

INTRODUCTION TO THE FELLOWSHIP GUIDE

We are excited that you are starting to take the steps towards a sub-specialty career! As a program, we are dedicated to your success. You are our greatest ambassadors and recruiters that will bring the next generation of outstanding house staff to the University of Colorado.

This guide was created to combine the expertise of the program directorate and the experiences of your colleagues into a concise document that will help to make you as competitive as you can be. The fellowship application and interviewing experience can be confusing and stressful. The fellowship guide provides a longitudinal step-by-step description of the application process, obtaining and preparing for interviews, and the post-interview period leading up to your match day.

Please know that Dr. Limes, and your Associate Program Directors (specifically your sub-specialty APDs- Joe Burke, Andi Hudler, and Josh Smith) are here to support you and advocate for you throughout this process. Please do not hesitate to contact us with questions, concerns, and needs.

Please note, we are annotating timelines as if the resident is applying at the end of their PGY2 year, to start the fellowship at the completion of the PGY3 year. If this is not accurate to your situation, please adjust accordingly. Additionally, we have attempted to include the most up-to-date sites in this document, but please be aware that this may not always occur due to changes in the process, and the applicant is responsible for his or her application and the timeliness of it.

We have tried to make this handbook as comprehensive as possible, however many residents have cited other sources to augment the information they have received from this. Many residents on prior surveys have cited speaking with prior residents who have matched into their specialty, speaking with current or former CU fellows, reviewing with mentors and faculty, as well as fellowship interest group nights as other aids to help in their fellowship application process. Utilize the resources at your disposal. Don't know where to find those resources? Ask! We are here to help connect you to all of the tools that you need for success.

Many thanks are owed to prior authors of this guide, including Suzanne Brandenburg, Brian Graham, Lisa Davis, Mark Kearns, and other APDs; Nicole Canterbury and Jennifer Weber in the House staff office; and your colleagues whose insights and quotes are contained in the document.

As you progress through the fellowship experience, I would welcome your feedback so that we can continue to update and improve this document for future University of Colorado residents applying for fellowship.

Joe, Andi, and Josh

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1. ESSENTIAL TOOLS FOR FELLOWSHIP APPLICANTS

- <https://students-residents.aamc.org/training-residency-fellowship/applying-fellowships-eras/tools-fellowship-applicants/>
 - MyERAS Fellowship User guide has the answers to most of your questions
 - Timeline for ERAS Fellowship Applicants
 - ERAS Fellowship Applicant Checklist
 - MyERAS Worksheet
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2. FELLOWSHIP TIMELINE

Table 1: Fellowship Application Timeline Overview

Task	Timetable									
	PGY1	PGY1	PGY2, 1st half	PGY2 Jan-May	PGY2 June	PGY3 Jul	PGY3 Aug-Oct	PGY3 Nov	PGY3	PGY4 July
Explore	■									
Research, produce abstracts, publications	■									
Make contacts	■									
Prepare application, ask LORs				■						
Register and upload						■				
Interviews							■			
Match Day								■		
Fellowship begins										■

PGY1, early PGY2: Research, explore, and make contacts

- Explore possibilities for fellowship! You should aim to identify your intended field by the **end of your PGY1 year**, so that you will have the opportunity to have a longitudinal subspecialty clinic in that field, which will enable you to make contacts and to apply to fellowship such that you will start immediately after your PGY3 year. (If this doesn't happen to be your course, it is ok! We do the longitudinal clinic so that people have the opportunity to experience "real clinic"; this can help you decide if this is the right field for you or not!)
- Get involved with **research**! You can find prospective mentors and research projects by talking with your APD and looking on the Heartbeat website at the mentors and subspecialty contacts.
- Participate in a **longitudinal subspecialty clinic** starting in your PGY2 year
- Meet **potential letter writers**. Some individuals will offer to write you a letter upon completion of clinical time with you, others you should approach. (See below). Please be gracious, write down details of your shared time with these individuals, so that you

can remind your letter writer of these details when you officially ask for a letter of recommendation.

January-May, PGY2: Begin to prepare application

- Update Curriculum Vitae (CV). [A sample CV template can be found here.](#)
- Develop a list of career goals/5- to 10-year plan that you can share with potential letter writers
- At the end of March, if you are not already assigned a subspecialty APD, you will be assigned one to work with during fellowship application season; they will reach out to schedule 1:1 meetings to go over the fellowship application process, intended programs, potential letter writers, and your personal narrative.
- Write a personal statement. You can ask your subspecialty APDs to review them prior to sending to letter writers. More on this below.
- Let your APD know what faculty you are approaching for LORs, or ask for suggestions.
- Arrange meetings/email with potential letter writers for your application (*request LOR at least 3 months prior to due date, so generally no later than the end of April so that they can be uploaded by July 1*). Your letter writers may want a copy of your CV and personal statement (it does not need to be the final copy – many letter writers may even offer to provide helpful comments on it), so you should have drafts of these ready in advance.
- Review prospective fellowship program websites to determine whether programs utilize the ERAS application and NRMP/SMS and if not, determine their application process and timeline (NOTE: use of ERAS application does not equal participation in NRMP)
 - <https://services.aamc.org/eras/erasstats/par/index.cfm>
- Arrange a meeting with the local fellowship director and/or division head to discuss your application, number of programs, and what programs you should be applying to.
- Meet with current fellows in the field to get their ideas of programs that you should apply to.
- If you have other mentors, you should discuss your application with them as well— they can give you feedback and discuss their relationships and experiences with various programs, etc.
- You will be responsible for writing the first draft of your research paragraph (see below for details); due in mid-April. This will be reviewed, edited, and included in your PD letter of recommendation.

May-June, PGY2: Register and upload

- <https://students-residents.aamc.org/applying-fellowships-eras/applying-fellowships-eras> Confirm that you have an active AAMC account
- Begin working on your application off-line
 - <https://students-residents.aamc.org/eras-tools-and-worksheets-fellowship-applicants/eras-tools-and-worksheets-fellowship-applicants>
- Purchase a valid ERAS token from the current season from the ERAS Fellowship Document Office (EFDO) (**2025 date TBD, early June**)
<https://www.erasfellowshipdocuments.org/>
- Register for ERAS (Early June) <https://apps.aamc.org/myeras-web>
- Contact your medical school to upload medical school transcripts and Medical Student Performance Evaluation (yes, I'm serious; some programs actually want this!)
<https://www.erasfellowshipdocuments.org/Instructions/DocumentSubmission/MIDUS>

- Provide each letter writer with an individual Letter Request Form.
 - **Letter Request Forms should not be duplicated and distributed to multiple LoR Authors. They are customized for each letter and contain a unique Letter ID that can only be used once.**
 - Complete, submit and upload your MyERAS application, personal statement, and photo.
 - **Goal to complete entire application should be July 1, at the very latest July 15. Exact deadlines will be released in April and reviewed with applicants.**
 - Confirm that your letters of recommendation have been uploaded (**July 1**)
1. **Checklist; be compulsive. It is important that your application be complete by July 16 so that the entire application may be downloaded on July 17:**
<https://students-residents.aamc.org/media/9736/download>
 2. **Register for the Match (NRMP/SMS) (~August 23)**
 - <http://www.nrmp.org/applicant-registration/>
 - <http://www.nrmp.org/fellowships/medical-specialties-matching-program/>
 - http://www.nrmp.org/wp-content/uploads/2017/06/Registering_for_SMS_Match-App.pdf

The schedule from Medical Subspecialty Fellowships' point of view:

Note: The schedule for 2026-2027 has not been released yet. Times are estimates. Once they are confirmed a revised guide will be distributed.

Early June, 2026	ERAS 2026 season begins
Early June, 2026	ERAS Fellowship Documents Office (EFDO) releases tokens to applicants
July 1st, 2026	Applicants may begin submitting applications to programs
July 14th, 2026	Fellowship programs may begin reviewing applications
Mid-August	NRMP Match registration opens
August – early November	Interviews
End of September	NRMP Match Ranking opens
Mid/ Late November	Rank list certification deadline
First week of Dec, 2026	Match Day!
July 1	Fellowship training begins

Cost to applicants (approximate, subject to change):

ERAS token	\$115
ERAS fee for first 10 programs	\$115
ERAS fee, per program, 11-20	\$17
ERAS fee per program, 21-30	\$20
ERAS fee per program, 31 or more	\$27
USMLE transcript fee	\$80
NRMP/SMS match fee	\$70
NRMP fee, per program, for each ranked program >20	\$20
Recent photograph	??

3. THE APPLICATION

LETTERS OF RECOMMENDATION

Most programs require 4 letters of recommendation with 1 letter coming from your residency program director; **this makes you responsible for acquiring 3 letters**. When weighing who should write your other letters of recommendation, you need to determine who could write you the strongest letter.

- **Program Director—REQUIRED.** It is important to notify Kendra Lewis in the Housestaff office **ASAP (no later than May 1!)** to arrange this letter. Be sure to include your sub-specialty field that you are applying to when you contact her. This counts as 1 of your 4 letters of recommendation.
- **Research mentor**—If you performed significant research during residency (provided that your experience was positive), it is standard to have your mentor write a letter of support. It is strongly encouraged to have one of your letter writers be a research mentor or faculty you have conducted scholarly activity projects with.
- **Two additional letters from faculty** in your field of interest, considerations include:
 - Division head or senior faculty with national/international presence
 - Subspecialty faculty with whom you have substantial exposure (longitudinal specialty clinic? Consult month?)
 - Faculty outside of your area of interest who could uniquely describe your skills (primary care clinic attending? Hospitalist?)

When making these decisions, it is best to consider who could write you the strongest letter. It is appropriate to ask specifically when you meet, *“Would you be able to write me a strong letter of recommendation by June 15?”* **Keep in mind that an enthusiastic letter from someone that knows you and can accurately reflect your skills and potential to a program may ultimately carry more weight than a brief letter from a more esteemed faculty that doesn’t know you.**

You are strongly encouraged to discuss your potential letter writers with the subspecialty fellowship director, your APD, Dr. Limes, and/or one of the subspecialty APDs (Joe Burke, Andi Hudler, or Josh Smith). These individuals can provide insight into which writers have a track record of writing strong letters of recommendation or more importantly those who may provide less than stellar letters.

Approaching a letter writer

If possible, try to arrange a brief in-person or phone meeting with your potential letter writers in April and ask if they could write a strong letter on your behalf by June 15. By having an actual interaction, you can discuss your career goals, solicit their input on programs, etc. This discussion can: 1) give them a better picture of who you are and where you are going, which they can convey in your letter of recommendation and 2) provide you guidance regarding potential programs. At the time of the meeting, it is also advisable to provide them with a *copy of your curriculum vitae, a statement of your career goals, a draft of your personal statement, memorable cases that you may have shared, and a descriptive summary of any research experience.* These elements allow a skilled letter writer to help you tell your story to your potential programs.

“make sure and get your letter writers/all of your application stuff in early, so you can apply on the first day available, I feel like it helps out being in the initial wave of applicants”

It is best to request letters of recommendation at least three months prior to your deadline (i.e. by April 15). Academic physicians have many obligations and responsibilities that will take priority over your letter of recommendation. By giving your letter writer appropriate lead-time, they will be able to draft the best possible letter. It is best to have all your letters uploaded in by July 3 so that your application is complete when it can be released in July. **THIS IS IMPORTANT FOR PROGRAMS THAT FILL QUICKLY.**

NOTE: All letters of recommendation must be uploaded electronically. This link will give specifics regarding the letters that are acceptable for the process <https://students-residents.aamc.org/media/9731/download>, *You will need to use ERAS to generate a Letter Request Form that includes instructions for the Letter of Recommendation Portal for your letter authors.* This will also generate a unique identifier for each Letter of Recommendation to be submitted. Letter writers can also forward their letters to Kendra Lewis in the Housestaff Office to assist.

What do I do if a letter writer asks me to write my own letter of recommendation?

Don't panic. First, please realize that this is a common practice in research circles. Often when someone is writing their K grant, they ghost write the letters of recommendation for themselves, which are subsequently edited by their mentors. While it may seem awkward, we recommend that you talk with your APD or one of the fellowship APDs and give it a go; please send it to your categorical APD for review *before* sending it to your letter writer for review.

Joint Letter Writers

Some people will write joint letters, which are oftentimes signed by two or more faculty members. This is more often seen in research settings when you have an earlier career primary mentor and then a more senior director or primary investigator. While these more often are seen in research-oriented letters of recommendation, some faculty may elect to co-author a letter of recommendation that takes in the combined insights of multiple clinical faculty members. You do not need to seek these out, as they are not necessarily weighted any differently than any other letter of recommendation. Look it as your letter writers trying to strengthen your letter by providing supplemental insight or including a more high profile mentor on your application.

Writing your Research Paragraph

Your research paragraph should be written in third person and should include the following: **(Note: This need to be in a paragraph form, See document in teams folder for example)**

- A general description (i.e. one or two sentences) of your work and your findings
- Techniques, programs, methods you learned doing the work
- The name of your research mentor(s)
- The name of any journals in which the work has been published
- The name of any conferences (as well as city/state & month/year) at which the work was presented

Please ensure that you are emphasizing the work you want to be highlighted. For example, manuscripts and large research projects should take precedence over case report abstracts/posters.

PERSONAL STATEMENT

The application and interview process is an opportunity for you to draft your narrative. Through the application and interviewing process, you are telling the story of who you are, what you have done, and how that has informed who you are going to be. Your goal is to demonstrate to your programs of interest that you would integrate well into their culture and they could help you to meet your ultimate career goals. The personal statement represents an opportunity to tell that story. Given the highly subjective nature of the personal statement, it is difficult to provide universal advice with the exception of: *It is important to work on your personal statement early in the application process to allow you to have trusted mentors and APDs provide critical/constructive feedback prior to submission.* This becomes even more essential if you are considering a “non-traditional” approach to the personal statement.

General Format of the Personal Statement

With recognition that each of you have a unique story to tell regarding who you are where you are going in your career, a potential framework to work from could include:

- Opening paragraph: Why I chose specialty XYZ. Interesting hook. Can be a patient, a personal experience with a disease, a research question that grabbed your attention. Why did you chose this specialty?
- Second paragraph: Why you're a great clinician. Talk about busy, relevant clinical experiences. Hype up your skills as they relate to the specialty applied to.
- Third paragraph: Why you're excited about research, discovery, or innovation and how you will take your inspiration and apply it as a fellow in your intended discipline.
- Conclusion: bring together in 3-5 sentences your inspiration, your clinical ability, your research ability, in one inspiring “this is why I'll be a great fellow” conclusion.

“I did feel like several of the interviewers only looked in one section for info. Thus, I felt like it would have been a good thing to list some things twice so that “major items” would not be missed on quick look-throughs”

What the Personal Statement can do for you

- Share experiences that describe what makes you unique as a physician
- Highlight experiences or skills that may not adequately reflected in your CV
- Highlight major items from your CV (see quote above)
- Explain any lapses in training, red flags in your CV, etc. (It is best to address these outright.)
- Tell the story of where you see yourself going with your career. Remember to be authentic.

What the Personal Statement can do for your program

- Understand your goals to determine whether you fit with their program
- Assist an interviewer in preparing targeted questions/ “breaking the ice” for your interview
- Identify red flag issues
 - Poor spelling and grammar could suggest a lack of attention to detail
 - Excessive ego, building yourself up by describing inadequacies of others, etc. may demonstrate lack of professionalism or potential personality issues
 - Do not refer to yourself in the third person. Please.
 - Remember to “kill your darlings;”* (“Kill your darlings” is a common piece of advice given by experienced writers. You kill your darlings **when you decide to get rid of an unnecessary storyline, character, or sentences in a piece of creative writing**—elements you may have worked hard to create but that must be removed for the sake of your overall story)
- Your personal statement can hurt you: make safe choices when deciding what to discuss.

Special considerations regarding the personal statement

Some applicants will write multiple personal statements or edit their primary personal statement to include program specific details. Do this with great caution and consideration. If you are considering this approach, I would encourage you to review it with your mentor and be very cautious with file names to avoid an inadvertent misdirected personal statement.

Research / Scholarly Activity

Fellow applicants who have experience in research and an interest in pursuing an academic research career are highly sought after by fellowship programs. For traditional academic programs dedicated to training physician scientists, this section of your application may be the first part of your application that they review. As such, adequate time and attention to accurately reflect your research experiences is important. Even if you are pursuing a more clinical program, documentation of research experience and/or scholarly activity demonstrates a work ethic/level of initiative that the program would value.

- All prior research experience should be listed under Research Experience. Even if your responsibilities felt somewhat menial, keep in mind that running Western gels provided you with “exposure to key bench techniques.”
- For each research experience provide a brief 1-2 sentence summary of your responsibilities and what you gained from each experience
- If you worked in a research lab as a summer position during college or medical school this should be listed under Research Experience, not Employment History.
- If you have participated in the Research pathway during your residency, you can list this as special additional education under Research Experience

IMPACTFUL EXPERIENCES, GEOGRAPHY, PHOTOGRAPH, MSPE/ MEDICAL SCHOOL TRANSCRIPTS

Medical School Transcripts / MSPE

You are also responsible for obtaining a copy of your MSPE and medical school transcript to be uploaded to the ERAS Fellowship Documents Office (EFDO). There are two mechanisms in which this can happen.

- 1) Medical Institution Document Upload Service- A service that allows medical schools to directly upload your MSPE and transcript to the EFDO. In order for a medical institution to upload a document on your behalf using MIDUS, you must send an electronic request to the medical institution using EFDO On-line Services via MyERAS. Visit <https://erasfellowshipdocuments.org/Instructions/DocumentSubmission/MIDUS> for complete instructions.
- OR**
- 2) Your school of graduation may choose to release your MSPE(s) or medical school transcripts directly to you and you will have to scan and upload. Please contact your medical school directly to determine their policies on this matter.

Photograph

This should be a recent photograph that will allow an interviewer to recognize new you when they look up from your application. Dress should be somewhere between a business suit to clinic appropriate professional attire. If you desire a professional portrait, you can contact the University of Colorado Media department and inquire regarding professional photographs.

A professional headshot is not necessary, but it is advisable that the picture appears intended for the

purpose of a professional application.

Supplementary Applications

Rarely programs you have applied to will request some additional application form, submitted directly to the program, with a request for a processing fee. This is of questionable ethics, and you are recommended to report these requests to program leadership.

Experiences

You will be asked to identify key formative experiences that have influenced career development thus far. This is an opportunity to highlight major opportunities. You all fortunately have some opportunities already built in from the program (think subspecialty clinic or your career pathways – these are unique). Of the 10 experiences, you will be asked to identify your three most meaningful experiences.

When selecting experiences, the goal is to communicate a narrative or highlight unique aspects of your training and experience. It helps to get across what your priorities are as well. For each experience you will want to provide descriptive information including position title, organization name, dates of participation, setting. You'll describe the experience type and major activities or responsibilities. Many people elect to highlight educational or additional training opportunities (e.g. obtaining a certification or completing a program-specific curriculum), their military service, significant occupational experiences (e.g. maybe you did Teach for America, or worked as an EMT or CNA prior to training), professional organizations, leadership experiences, research, teaching, mentoring, and volunteer and advocacy work.

When able, it is ideal to select longitudinal experiences instead of one-off experiences as this conveys commitment and implies some depth to the experience. It is helpful to jot down experiences when you are writing your personal statement that you think would be advantageous to convey to your future program but that may not make sense in the narrative of your personal statement.

Impactful Experience

Your impactful experience is an opportunity to convey a key turning point in your professional life. Some may include personal reflections regarding their connection to medicine or their subspecialty that otherwise are out of place in the personal statement or remainder of their application. They may take the opportunity to describe their path traveled. Some people will use it as an opportunity to describe an obstacle they have overcome, or a major transition point in their life (e.g. medicine as a second career). Reflect on what you would want your application reviewer to know about you that you otherwise have not had the opportunity to convey in either your personal statement or that comes across in the other aspects of your application.

Hobbies and Interests

This can sometimes be a conversation starter with interviewers. Consider what you would feel comfortable making small talk about. Be mindful that this is an application, so as such how you write your hobbies and interests should still maintain a professional tone (e.g. do not include emojis).

Geographic Preferences

If you have a particular interest in being in a region, this would be the time to say it. Fellowship programs have limited space for interviews and want to ensure that the candidates they interview are willing to relocate. This may be particularly significant if you have remained at the same institution for a majority of your training and want to indicate a willingness to relocate, or if you have strong personal indications for being in a particular geographic region. Bear in mind this can be a double-edged sword, so many elect to indicate that they have no geographic preference so that they can be considered broadly. In general the trend will be that program specific signaling will supersede the

geographic preference, and there is no negative in most programs to putting “no geographic preference”.

Augmented Intelligence (AI)

With the adoption of augmented intelligence and specifically large-language models, many applicants may feel compelled to utilize AI to aid in their application process, including aiding in personal statements, writing meaningful experiences, or writing research paragraphs. Please use caution with this – augmented intelligence may be used for idea generation but we would strongly encourage that you edit anything generated by AI so that it is written in your authentic voice. There are AI detection tools but also many applicant reviewers are becoming increasingly aware of “tells” from AI.

4. PROGRAM SELECTION

Where: This is an integrative process that incorporates your personal, professional, and program-specific factors. Some common considerations include:

Personal

- Geography
- Support network considerations (proximity to family, spousal/partner employment options)
- Quality of your application

Professional

- Program focus (clinically focused, academic/research training, clinician-educator pathway)
- Clinical experience (unique patient populations, procedural exposure, etc.)
- Subspecialty focus
- Competitiveness of the field that you are applying to

Program-specific

- Mentorship
- Research opportunities
- Unique research or populations

How many: This is also a highly personal decision which requires you to consider the factors above along with questions including, but not limited to: *How competitive is my application? How competitive is my desired specialty? Am I willing to live in (insert undesirable location here) for fellowship so that I can become a cardiologist/gastroenterologist next year?* A discussion with the fellowship director of your specialty of choice and research associate program director can be illuminating with regards to how competitive your application is, the types of programs you should apply to, and how many programs you should apply to. Talking to current fellows or prior residents who matched into your specialty of choice may help provide some additional insight on how many programs to consider applying to. While you can interview wherever you want, you should only plan to rank programs that you legitimately intend to relocate to.

In general, we do not recommend applying to only one program, nor do we recommend ranking only one program. We acknowledge that there are circumstances that make these decisions quite hard; please come talk to us before you choose this route.

Following are figures that represent the competitiveness of the different specialty fields and the results of U of Colorado applicants' fellowship matches.

2023-2026 Post-Fellowship Match Survey Results

Respondents	n	% matched at top choice	% matched in top 3	% matched in top 5	Average rank match	Average # of programs applied to	Average # of interview invitations	Average # of interviews attended
All Respondents	86	74%	91%	98%	1.6	27.5	11.8	9.9
Respondents in Highly Competitive Fellowships*	60	67%	87%	98%	1.8	34.9	12.9	11.0
Respondents in Less Competitive Fellowships	26	92%	100%	100%	1.2	10.3	9.2	7.3

Please note – results on contingent on completing the post-match fellowship survey so may not fully capture graduate data due to missing/incomplete surveys
 *2023-2026 Highly competitive fellowships: Cardiology, Critical Care, Gastroenterology, Hematology/Oncology, Pulmonology/Critical Care, Rheumatology

National Match Rate*		
Specialty	2025	2026
GI	65%	61%
Cards	66%	64%
Heme/Onc	72%	69%
Pulm/CC	70%	73%
Allergy	67%	74%
Rheum	75%	80%
Endo	78%	83%
Nephro	90%	93%
ID	88%	94%

**note this table is national, not specific to University of Colorado*

How do I choose: Finding the information to help you address the issues above can be challenging; a good starting point is to visit the programs’ websites. Depending on the program, the website can provide a wealth of information regarding the current fellows and faculty and their academic interests and accomplishments. Look at where recent graduates have ended up (e.g. doing additional training, staying on faculty, going into community practice). Unfortunately, division and fellowship program website updates are often low on the divisional priority list. This can make it difficult to get a clear vision of the nature of the program.

Interacting with current fellows and networking with faculty mentors in your field of interest can provide a wealth of information on specific programs and create connections at other institutions. For every specialty, it can be valuable to contact the fellowship program director at CU Anschutz and set up a meeting to discuss your interest. These meetings can provide valuable feedback that can strengthen your application and direct you towards programs that fit your interests and career goals. Furthermore, their feedback and, if appropriate, their advocacy, could potentially improve your chances at outside programs. We have also compiled a list of recent graduates of the University of Colorado Internal Medicine Residency Program and their fellowship locations that you could utilize to establish contacts at other programs.

“I found it hard to get information about the programs. It is one thing to read their websites but it’s another to get a sense of what kind of program it is before applying. I got my best information from the fellows here and younger attendings. I think it’s important to have someone that you can talk to about the type of program you are looking for that can give you helpful guidance on where to apply. I didn’t realize going in how important that would be.”

Signaling Guidance:

With signaling for fellowships being new, this guidance is based on ERAS guidance, experience with residency signaling and last year's fellowship match, and guidance from some fellowship PDs.

Signaling is one of the major factors considered in which residents to invite with interviews, with 92% of programs citing that they use program signals to aid in determining who to invite to interview, and 4 out of 5 programs identifying signals as an important component of that determination.

1. The number of signals varies by the subspecialty, see table below. Not all sub-specialties are participating in signaling.
 - a. Gold signals indicate "most preferred" programs
 - b. Silver signals indicate "preferred" programs
2. Recommend using signals if your subspecialty is participating.
 - a. You are less likely to get an interview if you don't signal a program
 - b. Programs will likely use program signals over geographic signals
 - c. Program participation within each specialty is optional, but we anticipate most will participate. ERAS will now allow you to signal a specific program that has "opted out" of signaling
3. Use ALL signals that are allotted
4. Signal the programs you are most interested in, but also important to signal to a range of programs based on your competitiveness as an applicant, thinking about the traditional reach/in-range/safety.
 - a. We would recommend reviewing your signal list with one of our fellowship APDs and with a non-PD advisor in the field (see below) that is familiar with the competitiveness of you as an applicant and competitiveness of programs in the field. If you have any questions about who to talk with, discuss with your assigned fellowship APD.

Specialty	Participating?	# of Signals	Tiers	Signal home program?	Non-PD specialty advisors
Addiction Med	N				
Allergy/Immunology	Y	5		No response	
Cardiology	Y	20		No	Joe Burke
Endocrinology	Y	5		No response	
Gastroenterology	Y	15	5 gold / 10 silver	No	Mohammad Bilal
Geriatrics	N				
Heme/Onc	Y	20	5 gold / 15 silver	Yes	Gray Jodon, Chris Geiger
Hospice/Pall Care	Y	5		Yes	
ID	N				
Pulm/CC	Y	15	3 gold/12 silver	No	Andi Hudler, Josh Smith
Renal	N				
Rheum	N				

5. ERAS

As you begin to prepare your application, familiarize yourself with ERAS My Fellowship User Guide and the ERAS Fellowship Applicant Checklist included in the Essential Tools portion of this document. These documents provide a step-by-step description of the critical elements necessary to complete and submit applications to your programs of interest. **Attention to detail is critical.**

“I had not submitted a few parts of my application and was concerned I hadn't heard back from a few programs after a month or longer. Then my wife had me submit my ERAS picture and a couple other documents that were kind of separated on the application website - then the rest of the offers came.”

Applicant responsibilities on MyERAS include:

- Complete and submit your MyERAS application and personal statement(s) using MyERAS
- Request USMLE and/or COMLEX-USA-USA transcripts
- Direct letter of request forms to LoR authors
- Upload photograph
- Request Med Student Performance Evaluation and Medical School Transcript
- Apply to programs and assign letters of recommendation
- Track documents and monitor the Message Center for information from fellowship programs and the EFDO, as well as important notices from ERAS.
- Return to MyERAS to update your Profile, request updated USMLE and/or COMLEX-USA scores, and make changes to program selections and assignments as needed.
- Pay all fees as invoiced

6. THE MATCH

The match is managed by the National Resident Matching Program (NRMP) similar to when you matched into residency. However, you will now be utilizing the Medical Specialties Matching Program (MSMP), if appropriate. This is the third expenditure of your money required for this process: (<http://www.nrmp.org/fellowships/medical-specialties-matching-program/>)

The following specialties now participate in the NRMP/MSMP:

- Addiction Medicine
- Allergy / Immunology
- Cardiology
- Endocrinology
- Gastroenterology
- Geriatrics
- Hematology, Heme / Onc, Medical Oncology
- Infectious Diseases
- Nephrology
- Pulmonary
- Pulmonary / Critical Care
- Rheumatology
- Hospice / Palliative Care

Note: Presence on this list **does not** indicate that all programs in these specialties participate in the match. The NRMP requires that 75% of the overall programs in a specialty and 75% of total fellowship positions in that specialty be included in the match for that specialty to participate. This could result in one of the following possibilities:

- Your program of interest is not involved in the match and may have a unique application process, OR
- A percentage of positions at your program of interest could be filled outside of the NRMP/SMS match

7. INTERVIEWS

ARRANGING THE INTERVIEW

Interview dates range from late August to early November with a majority falling in September and October. According to recent feedback from our group of matched residents, a majority of programs that offered them an interview offered 3-5 interview dates with selected programs only offering one interview date. The programs with limited dates were often more competitive or smaller programs with fewer fellowship spots to fill. This is yet another important reason to get your application in early. Many programs will send an early initial wave of interview offers. By being part of that early wave, you are 1) more likely to get an offer and 2) more likely to have flexibility in scheduling dates.

LEAVE FOR FELLOWSHIP INTERVIEWS:

Interviews that fall on a weekend or day that you were otherwise not scheduled to work, you do not owe the program any time or make-up activities.

You may miss up to 10 days for fellowship-related interviews without any penalty. This is in addition to your annual vacation days. Interviews that fall on a weekend or day that you were otherwise not scheduled to work do not count against the 10 days.

Please watch for e-mails regarding policies and procedures regarding the scheduling of interviews based on your rotation (e.g. clinic, elective, inpatient).

Clinic cancellations and service switches can have multiple unseen impacts on team and attending staffing, patient care/access and continuity that must be accounted for.

The special rules for other rotations are as follows:

ER – this is a graduation requirement, so you need to complete a full complement of ER shifts over the month to get credit for the rotation. However, you will have the ability to arrange your shifts as permitted with the ER schedule, their leadership, and your co-residents in order to accommodate your absences. You cannot “make up” missed ER shifts in any other capacity.

Inpatient – we understand due to the 4+4 schedule structure that you may be on an inpatient rotation when you are invited to interview. If this is the case for you, please contact the CMR at the affected hospital site as soon as you schedule an interview so that they can plan accordingly.

If you are going to miss more than these 10 days during interview season, contact the program director to discuss the potential approval of additional days.

To get credit for any rotation, you have to attend a minimum of 50% of the scheduled days – for example, if you have a week of vacation on an elective, you will only have 5 remaining work days that you can miss.

While you do not need to contact the residency program prior to accepting and scheduling an interview on elective for fellowship or a job, you should let us know (Nicole.Canterbury@cuanschutz.edu) within 24 hours of accepting so that we can account for your absence. The same applies if you are changing an interview date.

THE INTERVIEW DAY

Preparation

“I think the biggest advice I would give is just to research the program extensively. This seems obvious but every school that I interviewed at wanted to know: why them and who I would want to work with if I went there?”

“I would also say, especially if applying somewhat broadly like myself, make sure you have a reason to tell people why you want to go to a certain program since you might be showing up several states away at a place you have no connections to.”

Take time to review your CV, personal statement, and ERAS application before your interviews. Be prepared to talk about anything that you put in your application. Consider the focus of the program that you are visiting. If the program is focused on developing NIH funded investigators, a majority of your interactions will likely focus on research: what have you done, what do you want to do, what opportunities exist, etc. The residency program also offers mock interviews prior to the start of interview season to aid in your preparation.

If you are interested in a specific area, you are welcome (and encouraged) to request specific faculty to interview with at the time of your visit.

Special considerations: Talking the research talk

If you are interested in pursuing a career as a funded investigator, it is important that you understand a handful of terms and concepts. Keep in mind that the NIH is not the only funding source (ie VA, foundation grants, etc.) but knowledge/understanding of these terms will set you apart from many of your peers.

“I was asked “What is an appropriate amount of clinical time versus research time to adequately pursue a research career?” I had been prepped on this: 25% (clinical) versus 75% (research) is what I said; but other applicants I was with totally failed that question – the question was intended to see if you were serious about academics and had thought ahead.”

NIH Alphabet Soup

- ***Loan Repayment Program (LRP)***: NIH program in which awardees will receive repayment of 25 percent of your repayable debt, up to a maximum of \$50,000 per year. Requires a two-year commitment to at least 50% research time.

- *Ruth L. Kirchstein National Research Service Award Individual Training Grant (F32, also called NRSA)*: NIH sponsored *individual* fellowship grant. The NRSA is a competitive award that pays an annual stipend to your institution, which allows them to protect your research time. The NRSA is both a CV builder but more important can serve as your introduction to the NIH pathway to success (NRSA->K->R)
- *Ruth L. Kirchstein National Research Service Award Institutional Training Grant (T32)*: NIH sponsored *institutional* training grant. The T32 provides money to your institution to provide salary support to allow protected time for fellow research training at institutions with a proven track record of developing independently research funded academic physicians (NOTE: The University of Colorado Pulmonary Division has the largest T32 in the country). It is a legitimate and appropriate question to ask how many T32 spots a program has, and how fellows are selected to be on (i.e., be supported by) the T32.
- **K grant** (K08-basic, K23-patient-oriented/clinical research): Mentored career development award that provides financial support to your institution to support your early research career. The K grant requires candidate/institution to commit to a minimum of 75% of your professional time to research. Presence of K funded investigators in a program is one indicator of a successful research training program as well as institutional support for career development of junior faculty. Application for K grant can occur in late fellowship or early junior faculty years.
- **R grant** (R01): The holy grail. The R01 is one of the penultimate measures of success in investigational research. Everyone gets paid.

The Interview

The interview day can be highly variable with our recently matched residents reporting from 4-13 interviews during the day. While most fellowship interviews are 1-to-1 interviews, some fellowships utilize a group interview structure with 2-4 faculty members interacting with you.

“The biggest surprise was the number of interviews -at UCH, where I happen to already know several of the faculty, I had 13 30-minute interviews.”

“When interviewing for residency, 2 20-minute interviews. For fellowship, I had 8 45-minute interviews at one place, multiple faculty members interviewing me at the same time, and just overall more in depth and intense. Stamina was key...”

“I was surprised by the number of interviewers who had actually read my file beforehand. Most knew about what research I had done and were interested in it. They wanted to talk who they knew at UCD, etc. How their program could help me succeed and what person I might be interested in working with.”

Questions that our residents were asked during interviews

- What is your 5-10 year plan?
- How do you resolve conflict/Tell me about a conflict that you have resolved?
- Give me an example of constructive criticism that you have received
- “What is an appropriate amount of clinical time versus research time to adequately pursue a research career?”
- What is an example of adversity that you have overcome?
- What are you passionate about outside of medicine?

- Who would you want to work with at our program?

See below in the supplement for a more comprehensive list of potential interview questions that can be used to spark inspiration.

What if my partner is applying to fellowship simultaneously?

Most important in this setting is identifying programs that can fulfill the professional goals of both partners; discussions with program directors and/or division heads are strongly encouraged. Based on the competitiveness of the individual fields, it may be warranted to apply to and interview at a greater number of programs. However, going on too many interviews can add confusion and stress to the decision-making process.

In-person interviews

The vast majority of programs continue to hold online interviews, however more programs are offering in-person interviews. Overall the consensus has been positive experiences, with applicants citing that they “get a feel” for the program and get to see how others interact. This is going to require additional travel time in most circumstances of if you receive an offer for an in-person interview please contact your CMR to discuss scheduling adjustments. This may also come with some additional financial burden to arrange travel expenses etc so it would be prudent to plan in advance for this possibility if at all possible. The estimated cost per interview in the 2024-2025 cycle was \$500 / interview. Please also share the information about what specialties and programs are asking for in person interviews for program tracking to help guide future residents.

“After going through the process, I think it is also important not to go on too many interviews. This limits your ability to spend time investing in programs you are most seriously considering, ie going to meet and greets, speaking with current fellows and faculty one on one (plus it is exhausting, confusing, and \$\$\$ if you will be traveling).”

Timing of interview invitations varies by specialty, which can make it difficult to decide whether or not to proceed with an interview if the other partner has not yet received an invitation. In this case, the partner who has not yet heard about an interview may notify their program of interest of the situation and personal interest in the program for that and other reasons.

If both partners are asked to interview at a program, it is encouraged that each applicant let their program of interest know this in the interview. Fellowship Directors may discuss between specialties (where applicable), and an offer to do this can give you a sense of the program’s interest or lack thereof.

After the Interview

Post-interview communication

- Program to applicant: As they are preparing their program match lists, programs may often contact fellow applicants to assess their level of interest. This can vary from “We really like you and hope that you come here” to “Where are we on your rank list?” This can be a challenging interaction. If you can be completely honest, politely do so (ie “I have you ranked number 1 and really hope to match there” or “I am not planning to rank your program”). For all situations in between, avoid burning any bridges. One trick is you can use your significant other as a foil for these types of questions (“I *really* loved your program, but I’m still trying to convince my SO to move to XYZ.”) There is no rule against you volunteering information. If you really want to go to a program, you can say you will rank them #1.

“One thing that I was not prepared for was the amount of pressure I received post interviews to show my cards to programs and what to say. I had 4 calls from program directors asking me “what are you thinking; we are going to rank you to match.” It was awkward. Good problem to have though.”

- Applicant to program: At most programs, there is no longer an expectation for a hand-written thank you note for each individual that you interacted with during your interview date. However, directed communication has the potential to bolster your position on the program’s rank list. The match process is an emotional process not just for applicants but also for programs. For a program director and interview committee, getting their most highly ranked candidates can be construed as a validation of the quality and appeal of their program. Therefore, it is possible that a less competitively ranked individual who has indicated their enthusiasm for a program could slide in front of a more competitively ranked person with comparable talents that did not appear interested. Talk to your subspecialty APD about crafting an email to your top program(s) to convey interest. This should be done tactfully and we would strongly suggest considering input from one of your APDs to aid in this. *This statement should not encourage dishonesty regarding your intentions; instead it is intended to demonstrate that it is acceptable and appropriate to reach out to your #1 program and inform them of your interest.* Generic letters do little to help or hurt your candidacy. You want to aim to send out your #1 letter / e-mail within a week after finishing interviews as fellowship programs have different timelines for going through their selection and ranking. You should send it directly to the program director. If one of your letter writers or mentors has a connection to your top program it is also reasonable to ask them if they are comfortable reaching out on your behalf to convey interest. We would recommend limiting it to one person reaching out on your behalf.

Taking a position outside of the match- A brief introduction

As stated above, a sub-specialty must have at least 75% of its programs and 75% of the overall number of fellowship spots in the NRMP match to participate. This means that a significant number of positions may exist outside of the match. Remember that participation in ERAS does not mean that the program will utilize the NRMP match. Also remember that a program’s involvement in the NRMP match does not mean that 100% of their spots will be available in the match. There are a number of reasons that programs may choose to hold positions outside of the match:

- Position is reserved for alternate track (ie research track)
- Securing quality candidates in less competitive fields where it is hard to fill
- Remove the “gamble” from the match for the program

Notably, many of these positions are not widely advertised. In some cases, specifically when the out-of- match position is related to a research track, the applicant may be notified in advance to solicit their interest so that their interview day can be appropriately structured. These are sometimes offered with a request for response almost immediately (48 hours).

“I applied through ERAS and when I was offered an interview they asked if I would consider their clinical research track, which is a 4-year program broken up into 2 research and 2 clinical years. They were very clear from the beginning that the research track would be out-of- match. Once I told them I was interested, I was set up to interview for both the categorical and research tracks, which turned into a 2-day whirlwind with 14 interviews. They interviewed for these spots pretty early on. I think my interview day was

in early August.”

In one case, an out-of-match position was offered after our resident reached out to the program director to express his sincere interest regarding the program

“It's always awkward deciding how aggressive to be with your top picks (i.e. Do I tell them they are my #1 pick?) I'm not an expert (and maybe I did this wrong) but I told my program that I really wanted to come there on the interview day and later followed up and e-mailed the program director that they were my #1 after I was done with all interviews. (Later on), I received a phone call from him offering me the spot.”

What to do if you are offered an out-of-match position

You are highly encouraged to contact Julia Limes(PD), Andi Hudler (APD), Josh Smith (APD), or Joe Burke (APD) ASAP after receiving an appealing out-of-match offer to discuss the offer to ensure that all critical issues have been addressed prior to formally accepting the position.

“If you are offered a spot, make sure it's clear what type of offer it is i.e. Is it a research spot where you are required to do an extra year or two of research?”

“I know this is cliché, but I think being honest about your career goals and interests is the best way to remedy that situation. If your heart doesn't lie in research, then spending all of those years in a research track would be a waste of time and talent and not worth a guaranteed spot. And also keep in mind, if you were offered an out-of-match spot, you would probably be a strong enough applicant to match somewhere else.”

Resources:

- <https://students-residents.aamc.org/training-residency-fellowship/applying-fellowships-eras/tools-fellowship-applicants/>
- <https://erasfellowshipdocuments.org/>
- <https://www.nrmp.org/fellowship-applicants/>
- <https://erasfellowshipdocuments.org/Instructions/DocumentSubmission/MIDUS>

8. TIPS FOR INTERVIEWS

- Keep notes. You think that you will remember key details of programs but these will blur together before you make your rank list. Some people keep spreadsheets or a living rank list.
- Trust your gut. If a program looks good on paper but you get the impression that it is not going to align with your career goals, then you should not doubt that part of yourself.
- Remember to be authentic on your interview day. While it is good to be prepared and anticipate questions, you do not want to be reading a script or forcing a narrative into a question (e.g. I have this really interesting patient case that I am going to somehow fit into my response to this question)
- Take the opportunity to meet with the fellows and get a sense of their experience. It has become harder in the era of online interviews to get a good grasp of a program but often the social hours or fellow interactions can provide key insights into the program.
- Try not to get too in the weeds with your questions with granular details – or if you feel compelled to ask those questions know the right audience and venue. It may be a good idea to ask the fellows about call schedules, vacation, procedural exposure, but asking the faculty (particularly if it is a multi-site program) can sometimes be less than fruitful.
- Do not rank a program you have no interest in going to. The Match is a contract, and breaking a contract is looked on very poorly, not just for you, but for future applicants from your institution.

9. AFTER THE MATCH

Congratulations, you have matched into a fellowship!

Now... what comes next?

Lisa Davis, MD, MSCS and CU IMRP

Congratulations! You have now matched into a fellowship. Allow yourself to feel the joy and accomplishment of this next step in your career.

Okay. Deep breath. On to the next tasks.

Starting a fellowship can come with a variety of tasks. We are making a list of these to ease the transition from resident to fellow.

December

Board Registration: ~ December 1st 2025

Register for Internal Medicine boards at ABIM.org. Registering as early as you can will give you the best chance of taking the test at your preferred location. Internal Medicine Board Exams will be offered on Aug. 12, 14, 19, 26, and 27 in 2025. The cost of the certification exam was \$1430 for the 2024 certification exam. Most people will take their boards in the state where they will be going for fellowship. Once your test is scheduled, you will need to communicate this to your fellowship program coordinator and director to ensure that you have time off to complete your testing (and that you are not on call the day before, etc.).

Match Day: December 4th, 2024

Be on the lookout from your matched program your matched program for information that they will need from you to get your training license application started and get you on-boarded at the institution. Please respond to this in a timely manner (Critical Point: Don't make anything harder on the support staff if at all possible! You want only positive associations with your name with the faculty and administrative team when you arrive.)

Check the IMRP roadmap to make sure you have concluded/have plans to conclude all of your requirements before graduation.

January/February

State Licensure

Find out how long it takes to get your independent state license in the state that you will be training in; An independent state license is required to obtain a DEA license, which is often encouraged by various fellowship programs. Not all fellowship programs require your independent license and will allow you to practice using a training license. Please ask your program and confirm with current fellows in the program regarding the program's preference. The time required to complete and receive licensure varies widely from state to state and may be very easy or may require things as remote as a copy of your undergraduate diploma. This is typically not something that can be completed in a single step so plan accordingly. For those who are staying in Colorado the application fee is around \$500 (for State of Colorado) For fellowship bound graduates, please check with your destination program regarding their requirements.

State of Colorado: <https://dpo.colorado.gov/Medical/Applications>

Board Prep

Start studying for boards. Your approach needs to account for your learning style; commonly utilized board prep products include UWorld, NEJM knowledge+, Qbank, or MKSAP. I typically recommend starting with subjects that are not your strengths, then subjects that you are strong in, and in the last month returning to your weaker subjects.

March/April

Complete the state licensure process.

DEA license

If required by your program, apply for your DEA license once you have received your state license. The cost of application for a DEA license that will cover you for 3 years is \$888. <https://apps.dea diversion.usdoj.gov/webforms2/spring/newLogin?execution=e2s1>.

Life planning

If you are moving to a new area, you should consider utilizing vacation time to get to know the area and find a place to live. The amount of time required should include considerations like whether you are planning to rent or buy a home-whatever makes sense for you.

Continue studying.

Check in with your fellowship program to ensure that they have all of the documents and that you have completed all of the requirements that they need (i.e. ACLS, PPD/quantiferon,

influenza vaccination, etc.)

May/June

Make sure you have everything that you need for transition—a place to live, driver's license, state medical license, DEA, completion of any discharges/summaries/notes, EMR inboxes cleaned out and signed out to coverage pools, etc.

10. SUPPLEMENTAL MATERIALS

PRACTICE INTERVIEW QUESTIONS

These are things to help get you thinking about potential interview questions

- Tell me about an interesting case / patient that you took care of (or a difficult patient interaction) and what you learned from that experience.
- Tell me about a stressful situation during residency and how you handled it
- Tell me about a time you made a mistake and how you handled the situation
- Tell me about a challenge outside of medicine and how you addressed it
- Tell me about constructive feedback and how you responded to it
- Tell me about a conflict and how you resolved it

The answer format is:

- Situation: describe the situation succinctly, including salient features with enough detail to provide context.
- Action: what action did **you** take?
- Result: what was the result?

Challenging questions

- Tell me about yourself
 - You've heard of the "elevator pitch". Try to limit it to a 2 minute snapshot of who you are and why you are an ideal candidate. Always point back to an example when you have the opportunity (e.g. reference one of your meaningful experiences if it is relevant to the narrative you are trying to convey).
- Have you ever had a conflict? How did you handle it?
 - Everybody has had conflict. The key is to describe how you addressed it and how your actions impacted the outcome. Focus on your behaviors like conflict resolution, collaboration, growth mindset, etc.
- What are your weaknesses?
 - You may have received advice to select a strength and present it as a weakness, but this can be deceiving, and misses the point. Select a minor weakness that you have worked to overcome. Describe the actions and behaviors that you modified to reconcile this weakness. Don't select a weakness that is a core competency of the job.
- Tell me about a discrepancy / poor evaluation / poor grade on your application?
- Tell me about a time when you made a mistake and what you learned from it?
- How would your colleagues describe you?
- Tell me about a time you gave superb patient care.
- What are you most proud of in your career?
 - Think about concrete strengths in these categories: scholarly work, areas of clinical care, teaching, leadership, or advocacy. Think about how it ties overall into the *authentic* narrative that you are trying to convey.

Program and Specialty Specific Questions

- Why are you interested in this program? *Take notes on your interview day during the intro sessions.*
- Why medicine?
- What are you looking for in a fellowship program?
- What area of medicine do you find most interesting?

- How would you contribute to our program?
- Talk about your interest in your subspecialty?
- Why do you want to do this specialty?

Research Specific Questions

- Can you talk to me a little more about your research?
- What got you interested in this research?
- What research are you working on now?
- Tell me about your research and how you plan to incorporate this into fellowship
- What type of research do you see yourself doing in the future?
- Do you see yourself doing (basic / translational / clinical) research?
- Do you see yourself spending more time on clinical care or research after fellowship.

Career Questions

- Where do you see yourself in 5 / 10 years? What is your 5 / 10 year plan?
- What does your ideal or perfect job look like?
 - For those of you interested in a predominately research career, would refer back to earlier in the guide when we discuss the NIH lingo. Many early career NIH-funded researchers have a 25% clinical / 75% research split to their time. They actually have grants written in such a way that they cannot do more than 25% clinical time. The coveted 50% / 50% split is rare and not particularly attainable especially early after fellowship.
- Do you envision a career in academics or in the community?
- Do you have any specific career goals or clinical / research interests?
 - Examples may be to pursue sub-specialty training (e.g. interventional pulmonology after pulmonary / critical care fellowship, or advanced endoscopy after GI fellowship)
- Describe to me what your regular work week would look like in 5 – 10 years.

Tips on holistically approaching the interview day

- Be able to clearly articulate why you would be a great fellow.
- Be familiar with specific aspects of your field, new directions, and challenges.
- If there are any unusual aspects in your background, be prepared to discuss these – you might even elect to highlight them
- Know your research inside and out. Be able to describe your research including study design, methodology, and preliminary findings.
- In many cases it is worthwhile to highlight a domain of research if you are not tied to one particular niche research topic. The same goes with research techniques. Examples would be to discuss your interest in health services research instead of focusing on the very narrow area of health services research that you spent your residency time working on. You can take the skills you acquired during and before residency and apply them to new projects (ones that may be very similar to what you are already doing, adjacent, or a new aspect of research that piques your interest)