine) and obviously wanted to rank the same site. It was a bit confusing because we were couples matching to the same program but were technically competing for the same spots. Don’t worry about this! It will work out, still apply as a couple. Use the CFMS couple ranking app as a guide, but transfer all the combinations to an excel sheet because it isn’t easy to move items up and down on the app online. If you can survive ranking as a couple, you can survive anything together! We ranked a total of 225 combinations, and that was only for all DAL and MUN sites. We got our first choice.”</p>	<p>Family Medicine, R-1</p>
<p>“Couples matching is not impossible.”</p>	<p>Otolaryngology, R-1</p>
<h3>Applying to the Second Iteration</h3>	
<p>“Apply to multiple programs - most people will be happy doing more than one thing. Apply broadly. Don’t over-estimate your attractiveness as a candidate - there are a lot of great candidates.”</p>	<p>Pediatrics, R-1</p>
<h3>Final Board Exams in Preparation for Residency</h3>	
<p>“Start studying for your LMCC earlier rather than later - prep should be a marathon not a race.”</p>	<p>Family Medicine, R-1</p>
<p>“Study earlier for the LMCC.”</p>	<p>Diagnostic Radiology, R-1</p>

<h3>Other</h3>	
<p>“It will work out even if things (electives, interviews) don’t go as planned!! Try to enjoy the process and have fun when you’re travelling!”</p>	<p>Family Medicine, R-1</p>

<p>“Don’t rank it if you don’t want to go there! It’s a gamble, like saying you’d rather go unmatched than go to a bad program, but think of a bad program, in an unfamiliar city, with unhappy coworkers, and an unreasonable cost of living, with no social support network. Make sure you apply broadly in the first iteration to increase your chances of matching, even when you leave those bad programs off your list!”</p>	<p>Family Medicine, R-1</p>
<p>“You will encounter a million annoying roadblocks, but they (mostly) resolve themselves, so just take it in stride. Save your energy; it’s an EXHAUSTING year on so many fronts.”</p>	<p>Pediatrics, R-1</p>
<p>“Consider work-life balance in terms of if you will be able to sustain the call load when you are older (ie 50s-60s). I highly recommend doing a pathology and radiology elective after the interviews to help put pathology and pathophysiology into perspective. Don’t feel afraid to ask for reference letters as doctors will let you know if they’re not comfortable writing one. Also, don’t be scared of the gunners if you’re not that kind of person.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“There is no perfect time to have a child in medicine. Having a child in medical school doesn’t mean that you aren’t serious about medicine, or that you can’t match to any particular specialty. Look for classmates or mentors who have had similar situations, but know that everyone has different circumstances and opinions, and that in the end you need to do what is right for you and your family.”</p>	<p>Obstetrics & Gynecology, R-1</p>

<h2>Strategies that Contributed Most to Success in Matching</h2>	
<p>“Good interview performance.”</p>	<p>Family Medicine, R-1</p>
<p>“Strong social support network.”</p>	<p>Family Medicine, R-1</p>
<p>“Work hard as a clerk and be willing to go above and beyond for your patients.”</p>	<p>Family Medicine, R-1</p>
<p>“Getting decent references and being sociable during interviews (it really is that easy for family).”</p>	<p>Family Medicine, R-1</p>
<p>“Having an application that demonstrates passion for the specialty and dedication to the particular program.”</p>	<p>Family Medicine, R-1</p>
<p>“Honesty in the interview + positive attitude + little attachment to outcome. Success in matching being defined as feeling successful as well as matching to something at all.”</p>	<p>Family Medicine, R-1</p>
<p>“I did electives in a fairly broad array of specialties, and in both rural and urban sites. I found this breadth of experience made it easy to answer questions in interviews, as I had lots of anecdotes and so on to incorporate into my responses.”</p>	<p>Family Medicine, R-1</p>
<p>“Applying broadly, only ranking programs I actually wanted to go to.”</p>	<p>Family Medicine, R-1</p>

<p>“Being honest and sincere on rotations and during interviews. Having a buddy (in my case my partner) to run your plan for electives by during the planning stage and having a buddy to travel with and share accommodations made me feel supported and not alone.”</p>	<p>Family Medicine, R-1</p>
<p>“Deciding on a specialty early, and getting multiple reference letters during clerkship.”</p>	<p>Family Medicine, R-1</p>
<p>“Application - strong reference letters, varied CV. Good interview.”</p>	<p>Internal Medicine, R-1</p>
<p>“Apply broadly and work very hard on each individual application. Be prepared for your interviews, but also be relaxed. Try to be yourself.”</p>	<p>Internal Medicine, R-1</p>
<p>“Rank in order of your preference and where you can picture yourself living, rather than how you would rank the programs in terms of “academic merit”.”</p>	<p>Internal Medicine, R-1</p>
<p>“Practicing for interviews was very helpful, even with people outside of medicine.”</p>	<p>Internal Medicine, R-1</p>
<p>“Do your best to block out the noise and anxiety and focus on what it is you truly want and why. Communicate to the schools why you fit there and be honest with them and yourself - if you pretend to be something you are not and match it is going to be uncomfortable to keep pretending throughout residency! (this is easier said than done). Also know yourself well before interviews, review your clinical and academic experience and be ready to draw upon it for examples instead of coming up with things on the spot.”</p>	<p>Pediatrics, R-1</p>
<p>“Double-, triple-, and quadruple-checking everything. Spending a LONG time crafting and editing personal statements. Preparing for interviews through a systematic process of reflecting on experiences and practicing face-to-face with friends. Being the best and most honest version of yourself in any interview.”</p>	<p>Pediatrics, R-1</p>
<p>“Preparing well for interviews. Knowing what was important to me in a career/ program.”</p>	<p>Pediatrics, R-1</p>
<p>“Electives in my specialty at many different schools across the country.”</p>	<p>Pediatrics, R-1</p>
<p>“I think that being interested and easy to work with are two of the most important things going through electives and the matching process! Building relationships with mentors and preceptors is so valuable for both the matching process, and in starting off your career.”</p>	<p>Pediatrics, R-1</p>
<p>“Hard to know, but it felt important to establish relationships with the admissions directors.”</p>	<p>Psychiatry, R-1</p>
<p>“Having an interesting research project that I could speak about with genuine passion and enthusiasm. In general, coming across as genuine and decently personable was probably more helpful than anything.”</p>	<p>Psychiatry, R-1</p>
<p>“Knowing as much as I could about the program and mentioning specific research and people (i.e. key researchers) during the interview.”</p>	<p>Psychiatry, R-1</p>

“Planning for pre-CaRMS electives at sites I was most interested in. Was very helpful for personal letter for those schools.”	Diagnostic Radiology, R-1
“Meeting the chief residents and discussing career options with individuals in the field.”	Diagnostic Radiology, R-1
“Strong interview skills and being open and honest. Be yourself, they have to work with you for five years so they want to like you!”	Diagnostic Radiology, R-1
“Accepting every interview that I could. Put the time into preparing for the interview. Even if they do not specifically ask you what you know about the particular program you will feel more confident walking into your interview being well-read.”	Anesthesiology, R-1
“Making good impressions all through out clerkship, it is worth it to make an effort through all your rotations. I had a few references outside the specialty I applied to, which I think strengthened my application. Start writing personal statements early, this took me more time then anticipated. Sounds cliché, but being myself during interviews. It is definitely called the match for a reason, personality is a big part of that for both you and the program.”	Neurology, R-1
“Asking advice from upper year residents and getting to know both residents and staff during electives and outside of clinical environments (e.g. research, conferences) are what allow program directors & selection committees to get to know applicants and put trust in them to be part of their residency programs.”	Dermatology, R-1
“Working hard and having a good attitude on my core clerkship rotation.”	Obstetrics & Gynecology, R-1
“Early elective preparation and work ethic.”	Plastic Surgery, R-1
“Lots of research. Getting to know the faculty/residents. But most importantly, be kind, respectful, and helpful. They want to get to know the real you and want to see if they can work with you for 5 years. That’s the most important thing.”	Plastic Surgery, R-1
“Clinical elective experiences.”	Orthopedics, R-1
“Meeting and getting to know as many staff and residents as possible during my electives. Spending particularly large amounts of time with those on the selection committee.”	Urology, R-1
“Early exposure, and commuting to the specialty early.”	Otolaryngology, R-1
“Discuss with those who previously matched.”	Otolaryngology, R-1
Advice Specific to Matched Specialty	
“Choose family!”	Family Medicine, R-1
“For family medicine, a well-rounded set of electives is always beneficial!”	Family Medicine, R-1

<p>“If you’re backing up with family and you don’t *love* family. Then just choose an awesome place to live.”</p>	<p>Family Medicine, R-1</p>
<p>“If you’re going to apply to Family Medicine, make a real effort to show an interest in the specialty not just in your letter and at the interview, but with some kind of solid evidence (electives in FM, research, interest group membership, etc.) They know lots of people “back up” with FM, and their primary goal in the applicant screening process and interviews seems to be to weed out those applicants.”</p>	<p>Family Medicine, R-1</p>
<p>“Be honest in your answers and pick electives that interest you. Family Medicine is very broad and your specific interest will show based on what your electives are.”</p>	<p>Family Medicine, R-1</p>
<p>“It is helpful to do more CTU electives at other schools since you get more 1-on-1 with current IM residents and can get a better sense of the program.”</p>	<p>Internal Medicine, R-1</p>
<p>“People with all kinds of backgrounds, personalities and interests matched this year to Pediatrics. Focus on exploring your interests as opposed to figuring out what the programs want from you. Everyone was very friendly at the majority of interviews!”</p>	<p>Pediatrics, R-1</p>
<p>“Pediatrics is about good communication skills and a touch of playfulness and fun. Don’t take those interviews too too seriously!”</p>	<p>Pediatrics, R-1</p>
<p>“Have a good attitude.”</p>	<p>Pediatrics, R-1</p>
<p>“There are some really awesome electives available across the country, try and make use of the electives across the country in different subspecialties.”</p>	<p>Pediatrics, R-1</p>
<p>“Do an inpatient eating disorders elective if you can. The intersection between medicine and psychiatry will be on full display and it will make you appreciate why you have those mandatory IM blocks in PGY1. It will give you a new appreciation for the range and severity of psychiatric illness.”</p>	<p>Psychiatry, R-1</p>
<p>“Interview questions can be quite psychiatry specific, know about the speciality in depth! (i.e. read about the history of psychiatry, know current events re: new research into psychiatric medications, read Psychiatric Times).”</p>	<p>Psychiatry, R-1</p>
<p>“For radiology just being interested and not annoying is key.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“If you’ve done electives in radiology, you’ll probably match so be a nice person to work with who doesn’t feel insulted when you get told to take a 2 hour lunch.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“If interested in radiology try to do a pre-clerkship elective as it is difficult to make those decisions with your limited clerkship electives.”</p>	<p>Diagnostic Radiology, R-1</p>
<p>“Consider doing electives at schools where you would like to train at, and do not be discouraged if you don’t get an interview where you did an elective.”</p>	<p>Anesthesiology, R-1</p>

<p>“Blend of stroke service and general service kept things interesting. I didn’t do any clinic-based electives until post CaRMS. Having the opportunity to present to the consultant was key for references. Offer to do one (maybe 2 if you’re really looking to impress) call per electives, this was often more than enough to demonstrate interest.”</p>	<p>Neurology, R-1</p>
<p>“Dermatology is known for being a competitive specialty to enter late into the game. However, everyone’s CaRMS journey is different, and electives ultimately play the largest role in applicants getting to know staff and residents. Try to go across the country to get to know programs both on the East and West coasts, and apply broadly.”</p>	<p>Dermatology, R-1</p>
<p>“Work hard. You’re competing against some of the best and brightest.”</p>	<p>Plastic Surgery, R-1</p>
<p>“Work hard, read up on procedures prior to OR, be yourself.”</p>	<p>Orthopedics, R-1</p>
<p>“Urology programs are less interested in highly knowledgeable candidates who are not easy to get along with. Don’t be a know-it-all.”</p>	<p>Urology, R-1</p>
<p>“Be nice, and pleasant to work with.”</p>	<p>Otolaryngology, R-1</p>

3.4 TIPS FROM PREVIOUS RESIDENTS (2013-2018)

This section is a collection of advice from fourth year medical students who applied to residency in the 2013-2018 application cycles, specifically written for their younger cohorts. We hope that this section can help demystify the process and provide further insight for students applying in this year’s cycle and beyond. If you wish to see which pieces of advice came from which application cycle years, you may find previous pdf versions of the Match Book, from previous years, at: <https://www.cfms.org/what-we-do/education/cfms-matchbook.html> . You will have to log into your medical student account to access these resources.

Previous Advice from 2013-2019	
Quotes	Source
Pre-CaRMS	
Choosing your Discipline	
“It’s important to really ask yourself what you would be happy doing. As you go through clerkship, you’ll find there are some things you don’t like which eliminates some specialties immediately. The difficult part is the rotations that you enjoy. You have to decide among these which you’d be happy doing as a career. It’s daunting, but everyone has to do it in medicine.”	Resident in Family Medicine
“Try to determine if you’re interested in surgical vs medical as soon as you can. Observerships will be your friend with this. It’s tough to fully know what you want, but it’s easier to start crossing specialties off your list. It’s ok if you switch in clerkship. I have friends who matched to competitive specialties once they decided in clerkship.”	Resident in Family Medicine
“Utilize summers in pre-clerkship to explore areas of medicine to help decide what specialty most interests you.”	Resident in General Surgery
“Keep your options open. You are allowed to like, and apply, to more than one area of medicine. It’s a good thing to remain undifferentiated for as long as possible. None of us come into medicine knowing absolutely what kind of doc we will become, what we know is that we want to be a doctor. Never forget that the only kind of doctor you should ever see yourself being is a good one. Being a doctor, any kind of doctor, is cool.”	Resident in Neurology
“I think it is important to do electives in first and second year to explore specialties you are interested in. If you are still unsure about your specialty when planning for 3 rd year clerkship, do the ones you are considering early in the clerkship year to help make that decision and have time to plan for electives. Deciding on a specialty is difficult, but the earlier you do it, the more straightforward the CaRMS process is.”	Resident in Obstetrics and Gynecology

<p>“Try to have your specialty picked, or at least have relatively high confidence that you want to do that specialty, by Christmas of 2nd year.”</p>	Resident in Orthopedic Surgery
<p>“Take into consideration if you see yourself working with colleagues in your field (getting along and fitting in with the people in your specialty)!”</p>	Resident in Pediatrics
<p>“I matched to something I didn’t know was even a CaRMS position until I was starting clerkship. Be open to change. Approach every rotation and elective like this is your chosen career. Talk to residents about what they like and don’t like. Ask about the realities of the specialty. Ask yourself what is important to you in and outside of your career and think about how the specialty helps or hinders you from achieving those goals. If you are applying to more than one specialty, prepare two separate versions of your letters, CVs, and interview prep. You are a diverse person and are allowed to have diverse interests, you just need to convince PDs and programs of that to take a chance on you.”</p>	Resident in Pediatric Neurology
<p>“Committing to a specialty early on is advantageous for research and other opportunities in the field to strengthen your application.”</p>	Resident in Radiation Oncology
<p>“Applying to multiple specialties is tough and it helps to have a coherent story, for example a research interest that unites all three disciplines.”</p>	Psychiatry, PGY1
<p>“I think applying to multiple specialties should be avoided. Try to decide earlier.”</p>	Family Medicine, PGY1
<p>“Program directors notice positive attitude and the ability to work together well, despite being in competition.”</p>	Urology, PGY1
<p>“Take some time to think about the career/life you want to be living in 10-20 years time (What, where, hours, flexibility, research, teaching, etc.). How many specialties meet these goals (likely multiple ones)? Are there multiple areas that you could craft a meaningful and enjoyable career path? Apply and interview broadly.”</p>	Emergency Medicine, PGY1
<p>“Keep in touch with mentors with whom you’ve had good experiences in the past. Especially if they are in a related field of interest, try and touch base with them/spend an afternoon with them here and there so they can better get to know you, and track your progress. If all goes well you will have a more meaningful reference letter from this person.”</p>	Anesthesiology, PGY1
<p>“Think early about specialties you might be interested, and ask people in them if they are happy - sometimes the brief glimpse of something you see as a student isn’t representative of what the job will be like as a resident or staff.”</p>	Family Medicine, PGY1
<p>“Don’t be afraid to switch specialty choices, as long as you’re not switching Fall prior to CaRMS match. Don’t be afraid to not back up either, but also don’t be fooled into thinking programs will look more favourably on you just because you’ve only done electives in their specialty. Show an interest in that area, and if you choose an elective in a wildly different specialty, just be prepared to explain it. Programs understand it’s hard to make up your mind, and it’s never a bad thing to show you have more than one interest.”</p>	Urology, PGY1

<p>“If you get a strong feeling for or against a specialty during your fourth year, listen to it!!! You are NEVER (and I mean never) locked in forever, but the earlier you listen to your gut the easier it is to move around.”</p>	<p>Internal Medicine, PGY1</p>
<p>“Select a discipline that matches your existing life goals rather than trying to match your life to a discipline. Basically, It’s about asking yourself ‘based on my values/ what’s made me happy with a work environment previously/etc., this is where I want to be in ___ years. Is this discipline and this program going to help get me there?’ It’s easy to get caught up selling yourself to programs - make sure that the program matches your needs first.”</p>	<p>Family Medicine, PGY1</p>
<p>“Having mentors was an important part of my decision to pursue my specialty... Knowing about the lives of physicians and residents will and should have a large impact on your career choice.”</p>	<p>Radiation Oncology, PGY1</p>
<p>“I would probably pick a specialty and commit to it unless I was extremely undecided as in my experience splitting 50/50 will possibly reduce the number of good reference letters per discipline and lead to potentially having less interviews. I would also look at the required reference letters in my discipline of interest early so I can apply to more programs (some have specific letters requested or a larger number than anticipated).”</p>	<p>Pediatrics, PGY1</p>
<p>“If you do not know what you really want to do long term, do not panic. There truly is something for everyone. It is not unusual to REALLY know what you want to do until you finish 3rd year/start 4th (some even later). You will definitely know when you have stumbled upon the specialty that is right for you.”</p>	<p>Diagnostic Imaging, PGY1</p>
<p>“When choosing a discipline, don’t just look at your role models’ work lives. Try to get an idea of the lifestyle outside of work hours as well. If you think spending time with your family is important but everyone in your chosen discipline seems to have little time for their family, then that’s extremely important.”</p>	<p>Family Medicine, PGY1</p>
<p>“Make sure you back up.”</p>	<p>Psychiatry, PGY1</p>
<p>“Keep your mind open during your core clerkship rotations and make sure to enjoy them all.”</p>	<p>Orthopedic Surgery, PGY1</p>
<p>“Narrow my preferred specialty down to 2 options before the start of 4th year. Don’t sweat the small stuff so much.”</p>	<p>Emergency Medicine, PGY1</p>
<p>“When trying to choose a specialty, don’t just look at the specialty itself but look at the specialists in that area who you’ve encountered. Do you see yourself fitting in with this group? Do their personalities and interests align with yours? Do you want to work with these people for the rest of your life? Often the answers to these questions will help you choose your career path more clearly than looking at the work itself.”</p>	<p>Ophthalmology Resident, UBC</p>
<p>“When choosing a career, don’t choose based on the most interesting aspects of a specialty because everything, to some extent, is interesting. Choose based on your ability to tolerate the most trying aspects of a specialty.”</p>	<p>Anonymous Resident</p>

<p>“It is never too late to change for most specialties! Envision yourself doing that specialty for 5, 10, 20 years down the road. You should work to live not live to work is something you need to think about.”</p>	<p>Family Medicine Resident, R-1</p>
<p>Building your Dossier</p>	
<p>“Use the plethora of time in pre-clerkship well. Take time to relax and strengthen friendships. Look into research or education projects (it’s the connections you make, not necessarily the work you do that makes a difference). Do some (some - not hundreds) of electives to get a feel for the hospital and different areas of medicine. Challenge yourself in any area you feel weaker in! This is the best time to grow.”</p>	<p>Resident in Anesthesiology</p>
<p>“Get involved in the department/specialty you’re interested in. This could be through research, student groups, shadowing, etc. This is invaluable in developing relationships with the people you may be applying for a residency to in the future!”</p>	<p>Resident in Anesthesiology</p>
<p>“If I could talk to my pre-clerkship self, I would say to spend more time on research, spend more time shadowing and study harder.”</p>	<p>Resident in Cardiac Surgery</p>
<p>“Be organized by maintaining your CV and keeping track of memorable experiences to share in interviews.”</p>	<p>Resident in Family Medicine</p>
<p>“Get involved early in extra-curriculars to build your CV. Contact doctors in your interested field re: research.”</p>	<p>Resident in Family Medicine</p>
<p>“In preclerkship, I completed non-credit electives, I was heavily involved in leadership and advocacy, and I began a community-based research project that I remain involved in to this day. In clerkship, I worked hard in every rotation and began collecting reference letters from family and non-family preceptors who offered to write one and/or knew me well. At the end of clerkship, I received several awards, including the College of Family Physicians of Canada scholarship and an award for overall clinical competence.”</p>	<p>Resident in Family Medicine</p>
<p>“In pre-clerkship, I used my two summers to do a 6-week surgical global health elective, and research leading to national-level presentations. In my final year, pre-CaRMS, I did three family medicine, one pediatrics, one psychiatry, and one emergency medicine elective. Without a doubt, my favourite and best experience was my four weeks at the Family Medicine Teaching Unit in Pembroke, Ontario - I would highly recommend the elective to anyone seeking an exceptional family medicine experience.”</p>	<p>Resident in Family Medicine</p>
<p>“Ultimately, the best revelation, which, in retrospect seems obvious, is: make connections with people who matter early, and make them like you. Grow roots at your home school - find out who the staff on selection committees are, get to know the program director/s, do research with said staff, do your best to form personal relationships with them. Because, at the end of the day, the CaRMS process is all about who you know and first impressions - no one cares about your grades, what you published, or if you are a nice person. You just need to make the right connections, make them early, and maintain them.”</p>	<p>Resident in Internal Medicine</p>

<p>“Do as many extracurricular activities as possible (get involved in research and clubs early!)”</p>	<p>Resident in Internal Medicine</p>
<p>“Participate in extracurriculars you are genuinely interested in and passionate about. Research in any field is well regarded when applying to obs/gyn, it doesn’t have to be obs/gyn specific!”</p>	<p>Resident in Obstetrics and Gynecology</p>
<p>“I switched specialties late. I was able to do so because I had been involved in class council, as well as completed research. If you think there is a chance you’ll do something competitive, do research preferably prior to clerkship.”</p>	<p>Resident in Otolaryngology</p>
<p>“Expose yourself to as many specialties as possible before clerkship starts.”</p>	<p>Resident in Pediatrics</p>
<p>“Don’t worry so much about the MSPR hours for interest groups, etc - MSPR isn’t standardized across schools. Program directors told me they ignore it. Focus your energy more on studying, research, and meaningful community involvement - it means more to have 2 or 3 activities you did for years than 25 interest groups you did for a day.”</p>	<p>Resident in Pediatric Neurology</p>
<p>“Try to explore as many potential disciplines as you can through horizontal electives/ observerships while you still have time in pre-clerkship. If you want to do research, do it in things that you can find passion in, because it’ll be indicative of what you actually want to do in your career, besides actually making it a lot more fun and meaningful while reducing the suffering.”</p>	<p>Resident in Psychiatry</p>
<p>“Pre-clerkship? Do more research if you think it will help your application (you will never have more time than now to do it).”</p>	<p>Diagnostic Imaging, PGY1</p>
<p>“CaRMS is just as much about how you relate to people during interviews and elective as it is about your research and leadership.”</p>	<p>Hematopathology, PGY1</p>
<p>“If something competitive might be interesting to you but you aren’t sure, it’s safer to do some extra work or research in that area and then not apply than to not have those things on your CV.”</p>	<p>Family Medicine, PGY1</p>
<p>“If I had a chance to go back to my pre-clerkship studies, I would have been more involved in extracurricular activities.”</p>	<p>Radiation Oncology, PGY1</p>
<p>“Do extracurriculars/research that you enjoy, even if they’re not obviously relevant to your chosen specialty. Almost anything can be spun in an interview to be relevant. Try to have a balance of fun extracurriculars, volunteer work, leadership work, and research on your CV.”</p>	<p>Obstetrics & Gynecology, PGY1</p>

<p>“Whatever you are doing to prepare yourself for a program, whether it is research or volunteer work, make sure that you are passionate about it and care about it. If you do research for resume purposes, it will show in the interview process that the passion is lacking. Pick it because you love doing it, not because someone told you to do it or because you felt it would look good on an application. I approached ophthalmology because I love doing humanitarian stuff. I have very little research, even though research is very good for this specialty. I approached it using a different angle and showed my passion towards humanitarian trips and why I would love ophthalmology. If they like you and see you are fit for the program, you will get it. If you are pretending everything, you will be miserable for yourself for the next five years.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“Research projects that are submitted to a journal, even if not accepted/reviewed yet, carry a lot more weight on your CaRMS application than those that are not submitted yet. If at all possible, try to at least get your papers submitted to a journal before the CaRMS deadline so you can include them on there.”</p>	<p>Ophthalmology Resident, UBC</p>
<p>Research</p>	
<p>“Its ok to get some research experience during clerkship, and it doesn’t have to be anything big.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“If you don’t have research in your chosen field, don’t worry. Research experience of any kind is valuable. That being said, if you have the opportunity to get involved in research in your speciality I would encourage you to take it.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“Make sure you do research and try to publish in the area you are pursuing. Ask residents a lot of questions regarding application process, tips, reference letters etc.. Seek out mentors to provide you with guidance.”</p>	<p>Urology, PGY1</p>
<p>“Try to do a research project in the field you want to apply as soon as possible and work hard in all your rotations not only the one you want to apply.”</p>	<p>General Surgery, PGY1</p>
<p>Tips for Clinical Rotations</p>	
<p>“The expectation of knowledge is much higher in electives than it is in core clerkship.”</p>	<p>Resident in Internal Medicine</p>
<p>“Through clerkship, try to enjoy every rotation and learn something from it.”</p>	<p>Resident in Obstetrics and Gynecology</p>

<p>“Given my plan to commit to 1 specialty prior to 3rd year, I tried to ensure that I spent as many electives as possible in my field of choice (while still completing the required number of diversities). I tried to tailor my diversity electives to my desired specialty. I did all of my electives in Orthopedic Surgery. However, for my required 3 diversity electives, I chose: Plastic Surgery (working with a surgeon who specialized in the hand), Rheumatology, PM&R, and an additional Emergency Medicine elective, as I knew I would get to see some trauma, but I was also genuinely concerned that I had forgotten how to do everything else in medicine due to my constant orthopedic-related exposures.”</p>	<p>Resident in Orthopedic Surgery</p>
<p>“While rotating in your core rotations, make sure you consider each specialty for its characteristics and not solely based on the experience you had (because you can have a great team, have an amazing rotation and be influenced by that then have an equally horrible experience in the same specialty in another hospital). Be objective when evaluating if a specialty is right for you, and make sure you are taking into account the bread and butter of each specialty as that is what you’re most likely to be practicing.”</p>	<p>Resident in Radiology</p>
<p>“Too often people miss out on opportunities to customize their own learning. Is there a particular presentation you want to see? Let people know. Is there a technical skill you want to try? Study up on it and ask the attending if it would ever be possible for you to try.”</p>	<p>Anonymous Resident</p>
<p>“Pack your breakfast the night before if you have morning rounds or teaching. That way you can sleep in the amount of time it would take you to make and eat breakfast, and then eat when you get to the hospital.”</p>	<p>Anonymous Resident</p>
<p>“People rarely miss pages when they are asleep, as the pagers are pretty loud and you can choose from a variety of different alerts. Always check if your pager is on silent or vibrate when you are getting a general pager that is transferred between clerks.”</p>	<p>Anonymous Resident</p>
<p>“Although it may not feel like it, medical students play a big role in health care and patient management. I’ve been working with an elective student who is keen to learn, not afraid to ask questions, helps out with rounding, etc. Being willing to help out with any type of work makes a world of difference and does not go unnoticed.”</p>	<p>Orthopedics Resident, R-1</p>
<p>“As a clerk, I sometimes found myself doing tireless, mindless work that made me wonder why I was in medicine. But that work is work you have to learn to do whether as a medical student or a resident and we should always remember that the goal is take care of patients.”</p>	<p>Orthopedics Resident, R-1</p>
<p>“Number one I would say to make sure to take care of yourself. I know of so many students who gave up the things they were passionate about during clerkship, and while time is not in abundance you will be so much better at your work if you are happy. So take time to go for a run, have dinner with a friend, or finish your latest art project. You will have more energy for the wards, and will be a much more interesting person to talk to for it!”</p>	<p>Internal Medicine Resident, PGY1 Elective Choice</p>

<p>“My first elective was two blocks of two weeks as opposed to one elective four weeks. So within the first month I had two flavours of orthopaedics instead of just one flavour, because electives can be staff dependent and exposure dependent.”</p>	<p>Orthopaedics Resident, R-1</p>
<p>“Inform yourself as to the expectations of the program and location to which you’d like to match; you need to know what they prefer in terms of the quantity of electives in their specialty and the need for doing electives in their location in order to be considered.”</p>	<p>Family Physician in Oncology, NOSM</p>
<p>“Don’t think that you need to do all your electives in a specific discipline to make yourself a strong candidate. Doing different electives provides breadth and frequently makes candidates more informed about what’s out there.”</p>	<p>Anesthesiology, McMaster</p>
<p>“Pick electives for your CV but you also need to think about your own education and having a well-rounded background that allows you to be able to address issues your patients might have.”</p>	<p>Neurology Resident, R-1</p>
<p>“I wanted to try different programs so I went from coast to coast. This also showed programs that I was willing to travel anywhere and go to school anywhere just to be doing what I love.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“I turned to residents who recommended that I make sure to get Ophthalmology electives across the country. I chose high-yield locations, based on smaller, centralized programs where I get to meet a lot of the staff and resident. It is important, because the residents have quite a bit of say as far as the interviewee selection is concerned. I wanted to spend as much time as possible with residents (R3 and R4), who will be on the committee of selecting interviewees.”</p>	<p>Ophthalmology Resident, R-1</p>

Elective Choice

<p>“Don’t choose electives just because you feel like you ‘should’ do them - do what you enjoy.”</p>	<p>Resident in Family Medicine</p>
<p>“Do not hesitate to change your electives last minute if this is truly what you want.”</p>	<p>Resident in Family Medicine</p>
<p>“I planned electives with the intent of capturing the breadth of Family Medicine and my interests (community Family Medicine, Pediatrics, Global Health OB/GYN, Palliative Care, GIM).”</p>	<p>Resident in Family Medicine</p>
<p>“Select electives in your area of interest at as many different schools as possible and across the country. Do not limit yourself to one province or region, not only is it helpful for CaRMS but it allows for exposure to many different systems.”</p>	<p>Resident in General Surgery</p>
<p>“ Ironically, backing up might backfire. Some programs may question your genuine interest in their specialty if you err on the side of caution and back-up with another program.”</p>	<p>Resident in Internal Medicine</p>

<p>“Book a smaller range of away electives pre-CaRMS if looking to stay.”</p>	<p>Resident in Internal Medicine</p>
<p>“Only do electives in your chosen specialty. I decided to do collateral electives to be a well-rounded applicant and didn’t get many interviews.”</p>	<p>Resident in Obstetrics and Gynecology</p>
<p>“When choosing 4th year electives, think about where you would actually want to match to. I applied for 2 electives at a time for each time period and indicated as many alternate dates as possible to maximize my chances of getting electives. If you are applying for a competitive specialty, electives can be hard to get, electives at your home school or in smaller communities in your province are a good backup plan if something falls through. Try to do as many pre-CaRMS electives in the specialty you are interested in so you can to get letters from those schools.”</p>	<p>Resident in Obstetrics and Gynecology</p>
<p>“Make sure you parallel plan even if it’s with another competitive specialty and don’t underestimate the value of a 2-week elective. Don’t always feel obliged to rotate in the big centres (they interview without electives while some smaller programs prefer to know their candidates).”</p>	<p>Resident in Radiology</p>
<p>“Try to arrange electives at schools you are interested in actually matching to (seems self explanatory, but it helps you prioritize your elective applications)”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“Do electives at and get letters of reference from the specific schools you’re most interested in going to. Helps significantly with getting an interview there.”</p>	<p>Emergency Medicine, PGY1</p>
<p>“I wish I had known early in third year how important it is to do away electives at the schools you are interested in, not just where is convenient or easy to travel to. It would have been helpful to meet the programs I would later apply to.”</p>	<p>Emergency Medicine, PGY1</p>
<p>“If you are sure about what you want do electives broadly (at least one out west, one out east). Pick a light elective over the CaRMS submission period (usually block 6). Pick a light elective for the last block.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“If applying across the country, do electives across the country, shows that you are willing to move for training.”</p>	<p>Radiology, PGY1</p>
<p>“Take more varied electives, but still enough to show definite interest in a certain specialty.”</p>	<p>Diagnostic Imaging, PGY1</p>
<p>“Do electives in your first choice ...this means also having an elective in your second choice specialty to make sure you don’t like it more than your first... the next consideration should be investigating residency sites for your chosen specialty, you want to make sure that you’re in a good place for your residency training.”</p>	<p>Anonymous</p>
<p>“For electives make as much effort as possible to seek out good preceptors. This can be tricky but reach out to other past and present students and any other contacts to get the best preceptors you can.”</p>	<p>Family Medicine, PGY1</p>
<p>“Choose electives broadly, in number and location, for your desired discipline, but also prepare for a back up discipline to increase your chance of matching.”</p>	<p>Internal Medicine, PGY1</p>

<p>“If you are applying to a competitive speciality and are willing to move anywhere to do that speciality, it is often important to show that you are willing to move outside of Ontario by completing electives on either or both coasts.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“I applied to three specialties (family, pediatrics, and psychiatry), and I am glad I did. The application and interview process helped solidify my choice and gave me a lot of confidence that I was making the right choice in speciality. :)”</p>	<p>Psychiatry, PGY1</p>
<p>Duration of Electives</p>	
<p>“2 week electives are sufficient.”</p>	<p>Resident in General Surgery</p>
<p>“A 2 week elective with one preceptor is usually enough time to expect a good reference letter from an elective.”</p>	<p>Resident in Internal Medicine</p>
<p>“A 3- or 4-week elective can be a great way to have time to better integrate into the team, feel more comfortable, and get a strong reference letter. I found that doing a longer elective helped me break up a really busy string of elective blocks so I didn’t feel that I was constantly starting over again in different workplaces.”</p>	<p>Resident in Pediatrics</p>
<p>“My 3 week electives were by far better than 2 weeks. If you can squeeze in 3 weeks, do it. I learned so much more that 3rd week because I knew the ropes and by then, the staff and residents knew me better. “</p>	<p>Physical Medicine & Rehabilitation, PGY1</p>
<p>“It is better to do shorter electives than longer ones (IE 1x2weeks and 1x1week rather than 1x3weeks) because on CaRMS your electives show up as a list and the dates are in small writing so more shorter electives actually look like more. That being said, I’m sure some 27 programs actually calculate how many weeks you do in their specialty and longer (2 week) electives might lead to a better letter, so it’s a balance.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“With more time during your elective period, you can better feel how it would be if you really work there. You need to build work relationships and at the same time, if you last four weeks, the staff are more likely to remember you and write a better letter of reference, especially in surgical disciplines where you start to do more towards the end.”</p>	<p>Orthopaedics Resident, R-1</p>
<p>“Some say that the first week you are lost, the second week you start to get it, the third week you are a rockstar and the fourth week is like: “What are you doing there?” I used the fourth week to show that I belong and re-emphasize my motivation of being there to the staff and residents. I am still here, I am working hard and I want to come.”</p>	<p>Orthopaedics Resident, R-1</p>
<p>“It depends on what you are going for. I was interested in staying in Ontario so I prioritized exposure to places I wanted to rank. For the 2-week electives, you may get unlucky and have one preceptor per week. This can be problematic if the rapport is poor and then it can impact the reference letter.”</p>	<p>Internal Medicine Resident, R-1</p>

<p>“Centres are impressed when you spend a longer time. If you spend more than two weeks, it looks good. At the same time, you don’t get to see as many centers, so you might not have the whole picture about the specialty.”</p>	<p>Neurology Resident, R-1</p>
<p>“Securing an interview is a lot easier if they’ve seen you before, even if you only did two weeks. Because the locations I chose are centralized, two weeks were enough to see the staff and residents.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“My rationale was to try as many schools as possible. This didn’t always work in my favour since I ended up changing schools and hospitals and it will hard to get used to a new place. But I did to see how many different teams function in order to understand where I would fit in best.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>Other Electives Advices</p>	
<p>“Do electives in your desired specialty and similar areas (ex. Look at off-service rotations in your residency program to see what they deem high yield). Always actively look and ask for opportunities to observe and perform clinical skills/ procedures.”</p>	<p>Resident in Anesthesiology</p>
<p>“1) Leave your most desired location electives until later to ensure you look the best for reference letters. 2) Try to have a legit backup specialty that you’d be happy practicing in and try to ensure your application can support that specialty as well. 3) Just be a hard worker in electives and take the extra time to be present and be helpful/pleasant.”</p>	<p>Resident in Anesthesiology</p>
<p>“Start planning your electives early and know that most people apply to more than one per block, because there are no guarantees!”</p>	<p>Resident in Family Medicine</p>
<p>“Ophthalmology rotations were largely one day with each staff and were not a good opportunity to build rapport and get reference letters. Build relationships earlier.”</p>	<p>Resident in Family Medicine</p>
<p>“Start booking electives even if you are not set on a specialty (it’s better to have to cancel early on than have to scramble to find something later).”</p>	<p>Resident in Family Medicine</p>
<p>“Electives and CaRMS is so expensive (and so inefficient), you really need to be aware, set your standards low for how inefficient the process is, and be ready to just throw money into the abyss.”</p>	<p>Resident in Dermatology</p>
<p>“Gun if you want to match to a specialty. It’s obvious who knows their stuff or even who’s trying vs who’s not actually serious and ok with being mediocre.”</p>	<p>Resident in Orthopedic Surgery</p>
<p>“Apply to more specialties/places than you think because you can always decline interviews or not rank a place but you can’t wish you had more to choose from after the fact. Apply to anything that you would be happy in. It all comes down to your elective experiences for the most part - very little else matters.”</p>	<p>Resident in Pediatrics</p>

<p>“Regardless of whether you decide to do all your electives in one specialty to try and be as competitive or split your electives this doesn’t change much. You can challenge your interviewers if they ask you why you chose your electives in that manner/in that specialty only. Make them aware and conscious of the reality of the matching system today and availability of residency spots and the importance of matching to validate your MD and all of your hard work.”</p>	Resident in Radiology
<p>“On electives at some schools it’s a “do” and others a “don’t” to try to meet with program directors. See if you can get in touch with a current resident of a program to see what they recommend and if they say program directors like to meet with you, if you’re interested in that program, make sure you do it!”</p>	Obstetrics & Gynecology, PGY1
<p>“Volunteer to give presentations at rounds during electives; it’s a simple and effective way to increase your exposure to stakeholders and to look good doing so.”</p>	General Surgery, PGY1
<p>“If you’re interested in internal medicine, focus on doing clinical teaching unit (CTU) electives.”</p>	Internal Medicine, PGY1
<p>“Try not to request electives at two schools that you’re very interested in at the same time - i.e. don’t use schools that are really high on your list as back-ups because that can lead to you cancelling an elective at one of your preferred schools which doesn’t help your application.”</p>	Obstetrics & Gynecology, PGY1
<p>“Most of your interviews happen during electives, and afterwards they already know whether or not they like you. The interview is just to confirm if you are suitable for them. Try to perform well during electives. If you did well, it will be all great.”</p>	Neurology Resident, R-1
<p>“For emergency medicine, the rotation is one of the first time students get to be autonomous. Have conversations with staff and see whether or not you tolerate 6 weeks of shift work. Also, a problem with emergency med is burnout, so stay healthy.”</p>	Emergency Medicine Resident, R-1

Paper Work

General Advice

<p>“Don’t worry about anybody else but yourself during the process. You’ve done everything you can and have earned your spot where you are. You’ll meet some amazing people during the process but just remember others are thinking the same thing when they meet you so just continue to do your own thing.”</p>	Resident in Anesthesiology
<p>“Don’t get your hopes up about your #1 spot; those stats they give us about 85% matching to one of your top three choices aren’t describing the competitive specialties.”</p>	Resident in Emergency Medicine

<p>“When applying to CaRMS, apply broadly to every location in the specialty or specialties you are interested in. 8 applications are included in the CaRMS fee anyway, and the rest are a low cost. You can always turn down interviews or not rank the programs later, but it is important to maximize your chances of getting lots of interviews - which is what really matters in helping you match!”</p>	<p>Resident in Obstetrics and Gynecology</p>
<p>“You can be competitive to multiple specialties but you have to be a strong overall candidate.”</p>	<p>Resident in Orthopedics</p>
<p>“Find mentors. Residents, staff, people outside of Medicine to help you find answers and learn more about career options. Take advantage of services offered by your faculty of Medicine (eg. interview prep and help in preparing letters). But, take everything everyone says with a grain of salt. Residents will swear by their strategy because it was successful for them but they honestly have no idea what worked or why they matched that spot. Have a hobby or two you can talk about in interviews that also helps keep you balanced!”</p>	<p>Resident in Pediatrics</p>
<p>“Don’t get stressed out about CaRMS! It seems like a much more daunting process than it will be; while choosing a specialty is (obviously) a big task, the process of CaRMS is relatively simple and straightforward. Do your best to stay organised with various tasks (CV, personal statements, letters of reference) and you’ll find that the CaRMS process is much more manageable than you were expecting.”</p>	<p>Ophthalmology, UBC</p>
<p>“Get as many opinions as you can from people that have both gone through CaRMS AND ranked applicants for CaRMS.”</p>	<p>Emergency Medicine, U of S</p>
<p>“Throughout medical school, keep your CV up to date. The fall of your final year of clerkship can be extremely busy with CaRMS applications and this is the one thing you can get out of the way before the whole process begins.”</p>	<p>Pediatrics, McMaster</p>
<p>“Follow your gut feeling. Go with the flow. It’s also about accepting that you might get what you want, because if they didn’t choose you, it’s not because you are not good, but you might not be the person they want to work with. You may be incompatible with the program. Try to be flexible in your style and versatile, so that programs think you are someone nice to work with.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>
<h2>CaRMS Application</h2>	
<p>“Start your application letters early and keep your CV up to date.”</p>	<p>Pediatrics, PGY1</p>
<p>“For your CaRMS applications, only apply to ONE site per school (or ONLY the sites that you are 100% sure of). Every school will give you a few days after your interview to add on more sites to your application, if you want to. This will save you hundreds of dollars because you will realize that you are not interested in every site for each program.”</p>	<p>Family Medicine, PGY1</p>
<p>“When you are writing your CaRMS application make sure everything is consistent with the ‘story’ you are trying to tell/sell. Write up your CV/personal letter/CaRMS file emphasizing the same things. And make sure you pick real hobbies because you will be asked about these.”</p>	<p>Obstetrics & Gynecology, PGY1</p>

“Keep resume up to date and do that early as opposed to scrambling last minute.”	Family Medicine, PGY1
“Apply broadly to all the programs in that specialty, even if you don’t plan on going to a certain school. You need to apply broadly to get lots of interviews to have options when you make your rank list.”	Paediatrics, PGY1
Reference Letters	
“Always ask for strong reference letters, and ALWAYS accept an offered letter.”	Resident in Anesthesiology
“It is difficult to get an EM ROL - you have to advocate for yourself. It is not unusual for medical students to ask preceptors that they have gotten along with if they can come for another “unofficial” shift if they are not officially scheduled to work with them more than once. Don’t be afraid to (tactfully) ask, but also respect the response.”	Resident in Emergency Medicine
“Reference letters are the most important part of your application. Being excellent clinically will matter.”	Resident in Emergency Medicine
“Ask anyone for a reference letter, the worst they can say is no. Get multiple disciplines in case your interest changes down the road.”	Resident in Family Medicine
“Start thinking of who you would like to write your letters early. Find out who writes good letters (by talking to residents, perhaps staff), and work with and get to know the staff who write these letters. Do not expect most of your letters to come from your electives - this is a bad move. You do not have enough time to really make the best impression. You will be just one of the 100s of other students passing through asking for a letter. But if you’ve done research with a staff for 2 years prior, you will stand out, and that may be a much better letter.”	Resident in Internal Medicine
“No matter the specialty, if it went well - ask for a letter! It is always better to have more than you need.”	Resident in Obstetrics and Gynecology
“Letters matter and who they’re from matters”	Resident in Orthopedic Surgery
“Don’t stress too much about reference letters, most staff will expect you to ask and be happy to write you one.”	Resident in Pediatrics
“Get as many reference letters as you can from your clerkship year - don’t rely on fourth year electives for reference letters.”	Resident in Pediatrics

<p>“Asking for letters is awkward at first but everyone knows you are looking for one. Try to arrange for a feedback session before the end of your rotation/elective to get input from the staff you are working with on your performance. Use that to gauge what kind of letter they could write you. If they have a glowing review, ask then! If they have room where you can improve, make a conscious effort to work on those areas then ask closer to the end of the elective once they’ve seen you respond to feedback to be a better medical student. Ask for general letters from core rotations that aren’t your specialty of interest, you never know when you might need an extra letter and it’s always better to have more to choose from than less. They also come in handy for late switches or parallel plan specialties.”</p>	<p>Resident in Pediatric Neurology</p>
<p>“Hound referees for the letters more/be prepared for some references not to respond.”</p>	<p>Resident in Psychiatry</p>
<p>“Ask for a reference letter at every relevant elective, and consider asking during clerkship if you’ve felt like you’ve had a good rotation. To ask, use some variation of “Would you be able to write me a strong reference letter?” Make sure your preceptor and the rest of the team knows how much you enjoyed you elective/ are excited about the program.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“If you can try to get a letter from each elective you do to use for your application for that specific school. (Tip: you can use different letters for different schools). If you are not assigned 29 to a specific doctor but a team of residents ask them early on to put you in the clinic/OR with the same doctor a few days on your elective to give you a better chance to get a letter.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“Always have a strong letter from your home school. This is especially important for those who aren’t sure what you’re going to be applying for. ie - if something you may be interested is in the first half of 3rd year when you’re not even thinking about CaRMS, still consider trying to get letters from staff no matter what! It’s never too early to work for, and ask for a letter.”</p>	<p>Internal Medicine, PGY1</p>
<p>“And when on electives and in clerkship try to do observed patient encounters with your preceptors - I know it feels awkward but soon they will be able to see how you get along with your patients and seeing it first hand will help them write an excellent reference letter which really represents you.”</p>	<p>Pediatric Neurology, PGY1</p>
<p>“I would recommend asking for reference letters from everyone, starting early on in clerkship, even if you don’t think you want that specialty or you didn’t feel like it was your strongest rotation.”</p>	<p>Internal medicine, PGY1</p>
<p>“If you’re doing an elective in an academic center, they know you need letters for your application. They expect to be asked (if the elective is going well) so try not to be nervous about asking. Its helpful to set aside time at the end of your elective to meet with your assigned supervisor and debrief on how the elective went (this gives you an opportunity to broach the subject of a letter in a less awkward way).”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“Always ask for a reference letter if you think you had a good rotation! I did this throughout 3rd and 4th year and ended up with about a dozen reference letters. This means I could really tailor which ones I used for which applications, and I wasn’t stressed at the last minute if somebody hadn’t submitted theirs yet.”</p>	<p>Physical Medicine and Rehabilitation, PGY1</p>

<p>“Reference letters do not all have to be from your specialty of interest. Better from people who know you very well.”</p>	<p>Radiology, PGY1</p>
<p>“Choose your reference letter requests wisely! 1) Know how many you need and what program(s) they need to be from for each CaRMS application. Know this BEFORE you start asking for letters 2) Ensure you ask someone, “Can you provide me a POSITIVE reference letter?” 3) Ask only as many people as you need, or maybe one spare.”</p>	<p>Public Health & Preventive Medicine, PGY1</p>
<p>“To know if you are getting a strong vs. weak letter, some people wait to see their evaluations and then ask the staff: “Your evaluation for me was very good, can you say that in a reference letter?” You could ask if you can get a strong letter. Most staff knows what you are talking about.”</p>	<p>Orthopaedics Resident, R-1</p>
<p>“You kind of just feel their personality and get a sense of whether or not they have liked you. I specifically asked them if they felt they could write me a strong reference letter. If I noticed they start hesitating a little bit, even if they said yes, I wasn’t going to use them.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“Basically, whenever I had an evaluation that was good or when someone offered me a letter of reference, I would just say yes. Worst comes worst, I will simply not use them. You really want to use the letters of reference from someone who is enthusiastic about your application.”</p>	<p>Neurology Resident, R-1</p>
<p>“It’s important to get a letter from someone who you click with rather than someone who is important but is ambivalent about you.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“A strong letter from another school is better than a weak one from the prospective program you want to get into.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“Some letters were lost to follow-up at one point. You need to foresee this problem. Come prepared with an envelope and your CV to facilitate the job of referees... Always send reminders (but preceded with good reasons so that they don’t get annoyed).”</p>	<p>Orthopaedics Resident, R-1</p>
<p>Personal Statement</p>	
<p>“Spend more time making your personal letter jump out and be a positive reflection of who you are.”</p>	<p>Resident in Family Medicine</p>
<p>“Begin writing your personal statements for the program you are visiting while on elective. What you like about the program and city is very fresh in your mind and it will save you a lot of time when you are finalizing your application later in the fall.”</p>	<p>Resident in General Surgery</p>
<p>“Write you essays in the summer before; it takes much longer to write than you anticipate.”</p>	<p>Resident in Psychiatry</p>

<p>“I wrote a base letter for my top choice school first. Then I edited this letter to fit the criteria for each school. Get someone to read your letters over, I’m a pretty terrible writer so it was embarrassing having people read them, but it helps to have the advice.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“Start working on your personal letters in September. There is lots going on during electives and they can get left until the last minute and then get rushed through. Work on them gradually because they will take up the majority of your application prep time.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“I had feedback at interviews that my letter really affected them, and at the program that knew me well they commented that it was reflective of who I am.”</p>	<p>Physical Medicine & Rehabilitation, PGY1</p>
<p>“Have a generic about why you want to go to this specialty. Then have a section about what the city is like, how do you like the program in particular, so that they don’t feel you just copy-pasted everything.”</p>	<p>Orthopaedics Resident, R-1</p>
<p>“I used the basic format of introduction, rationale, and conclusion. Can’t go wrong with that one.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“It’s best to have a story. For example, how did you become interested in that specialty? Then link this story line with what you like about that specialty. Then talk about your vision (i.e. how you see yourself in that specialty). Always personalize the personal statement for each center (why that center in particular).”</p>	<p>Neurology Resident, R-1</p>
<p>“Get started on your personal statements early. When writing, make sure you are answering the questions or addressing the points that the program wants to hear about; some programs are very specific. Most importantly, when you’re assigning your documents, make sure you assign your personal statements to the correct programs; there’s nothing quite like reading about how amazing general surgery is, when the student is applying for emergency medicine.”</p>	<p>Kaif Pardhan, U of T</p>
<p>“Each school has a different criteria for personal statements, some different, some similar so you have to make sure you hit all the questions they ask. You can’t copy and paste. Add a personal touch if you can.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“Whether you are writing your personal statement or answering questions in an interview, don’t ever think about what your audience might want to hear. Even though it sounds trivial, try to convey your unique personality and talk about what you’ve done that makes you interesting. This is what will set you apart.”</p>	<p>Ophthalmology Resident, UBC</p>
<p>“I had multiple residents form multiple programs reading my personal statement and see if they can add or tweak it. That was a huge befit for me. You need to connect with them during electives and keep in touch with them. You need to build relationships.”</p>	<p>Ophthalmology Resident, R-1</p>

Adapting your Personal Statement for each School

“For family, most electives and experiences are applicable, depending on how you present them.”	Resident in Family Medicine (Rural)
“I recommend starting personal statements early and tailoring them for each program you are applying to; programs want to know why you are interested in training at their school and/or in their city.”	Resident in Pediatrics
“I discuss why I would like to study in that program specifically. I try to find things that are unique in that program, which you don’t find in other programs. Try to link your interests and your personality. You have to convince every program.”	Neurology Resident, R-1
“The bulk of the personal statement is the same across the programs. The last paragraph is where I talked about the reasons why I wanted to come to their program and how I felt I could add strength to that program and how I felt the program could help me to reach my goals.”	Ophthalmology Resident, R-1
“Any personal connections are nice. For the sites where I didn’t do an elective, I could say that upon discussion with my friend, Dr. X, a previously graduated student from my school, he told this and this and that. This reinforced the fact that you know someone there, you belong in that program.”	Orthopaedics Resident, R-1

Additional Electives after CaRMS Deadline

“My Post-CaRMS electives were for interest and fun - in vascular surgery and anesthesia.”	Resident in Family Medicine
“Do electives not in your specialty of choice after interviews. It is nice to do something different, and perhaps something broad like Emergency or Family that will be helpful for the LMCC.”	Resident in Obstetrics Gynecology
“Post-CaRMS electives are still important. If you haven’t completed all...weeks in your chosen specialty, it is still helpful to do post-CaRMS electives in that specialty because the elective can help push them in your favor when they read your application. If you have used all weeks up, try to do something that is related and interesting to you.”	Obstetrics & Gynecology, PGY1
“I did a ton of electives in my specialty (PMR) which I think worked out well because it gave me the first-hand experience to see which programs I liked best. However, I felt weak in other areas and tried to do post-CaRMS electives in those weak areas.”	Physical Medicine & Rehabilitation, PGY1
“Post-CaRMS electives are underrated - even though you can’t get a reference letter you can still meet with the program director (while they are deciding about interviews!) and show interest in their program.”	General Surgery, PGY1

<p>“Post-CaRMS electives are traditionally thought of as ‘useless’. In my case, I was able to make a good impression that lasted until interviews. I then met people I had just recently worked with, which was an added bonus because they remembered me well and we could discuss very recent patient/team interactions. I think we should ‘brand’ post CaRMS electives as ‘you can’t get a letter, but you can make a great impression right before/during the interview selection process.’”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“I suggest doing the relevant electives before the deadline. But if you feel like you could do more electives in your field of interests, or if you change your mind at the last minute, then of course it is better to have more electives than none.”</p>	<p>Neurology Resident, R-1</p>
<p>“Doing an elective in a location just before interviews could be very beneficial, as long as I was not seeking any letter of references.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“You can do additional electives for sure, but make sure that they are relevant to the program/specialty you want and can justify why you did them.”</p>	<p>Internal Medicine Resident, R-1</p>

Interviews	
Booking your Interviews	
<p>“Do not cancel interviews, unless there is a conflict with your preferred specialty.”</p>	<p>Resident in General Surgery</p>
<p>“Be yourself during interviews. Go to as many interviews as possible. When you’re back up with another specialty, acknowledge that your dossier is more oriented towards another and find a reason for why you have “changed your mind”. No one has the golden key to CaRMS - it is so unpredictable.”</p>	<p>Resident in Internal Medicine</p>
<p>“Push harder for schools that schedule conflicting interviews to give an alternative interview date (especially when one was my home school).”</p>	<p>Resident in Psychiatry</p>
<p>“Don’t overdo it. If you are applying to multiple disciplines, or if you get a decent number of interviews, research the programs beforehand (by doing electives there, talking with residents, reading about their programs online) and pair down a list of your desired residency programs well in advance. Be okay with declining interviews if you are in a position to do so. I’d cap the number of interviews at ~10 if I were to do it over again.”</p>	<p>Family Medicine, PGY1</p>
<p>“Don’t wait until the last minute to book your interviews almost all are first come first served. Check the CaRMS website and program descriptions for their list of potential interview dates as your invites come in to avoid conflicts when RSVP for interviews.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“I did not decline any interview offers. I accepted a lot of interviews in programs before the interview that really mattered to me, as a way to practice. I dropped the interviews that were after the important one, because they were low-yield.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>

<p>“Accept as many interview invitations as is financially possible for you as all the interview practice you can get is useful, and some programs that you hadn’t seriously considered could pleasantly surprise you.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“There is no better practice for interviews than an interview. The first one is always a bit problematic. By the second one, you start to get used to it. By the third one everything should fall in place. The rest is just repeats. Try to have a few interviews before. Accept interview offers before the big one just for practice.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>
<h2>Travelling Advice</h2>	
<p>“Interviews were all over the country, and I feel I took more than I seriously considered - I should have turned down more interviews. I traveled with two sets of interview clothes and essentially only what I would need to look my best for interview day - all of my interview prep was done through my laptop and friends.”</p>	<p>Resident in Family Medicine</p>
<p>“During the CaRMS tour, when possible, travel with the same airline to accumulate loyalty points.”</p>	<p>Resident in General Surgery</p>
<p>“A recommendation that I wish I knew about prior to CaRMS, is apply for a NEXUS card. A NEXUS card allows you to bypass lineups at security which would have really come in handy when your interviews are later in the day and give you very minimal time to make your flight. However, note that the application process can take months, so apply for it at some point in 3rd year.”</p>	<p>Resident in Orthopedic Surgery</p>
<p>“Try to talk to someone who did the tour in your specialty of interest in a prior year and get their opinion on how feasible your travel plans are, what their experience was like, what the general feel of the interviews were like, etc.”</p>	<p>Resident in Pediatrics</p>
<p>“Try to explore the city you interview in (time permitting) - CaRMS is a unique opportunity to explore so much of Canada!”</p>	<p>Resident in Psychiatry</p>
<p>“Book your flights as multi-city across Canada and you will save a lot of money. There are a lot of unexpected expenses that pop up, so plan for that. Plan ahead and plan early, for every step of the process. If you can travel with a friend, you can have good company and save money!”</p>	<p>Resident in Radiation Oncology</p>
<p>“I always tried to book my flights for the day before, and do the social the night before the interview. For Ob/Gyn there were a lot of residents that’s attended, it’s a good way to ask informal questions ahead of your interview and so you know a bit more about the program before your interview.”</p>	<p>Obstetrics & Gynecology, PGY1</p>

<p>“For trying to keep costs down during the CaRMS interview period, AirBnB was a great resource for accommodations. You can also try to be proactive about scheduling your interviews in a way that minimizes flights. Many programs list their anticipated interview date in their program description on the CaRMS site. Before interview offers come out you can make a 31 calendar of which date you ideally want to interview at which school. This is helpful to have done before offers come out because scheduling is on a first come first serve basis. The more disciplines you apply to the more difficult it is to coordinate interviews by location but making the calendar might still be a useful exercise for interview planning. “</p>	<p>Family Medicine, PGY1</p>
<p>“Travel - coordinate with class for sharing AirBnB, travel. For interviews, everyone is different, but doing hotels near the hospital takes a lot of stress out of the process”</p>	<p>Radiology, PGY1</p>
<p>“Look at Airbnb for less expensive accommodations. Be sure to verify association discounts to save money on plane/train tickets, car rentals, hotels (e.g. CFMS, CMA/QMA). Keep an eye out for holiday fare deals during the Christmas/New Year period that apply to January – you can save up to 30-40% on fares sometimes! Try to schedule your interviews geographically.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“If travel planning for a very tight schedule e.g. a city a day, call the program assistant as soon as you are able to book a flight to let them know when you are leaving their city. This way they will adjust your interview time to allow travel to airport and catching the social in city #2 the same evening.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“If interviewing broadly, pack clothes for the socials so that they range from fancy dinner level to Saturday night pub casual. Socials can be held in expensive restaurants, hotels, department head’s houses, pubs as well as hospitals, so be prepared.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“Having a good friend who was on the interview tour with me was helpful, as we discussed about relevant things regarding the interviews.”</p>	<p>Ophthalmology Resident, R-1</p>

How to Prepare for your Interviews

<p>“Start preparing for interviews as soon as CaRMS is submitted.”</p>	<p>Resident in Cardiac Surgery</p>
<p>“Prepare for common questions and come up with a selection of experiences that can lend themselves to a range of questions. Don’t memorize answers word for word. Relax and try to have a conversation during interviews.”</p>	<p>Resident in Family Medicine</p>
<p>“Reflect more on clinical experiences in order to prepare for interviews.”</p>	<p>Resident in Family Medicine</p>
<p>“I consulted both peers in medicine and family outside medicine. Definitely ask multiple people to provide you with feedback! I believe that I received interview offers at every school that I applied to and matched to my first choice program because I had evidence of clinical competence, referees who knew me well, and a longitudinal commitment to advocacy for underserved populations.”</p>	<p>Resident in Family Medicine</p>

<p>“Throughout clerkship, think of experiences that you can use for answering interview questions. Begin working on your interview responses and personal statements early. Think of questions that are important to you before attending the interviews, and make them location specific (for example, with regards to family med: What is the distribution of patient demographics? What is the main industry in town? Are there special patient populations represented at this location? etc).”</p>	<p>Resident in Family Medicine</p>
<p>I switched disciplines in July at the end of third year and it was okay, believe it or not. I was able to get the electives I needed, and people were willing to help me arrange them even at the last minute. During interviews, people were interested in hearing about my clerkship experiences that lead to a major change. It ultimately resulted in matching to my first choice discipline in a location that will allow me to build the exact career I’m hoping for. If you find something that makes you happy, trust yourself and go for it.</p>	<p>Resident in General Surgery</p>
<p>“I would start off by getting access to a list of documents previous questions from past interviews. There’s usually one floating around somewhere, just start asking. Simply start thinking about some of the ways you might go about answering some of the questions. Start reciting back to yourself your memories of a variety of experiences that you may be able to draw on in interviews.”</p>	<p>Resident in Orthopedic Surgery</p>
<p>“Being offered an interview does not mean that you will be able to attend as it might conflict with interviews at other sites. Therefore, I would have applied more broadly to ensure I interviewed at as many schools as possible.”</p>	<p>Resident in Public Health and Prevention Medicine</p>
<p>“Anticipate very different interview styles between family medicine and a specialty interview. Whereas the former was relaxed and contained entirely predictable questions based on CanMEDS roles, the latter tended to be highly technical questions which required a healthy dose of preparation and studying.”</p>	<p>Resident in Public Health and Prevention Medicine</p>
<p>“Practice some interview skills with someone who has been through the process so they can give you advice on how to do better.”</p>	<p>Resident in Radiation Oncology</p>
<p>“Write down significant experiences as you go through clerkship and electives, including what you learned from them. When it comes time to prepare for interviews, choose 10 stories (7-9 clinical, 1-3 nonclinical) and write out the brief details of each. Make sure you know these stories going into interviews, and practice applying them to answer different questions. This will help you pull up examples quickly when needed.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“PRACTICE! There are resources for likely questions, and focus on the important ones and think up rough ideas of how to answer them. Then actually sit in a room with a friend and have them interview you. But don’t just get them to read pre-prepared questions, get them to follow up or ask improvised questions or ask your prepared questions in novel ways so that you get used to the spontaneity of a real interview.”</p>	<p>Family Medicine, PGY1</p>
<p>“Look up interview questions for your specialty and come up with some answers and examples (in your head, with someone close to you, whatever format you like but just give it some fore thought). Your first interview or two probably won’t be awesome but they get much easier after that; schedule them accordingly.”</p>	<p>Family Medicine, PGY1</p>

<p>“I would take everyone’s advice and actually keep a “CanMEDS” journal of stories - stories about times I was great, times I made mistakes, and what I did about them are pure gold for personal statements, interviews and honestly deciding which program is a good fit.”</p>	<p>Internal Medicine, PGY1</p>
<p>“If your school offers practice interviews - try one. It’s helpful to get feedback from someone who has seen many people prepping for the same type of interview. If the provincial medical association in your province offers practice interviews - go to it. I found the one through the OMA very helpful.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“I did some workshops by the CMA to prepare for my interviews. A week before the interview, I was put into groups of four and there were residents doing a mock interview with us. We got feedbacks and saw the interviews of other applicants. I could see what was working and what was not working.”</p>	<p>Neurology Resident, R-1</p>
<p>“There are a lot of interview questions you can find through the career advisor or googling common interview questions. For instance, why should we choose you? I prepared for those types of questions by practicing with a friend and writing down my thought processes for each question.”</p>	<p>Neurology Resident, R-1</p>
<p>“Recall patient and teamwork encounters. [...] Use someone outside medicine to have a different perspective.”</p>	<p>Paediatrics Student Interest Group</p>
<p>“There is no book or resources I used to prepare for interviews. I turned heavily to residents, especially R-1s in my university, who just got matched. I met them at their home and had dinner. They gave me a list of things to be aware of. For instance, there are common questions staff will ask you. The goal is not to answer what they’ve answered, but to better understand who I am.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“Some interviews are conducted in the Multiple Mini Interviews format which tend to have a lot of ethical scenarios (e.g. truth telling, confidentiality) – could be a good idea to review these before the tour.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“The CFMS website was good because it has interview questions from previous years. I also looked up resources online, like tips from previous med students about where to stay, how to pack. For interviews themselves, practice! It’s a matter of being comfortable.”</p>	<p>Family Medicine Resident, R-1</p>
<p>“Preparation for Interviews: Find residency interview questions, brainstorm, practice over and over, think about life experiences to have them available, find specific examples for each question (strength, weaknesses, conflict, failures, why here, why this specialty, why you, ethical questions)”</p>	<p>Neurology Student Interest Group</p>
<p>“The best resources for interviews are your resume, which you need to know very well and which you can talk about with passion. You need to have something substantial to say about your resume.”</p>	<p>Ophthalmology Resident, R-1</p>

<p>“The goal of preparation is to have easy and accessible answers that you can keep in your mind. You need it to be accessible because nervousness can make you lose focus. You want to know what values you want to focus, how are you going to plug them in, how are you going to make it sound nice, because in every story you can stumble on some details that are not really good, so you want to skip them. It is not about knowing every single sentence you want to say, but more or less knowing where you are going with that story.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>
<p>During the Interview</p>	
<p>“Being a genuinely nice human being is the best asset to have. Once you are offered an interview, that is the most important thing.”</p>	<p>Resident in Anesthesiology</p>
<p>“Authenticity will be one of your best allies in your interviews.”</p>	<p>Resident in Family Medicine</p>
<p>“My best interview was the one where I showed up in boots and jeans under my dress, carrying a baby—because St John’s, snowstorm, lost, and no parking. Moral of the story, be yourself at your interviews, because you don’t want to match to somewhere you don’t “click” anyway.”</p>	<p>Resident in Family Medicine</p>
<p>“When on elective and over the CaRMS tour take a few notes on what you liked about each program and the feel of the interview. It can be easy to forget what you really liked/ disliked about a program when you completed the elective several months prior and the tour is a blur.”</p>	<p>Resident in General Surgery</p>
<p>“Be authentic/yourself...you’re dealing with real people and they want to get the sense that you’re a real person with a real personality...it can be helpful to try to schedule an interview at a site that you’re not considering seriously as your first so that you gain some practice before the sites that really matter to you.”</p>	<p>Family Medicine, PGY1</p>
<p>“Be ready for a formal interview but also for a very casual conversation.”</p>	<p>Neurology Student Interest Group</p>
<p>“Don’t be afraid to show them who you are.”</p>	<p>Family Medicine Resident, R-1</p>
<p>“The interview is about you interviewing them as much as them interviewing you.”</p>	<p>Emergency Medicine Resident, R-1</p>
<p>“Always be yourself, but if you practice it will better show who you are. During the interview, you just need to believe in what you are saying in the sense that, if you really mean it, and you really feel strongly about what you are saying, it is going to show and won’t appear to be rehearsed.”</p>	<p>Neurology Resident, R-1</p>
<p>“People who interview you have done it for years. Scripted answers are very boring. They want something personal.”</p>	<p>Ophthalmology Resident, R-1</p>

“Don’t let one bad experience get you down.”	Internal Medicine Resident, R-1
“Try to avoid stereotypes and generalities that are often associated with a speciality. Instead, look at the question in a way that you think would be different from what others might answer. Try to go deeper in the answer. Try to be genuine.”	Neurology Resident, R-1
“For my interviews, I like to have a very key phrase that would sum up everything I just said. I would tell a story, then I do a recap and sum up what I’ve learned from it.”	Orthopaedic Surgery Resident, R-1
“To distinguish yourself during interviews is to be yourself. If all applicants follow a template, you need to be set apart. When answering questions, keep in mind who you are, because that’s what they want to see and they will work with you for the upcoming years.”	Ophthalmology Resident, R-1
“I tried to take the interview very casually, very easy-going, very smooth. It is sometimes not just about what you say but how you say it. A lot of gestures and non-verbal cues are important to pick on. Keep eye contacts, provide re-emphasis, make it dynamic and short, answer the question right.”	Orthopaedic Surgery Resident, R-1
“The questions are very typical and predictable. But sometimes you have to be prepared to talk about stuff you weren’t prepared for. There was a question about bungee jumping because I wrote it once in my CV and it caught the attention of interviewers.”	Orthopaedic Surgery Resident, R-1

Asking the Right Questions during the Interview

“I asked program-specific questions during the interviews.”	Resident in Family Medicine
“Some common topics would be further questions about their Clinician Investigator Program (if they haven’t already answered it in presentations), plans for the future in terms of additions or changes to the program (if they’re going through a Program Director change), research facilities/ resources, resident drop-out/transfer rate (if applicable), staff-resident relationship, certain rotations they may have in first year, fellowship connections after residency, opportunities for electives, fun things to do in that city, etc. Don’t ask questions that they’ve already answered through presentations, this shows you weren’t paying attention.”	Resident in Orthopedic Surgery
“Don’t forget that CaRMS is as much about you interviewing a program as a program interviewing you. Consider what you would like in a program that you match to, and ask those questions at your interview. Jot down the answers the evening after you interview - this will be so helpful when you’re having to rank 10+ programs after the whirlwind tour.”	Anonymous Resident
““What’s the biggest weakness of your program?” or something along those lines. If they’re not able to name one it’s often (but not always) a bad sign as they’re likely not being honest.”	Family Medicine, PGY1

<p>“Have some questions prepared that demonstrate your interest in the program, and also knowledge of it’s strengths and areas of growth. The questions can also highlight your unique interests and strengths.”</p>	<p>Psychiatry, PGY1</p>
<p>“Always have questions ready before going in the interview. Try to look at the program description the day before the interview, and avoid asking things that you could find online. At the end of the interview, I would ask questions which I am actually interested in knowing the answer, instead of just to try to fill in time. For instance, why did the residents choose their programs, what are the strengths of the programs, where do their residents come from (across Canada or locally), what are the research opportunities during residency, are there any mentorship programs, community outreach programs, any changes upcoming for the programs, what do residents usually end up doing upon graduation?”</p>	<p>Neurology Resident, R-1</p>
<p>“I have a baby, so I wanted to know what it is like to raise kids in that city. I think that is relevant to the staff, who would see that I am actually seriously thinking about being in that city.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“For questions at the end, you have to find something you want to pursue during residency and make it sound like you are shopping for residency. For example, “is there a possibility to do MD/PhD during residency?” I asked about things I want to do during residency (electives abroad), resources to community. One good question is asking if there is an apprenticeship program, a mentorship program during residency.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>
<p>“I think asking questions is very important but it’s hard to come up with questions since most of the ones that you think of, they answer throughout the tour anyway. But you can always ask things that you are interested in, like if you want to join some teams during residency, you can ask if they have any leagues or if their residents are active in the sport you are interested in. This may lead to conversations about things you have in common with interviewers and then help make you more memorable and give the sense that you fit in.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“You can also ask questions based on what you learned during the social events before the interview, to show you know more than what is on the website. You can also ask program directors what they are excited about and what is coming up, to see for yourself if they are forward thinking.”</p>	<p>Emergency Medicine Resident, R-1</p>
<p>After the Interview “Write your impressions after every visit/interview.”</p>	<p>Paediatrics Student Interest Group</p>
<p>“Socials are important chance to get to know people in the program, ask questions etc.”</p>	<p>Neurology Student Interest Group</p>
<p>“Interview process is usually more tiring than expected (Plane, Social, sleep, Interview, plane, and repeat).”</p>	<p>Neurology Student Interest Group</p>
<p>After the Interview</p>	

<p>“The number of rural family medicine programs can be overwhelming. Try to decide what’s most important to you (remote, near family, unique population etc.) then find out what programs match! Keep notes as you go through interviews everything blends together by the time the rank list is due.”</p>	<p>Resident in Family Medicine</p>
<p>“My first couple interviews didn’t go as smoothly as I had imagined with this strategy. So the night after my second interview, I went back to the hotel and typed out general ideas for how I wanted to structure and what I wanted to include in my answer to “Tell us a little bit about yourself”. I think I did script myself a little bit, but I think it was worth it to avoid stumbling over my words and trying to think of what else would be valuable to say mid-interview.”</p>	<p>Resident in Orthopedic Surgery</p>

Post-CaRMS match

Rank Order List	
<p>“Pick places on your rank list not only based on your interest, but where your family is, how comfortable you want to be during your residency.”</p>	<p>Resident in Family Medicine</p>
<p>“You are not entitled to be a certain specialty in a certain city. Be prepared to move to places that your services are in need of.”</p>	<p>Resident in Family Medicine</p>
<p>“Do not rank a program that you cannot see yourself training at, but weigh the possibility of not matching to that specialty with not ranking a program.”</p>	<p>Resident in General Surgery</p>
<p>“The key to being happy on Match Day is to open yourself up to the possibilities offered by all the residency programs you’ve ranked. It may also help to have exciting non-residency options in mind in the event of going unmatched. Either way, you’ll have something to look forward to!”</p>	<p>Resident in General Surgery</p>
<p>“Think long and hard about ranking programs that you won’t be happy in. Do some honest reflection about if you would (worst case scenario) rather go unmatched or to a specialty/location that you don’t want.”</p>	<p>Resident in Obstetrics and Gynecology</p>
<p>“When you make your rank list, think hard about what you want from a program, from a location, and from a lifestyle because all three things matter a lot.”</p>	<p>Family Medicine, PGY1</p>
<p>“There is NO reason not to rank schools in your actual preference order. It does not help you to think about what you think your likelihood of matching to a school is and taking that into consideration when you make your rank list. Rank what YOU want. The algorithm favours the applicant over the program so there is no reason to alter your rank list from your actual preferred order of schools and programs.”</p>	<p>Obstetrics & Gynecology, PGY1</p>
<p>“I applied to one school only and found myself regretting this decision.”</p>	<p>Family Medicine, PGY1</p>

<p>“When it comes to ranking, be honest with yourself and decide if you are truly willing to train at that program - it’s okay to not rank a program you are unwilling to train at if you decide you would rather not match than be stuck in a program you hate.”</p>	<p>General Surgery, PGY1</p>
<p>“It’s also very reasonable to end up with a rank order list containing more than one specialty, ordered by how you liked the specific locations of each program and not just based on specialty!”</p>	<p>Anonymous</p>
<p>“Any school you’re willing to match to, rank.”</p>	<p>McGill General Surgery Student Interest Group</p>
<p>“Rank what you want first, not what you think you have better chances of matching.”</p>	<p>McGill Neurology Student Interest Group</p>
<p>“Do a pros-cons list for each place you interviewed at, and include features not just related to the program including the city, the people, and any features that are individually important to you (e.g. presence/absence of a culture or community you identify with, family/friends, outdoor activities).”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>
<p>“Important factors you may value include research, operative exposures, size of center, curriculum set-up and connections for fellowship, location and the people you will be working.”</p>	<p>McGill General Surgery Student Interest Group</p>
<p>“I considered location, the strength of program and how it relates to how I learn. For me also, couples match was important. During the CaRMS tour, my mind changed a lot too, which is something I was not prepared for for sure!”</p>	<p>Family Medicine Resident, R-1</p>
<p>“I choose schools based on whether I did an elective there. It is important that I feel comfortable working with people. I felt that I had a good ability to get along well in my location. I also wanted to move out and try a different school, just to see how things work elsewhere. The city is also important, and I prefer bigger cities. You need to stay somewhere where you will be happy. The feeling I get from interviews is also important. It is important that I see that the residents seem happy and be nice to me. Research opportunities in bigger centers are better. In terms of curriculum itself, I find that the differences between one program and another are minimal, since a standard accreditation takes care of that. In short, it is important to consider how you work with other people at that location, what are the resources available (research, teaching) and the city itself.”</p>	<p>Neurology Resident, R-1</p>
<p>“Factors that I considered in my final ranking were geography and support network (social support and family support).”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“There is a lot of gut feeling for the top three program choices. Location and salary are important. Provinces don’t pay the same. Programs are also important, but for me most programs are good, some are bad. It is more about the people you work with.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>
<p>“Location is my main factor, but also where I felt the most like myself. And where I could get exposure to things I am interested in. Also how good the school is for the specialty I want and what it means down the road. I prefer smaller programs, so that was important for me.”</p>	<p>Internal Medicine Resident, R-1</p>

<p>“Don’t rank a program if you don’t want to go there! The worst thing that can happen is the fear of not ranking. Really think about where you would be willing to go and how far, and for how long.”</p>	<p>Internal Medicine Resident, R-1</p>
<p>“In order to match, you have to be smart about your approach. Some people only rank 1 or 2 programs, and your chances decrease significantly when you do that.”</p>	<p>Family Medicine Resident, R-1</p>
<p>“Talk with a variety of people about ranking friends, family, mentors, anyone you may trust, if you’re feeling overwhelmed...sometimes bouncing your ideas off of others is both reassuring and enlightening.”</p>	<p>McGill MSS SPCI CaRMS Guide, 2015</p>

Couples Matching

<p>“Use an excel sheet to figure out your couples match list and don’t input it into CaRMS until you have the final draft because you will not be able to edit it (it will also take you several hours to input it into CaRMS).”</p>	<p>Resident in Pediatrics</p>
<p>“Couples matching: rank ALL combinations. You will have in the order of hundreds. If you don’t rank options where one partner goes unmatched, you risk both going unmatched. We came up with a formula that weighted out individual program preferences, and proximity, to help us organize our choices.”</p>	<p>Resident in Pediatric Neurology</p>

For the Unmatched Candidate

<p>“I went unmatched in the first round, but was lucky enough to match in the second. Even if you’ve decided that you’re going to be a plastic surgeon or something else that competitive, there ARE alternatives that you would be happy doing. It’s important to consider these in the first-round. The match rate in the first round was 93.0%. The match rate in the second round was 54.0%. It’s much more competitive to get anything at all.”</p>	<p>Resident in Family Medicine</p>
<p>“Lastly, it’s important to realize that not matching can happen to anyone, even strong candidates. CaRMS is non-selective in a way, and you just get unlucky sometimes. It’s tough because it’s the rest of your life. Life isn’t fair though, and people slip through the cracks. You need to take care of yourself, and the best way is to be realistic about the process.”</p>	<p>Resident in Family Medicine</p>
<p>“If you didn’t match and another specialty was available in second iteration and you would consider applying to it, then you should also consider applying to it in first iteration and give yourself the best chances of matching. Look at the matching stats and their predictions...numbers don’t lie. Your best chances of ever matching remains as a current year graduate in first iteration. It drops significantly in second iteration and even more so as a second year applicant. Doing a masters as an unmatched candidate doesn’t necessarily give you better chances of matching to your specialty of choice the subsequent year. You are away from clinical duty for a year, without any insurance or possibility of doing electives, and hence are viewed as less competitive.”</p>	<p>Resident in Radiology</p>

<p>“If you are doing the USMLE take it seriously especially if you want a competitive specialty, because once you pass you can’t retake them and if you didn’t match and wanted to try the States as well you need a good Step1 score to match.”</p>	<p>Resident in Radiology</p>
<p>“Make sure your school has a support system in place for those unmatched and make sure they are advocating publicly on your behalf and for those affected.”</p>	<p>Resident in Radiology</p>
<p>“If I haven’t matched this year, I would still be involved in neurology and would have done research for a year in a neurology-related topic. You need to be proactive about your plan B. Start looking for potential research projects early on. Also consider the deadlines to apply for masters for instance. You don’t want to have to find a plan B at the last minute and miss the deadlines.”</p>	<p>Neurology Resident, R-1</p>
<p>“If unmatched, for ophthalmology you can do research fellowship until next CaRMS round. Some people back up with other things, but with competitive specialties like ophthalmology, pretty much all the weeks in your electives will be directed towards your first, which makes it hard to effectively back up with anything else. You can also do a master, in public health, or do a MBA.”</p>	<p>Ophthalmology Resident, R-1</p>
<p>“If unmatched, I would have done a master’s degree in MSc experimental surgery, which is something a lot of people do. I would have done it either in my home school, or the school I want to go to. That shows a lot of interests also. Networking is also important.”</p>	<p>Orthopaedic Surgery Resident, R-1</p>
<p>“U of A has the option of deferring grad and do a masters (student debt can remain student debt).”</p>	<p>Emergency Medicine Resident, R-1</p>

Other

“The match year, electives, interview period, match day and second iteration are by far the most difficult period in all of medical school to process emotionally. It will test your resilience and push you to your breaking point. Don’t forget to surround yourself with friends and family who will support you no matter what. Don’t forget to care for yourself. Don’t forget your values and limits and respect them while on elective and interview tour. Don’t feed into the pure pressure of needing to impress everyone, stay true to who you are. It is very tiring so make sure to eat and sleep well when you can. This is also a very expensive year so don’t forget to plan ahead for it and don’t let the financial burden of this year cause extra stress (it will get paid off as soon as you start working). And please don’t forget that you are not alone going through this. There has been many before you and many to come. Your classmates are also going through it and there’s no shame in reaching out for help!! Please support one another and look out for one another.”

Resident in Radiology

Challenges with CaRMS

Unmatched in First Iteration

“Please apply across the country, including rural areas, for both your primary and your backup. I went unmatched first round because I did neither (IM Ontario only and only 3 very popular schools for backup FM). Whatever the trouble of the extra paperwork in the first round, it is WAY less than the second round. Only half of my classmates in the second round ended up matching in the second round.”

Family Medicine, PGY1

Unmatched in Both Iterations

“I did not match. My fatal flaw was not doing electives in a variety of locations, as well as not applying widely enough (i.e. across the country) in both my specialty of choice and also my backup specialty. Cannot stress this enough - some places you may not want to train in, but as long as you would prefer that to being unmatched, you should apply! You can also rank them lower and now is really not the time to save on money”

Anonymous

“On staying excited about medicine: take the pre-med time machine. If you told me 5 years ago in the midst of my pre-med toiling that I could graduate medical school come 2018 but that I would have to take a year off after going unmatched ... but that I guaranteed would be a physician ... I would GLADLY have taken the offer. This isn't to diminish how gut-wrenching going unmatched can be, but instead to emphasize that, in the grand scheme of career options, there's a lot to be grateful for. Just my two cents.”

Family Medicine, PGY1

3.5 Balancing Priorities for Your Rank-Order-List

Examples of Differing Prioritization Methodologies

Each medical student is a unique individual. As such, **each of your rank-order-lists will likely be reflective of your unique qualities, experiences and values.** There are many different ways that a student may wish to organize their residency choices, or their rank-order-lists. We will discuss some of these here. These examples have been simplified for the sake of clarity. For example, in the CaRMS process, an individual may rank their campus of preference, if the option is available for a specific college, but the following examples do not include this level of detail. All of the following examples are fictional.

One individual may wish to prioritize their rank-order-list based solely on the specialties they wish to get into. This would mean that they would apply to all the locations, which are acceptable to them, for this particular specialty, or these specialties. For example, an individual may be very passionate about and wish to apply to internal medicine and medical microbiology. As such, they create the following rank-order-list:

1. *Internal Medicine – University of British Columbia*
2. *Internal Medicine – University of Calgary*
3. *Internal Medicine – University of Alberta*
4. *Internal Medicine – University of Manitoba*
5. *Internal Medicine – University of Toronto*
6. *Internal Medicine – McMaster University*
7. *Internal Medicine – University of Ottawa*
8. *Internal Medicine – Dalhousie University*
9. *Internal Medicine – Memorial University of Newfoundland*
10. *Medical Microbiology – University of British Columbia*
11. *Medical Microbiology – University of Calgary*
12. *Medical Microbiology – University of Alberta*
13. *Medical Microbiology – University of Manitoba*
14. *Medical Microbiology – University of Toronto*
15. *Medical Microbiology – McMaster University*
16. *Medical Microbiology – University of Ottawa*

Another individual may wish to prioritize their rank-order-list primarily based on their preferred location of choice, and their specialty choice may be a secondary value for them. As such, they would rank many different acceptable specialties for them in their preferred location of choice. The following serves as an example of how they may wish to do this:

1. *Anatomical Pathology – University of Calgary*
2. *General Pathology – University of Calgary*
3. *Diagnostic Radiology – University of Calgary*
4. *Emergency Medicine – University of Calgary*
5. *General Surgery – University of Calgary*

6. *Pediatrics – University of Calgary*
7. *Family Medicine – University of Calgary*
8. *Psychiatry – University of Calgary*
9. *Anatomical Pathology – University of Alberta*
10. *General Pathology – University of Alberta*
11. *Diagnostic Radiology – University of Alberta*
12. *Emergency Medicine – University of Alberta*
13. *General Surgery – University of Alberta*
14. *Pediatrics – University of Alberta*
15. *Family Medicine – University of Alberta*
16. *Psychiatry – University of Alberta*

A quasi-prioritization system could involve prioritizing by specialty in acceptable locations, and then prioritizing other acceptable specialties in that location. The choice, for ranking residencies, is likely multi-factorial for most people, and their ranking should reflect these factors. This is especially true since most specialties require a long period of training and dedication, and the majority of students will likely finish their programs in their late twenties or early thirties.

For example, one student from Alberta may wish to train specifically in Montreal, Quebec, or less specifically in the general province of Quebec. They would also prefer to match into either Dermatology or Obstetrics and Gynecology, but they are okay with practicing Anesthesiology if they get their preferred location. The strategy that a student such as this would use could be to rank their preferred specialty over their 4 medical schools in Quebec, and then rank their next preferred specialty and so forth; following this, they may choose to rank their top specialties over other acceptable locations, after their preferred locations have been exhausted. This particular student may create the following rank-order-list:

1. *Dermatology – Université de Montréal*
2. *Dermatology – McGill University*
3. *Obstetrics and Gynecology – Université de Montréal*
4. *Obstetrics and Gynecology – McGill University*
5. *Dermatology – Université de Sherbrooke*
6. *Dermatology – Université Laval*
7. *Obstetrics and Gynecology – Université de Sherbrooke*
8. *Obstetrics and Gynecology – Université Laval*
9. *Anesthesiology – Université de Montréal*
10. *Anesthesiology – McGill University*
11. *Anesthesiology – Université de Sherbrooke*
12. *Anesthesiology – Université Laval*
13. *Dermatology – Queen’s University*
14. *Dermatology – University of Alberta*
15. *Dermatology – University of British Columbia*
16. *Obstetrics and Gynecology – Queen’s University*

17. *Obstetrics and Gynecology – University of Alberta*
18. *Obstetrics and Gynecology – University of British Columbia*

Another student really loves a specific specialty, such as cardiac surgery. Therefore, they rank this particular specialty all over Canada, and then rank other preferred specialties in a preferred location, and so forth, similar to the previous example included. Unfortunately, they cannot speak French and, therefore, for either personal or educational reasons, do not wish to rank Université de Montréal or Université Laval. They may create the following rank-order-list:

1. *Cardiac Surgery – University of British Columbia*
2. *Cardiac Surgery – University of Manitoba*
3. *Cardiac Surgery – Western University*
4. *Cardiac Surgery – University of Ottawa*
5. *Cardiac Surgery – University of Alberta*
6. *Cardiac Surgery – University of Calgary*
7. *Cardiac Surgery – McMaster University*
8. *Cardiac Surgery – University of Toronto*
9. *Urology – University of British Columbia*
10. *Urology – University of Manitoba*
11. *Urology – Western University*
12. *Plastic Surgery – University of British Columbia*
13. *Plastic Surgery – University of Manitoba*
14. *Plastic Surgery – Western University*
15. *Radiation Oncology – University of British Columbia*
16. *Radiation Oncology – University of Manitoba*
17. *Radiation Oncology – Western University*

Another student may potentially decide to use the Electronic Residency Application Service (ERAS), in order to apply to programs in the USA, as a backup, just in case they do not match through CaRMS. More details concerning applying through ERAS are found later on, in section 4.3 of this Match Book.

Moreover, if a student is considering applying primarily to competitive specialties, it is recommended that they would also consider applying to other specialties that they would find to be acceptable. This concept is known as parallel planning, and by adopting this approach, students can reduce the risk of going unmatched.

Ultimately, each students' rank-order-list will be unique to their personal preferences and priorities. It is imperative that students think about their rank-order-list carefully as the match process is legally binding.

Choosing Between Two or More Residency Programs, for Specific Ranking

After creating a plan and completing the vast majority of their rank-order-list, a student is having difficulty choosing between how to rank two different residency programs, for example as fourth and fifth choices

on their rank-order-list. As such they list all of the factors that are important to them in making this decision and then provide a score from zero to ten for both of these programs. However, they realize that their job is not quite finished here, since they value each of these factors to a different relative degree. As such, the student provides a score from zero to ten for each of these factors, based on their relative importance to the student. They then multiply the scores for each residency program, with the weighted value of the individual factors, and then adds these values to get a final composite score for each residency program. **Keep in mind that, even though one residency program may have a higher final composite score than another, the student is by no means obliged to rank this program higher and may end up deciding that they still actually prefer the other program more.** This method of ranking is simply a useful tool to help the student decide how to rank their residency programs, and also to better understand why they made their particular decision. This method can also be used for ranking three or more residency programs, if necessary.

The following may serve as an example for a student who is considering a residency in Psychiatry in the University of Saskatchewan, versus a residency in General Surgery in the Northern Ontario School of Medicine, based on their own particular preferences:

Factor	Weight of Factor	Psychiatry (University of Saskatchewan)	Weighted Score for Psychiatry (U of S)	General Surgery (Northern Ontario School of Medicine)	Weighted Score for General Surgery (NOSM)
Proximity to family	7	5	35	7	49
Proximity to entertainment in city	3	8	24	4	12
Length of residency program	4	6	48	6	24
Variety of interesting techniques performed in specialty (subjective)	8	4	24	9	72
Ability to get to know patients longitudinally	8	10	80	3	24
Passion for specialty	10	8	80	7	70
Job opportunities in desired location after residency	5	4	20	8	40
Cost of living in location	2	6	12	7	14
Need for services or specific specialty in area	9	3	27	9	81

Composite Score for programs: **350** **386**

Personal Priorities or Values in Life

Remember that students are not alone in these decisions. [Each Canadian medical school provides access to student services that will aid and support you through these difficult decisions.](#) Reach out to local student supports if you are having challenges with any aspect of the CaRMS process.

3.6 THE UNMATCHED SCENARIO

Introduction

It is unfortunate that the number of unmatched students has been increasing over previous years such that finding oneself unmatched is no longer a rare possibility. While 2019 showed a small improvement, there remained 174 unmatched Canadian Medical Graduates after the first iteration of the CaRMS Match and 62 after the second. The sense of isolation from peers, uncertainty surrounding next steps, and financial expenses have been reported as major sources of stress by past unmatched students. Accordingly, the Unmatched Canadian Medical Graduate Task Force has compiled the following strategies and supports to assist in developing a sound plan, promote mental well-being, and ease financial burden for students who find themselves in the unmatched scenario.

Note: The options outlined below are subject to offering by school of training. Please check with your Student Affairs Office to confirm feasibility.

Strategies

Applying in the Second Iteration

Immediately after the Match results are released, unmatched students are required to make a few time-sensitive decisions. One of these is whether or not to apply in the CaRMS Second Iteration. To aid prospective applicants in making an informed decision, the following points have been highlighted:

- [The 2nd Iteration application window opens on the day of the release of 1st Iteration match results and closes in only 7-14 days.](#)
 - As the window for application changes from year to year, please confirm the Applicant's Timeline at the [CaRMS website](#).
- [Prospective applicants should review the list of unfilled residency positions and identify those positions that they are willing to train in.](#)
 - The list of unfilled positions is available on the CaRMS website and may be requested through the Student Affairs Office.
 - There may be unfilled positions in the applicant's first choice or second choice specialties, however, the majority will be in Family Medicine (many of these are in rural areas or only available to Francophones).

- A 'competitive' designation means that the position is also open to IMGs.
- Recently, Alberta, Manitoba and Ontario decided to keep IMGs and CMGs as separate streams in both the first and second iterations, meaning that second iteration spots are all non-competitive.
- A 'ROS' (return of service) designation means that there is a post-residency requirement to work in that province's underserved communities for a set number of years, sometimes in a predetermined subspecialty (for example an internal medicine ROS may have an accompanying mandatory fellowship in general internal medicine).
- Prospective applicants should consider the greater competitiveness of the 2nd Iteration. In 2019, 74.8% of current year CMG applicants matched in the 2nd Iteration vs. 94.5% in the 1st iteration. Reasons may include:
 - C.V. not geared towards specialty applied to, such as electives completed and/or demonstrated research interests.
 - Competition with IMGs.
 - Many Family Medicine positions inaccessible to Anglophones.
 - Enthusiasm for specialty not relayed through Personal Statement or interview.
 - Increasing numbers of unmatched CMGs entering the second iteration.
- Prospective applicants should also consider the greater competitiveness of choosing to participate in the following year's Match. In 2019, 77.9% of previous year CMG applicants matched in the 1st iteration and 48.3% in the 2nd iteration.
- Applicants are encouraged to reach out to family and friends, and/or mentors and preceptors in whom they can confide for support and advice in making a decision. The decision ultimately takes a lot of self-reflection and discussions with loved ones, and mentors often bring valuable insight into life in a specialty that you have not previously considered.
- Applicants are encouraged to get in touch with their Student Affairs Office for important information and additional support.
 - Alternative options vary in offering by school of training.
 - Participation in the 2nd Iteration is required by some schools to attain eligibility for alternative options. Applicants should consult their Student Affairs Office to learn about all options available to them.
- Should an unmatched student apply in the 2nd Iteration, consider:
 - The requirements for application (e.g. Personal Statement criteria) may change and should be checked through the CaRMS Program Descriptions.
 - There is a fee for each application. For the last two years, MD financial has provided financial assistance of \$150 for uCMGs to apply to the second iteration. This will likely continue but is not guaranteed to be indefinite.
 - Documents from the 1st Iteration are kept, though new documents can be uploaded.
 - · Consider seeking out new or modified reference letters where possible, particularly if applying to a new discipline. Should your Student Affairs Office have a Letter of Reference toolkit, consider forwarding this to your

referee. Be open and honest to some of your preceptors and explain the delicate situation that you are in. Most are going to bend backwards to write some of the nicest letters that will ever be written about you if you convey your commitment to the 2nd iteration position!

· CVs used for the first iteration should be modified to emphasize areas that are relevant to the position being applied for in the second iteration.

· When writing the Letter of Intent, do not shy away from the fact that you are currently an unmatched student. Rather be mature, transparent, and to the point. If you are applying to a different specialty, try to find parallels between your initial discipline of interest and the new discipline.

· Ask academic advisors or mentors (in the relevant specialty, if possible) to review your new CV and Statements.

- The 'My Information' sections cannot be edited once an application is submitted and one cannot remove/cancel an application once submitted.
- The opportunity cost of participating is that you may lose 1-3 weeks of time to plan alternative options for the coming year (e.g. additional electives, or master's programs, mostly out of country programs).
- Should an unmatched student obtain an interview, please consider that:
 - Character, work ethic, enthusiasm, and understanding of the specialty are especially important to relay. Prepare to be asked what you think went wrong during the 1st iteration. You can think of an explanation or have no shame in stating you gave it your all and it came down to numbers in the programs that fit you best.
 - Skype interviews may be requested. Ensure that your equipment is working, and that Skype is installed on an alternative device (e.g. cell phone) in case technical issue arises with your computer. Try to stay at home where you have a quiet space with reliable internet, and ensure the space around you is tidied and you dress professionally.
 - Make a reasonable effort to attend interviews in person for programs you are interested in. Opting for an in-person interview when it is optional may be viewed in a more positive light. Be alert for the tone of communications from a program; certain programs may imply a preference for applicants to interview on site. However, programs are more understanding during the 2nd iteration and applicants have matched out of Skype interviews.
 - Keep in mind that backing out of an interview after obtaining one or not ranking a school you interviewed with in the 2nd iteration could be viewed negatively if you end up applying there the next year.
- Ranking a program is still binding! After applying for the 2nd iteration, there is time to withdraw your application before the 2nd Match Day. Once the 2nd Match occurs, the contract for that program is binding.
- Matching in the 2nd iteration with the intention of transferring to another program later is discouraged. Switching into more competitive programs is very difficult and rare. Consider whether or not you will be happy in the programs you apply for and in the career you will have within the discipline.

Applying in the Post-Match Process – “The Scramble”

Within a couple days after the 2nd Iteration results are released, CaRMS may enable a Post-Match Process (PMP). Programs with positions that went unfilled after the 2nd Iteration have the option of participating but are not obligated to do so. Unlike the first two iterations, there are no application fees in the PMP nor is the matching algorithm used. Instead, CaRMS serves as a traditional job application site allowing students to submit applications to the programs of their choice with all steps past that being up to the programs. As a student you may upload new documents but cannot edit any of the “My Information” sections previously completed.

Schools may send offers for interview or acceptance at any time. Typically, they will place a two-day time limit on the offer before moving on to the next candidate. Applicants should expect short turn-around times between interview offers, interview dates, and offers for a position. As there is no Rank Order List, offers are not binding and applicants may decline offers for acceptance.

Helpful advice:

- Apply as soon as the post-match application window opens; interviews may be offered as early as three days into the process.
- Be ready for same-day interviews.
- Given the fast turn-around times, Skype is commonly used. Ensure your equipment is working with a test call and have Skype installed on a backup device.
- You may be able to ask your Dean to advocate for you. Check with your Student Affairs Office regarding this option.
- Programs that did not grant you an interview in 2nd Iteration may for the PMP.
- Be honest about your motivations for applying and have well thought-out answers for why you felt you went unmatched in prior iterations.
- Make sure you practice specifically for the new programs you are applying to.
- Research the universities you are applying to and make sure to tailor your interview answers to the research you have performed on these universities and programs. For example, some of your answers could include information relevant to their goals, vision, curriculum, and so forth.
- Always remember to first answer their interview questions, and then you can provide a personal experience as it is relevant to the questions.
- Don't get discouraged! You can do this!

Applying for the Canadian Armed Forces (CAF) Medical Officer Training Program (MOTP)

An option that debuted in 2018 was the CAF-MOTP. This allows unmatched students to enter Family Medicine residency programs throughout Canada on the condition that they fulfill 4 years of post-residency service with the CAF. Given the shortage of Family Physicians in the CAF, this option has been offered but is not guaranteed for the 2020 cycle. To apply, you must be a Canadian citizen, have obtained your M.D. and participated in this year's match as well as pass their screening process. Entrance this year requires two applications:

1. CAF Application:

- Open a job application to register with the CAF.
 - Await instruction by email to contact nearest recruitment centre to complete a Canadian Forces Aptitude Test (CFAT) and *Trait Self Descriptor* (personality test). CFAT is at Grade 10 academic level evaluating verbal skills, problem-solving and spatial ability.
- You must then pass a medical exam to establish fitness for military service, and have a job interview.

2. Family Medicine Program Application:

- This is a standard application; however, all documents are sent directly to the school (i.e. CaRMS is not involved at all).
- Applicants are interviewed by the program as well.

Timeline:

- In 2019, the deadline for declaring intent to apply was April 17, 2019.

You may email HealthSvcsRecruiting-RecrutementSvcsdesante@forces.gc.ca or visit the [CFMS website](#) for more information.

Re-Applying the Following Year Through CaRMS

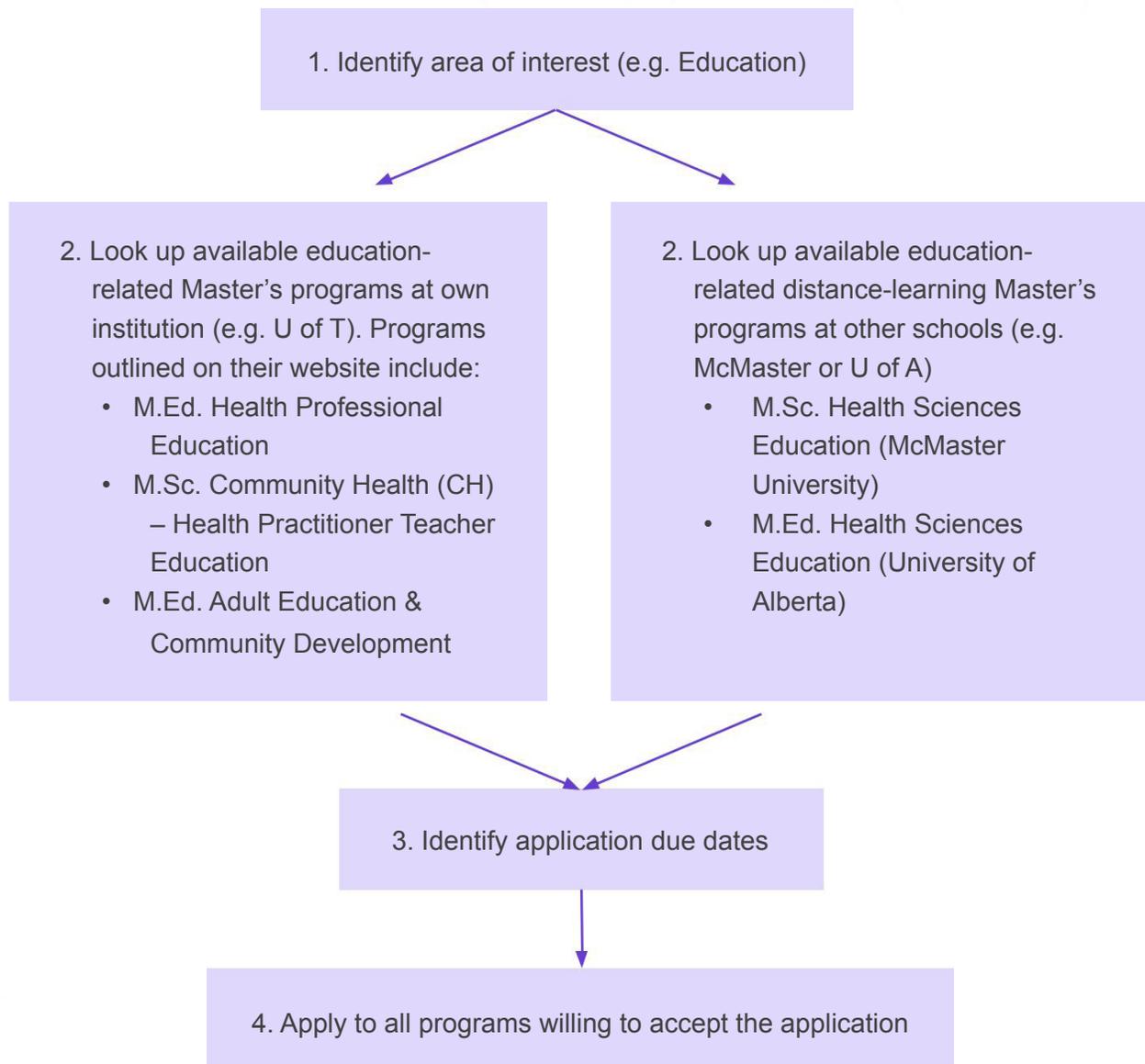
While going unmatched may present a difficult obstacle to your professional journey, it may also present an opportunity for much reflection and personal growth that strengthens your candidacy for the next cycle. [Many schools offer a '5th year' with reduced tuition \(check with your Student Affairs Office\)](#). Some schools, such as Queen's or Western, may have a more formalized 5th year while others provide much greater flexibility. [You may consider dedicating some time to additional electives and/or other interests outside of clinical practice. Such interests may include research, education, public health, etc.](#) To ultimately relay the value of the unmatched experience at the next CaRMS interview, it is best to select a mix that builds on self-reflection and feedback.

- Reflection and Feedback:
 - [Re-evaluate each part of your application and clinical performance.](#) Was there any aspect that you doubted or felt some unease about?
 - [Reach out to your preceptors and referees for their honest opinions.](#) Explain the situation and consider obtaining detailed feedback on your performance according to the CanMEDS roles. They may reveal an area for improvement or suggestions for next steps. [Reach out also to a trusted mentor or the academic counsellors.](#)
 - [Consider speaking with colleagues for their honest opinions.](#) It may be difficult for them to say or for you to hear, but there may have been a negative impression given off, if even unintentionally.
 - Speak to your Student Affairs Office to explore the options available for a '5th year' at your institution.

- Application considerations for electives in 5th year:
 - Beginning in 2019, all medical schools across Canada have agreed to an electives diversification cap allowing students to do no more than 8 weeks of electives in any one direct-entry CaRMS discipline (with a few exceptions). According to the AFMC, 5th year previously unmatched students will not be subject to the electives cap. However, most schools will have internal restrictions that aim to diversify electives that unmatched students pursue.
 - Starting 2019, the CFMS has worked with AFMC to allow uCMGs to set up an M.D. extension student type profile on the Portal, allowing students to apply for electives in shorter time frames, after regular deadlines have passed. This should be done by your school's Electives Office once you join the extension to clerkship program, but feel free to ask them about this. Pursuing additional electives is especially valuable if you felt that your clinical performance may have been better or if you wish to explore another specialty.
 - Should you wish to pursue more electives, it is often advisable to not graduate in order to maintain liability insurance and gain the school's assistance in securing placements (especially when the AFMC system is prohibitive).
 - For students in Quebec schools: Extension to clerkship 5th year programs are still not available. Students must graduate or delay graduation to the following year and obtain a few weeks of electives at one point during the year. When considering options:
 - If you delay graduation, you cannot apply for a master's program and are limited in elective time. Students who delay graduation in Quebec are limited to a maximum of 3-4 weeks of electives (allowance varies by school) under the school's liability insurance.
 - If you choose to graduate, you most likely have to pay for and set up your own electives, and pay for your own liability insurance if you obtain an elective. Thoroughly research options at elective schools you are interested in, as some schools offer programs that help students buy liability insurance and participate in electives.
 - It is recommended that you do not pursue the same elective at the same school unless you have a strong reason.
 - Consider electives of a longer duration. These may allow for a letter of reference that attests to a more thorough assessment of your abilities. They may also be less of a disruption to your schedule and less burdensome on travel expenses.
 - Should you have financial or time constraints, consider a greater proportion of electives at your home school. This may not be as detrimental as it may seem.
 - For family medicine applicants, be sure to have a good breadth of experiences and secure at least one or two rural electives.
 - During these electives, it is advised to not hide your experience of going unmatched as staff or residents may be more understanding and seek to advocate for you. The stigma of going unmatched cannot however be ruled out so do not be discouraged, but remain confident, if preceptors seem to be searching for

a weakness. Try to speak as little as possible about your previous discipline of choice, as it may be mistaken for you not being ready to commit to a new discipline.

- Ensure that you obtain letters of reference from referees that are enthusiastic in supporting you, where possible. Review with your academic advisors how best to select referees.
- If prepared, consider meeting the program director on an elective and discussing your story; you may not get the room to do so thoroughly in your personal statement.
- Scholarly Project:
 - Often mixed with electives for the “5th year”.
 - Start thinking about potential projects as early as possible and identify a supervisor to help you. Prior preceptors may have ideas.
 - Research projects or fellowships are especially useful for re-application to competitive specialties.
 - When choosing a project, try to select a topic that is applicable across different specialties so you can maximize your chances for matching into another specialty the following year.
 - If research is not for you, consider alternative projects such as those in medical education.
 - Ideally, you want some results to talk about during the interview process. Projects such as those in Quality Improvement may have a suitable turn-around time.
- Master’s Focus:
 - Many institutions offer course (or thesis) based graduate programs that can be completed within 1 year.
 - First, identify areas of interest to you (e.g. medical education, global health, public health). Then look up possible programs in your home institution or others.
 - Discover which programs are still accepting applications in the spring and go for it!
 - The following is an example of how you might find a Master’s program that caters to your interests:



- ****NOTE:** Although Match Day occurs later than some programs' application deadlines, you should contact the programs you are interested in applying to in case they are willing to provide an application extension. Some programs have done this in the past and applicants have successfully been admitted into graduate school.

Applying the Following Year to the United States

For unmatched students who are willing to cross the border, the United States presents a great opportunity for matching as there are far more residency positions. Keep in mind, however, that the process will require much time and effort, and even the US has a growing unmatched problem. **It is recommended that prospective applicants consult their school's resources for detail on successfully matching to the US.** Below are a few key points for consideration:

- **Residency programs require completion of the USMLE.**
 - **Virtually all require the results of Step 1 for file review.** This can be taken in select Canadian cities. More competitive programs require higher scores.
 - Step 2 is two parts and tests clinical knowledge (CK) as well as Clinical Skills (CS). **Step 2 may not be required for the selection process but must nevertheless be completed before offers may be accepted.** Select Canadian cities offer CK but CS is only offered in the US.
 - **Adequate preparation for Step 1 can take from 1 – 4 months.** Recommended resources include your medical school notes, UWorld, Pathoma, and First Aid.
- There is significant variability in quality of residency programs. Forming a shortlist requires rigorous research.
- **Applications are submitted through ERAS which begins accepting applications in June. A token for access must be requested through CaRMS.**
 - Some programs (e.g. Plastic Surgery and Ophthalmology) do not go through ERAS.
 - Given that interviews are offered on a rolling basis (as early as October), it is advised to have everything ready for submission by the September window when submissions are first accepted.
- **Applicants often take 4-8 weeks of electives in their preferred programs to improve their competitiveness.** These are essentially auditions. They are also costly and may require malpractice insurance purchase from the home school (if not provided by the US hospital).
- The US match may or may not take place before the CaRMS. This can change yearly.
- **Prospective applicants may consult those who took this route before by contacting their Student Affairs Office.** They may provide pearls such as which programs (or even States) tend not to take Canadian graduates.
- A resource some unmatched students who desire a surgical residency have found helpful is **US Surgeon**, which is an agency that helps learners find residency vacancies in the US and assists with the VISA process. You can email director@ussurgeon.net with uCMG in the subject line to explore this process.

Applying Throughout the Year to Other Countries

For unmatched students who are willing to study abroad, other countries such as New Zealand and Australia offer residency training programs which starts close to the outset of each year. This route could potentially save the unmatched medical graduate a few months of time in terms of remaining unmatched to a residency program. **Each of these countries and residency programs will have their own requirements, and as such, it is recommended that each medical student weigh the potential benefit of studying abroad and the few months saved of being unmatched, with the time commitment and stress involved with pursuing applications to countries and residency programs abroad.** Students who wish to

eventually practice in Canada should thoroughly research the process specific to their country/countries of interest. Returning to Canada with a residency completed abroad may not be easy. It may take years to obtain equivalencies or even require redoing parts of residency and/or other training.

Exit PGME

This option involves graduating with an MD and seeking out an occupation that does not require residency. Of course, this rules out registration with the provincial licensing body and one may not independently provide the care for patients as a physician would. There are, however, companies (such as those in pharmaceutical industry, consulting firms) who may hire MDs as a consultant or liaison. This career path requires significant reflection on what type of career one may be happy with, but is nevertheless an option that some have considered in the past.

Supports

Mentorship and Counselling

An unmatched year can be difficult and confusing. Good mentorship and career counselling can provide great benefits both professionally and emotionally. Fortunately, there are multiple options available to support and guide unmatched students.

Firstly, the Canadian Federation of Medical Students (CFMS) has recently launched a confidential unmatched CMG Peer Support Network, providing unmatched students with a peer mentor who can help them navigate the year ahead. These mentors, part of a growing database, are people who also have experience going unmatched. Every effort is made to align the candidate's unmatched experience, specialty of interest and province of interest with their mentor's. Interested students can reach out to education@cfms.org to confidentially request a mentor. For more information about the Peer Support Network, visit the [CFMS website](#).

Another great source of career counselling can be your school's Student Affairs Office. Often, the Student Affairs are the same people who have helped you with your 1st Iteration CaRMS application and have experience guiding unmatched students. The services offered by Student Affairs vary from school to school but may include:

- analysis of your application to look for reasons you may have gone unmatched
- review of personal essays and applications for 2nd Iteration CaRMS applications
- facilitation of feedback from program directors about your application, and practicing interview skills
- sharing information about research opportunities, graduate programs and other academic opportunities available to you
- connecting you with peer mentors from your own school, if available
- helping you decide what steps to take next (e.g. whether you wish to apply for second round or extend your clerkship)

Preceptors you have already worked with and ideally built a relationship with can also be ideal mentors. Remember that a good physician not only relates to patients, but also forms strong relationships with team members. Keeping in touch with preceptors who made a difference in your life not only nurtures your professional growth, but also provides a resource to turn to in tough situations. Most preceptors will be more than happy to help you figure out what went wrong, give feedback about how you could improve, write strong reference letters for your subsequent applications and generally provide time-tested professional advice.

In that vein, it is also a good idea to at least try to reach out to the program directors of the programs and schools you applied to in order to get a clearer understanding of the reasons you have gone unmatched. Most will politely decline but it is always worth trying to find out if you can be given any useful information that you can work on for future applications. Program directors usually have the last word in creating their program's rank list and their thoughts on what they are looking for in a candidate can offer valuable insight. Your school's Student Affairs Office may also be able to help you arrange a feedback session or meeting with at least the relevant program director of your home school. Prepare for the possibility that the only feedback you receive from them is shock or a comment along the lines of "I never thought this could happen to you". It may be frustrating but do not get discouraged.

Third-party career counselling firms such as MedApplications and MD Consultants are part of a growing movement to provide medical students with structured feedback and guidance on their path from medical school to postgraduate training. Their services include one-on-one sessions with residents and physician mentors, application reviews, and interview training, supports which are often applicable to unmatched candidates. Although they come with a cost ranging from \$150 to \$5000 depending on what is requested, such consultants can be a helpful resource for students who have graduated from their medical training and may not have the benefit of their school's career counselling services.

Physician Health Programs (PHP) are initiatives run by many provincial and territorial medical associations to offer education and supports to medical students, residents and physicians who have concerns about their mental health and well-being. It is a confidential, self-referral process that can be made by contacting a toll-free number at 1-800-851-6606. A clinical coordinator will then assess your concerns, identify your needs, offer information or advice as requested, connect you with a medical director as requested and finally, match you to community supports that best serve your needs. These resources include workshops promoting peer interactions, coping strategies, mental readiness, mindfulness and resilience. New sessions are also geared towards building confidence for optimal interview performance. To find your provincial PHP, please refer to the following CMA page <https://www.cma.ca/provincial-physician-health-program>.

Further, and most importantly, don't forget to turn to your personal support system – your friends and family! The unmatched year is a stressful time full of decisions to be made about your career. It's a process that requires a lot of mental and physical energy so don't forget to care for yourself outside of your identity as a physician. Turn to those who know and love you regardless of your career aspirations and who have been there for you through your medical school journey. Enjoy the time you have to spend with people who can give you a refreshing outsider's perspective and a reassurance that there

is more to life out there to be embraced. **Your life is more than a career in medicine!** In addition, your classmates in medical school may very well be the residents who interview you in subsequent CaRMS cycles and can provide a wealth of knowledge and insight about what to expect. They are also the people who understand your situation the best and will be your confidantes and advocates.

Finally, remember that there are many people who will help you along during your unmatched year. Don't forget to keep them updated about your life regardless of the outcome and especially once you do match. Give a little token of thanks for their help. A small gesture goes a long way to building meaningful, fulfilling professional and personal relationships.

Financial Supports

The debt accumulated throughout medical school and the prospect of more expenses through future applications or an unpaid year is certainly concerning. **Below are some resources to help alleviate the financial stress.**

- **CFMS Discounts**
 - Flights and accommodations: for more information on Westjet discounts, refer to the [CFMS website](#) for more detail.
 - Small bursary: A value of \$150 offered by MD Financial following application to the second iteration and distributed through CFMS. Information provided in the application is kept confidential. Contact education@cfms.org for more information.
- **School Bursary Programs:** **Contact your Student Affairs office or Enrolment Services at your school to determine what bursary or financial aid is available.** They may, for example, provide an application to reimburse travel expenses for the 2nd Iteration or '5th year' electives.
- **Banks**
 - Most medical student and resident line of credits do not go into repayment until two years after you graduate (RBC for example).
 - If you enroll in a 5th year program, be sure to submit your letter of enrolment to your bank, and the letter of continuing studies to the National Student Loan Centre.
 - Speak with an MD Advisor for free advice on how to budget and maximize your finances, more information at the [MD Financial website](#).

Other Questions

If I do not match in the first iteration, do I have to apply for the second iteration?

No. An unmatched student from the first iteration has the choice to opt-out of the second iteration and thereby delay entry into postgraduate training for one year. They can then enter the match again in the first iteration of the following year.

What if I go unmatched following the second iteration of the Match?

Should a candidate remain unmatched following the second iteration, he or she can choose to take part in what is referred to by medical students as the “Scramble,” or more formally, “Post-Match Process”. During this time, students apply to participating programs through CaRMS Online. These positions are publicly available on CaRMS’ webpage.

Any candidate who goes unmatched should consult their undergraduate office to determine their options. This may involve discussing their career planning with a faculty advisor. Individual faculties may have a point-person who can help unmatched students strengthen their application for the following year. Options for the interim year can include an additional year of undergraduate medical education or a research fellowship before enrolling in the match the following year.

If the student chooses to apply to a program following the second iteration, students may need to contact individual schools to identify any available programs and apply directly through them. CaRMS facilitates document transfer through CaRMS Online for participating programs in the Post-Match Process and posts a list of participating programs on their [website](#).

SECTION 4: HOW-TO'S AND GUIDES

For your convenience, a TL;DR version has been included in red text, and is meant to encapsulate the main points of each section in this book. This is not exhaustive. Also, it is left within the remainder of the text in order to provide context, if you wish to read more about any specific topic in this book.

4.1 Hidden Costs of Fourth-Year Medical School — and How to Manage Them

Dr. Daniel Peretz, with consultation from Dr. Han Yan

Statistics updated by the Match Book Editors

Getting into medical school was our first challenge — paying for it is another. There's no doubt that medical school is expensive! **It's not just the cost of tuition and books: as we head into our fourth year of med school, we'll need to be prepared for the additional, variable expenses associated with rotations, away electives and Canadian Resident Matching Service (CaRMS) interviews.**

Costs related to electives and CaRMS will vary, depending on how many away electives you select and the number of programs you apply to. The number of programs that medical students apply to keeps rising every year. In 2016, the average number of programs per applicant was 17.7, up from 12.1 just in 2013. The number continues to increase entering 2019.

Here are some of the more significant additional costs you can expect in fourth year.

CaRMS Costs

- R1 Match participation fee: \$309.01 (includes application to nine programs). Each additional program fee is \$30.50 plus applicable taxes¹³
- Total CaRMS costs (including travel): Generally between \$3,000 and \$5,000, depending on how many applications you submit and where the matches are located

¹³“Match Fees.”

Other Costs

- Medical Council of Canada Qualifying Examination (MCCQE) Part I application fee: \$1230¹⁴
- Association of Faculties of Medicine of Canada (AFMC) online portal registration: \$200¹⁵
- Administrative fee for elective application (cost varies depending on school): \$100 to \$400
- Elective experience (travel estimate): \$2,000
- ERAS handling fee: \$284.50

¹⁴“MCCQE Part I | Medical Council of Canada.”

¹⁵“AFMC Student Portal - About.”

Note: All figures are for 2018–2019 and should be re-evaluated for subsequent years.

The hidden costs of final year medical school

Getting into medical school was your first challenge — paying for it is another. As you head into your final year of med school, be prepared for these additional, variable expenses.



Away rotations/electives

\$200: AFMC's elective portal¹
\$100–\$500: Administrative fee for elective application
\$2,000: Elective experience (travel estimate)



CaRMS participation fees

\$309.01: R-1 Main Residency Match for 9 programs²
\$30.50: For each additional program



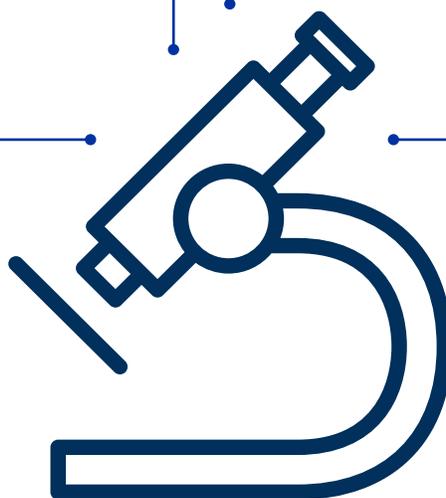
Interviews for residency and match

\$3,500–\$10,000: Accommodation, travel, food, attire and incidentals



MCCQE Part I³

\$1,230: Application fee for Medical Council of Canada Qualifying Examination (MCCQE) Part I



Your move to your residency program

Variable: Moving costs are variable. Keep your receipts for income tax purposes.

MD Financial Management is the exclusive financial services partner of the Canadian Federation of Medical Students.



MD Financial Management

Note: Figures are for 2019–2020, and are likely to change in subsequent years.

¹ Effective Dec. 11, 2017. Association of Faculties of Medicine of Canada. <https://www.afmcstudentportal.ca/About>. • ² Canadian Resident Matching Service, 2019. <https://www.carms.ca/match/r-1-main-residency-match/match-fees-r1/>. • ³ <https://physiciansapply.ca/>.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.ca.

Tips for Reducing Costs

✓ Set Up a Budget

One of the best things you can do early on in your medical school experience is to meet with a financial advisor. [A financial advisor can help to connect you with banking and credit advice, as well as work with you to create a personal budget.](#) Building an annual budget in advance of each year of medical school will help you estimate your costs and potential income—and help you better manage your money. Knowing your fourth-year costs ahead of time will allow you to make changes to your budget so that you're not caught off guard.

✓ Consider a Line of Credit

[Many medical students use a line of credit at some point during their education,](#) and many banks offer lending options specifically for students. [Make sure you don't over-borrow.](#) As with any type of debt, effective management is crucial. A heavy debt load or a bad credit record can affect everything from your future job opportunities to your ability to acquire, establish or incorporate a medical practice.

✓ Make Use of Credit Cards

[Many credit card companies offer rewards or cash-back, often free of charge for medical students.](#) Paying for your travel expenses, for example, by credit card has a few advantages: there is always an interest-free grace period between the purchase date and the payment due date, and some cards offer insurance on car rentals and even some types of travel insurance. [But credit cards can also come with financial risk, especially if you miss the grace period and end up paying high interest rates. Just be sure to pay down your credit card bills by their due dates; missing payments entirely could have a negative effect on your credit rating.](#)

✓ Consider Utilizing CFMS Discount Deals

The CFMS offers its members students discounted deals for a variety of businesses related to travel and accommodations, educational resources, wellness, tax services, and other businesses. Please visit the [CFMS website](#) for the most up to date information concerning offered deals, as the discounts offered vary from year to year. [As a CMA member, you also have access to additional discount offers.](#)

CFMS Discounts

Company Name	Deal Description
Educational Resources	
<i>Wolters Kluwer/Lippincott Resources</i>	30% off resources.
<i>Pharmacology You See</i>	10% off.
<i>CanadaQBank</i>	Up to 20% off regular room rates with Choice Hotels, which include any Comfort™, Comfort Suites®, Quality®, Sleep Inn®, Clarion®, MainStay Suites®, Suburban Extended Stay®, Econo Lodge®, Rodeway Inn® and Ascend Collection® in Canada.
<i>MEDSKL</i>	Free question bank access.
<i>Littman Stethoscopes from Stethoscope.ca</i>	5% off stethoscopes. Free laser engraving with purchase. 50% off stethoscope carrying case with stethoscope purchase.
<i>Drugs & Drugs' Pocket Guide</i>	Free electronic version.
<i>Osmosis</i>	- 4-year subscription: \$299 USD - 2-year subscription: \$199 USD - 1-year subscription: \$149 USD
<i>Medelita</i>	- Discount of 40% off all regularly-priced items.
<i>UpToDate</i>	- 1-year subscription: \$99 USD - 2-year subscription: \$169 USD
<i>VisualDx</i>	- 75% off.
<i>3D4 Medical Complete Anatomy App</i>	- 10% off any sales price.

Wellness

<i>Running Room</i>	10% off footwear, apparel and accessories.
<i>Mark's</i>	10% off.
<i>LASIK MD</i>	- Free consultation with no obligation. - Exceptional flat-rate pricing. - Complimentary Vision Enhancement Plan.

Other Deals	
<i>MNP</i>	Free tax filing services.
<i>Staples Business Advantage</i>	Please see website for more information.

All of these offers are available to Canadian medical students. These offers are subject to change or expiry.

Please see <https://www.cfms.org/resources/discounts-travel.html> for more information on current CFMS deals, and to access the discount codes. Restrictions may apply.

Travel-Related Tips and Tricks

Here are some other ways you can be more prepared for fourth-year expenses.

✓ Ask a Peer for Advice

Whether you're travelling for CaRMS or for other purposes, [your fellow students can help](#). They may have tips that will save you time and money—for example, where to stay and where to eat.

✓ Look for Travel Deals

Transportation will eat up a large portion of your travel expenses, so don't forget to ask about student rates when you make reservations. [CMA members get discounts from Via Rail and Enterprise/National car rentals](#), and the CFMS also offers a number of travel discounts.

CFMS Travel and Accommodation Deals

Company Name	Deal Description
<i>Air Canada</i>	10% off standard fares and 15% off Flex (and up) fares during the CaRMS interview period.
<i>WestJet</i>	10% off all fare classes (basic excluded)* for guests travelling Canada wide, during CaRMS interview period.
<i>Choice Hotels</i>	Up to 20% off regular room rates with Choice Hotels, which include any Comfort™, Comfort Suites®, Quality®, Sleep Inn®, Clarion®, MainStay Suites®, Suburban Extended Stay®, Econo Lodge®, Rodeway Inn® and Ascend Collection® in Canada.
<i>Local Hospitality</i>	Savings may exceed 50%, and average 10-20% below-market on all hotels and car rental suppliers around the world.
<i>Urban Living Suites</i>	10-15% discount off downtown Toronto accommodations.

All of these offers are available to Canadian medical students. However, the dates for travel discounts and rates may be subject to change. These offers are subject to change or expiry. Please see <https://www.cfms.org/resources/discounts-travel.html> for more information on current CFMS deals, and to access the discount codes. Restrictions may apply.

✓ Take Advantage of Loyalty Programs

Many companies offer member programs that allow you to accumulate points or privileges on every trip. Ask family members if they would consider donating points for you to use.

✓ Consider Accommodation Alternatives and Discounts

For many medical students, electives will take place across the country and costs for flights, accommodation and meals can add up quickly. Some students may have the option to stay with friends or family, while others will have to find hotels, Airbnbs or sublets.

As a CMA member, you can get discounts from several hotel chains, and the CFMS offers discounts for [Choice Hotels](#). You can also try to stay at university residences and apartment complexes to avoid costly hotel bills.

What to Expect

As the Class of 2020 heads into their final year, we know there will be unavoidable additional expenses. But we shouldn't base our program decisions on cost. There are ways to plan ahead and mitigate the financial impact — and it all starts with knowing what to expect.

4.2 APPLYING TO THE USA (Through ERAS)¹⁶

Introduction

Application to residency positions in the USA proceeds through the Electronic Residency Application Service (ERAS), while matching to residency proceeds through the National Residency Matching Program (NRMP).

CaRMS can upload your Medical Student Performance Record (MSRP) and transcripts for the 2020 match. You can request this by emailing eras@carms.ca. They must receive these documents at least one week in advance of ERAS deadlines, which can be found [here](#). However, you will have to upload any photographs through MyERAS. Also, referees will provide their letters of reference through the ERAS Letter of Recommendation Portal (LoRP).

Step 1: Apply to ERAS

ERAS is a separate system from CaRMS Online. Canadian medical graduates who wish to participate in the US match must register with ERAS, through CaRMS. Registration for ERAS typically starts in June and closes in May of the next year, but is subject to change. Read individual program descriptions carefully since application deadlines and document requirements vary between different programs.

For more information regarding ERAS, please visit the Association of American Medical Colleges website: <https://www.aamc.org/students/medstudents/eras/>. The complete list of programs participating in ERAS can be found at: <https://services.aamc.org/eras/erasstats/par/>.

Step 2: Apply to CaRMS and NRMP

You can register for both the US and Canadian residency matching programs, and submit a rank order list to both CaRMS and NRMP.

CaRMS is run before the NRMP. If you are matched to a R-1 residency position, through the first iteration of CaRMS, you will automatically, and without notification, be withdrawn from NRMP.

Unfilled positions in the first iteration of NRMP are available through their second round, which is the Supplemental Offer and Acceptance Program (SOAP). If you are matched to a R-1 residency position, through SOAP, you will automatically be withdrawn from the second iteration of CaRMS.

For more information regarding the NRMP match, please visit the [NRMP website](#).

¹⁶ "Application to the US (ERAS)."

Step 3: Apply for the J-1 VISA

The J-1 visa is a non-immigrant visa. Once a medical residency training contract, for a program in the US, has been obtained by a Canadian medical graduate, they must apply to the [Educational Commission for Foreign Medical Graduates \(ECFMG\)](#) for the J-1 visa.

For more information, please visit: <http://canada.usembassy.gov/visas/visas/student-and-exchange-visas.html>.

The J-1 visa application to ECFMG must include a 'ministry of health letter' or 'Statement of Need' from Health Canada. To apply, please contact Health Canada or go to the [Health Canada website](#).

Health Canada contact: j1visa@hc-sc.gc.ca

4.3 WORKING AND TRAINING IN THE NHS IN THE UK¹⁷

Introduction

This section is meant to provide an introduction for Canadian medical graduates considering working or training in the National Health Service (NHS) of the United Kingdom (UK). Please visit the [General Medical Council of the United Kingdom's website](#) for more information on registration and licensing. This section was adapted from information gathered from the [NHSEmployers.org](#) website.

There are many potential benefits to Canadian medical graduates to working and training in the United Kingdom. Some of these include:

- experience of work in the national healthcare system in the UK
- training and development – including the opportunity to pursue UK medical and dental Royal College qualifications, subject to some limitations¹⁸
- access to research
- good standards of pay and working conditions
- opportunity to experience living and working in the UK
- acquiring new skills
- a diverse population and health needs in which to gain experience.

[Within the European Economic Area \(EEA\) there is a mutual recognition of equivalent training and qualifications and the right to free movement of workers between member states.](#) Member countries of the EEA include: Austria, Belgium, Bulgaria, Croatia, Republic of Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein,

¹⁷ "Working and Training in the NHS Guide for International Medical Graduates."

¹⁸ [CSL STYLE ERROR: reference with no printed form.].

Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK.¹⁹

In addition to professional registration with the General Medical Council (GMC), any doctor wishing to work in the UK must satisfy immigration requirements and have permission to work. Immigration occurs under five Tiers. Please see [the Working and Training in the NHS Guide for IMGs](#) for information concerning these various Tiers.

General Medical Council (GMC) Registration Requirements

Doctors can apply for full registration if they have a recognised medical degree and have satisfactorily completed either Foundation Year 1 in the UK, or an acceptable 12-month period of similar postgraduate clinical experience (for example, an overseas internship). Otherwise, they may only apply for provisional registration.

The GMC will require evidence to support applications for registration, demonstrating that the doctor:

- holds an acceptable primary medical qualification
- has the requisite knowledge and skills for registration
- is not impaired from practise
- has the necessary knowledge of English.

Doctors may demonstrate their medical knowledge and skills in one of the following ways:

- a sufficient score in the professional and linguistic assessments board (PLAB) test. This is an examination of language skills and medical competence in two parts. Part 1 can be taken overseas. Part 2 must be taken in the UK. Fees are payable for both parts.
- sponsorship by a medical Royal College or other sponsoring body for specific further postgraduate training, where suitability has been determined by the sponsor who is approved for that purpose by the GMC
- an acceptable postgraduate qualification
- eligibility for entry in the specialist or GP registers. An acceptable level of proficiency in the English language could be demonstrated by the International English Language Testing System (IELTS), administered by the British Council in several countries. For more information, refer to the [British Council website](#). Doctors applying for full registration must also submit evidence that they have satisfactorily completed either Foundation Year 1 in the UK or a period of postgraduate clinical experience that provides an acceptable foundation for future practice as a fully registered medical practitioner. Further details are available on the [GMC website](#).

Access to UK Training for Overseas Doctors

¹⁹“Countries in the EU and EEA.”

UK training for doctors consists of the Foundation Programme (two years' hospital and community-based training immediately following completion of a medical degree), followed by specialty training (for example, as a GP or surgeon). Specialty training may be 'run through' training lasting six or seven years (three years for GP training), or may be split into core (basic) and higher speciality training, which generally last for two to three years and three to four years respectively.

Access to UK training programme posts for non-UK/EEA doctors and dentists is restricted under the UK's immigration rules predominantly to those circumstances where the resident labour market test is met and no suitable UK/EEA applicant is available (as specified under Tier 2 of the immigration rules).

Applicants outside of the EEA will only be able to apply for the Foundation Programme if there are vacancies that are not filled by eligible candidates as part of the national recruitment. These vacancies could then be advertised with sponsorship offered under Tier 2 to doctors outside the EEA, but only if the Resident Labour Market Test (PLMT) can be satisfied.

For specialty training, non-UK or non-EEA nationals are subject to the Resident Labour Market Test, except for where the RLMT does not apply as described above in the section on Tier 2. If there is no suitable UK or EEA national candidate for the post, Tier 2 sponsorship may be available for three years, or in some cases up to five years. This is usually provided by the regional office of [Health Education England](#) which manages the training programme, and not an individual employer. Three years may not be sufficient time to complete a whole specialty training programme, in which case completion would be dependent upon securing another period of sponsorship in a suitable post. There is a risk a further such post may not be available. Trainees holding Tier 2 sponsorship should be aware that if changing sponsor they will only be eligible for appointment to roles/training programmes that meet the Resident Labour Market Test. A RLMT is not required if continuing with the same sponsor.

The Medical Training Initiative (MTI) are posts specifically designed to offer training and development to doctors from overseas in posts lasting up to two years. These positions fall under Tier 5 immigration. See the [NHS Employers](#) website for information on the MTI scheme.

If you are ready to apply for registration, please visit the following website to [find your application route](#). After ensuring you fulfill all of the relevant requirements for application through your specific route, through this process, please visit [GMC Online](#), set up an account, login, choose "My registration", and then choose "My Applications". Once you've started your application, you can save it and come back to it later if you need to. You have three months to complete your application. If you do not submit it within this timeframe, you will have to start a new application.

SECTION 5: TRANSITION TO RESIDENCY

5.1 COMPETENCE BY DESIGN AND COMMON MYTHS

1. What is CBME?

- CBME stands for Competency-Based Medical Education.
- CBME is an outcomes-based approach to assessing and evaluating whether a resident has attained the competencies expected of someone in their discipline and the core competencies expected of a physician in general.

2. What is CBD?

- CBD is simply what the Royal College of Physicians and Surgeons of Canada designated as the name for their version of CBME and it stands for Competence by Design.
- CBD splits residency training into four developmental stages: Transition to discipline, Foundations of discipline, Core of discipline, and Transition to practice.
- The aim of the four stages of CBD is to ensure the smooth progression of residents into practice by gradually increasing entrustment until trainees are ready to practice independently.
- Training begins on a broad-scope and becomes increasingly focused and discipline-specific as trainees progress through residency.

3. What are the goals of CBD?

- There are Six Essential Elements of the CBD Assessment Strategy.
- Firstly, assessment requirements that are defined by the Royal College/Specialty Committees, and inclusive of entrustable professional activities (EPAs) and CanMEDS-based milestones.
- Secondly, increased emphasis on direct and indirect observation.
- Thirdly, shifting towards frequent low-stakes observations of focused clinical tasks rather than a few high-stakes assessments.
- Fourthly, providing actionable, timely, and concretely recorded feedback.
- Fifthly, curation, collation, and group-decision-making on progression and achievement

by a Competence Committee.

- Lastly, stages and progression of increasing entrustment, facilitated by group entrustment decisions at the Competence Committee level.

I Know The Basics, Tell Me The Specifics!

4. What are milestones?

- Milestones are expected abilities of a resident for each stage of residency. They are markers for teaching and learning throughout residency.
- Based on the CanMeds 2015 framework, the Royal College has defined a comprehensive set of milestones. The goal is to provide residents with a defined list of skills and abilities that they should have the opportunity to train and attain in order to be successful in practice.
- There are 100s of milestones for any given discipline, this is why EPAs were developed.

5. What are EPAs?

- An EPA is an Entrustable Professional Activity. EPAs are authentic clinical activities and tasks of a specific discipline that a resident can be trusted to perform independently once sufficient competence has been demonstrated.
- EPAs are created by specialty and sub-specialty committees with the primary goal of assessing the progress of residents and to also provide focused teaching and coaching.
- 30-40 EPAs can be expected for a five-year specialty, however there is no definite minimum or maximum number of EPAs that a specialty is limited to. Each EPA is made up of a number of milestones. As such, by assessing a single EPA, all of the milestones under that EPA are also assessed.
- If an EPA is not attained during an observation, the EPA is considered in progress and specific milestones within that EPA can be identified to improve upon in order to successfully attain the EPA.

6. What is an ePortfolio and its purpose in CBD?

- Part of CBD implementation requires that training programs use an electronic portfolio to track resident learning and assessment activities. By tracking resident learning through an ePortfolio, residents are easily able to check their progression in training, the competencies achieved, areas they may want to improve, and assessments they still need to complete.
- The goal of an ePortfolio in CBD is to provide a learner-centred approach to assessments such that residents, essentially, have a log of their training and programs, and also have a concrete log of competencies displayed by a resident and competencies still to learn.

Ok, Tell Me What I Really Want To Know!

7. How is CBD going to work?

- By utilizing day-to-day teaching opportunities staff will be able to regularly give focused and relevant feedback to residents.
- By observing residents regularly and comparing their performance against the benchmark milestones in the EPAs, problems can be precisely and objectively detected, and feedback focused on improving these problems.

8. How is progression through residency determined?

- The Competence Committee decides on whether a resident has demonstrated the necessary competence to attain an EPA, and thus progress in their training.
- In order to progress through residency, the Competence Committee must believe that a resident can be entrusted to perform the activities/milestones laid out in a specific EPA independently and competently.
- The Competence Committee reviews the forms and feedback provided by a resident's various supervisors based on their direct observations of that resident to decide if a professional activity can be entrusted upon that resident.

9. Will CBD affect when I finish residency?

- CBD has been developed such that most residents will attain the competencies needed of their discipline and complete their training on a timeline similar to before CBD. Training is based on attaining the entrustment required to practice independently. For most residents, the time required to attain all of the necessary EPAs of a discipline that was traditionally five-years in length is anticipated to be the same.
- The goal of CBD is not to affect the time required to complete training but rather ensure that residents are able to attain all of the core competencies required to be successful in practice.

But I Heard That...

10. CBD will eliminate the need for examinations?

- **THIS IS A MYTH!**

- Examinations, including written, oral, applied, OSCE, and certification examinations are still required.

11. EPAs can only be used for clinical tasks?

- **THIS IS A MYTH!**
- EPAs can also be developed to show competence for non-clinical tasks. The Royal College's CBD model recognizes that the CanMEDs framework emphasizes competency within all areas of medicine. For example, this includes scholarly work, quality improvement, health advocacy, and even teaching. For this reason, EPAs can be developed for non-clinical activities that are essential tasks of a physician.

12. Completing a research project will be required for all residency training?

- **THIS IS A MYTH!**
- Research projects are not required to complete residency training unless the Specialty Committee of a discipline chooses to mandate an EPA requiring a research project or scholarly work. If a Specialty Committee chooses to develop an EPA requiring research, then residents in that discipline must do what is required to attain that EPA.

13. A specific number of observations are required by the Specialty Committee/Royal College?

- **THIS IS A MYTH!**
- Although the Specialty Committee/Royal College does provide a recommended number of observations that a Competence Committee should obtain in order to determine a trainee's progression through residency or achievement of an EPA, this is simply meant to act as guidance. There is no required minimum or maximum number of observations in order to promote trainees.

14. Members of the Competence Committee never directly observe me?

- **THIS IS A MYTH!**
- Recommendations for a Competence Committee are made by the Royal College; however, members are ultimately decided by the local program. Typically, members will be from the Residency Program Committee and clinical supervisors who directly observe the residents.

15. The Royal College / Specialty Committees have set definite guidelines which training programs MUST adhere to?

- **THIS IS A MYTH!**
- The Specialty Committees and the Royal College provide residency programs with

guidance and recommendations on how to implement CBD, but it is at the discretion of the program on how they want to integrate CBD into their curriculum as long as the core elements of the CBD model are met.

- The assessments of residents must adhere to the Six Essential Elements of the CBD Assessment Strategy and must include the specific EPAs and milestones developed by the Specialty Committees. As such, as long as the core requirements are met, the local program decides how to assess their residents and whether they want to use the assessment forms and tools developed by the Royal College.

16. I will not be allowed to provide feedback in the transition.

- **THIS IS A MYTH!**
- The implementation of CBD is not because the old model of training and assessment was bad, but rather to move towards an even better model. The CBD model acknowledges that time spent doing a task does not necessarily translate to obtaining the necessary competencies to do that task. Systemic and cultural changes must be made to residency training to change this notion.
- As programs implement CBD and these changes are made to residency training, there will likely be bumps along the road and improvements to be made. As staff get used to the change in assessments and providing more frequent feedback and as data is collected on implementation of EPAs and milestones, CBD expects to become more effective and improve the resident experience.
- While there have been programs which have already transitioned and there has been a tremendous amount of planning, it is important to provide feedback to your school such that that the process can be improved.

17. CBD will dramatically increase the work of faculty and senior residents?

- **THIS IS A MYTH!**
- The expectation of the observations provided by faculty and senior residents largely remains unchanged. However, the quality of the feedback provided is set to improve with CBD, since faculty have distinct milestones laid out that trainees must achieve. With the utilization of ePortfolios, trainees will be able to recognize areas of improvement without repeated prompting by faculty and assessing progression will become more efficient for faculty.

18. CBD can't really change the way supervisors assess residents?

- **THIS IS A MYTH!**
- Although there may be some initial resistance towards assessing residents using the CBD model, as implementation improves and the efficiencies of CBD are realized, buy-

in will improve. Furthermore, guidelines for how residents are assessed will require supervisors to utilize the CBD model to ensure assessment are being recorded.

19. Residency training will be very different from the past?

- **THIS IS A MYTH!**
- Residents will have the opportunity to gain more control over their training, get more meaningful and more frequent feedback from supervisors and more direction on their progression as a trainee. However, the role of residents as learners and supervisors as teachers will remain, the expected timeline to progress through residency will be similar, and the tasks required of a resident will be similar. Simply the assessment of trainees will change.

20. CBD is an unproven approach?

- **THIS IS A MYTH!**
- There has been lots of research regarding the use of a CBME model and implementation of CBME around the world has shown to improve the resident experience and has shown that residents are better prepared for practice.

21. The schools are winging it.

- **THIS IS A MYTH!**
- Each school has a CBD lead which is responsible for overseeing the implementation of CBD at each school. They attend multiple meetings, and discuss amongst each other in order to share information to make as smooth of a transition as possible.
- You can find the CBD lead for your school at the following link:
 - <http://www.royalcollege.ca/rcsite/cbd/implementation/getting-started-cbd-local-support-e/cbme-leads-e>

The Royal College has developed a website which provides in-depth information about CBD and attempts to answer other questions you may have:

- <http://www.royalcollege.ca/rcsite/cbd/cbd-tools-resources-e>



CMFS POCKET CARDS: for medical school and beyond

DOMESTIC & CHILD ABUSE

GENERAL PHYSICAL EXAM SCREENING TIPS

For Domestic Violence, the HITS (Hurts, Insults, Threatens, Screams) survey was found to be an effective screening tool.^[1]

- 4 screening questions where patients answer in a 5-point frequency format
- Scores range from 4-20, and a score over 10 is considered to be 'positive'
 - ▶ This identifies that there may be abuse and a safety risk
 - ▶ Indicates a need for intervention from health care team
- HITS survey has been shown to be effective in both females and males

Over the past 12 months, how often did your partner :	Never	Rarely	Sometimes	Fairly Often	Frequently
	1	2	3	4	5
Physically HURT you?					
INSULT you or talk down to you					
THREATEN you with physical harm					
SCREAM or curse at you					

QUESTIONS TO ASK WHEN YOU SUSPECT ABUSE

When domestic violence is suspected, ask direct questions that the patient will be able to respond with a 'yes' or 'no'.^[1]

SOME DIRECT QUESTIONS CAN BE:

- Are you ever afraid at home?
- Has your partner ever hit you?
- Has your partner ever made threats to kill anyone?
- Are you pregnant?
- Do you feel isolated or alone?
- Do you lack support?
- Have you ever had thoughts to self-harm?
- Do you ever feel that you have to go along with sex to keep the peace, or does your partner refuse to take no for an answer?



HEALTH & HUMAN RIGHTS
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DOMESTIC & CHILD ABUSE

WHAT TO DO IF YOU SUSPECT CHILD ABUSE

The Escape Form was developed by physicians in the Netherlands. It is a series of 6 questions that the treating physician answers to assess whether or not the child is at risk of child abuse.

"ESCAPE FORM" Checklist for Potential Child Abuse Used at Emergency Departments.

Is the history consistent?	Yes	No
Was there unnecessary delay in seeking medical help?	Yes	No
Does the onset of the injury fit with the developmental level of the child?	Yes/NA	No
Is the behaviour of the child/carers and the interaction appropriate?	Yes	No
Are the findings of the top-to-toe examination in accordance with the history?	Yes	No
Are there any other signals that make you doubt the safety of the child or other family members?	Yes	No

* If "Yes", describe the signals in the box 'Other Comments' below.

NA = Not Applicable

If one of these answers is selected, the risks of child abuse could be increased and action is recommended.

A large cohort study across numerous hospitals in the Netherlands, showed increased screening rates, and increased numbers of child abuse cases being discovered upon implementation of the tool. Cases were identified if they met certain inclusion and exclusion criteria and then screened using this tool. It was determined to be an effective tool for identifying children at high risk of abuse.
<http://www.sciencedirect.com/science/article/pii/S014521341300344X>

QUESTIONS TO ASK THE CHILD

- To assess neglect, ask child to describe a typical day – what they eat, who makes the food, where they play, who comes to or leaves the house and when, whether they have electricity, etc.
- Does any place on your body hurt?
- What happens when you do something your parents don't like?
- What happens at your house (or daycare) when people get angry?
- Do people ever hit? Who do they hit? What do they hit with? How often does it happen? Is it scary?
- Are you afraid of anyone?
- What happens when you take a bath?
- Where do you sleep? What happens when you go to sleep?
- Has anyone touched you in a way you didn't like?

<http://childabuse.stanford.edu/screening/children.html>

ASKING THE PARENTS

- Do you feel that your child is safe at school (or at daycare or at the babysitter's)?
- Is your child behaving differently lately in a way that concerns you?
- Have you noticed, or has your child complained about, any new physical symptoms lately?



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1. <https://www.kpu.ca/sites/default/files/NEVR/DV%20Toolkit%20PDF%20August%2024.pdf>

ENVIRONMENTAL HEALTH

Environmental health encompasses the extrinsic physical, chemical, and biological factors contributing to a person's health.

HIGH RISK GROUPS

RURAL/REMOTE, including Aboriginal populations – more likely affected by environmental factors, such as air or water pollution and climate change

CHILDREN - young children under age 5 are most at risk of illness and death due to environmental hazards (e.g. pneumonia, diarrheal diseases)

ELDERLY - older adults aged 50 and up are more likely affected by largely non-communicable diseases due to environmental or occupational exposures (e.g. respiratory illness)

GENERAL

Is there anything that you are exposed to at home, school or work that reduces your quality of life? (E.g. air or noise pollution; mould; unsafe water; toxic hazards)

Do you ever have trouble breathing outside? What triggers this?

How often and how long are you exposed to the sun? With/without sunscreen?

HOUSING

Health risks include respiratory infections (dampness - moulds, bacteria), falls/injuries (esp. for elderly), indoor smoke, disease vectors (insects, rodents), allergens (scents, pets), and toxins (asbestos, lead paint).

Where do you live, in what type of housing, and in what kind of neighbourhood?

How many people live in your household? Do any of them share medical conditions? (e.g. allergies, asthma, skin problems)

Do you have access to a stable source of heating and electricity?

Do you use an indoor or outdoor stove or fireplace? If so, with what kind of fuel?

Does your home have a carbon monoxide detector?

EMPLOYMENT

Health risks include hearing loss, back pain, poisoning, COPD and other respiratory illnesses, and carcinogen exposures. Stress is a significant occupational hazard, so do screen for mental health status.

What is/was your occupation? Are there any hazards that you are aware of in your current or past workplace? (e.g. dust, chemicals, waste, radiation, loud noise, fumes, heavy lifting, pesticides, asbestos, biological agents, etc.)

Do you feel that your health, including your mental health, is aggravated by your work?

Is personal protective equipment worn at your workplace? If so, how often and what kind?



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ENVIRONMENTAL HEALTH

TRANSPORT

Health risks include traffic injuries, air pollution (exhaust), and physical activity lev-els. Note that use of public transit or active transport (walking, cycling) not only improves individual health through activity, but also impacts air quality, the environment and overall population health by reducing emissions, for example.

How do you typically get around or commute to work/school?

Do you ever have problems getting to work, or encounter hazards which affect your health?

NUTRITION & WATER

Health risks include foodborne and waterborne diseases, malnutrition, eating disorders, overweight/obesity and related chronic diseases.

Where do you normally obtain food and how is it prepared (at home/eating out)?

Do you have access to safe, nutritious food? If not, why not (e.g. cost, availability, quality)? How do you store your food and does it often go bad?

Do you have access to adequate clean water? How do you access water for various uses? E.g. drinking (filtered or boiled?), washing produce, bathing, etc.

RESOURCES

Health Canada - Environmental & Workplace Health
hc-sc.gc.ca/ewh-semt/index-eng.php

Health Canada - First Nations & Inuit Health - Environmental Health hc-sc.gc.ca/fniah-spniia/promotion/public-publique/home-maison/index-eng.php

Healthy Canadians - Health and the Environment healthycanadians.gc.ca/healthy-living-vie-saine/environnement-environnement/index-eng.php



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HUMAN TRAFFICKING

As a health care provider, you are in a unique position to recognize and provide help to victims of human trafficking. The emergency room or clinic may be the only opportunity victims have to get help.

RED FLAGS

- ACCOMPANIER ANSWERS QUESTIONS FOR PATIENT
- ACCOMPANIER REFUSES TO LEAVE PATIENT
- INCONSISTENT HISTORY
- LACK OF MEDICAL FOLLOW-UP OR DELAY IN SEEKING CARE
- LACK OF PERSONAL IDENTIFICATION DOCUMENTS OR ACCOMPANIER HAS DOCUMENTS
- SIGNS OF ABUSE
- YOUNGER THAN STATED AGE
- CHILD/ADOLESCENT WITH NON-GUARDIAN
- MULTIPLE VISITS TO EMERGENCY ROOM
- ACCOMPANIER IS IN A HURRY
- INAPPROPRIATE DRESS FOR WORK/WEATHER
- AGE INAPPROPRIATE FAMILIARITY WITH SEXUAL TERM
- INABILITY TO LEAVE JOB
- FEAR OF DEPORTATION
- NON-ENGLISH SPEAKING DESPITE BEING IN CANADA FOR EXTENDED PERIOD OF TIME
- AFRAID/SUBMISSIVE
- BEING CONTROLLED BY ACCOMPANIER
- TATTOO MARKING OWNERSHIP BY TRAFFICKER
- DOES NOT KNOW ADDRESS/UNFAMILIAR WITH LOCAL SURROUNDINGS

PATIENT IS UNLIKELY TO IDENTIFY HIMSELF/HERSELF AS A VICTIM

According to the United Nations, human trafficking involves Action, Means and Purpose. If one condition in each of these categories is met, a person has been trafficked.

Traffickers undertake ACTION using MEANS for the PURPOSE of exploiting people.



FIGHTING THE STEREOTYPES:

About 1 in 4 victims are male. Women and minors are not always victims - they can also be the traffickers.

Labour trafficking makes up close to half of the human trafficking cases in Canada. This includes work in construction, agriculture, retail, hotels, restaurants, nail salons, and in private homes as nannies/caregivers.

Victims are not only from outside of Canada. Although migrant workers, refugees, and immigrants are some of vulnerable populations, over half of the victims are Canadian citizens. Other vulnerable populations in Canada include indigenous women, homeless youth, and those who are socially or economically disadvantaged.



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HUMAN TRAFFICKING

1.
LET YOUR TEAM KNOW THAT YOU ARE GOING TO SCREEN THE PATIENT FOR HUMAN TRAFFICKING.

2.
TALK TO THE PATIENT WITHOUT THE ACCOMPANYING TRAFFICKER PRESENT.

3.
PROVIDE A SAFE ENVIRONMENT AND LET THE PATIENT KNOW THAT YOU ARE HERE TO HELP.

4.
ALLOW THE PATIENT TO DECIDE THE STEPS THEY WANT TO TAKE IN RECEIVING CARE.

- Request professional translation services if needed
- Do not refer to the accompanying person as "trafficker"
- Allow the patient to tell his/her story
- Avoid blaming statements e.g. Why are you staying with... when he/she obviously treats you poorly?
- Screen for violence after you have gained the patient's trust
- Use language that the patient is comfortable with
- Be able to explain why you are asking certain questions, and do not ask more than you need to.

HELPFUL QUESTIONS TO ASK:

*Some sites may have a forensic nurse complete the full screen once you have identified someone as a potential victim. You can also request the help of a social worker to complete the full screen.

- It is my practice to ask all of my patients about violence, is it alright for me to ask you a few questions?
- I would like to ask you some questions about your safety so I can take care of you, is that ok?
- Have you ever felt unsafe from someone else?
- Have you ever been physically hurt or threatened by someone?
- Do you feel like your family is threatened?
- Have you ever been forced to do something you did not want to do?
- Have you ever had your ID or legal documents controlled by someone else?
- Can you leave your job if you want to?
- What are your work/living conditions like?
- Have you ever had your money controlled by someone else?

If the victim is a minor, contact **Child Protective Services**.

For all other victims, offer to contact **911 or Crime Stoppers**.

If the patient does not want to report the crime, offer a referral to a social worker and provide information for contacting local services/shelters assisting victims.

Document the patient's decision and your actions.

If you believe that the patient, yourself, or your health care team are in immediate danger, **contact the police** regardless of the patient's decision. If you ever suspect human trafficking, you can call Crime Stoppers anonymously, however you cannot provide any patient identifiers without his/her permission.



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This card was made with the help of ACT Alberta, Hope for the Sold, and Fraser Health.

MIGRANT & REFUGEE HEALTH

MIGRANT & REFUGEE HEALTH

Infectious Diseases	LEGEND	Women's Health	Infectious Diseases	LEGEND	Women's Health
Mental Health & Physical and Emotional Maltreatment	Chronic and Non-Communicable Diseases		Mental Health & Physical and Emotional Maltreatment	Chronic and Non-Communicable Diseases	
DO NOT ROUTINELY SCREEN					
Chest X-Ray	All immigrants and refugees 11 years of age and over		Child maltreatment	Be alert for signs and symptoms of child maltreatment during physical and mental examinations, and assess further when reasonable doubt exists or after patient disclosure.	
Urinalysis	All immigrants and refugees 5 years of age and over		Intimate partner violence	Be alert for potential signs and symptoms related to intimate partner violence, and assess further when reasonable doubt exists or after patient disclosure.	
DO VACCINATE			Malaria	Be alert for symptomatic malaria in migrants who have lived or travelled in malaria-endemic regions within the previous 3 months (suspect malaria if fever is present or person migrated from sub-Saharan Africa).	
Diphtheria, pertussis, tetanus and polio	All adult and children immigrants with missing or uncertain immunization records		Post-traumatic stress disorder	Be alert for signs and symptoms of post-traumatic stress disorder (unexplained somatic symptoms, sleep-disorders or mental health disorders such as depression or panic disorder).	
Hepatitis B	Those who are negative for all three markers		CULTURE SHOCK		
HPV	9-26 year old female patients		Not everyone will experience culture shock, however it can take months to present so do not rule it out if the patient does not present with the following immediately.		
Measles, mumps and rubella	All adult and children immigrants with missing or uncertain immunization records		<ul style="list-style-type: none"> ● LONELINESS ● CHANGES IN SLEEP PATTERNS ● LETHARGY ● LACK OF CONFIDENCE ● IRRATIONAL ANGER ● IRRITABILITY ● UNWILLINGNESS TO INTERACT WITH OTHERS ● DEPRESSION ● LONGING FOR FAMILY ● HOSTILITY TOWARD NEW CULTURE 		
Varicella	All immigrant children < 13 years of age without prior serologic testing		TRANSLATION		
DO SCREEN			DO NOT use children as translators as they may be unable to comprehend the level of information, thus creating a difficult power dynamic between the child and the parents. Professional translation services should be used whenever available.		
Cervical cytology	Sexually active women		Familiarize yourself with local services available to help migrants transition and encourage them to find local groups of people from the same background that continue practising their culture. Remember that some medical conditions such as mental health may not be openly discussed in other countries and as a result patients may be reluctant to talk about such topics.		
Contraception	Immigrant women of reproductive age				
Dental disease	All adult immigrants and all immigrant children and adults				
Depression	Adults, if an integrated treatment program is available				
Diabetes mellitus (Type II)	Immigrants and refugees > 35 years of age from ethnic groups at high risk for type 2 diabetes (those from South Asia, Latin America and Africa)				
Hepatitis B	Adults and children from countries where the sero-prevalence of chronic hepatitis B virus infection is moderate or high (i.e. ≥ 2% positive for hepatitis B surface antigen), such as Africa, Asia and Eastern Europe				
Hepatitis C	All immigrants and refugees from regions with prevalence of disease ≥ 3% (this excludes South Asia, Western Europe, North America, Central America and South America)				
HIV	With informed consent, all adolescents and adults from countries where HIV prevalence is greater than 1% (sub-Saharan Africa, parts of the Caribbean and Thailand).				
Schistosoma	Refugees newly arriving from Africa				
Iron-deficiency anaemia	Immigrant women of reproductive age and immigrant/refugee children aged one to four years				
Syphilis	All immigrants and refugees 15 years of age and older				
Strongyloides	Refugees newly arriving from Southeast Asia and Africa				
Tuberculosis	Tuberculin skin test for patients under 50 years of age from countries with a high incidence of TB				
Varicella	All immigrants and refugees from tropical countries ≤ 13 years of age.				
Vision health	Perform age-appropriate screening for visual impairment.				

SOCIAL DETERMINANTS OF DRUG USE ABUSE AND OVERDOSE RISK ENVIRONMENT

Social determinants directly shape health risk behaviours such as substance use and create environments that can exacerbate health consequences of drug use.

SOCIAL FACTORS THAT CONTRIBUTE TO HEALTH OF DRUG USERS



Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. Adapted from Galea S and Vlahov D, 2002.

- **Socioeconomic status** – affects risk behaviour itself, access to quality care, discrimination, poor education and lack of preventive behaviour
- **Homelessness** – increases risk behaviours, decreases access to medical care including drug treatment (ie, methadone maintenance programs), lack of social support
- **Incarceration** – can increase risk behaviour and create cycle of incarceration-low SES for repeat offenders (return to high-risk environments)
- **Ethnicity** – minorities experience disproportionately high adverse health outcomes from drug use
- **Inequality** – unequal income distribution independently associated with overdose risk.
- **Built environment** – deterioration of external environment associated with fatal drug overdose.

SOCIAL AND STRUCTURAL ASPECTS OF THE OVERDOSE RISK ENVIRONMENT³

PHYSICAL

- Detoxification and drug treatment facilities (e.g. supervised injection sites)
- Medical institutions (e.g. overdose prevention counselling before release from detox)

SOCIAL

- Home environment (e.g. overdose prevention education materials and naloxone)
- Ambulance type (e.g. equip with naloxone)
- Family (e.g. family education on harm reduction approaches)
- Law enforcement (e.g. overdose prevention and response interventions)
- Medical & community attitudes (e.g. training on overdose recognition & against stigma)

ECONOMIC POLICY

- Cost of naloxone and drug treatment (e.g. no/low cost distribution of naloxone)
- Pharmacies' naloxone availability (e.g. improve naloxone access)
- Community CPR and rescue breathing training
- Increase number of narcological ambulances
- Revise hospital detox policies
- Legal status of methadone and buprenorphine
- Coordination and data access on fatal overdoses in the community -Laws governing drug use, health, welfare, civil rights

SOURCES

1. Galea S and Vlahov D. 2002. Public Health Reports, 117 (Suppl 1), S135-S145.
2. Galea S, et al. 2003. Drug Alcohol Dependence, 70(2): 139-148.
3. Green TC, et al. 2009. International Journal of Drug Policy, 20: 270-276.
4. Hembree C, et al. 2005. Health & Place, 11(2): 147-156.



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TOOLS FOR ADDRESSING DRUG ABUSE FOR CLINICIANS

The Opioid Risk Tool has been shown to be effective in assessing risk of addiction to opioids based on previous experiences in a patients's life prior to prescribing opioids.

OPIOID RISK TOOL (ORT)

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction

MARK EACH BOX THAT APPLIES	FEMALE	MALE
FAMILY HISTORY OF SUBSTANCE ABUSE		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rx Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
PERSONAL HISTORY OF SUBSTANCE ABUSE		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal Drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Rx Drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
AGE B/W 16-45 YEARS	<input type="checkbox"/> 1	<input type="checkbox"/> 1
HISTORY OF PREADOLESCENT SEXUAL ABUSE	<input type="checkbox"/> 3	<input type="checkbox"/> 0
PSYCHOLOGIC DISEASE		
ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
SCORING TOTALS		

ADMINISTRATION

On initial visit.
Prior to opioid therapy.

SCORING (RISK)

0-3: low
4-7: moderate
>8: high

When assessing a patient for opioid abuse or drug abuse in general, the DAST-10 (Drug Abuse Screening Tool) can be used. It can be found online here: <https://www.drugabuse.gov/sites/default/files/files/DAST-10.pdf>

SOURCE

1. Webster, L. R. and Webster, R. M. (2005), Pain Medicine, 6: 432-442.



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SECTION 6: MISCELLANEOUS

6.1 USEFUL RESOURCES

Each medical faculty provides its students with resources on career advising. A great first place to start is by consulting these websites and meeting regularly with your career advisor. Other useful resources include:

General Specialty Information

1. Brian, Freeman. *The Ultimate Guide to Choosing a Medical Specialty*, Third Edition. McGraw-Hill Medical, 2012. Print.
2. “Home - National Physician Survey.” National Physician Survey. <http://nationalphysiciansurvey.ca/>
3. “Careers In Medicine.” AAMC Careers In Medicine. Web. <https://www.aamc.org/cim/>

Comparing Canadian Residency Programs and Specialties

1. “Canadian Resident Matching Service.” Canadian Resident Matching Service. Web. <https://www.carms.ca/match/r-1-main-residency-match/program-descriptions/>
2. “Physician Q&A.” Student Doctor Network. Web. <http://www.studentdoctor.net/category/physician-profiles/>
3. “Canadian Medical Association – Specialties” Canadian Medical Association. <https://www.cma.ca/canadian-specialty-profiles>
4. “R-1 Match Reports - CaRMS.” CaRMS. Web. <https://www.carms.ca/data-reports/r1-data-reports/>

CFMS Pocket Cards

You can also find the link to the useful Health and Human Rights Pocket Card Series created by the CFMS here: <https://www.cfms.org/what-we-do/global-health/human-rights-peace-pocket-cards.html>. These pocket cards will help medical students to take a more holistic approach to patient encounters.

CFMS Website Map

Please visit the following link for the site map of the CFMS website, for other useful resources. Please note that while the CFMS tries to keep the website up-to-date, some aspects of the site map may be currently out-of-date. The sitemap link is: <https://www.cfms.org/sitemap.html> .

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