Physical Medicine and Rehabilitation Application Guide

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What is a career like within Physical Medicine and Rehabilitation?

- Physical Medicine and Rehabilitation (also known as PM&R or Physiatry) is a very exciting diverse field. There are many different practice settings – inpatient rehabilitation, outpatient clinic, inpatient consultations, procedures, diagnostic testing. PM&R physicians see many different patient populations – some physiatrists stay general and take care of many different types of patients. Other physicians subspecialize into fields such as musculoskeletal medicine, sports medicine, pain medicine, pediatric rehabilitation, neurorehabilitation (such as brain injury, spinal cord injury, stroke, neuromuscular medicine), cardiac rehabilitation, cancer rehabilitation, performing arts medicine, amputee medicine, electrodiagnostic medicine, and wound care. There are careers in private practice, academics, and research.
- Given the diversity of clinical careers within PM&R, it is recommended that you shadow or rotate within several different specialty areas, to make sure that the field is a good fit for you.

What can you do during medical school to prepare for a career in Physical Medicine and Rehabilitation?

Mentorship:

How do I find a mentor in the field of PM&R?
- Contact PM&R residents or faculty at your home institution or in your area
- Association of Academic Physiatrists Advising Program (https://www.physiatry.org/page/MedStudent_Advising)
- Association of Academic Physiatrists Resident/Fellow Council (https://www.physiatry.org/page/ResidentsFellows)

What type of mentors/advisors can provide helpful advice?
- For career advice, shadowing, learning about the field, research opportunities
  - PM&R Residents at your home or local institution
  - PM&R Faculty at your home or local institution
  - PM&R physicians in private practice
  - PM&R Interest Group faculty mentors
  - If possible, spend time at a PM&R department that has a residency program to get to see the resident experience.
- For PM&R specific application advice
  - It is helpful to have an advisor who is experienced in academics and the application process.

Research:
What types of research experiences are recommended for a student applying into PM&R?

- Research ideally is related to the field of PM&R (disability, sport medicine, pain, neurology, orthopedics, rheumatology). However, PM&R programs realize that many applicants discover the field of PM&R late and appreciate good research experience in any field.
- It is recommended to get involved in some type of research early in medical school, and look for ways to publish or present your research throughout medical school, including poster presentations or research day presentations.
- Research mentors who are affiliated with PM&R may be able to help with opportunities to present at a meeting specifically for physiatrists
- Some programs are more clinically based and put less emphasis on research experience.
- According to the 2018 NRMP Program Director Survey, program directors gave “Demonstrated involvement and interest in research” an average rating of 2.9/5 in importance when selecting applicants to interview. (https://www.nrmp.org/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf)
- Make sure to prioritize what is most important to you – if research isn’t for you, then your time may be better spent focusing on leadership, disability experiences, or volunteerism.

Volunteer/Leadership:

What types of activities and experiences are recommended for a student applying into PM&R?

- Allopathic students who matched into the field of PM&R had an average of 3.4 work experiences and 7.8 volunteer experiences (NRMP Match data, 2018).
- Osteopathic students who matched into the field of PM&R had an average of 3.4 work experiences and 7.2 volunteer experiences (NRMP Match data, 2018).
- According to the 2018 NRMP Program Director Survey, program directors gave “Leadership Qualities” an average rating of 4.3/5 in importance when selecting applicants to interview.
- According to the 2018 NRMP Program Director Survey, program directors gave “Volunteer/extracurricular experiences” an average rating of 3.7/5 in importance when selecting applicants to interview.
- There are many great ways to volunteer while learning more about the field of PM&R, such as volunteering with people with disabilities, sports coverage or pre-participation physicals, community clinics, or adaptive sports.
  - Longitudinal volunteer or leadership experiences are more valuable than multiple brief experiences.
- Consider searching out PM&R specific leadership such as PM&R Interest Groups or PM&R society leadership positions.
- Leadership and volunteer experiences outside of PM&R are still highly valued – the field of PM&R values diversity of experience and pursuing outside passions.

Externships:
What type of optional physiatry-specific summer externships are available for students between their first and second year of medical school?

- The AAP has a summer research externship – Rehabilitation Research Experiences for Medical Students (https://www.physiatry.org/page/RREMS) and a summer clinical externship – Medical Student Summer Clinical Externship (https://www.physiatry.org/page/MSSCE)
- Other schools may have a summer externship in PM&R, check with your local PM&R programs and summer experience lists at your medical school.

Physical Medicine and Rehabilitation Rotations:

What type of rotation should I do?

- It is essential to have completed at least one rotation in PM&R. It is a good idea to complete at least one inpatient rotation and to see outpatient PM&R to learn the full scope of the field. Consider rotations such as general PM&R, pediatric PM&R, sports medicine, or pain management.

How many:

- Two rotations in PM&R are recommended if your schedule permits. Additional rotations are not required but may be considered if you have specific programs you are highly interested in or if you have a weaker application but shine clinically.

What if my school does not have PM&R department?

- Check to see if your school allows rotations with private PM&R physicians in your community.
- Otherwise see Away Rotations section below.

Elective rotations in fourth year:

- Consider rotations in neurology, neurosurgery, trauma surgery, orthopedics, rheumatology, or radiology, urology, GI.

How can I excel during my Physical Medicine and Rehabilitation rotation?

- Be proactive in seeing patients, writing notes, and creating treatment plans.
- Develop good relationships with your patients.
- See your patients in therapy.
- Think about the patient’s functional status and goals in addition to their medical needs.
- Be professional and courteous with all residents, students, and staff that you encounter.
- Take advantage of extra learning opportunities (this could include taking call with your team, shadowing outside of normal clinic hours)
- Ask yourself questions about your patients and their diagnoses, look something up, and discuss with your team.
- Ask for feedback from faculty members and/or residents midway through the rotation, so that you can act on this feedback to improve.

Away Rotations:

Should I do an away rotation?

- In general, you have a higher change of getting an interview if you rotate somewhere and do well. However, if you attend an away rotation and do not stand out, it can really hurt your chances of matching there.
How do I set up an away rotation?

- Most visiting rotations are set up through the Visiting Student Learning Opportunities (VSLO) through the AAMC (https://students-residents.aamc.org/attending-medical-school/article/about-vslo/)
- If you do not find the school you want to rotate with through VSLO, look at the AAP’s program directory (https://www.physiatry.org/page/ProgramDirectory) and email residency coordinators to ask.

When to apply for visiting rotations:
- Start early. Apply in March-April of third year for rotations in the fourth year.

When to complete away rotations:
- The best time to rotate is June – October but students may find a benefit to rotations through January.

Cancellations:
- If you accept but then are unable to attend an away rotation, contact the clerkship coordinator as soon as possible to cancel the rotation. It is unprofessional to cancel at the last minute, and may reflect poorly on your future application to that program. It also may leave an empty spot and leave another applicant without the chance to do a rotation.

Application guidelines:

What are competitive board scores?

- PM&R programs highly value prospective residents who are well rounded, understand the specialty of PM&R, and work well within teams. As such, the USMLE board scores are only one part of the big picture when programs are reviewing your application.
- According to the NRMP Match Data (2018), the mean USMLE Step 1 score for Allopathic students who matched into PM&R was 225, and the mean USMLE step 2 score was 239. The mean USMLE Step 1 score for students who did not match into PM&R was 215, and the mean USMLE step 2 score was 229. The mean COMLEX 1 score for Osteopathic students who matched into PM&R was 535, and the mean COMLEX 2 score was 568. The mean COMLEX 1 score for students who did not match into PM&R was 486, and the mean COMLEX 2 score was 493.
- According to the 2018 NRMP Program Director Survey, program directors gave “USMLE Step 1/COMLEX Level 1 score” an average rating of 4.2/5 in importance when selecting applicants to interview.

Is it important to take Step 2 early?

- Program directors gave “USMLE Step 2/COMLEX Level 2 score” an average rating of 4.3/5 in importance when selecting applicants to interview. Based on this information, you should consider taking Step 2 prior to interview season, especially if your Step 1 score is not strong.

How to address weaknesses in your application?

- It is a good idea to address weaknesses in your application (low or failed Step scores, failed classes or clerkships, unexplained interruptions in your medical school work, lapses in professionalism) in advance. If these are not explained in your application, then the program may not offer you an interview. A good place to discuss this in your ERAS application is within
your personal statement; always include any ways that these experiences have led to personal growth. It is recommended to have a trusted advisor review this prior to submitting your application.

Letters of Recommendation:

How many letters of recommendation do I need?

- Three letters of recommendation are required. At least one should be from a PM&R physician or faculty member. An additional letter from a physiatrist is not required but may be beneficial. More than two letters from PM&R physicians are not necessary. Programs will look more closely at your PM&R letters.
- Letters of recommendation outside of PM&R may come from any specialty. Think about which physicians you have worked with that know you well and will be able to write you a positive letter.
- A letter of recommendation from a sub internship is useful because it can show your performance when you had an increased level of responsibility.

When to ask for a letter:

- Ideally at the end of the rotation during your 3rd or 4th year. It is permissible to reach out and ask after the rotation is complete for a letter – but letters are best written when the rotation is fresh in the mind of the letter writer.

How to ask for a letter of recommendation:

- Identify potential letter writers early during the rotation and make sure to work with that person as often as possible. Try to ask for feedback at the midpoint of the rotation and work hard to improve based on that feedback. You may want to mention that you will be asking for a letter at the end of the rotation and want to know what you can do to excel during your time together. Then sit down at the end of the rotation, ask for additional feedback, and ask if the physician is comfortable writing you a good letter of recommendation.

Personal statement (PS):

What should your personal statement include?

- Make sure you write it yourself and that it reflects who you are as a person.
- It is a good idea to include some of your experiences that have led to you to the field of PM&R. It should also demonstrate a deep understanding of the field of PM&R and should include a discussion of why you will be a good fit for the field of PM&R. It should address your goals for PM&R training.
- If the experience that brought you to PM&R relates to your own health, be cautious about disclosing personal health information. If you choose to mention a chronic health condition, be prepared to discuss this during interviews.
- Your PS is also a good place to discuss any weaknesses as well as any successes that are not well captured by the ERAS application (global health experiences, leadership experiences, previous career paths). It should not be longer than one page. It is best to avoid provocative topics and language. You want to be unique but not outside of the mainstream.

Who should review your personal statement?
- Have someone (or several people) read and edit for grammar, content, and to discuss how to handle disclosure of personal information. If possible, have your faculty mentor or advisor review for content.

**ERAS:**

What should I include in my ERAS application?
- This is your opportunity to show your experiences and interests outside of medical school and studying.
- Include all relevant and recent research, volunteer, leadership experience.
- Keep all information accurate and truthful – ANYTHING you include in your ERAS application is fair game for interview questions.
- Work experience means paid experiences only.
- There is no need to include shadowing experiences.
- You can include meaningful one time volunteer experiences but there is no need to individually list every single very short volunteer experience. If these individual experiences fit into a natural pattern, then you may give them a single title and list some examples in a single entry.

**Application Process:**

How to determine to which residency programs you should apply?
- Many factors influence choice of program – geography, program size, program reputation, program strengths. This decision should be based on your personal preferences, your academic record, and based on discussions with your advisor.
- You should apply to programs of varying competitiveness and be careful to avoid applying only to top tier programs because you have strong USMLE/COMLEX scores.
- If you have a strong interest in pediatric rehabilitation, consider applying to the combined pediatric/PM&R residency programs.

Which programs should I apply to/How to pick the right program for you?
- Some available resources with information on different residency programs:
  - Doximity Residency Navigator (https://residency.doximity.com/)
  - AAP program list (https://www.physiatry.org/page/ProgramDirectory)
  - Specific Program Websites and social media postings
  - StudentDoctor.net

How many programs should you apply to?
- The specific number of programs to apply to depends on your academic record and the competitiveness of your target programs. This should be individualized for each applicant.
- Strong applicants should apply to 15-20 programs, mid-range applicants should apply for 25-30 programs. According to the American Board of PM&R, students going into PM&R applied to an average of 41 programs (2018, 2019). The goal is to obtain 10-12 interviews. Determining which programs and how many programs to include should be a discussion with your PM&R advisor.

How competitive of a field is PM&R?
• PM&R is growing in popularity.
• As of 2018-2019, there were 91 residency programs in PM&R for 421 spots (ACGME). There are approximately 1,000 applicants per year for PM&R residency positions (2017,2018). There were zero unmatched spots in 2018 and there were three unmatched spots in 2019.

What is the difference between a categorical program and an advanced program?
• Categorical programs are four years and include a one year medicine internship and three years of PM&R training. These programs allow you to spend four years at one program.
• An advanced residency program consists of three years of PM&R training; a separate internship must be done prior to starting residency.
• You will get excellent training at either a categorical program or an advanced program; the requirements for the three years of PM&R are the same for both types of programs. The categorical program allows you to continue at the same institution for four years, while the advanced program gives you more flexibility with where you can do your internship.

Should you apply for categorical programs, advanced programs, or both?
• If you are really interested in a program that has both advanced and categorical options, you should apply to both to increase your chances of matching there.

What type of internship should I do?
• You need to consider your priorities, geography, transitional vs medicine vs family medicine vs surgical vs pediatric, community vs academic.
• Any internship is acceptable but you want to make sure that you have a solid understanding of clinical medicine before starting your residency.
• You should avoid doing an “easy” internship as PM&R residency does include the management of many medically complex patients and conditions.

Interviews:

What should be your goal number of interviews?
• For most candidates, 10-15 interviews is a good goal. The average PM&R candidate interviewed at 13 programs in 2018-2019 (ABPMR data).

What if you do not hear back from a program regarding an interview spot?
• If you have not received an offer within one month after you have submitted your application, consider reaching out to the program coordinator or program director for the programs in which you are most interested. This should be a personal request (not a generic email - include why you specifically are interested in that program).

How do you schedule interviews?
• The majority of interviews take place in late October, November, December, and early January. You may wish to take time off during those months, or sign up for rotations that make it easy to schedule interview days. According to the NRMP, in 2017 1% of interviews took place in September, 8% in October, 38% in November, 37% in December, and 15% in January.
• Check your email frequently. Interview times are usually first come, first served. Interview spots can fill up quickly! According to the NRMP, in 2017 14% of interviews were offered in September, 47% in October, 30% in November, and 8% in December.
In September/October, you may need to check your email frequently while on a rotation. Let your resident/attending know in advance so that you don’t appear unprofessional in the clinical setting. Check your email between patients or procedures, and step away from the team for privacy.

If you need to cancel an interview, please cancel this as soon as possible. Cancelling an interview last minute (if not for an emergency situation) is unprofessional.

What can I expect during the residency interview day?

- **Pre-interview social event:** Many programs have a social event with residents either the night before or the day of the interview. You should make an effort to attend these socials if your travel plans allow. Dress is business casual. It is better to be overdressed than too casual. These events allow you to get to know the residents in a casual setting and obtain the residents’ perspective on the program. Make sure to stay positive – making negative comments, drinking too much, or acting in an unprofessional way are big red flags to a program. This behavior may carry more weight than any other aspect of your application.

- **Program welcome:** Most residency interview days include an introduction from program leadership, a program overview, and a tour of the facilities. Pay attention even if you know the information from previous experience or review of the website. Smile and make eye contact with the presenter and the other applicants during introductions. Show respect to everyone you encounter during your interview day.

- **Formal interviews:** This is a chance for the faculty or residents to get to know you. You should be professional and personable. Be prepared with some questions; make sure you have reviewed specific information about the program before your interview day. Sometimes, all of your questions about the program may have been answered previously during the program welcome; make sure to have some general back up questions ready to go (examples: What do you believe are the biggest strengths of this program? What type of resident is likely to be successful here? What do you see changing within this program in the near future?)

- **Potential interview questions:** Why are you interested in the field of PM&R? Tell me about yourself. Why are you interested in this program specifically? What is your biggest strength that you can bring to the program? What was your biggest challenge of medical school and how did you tackle it? Tell me about your research/hobby/experience that is listed on your ERAS application (make sure your application is completely truthful).

- **Post Interview letters:** It is a good idea that you send letters, either on paper or via email. These are more impactful if they are personal or reflect something specific about the program or interview day. If a program is definitely your top choice, you may include this in your letter, but please do not be disingenuous about this. Some programs specifically indicate that letters should not be sent. If you are unsure about how to handle this, touch base with your advisor.

- **Second looks:** A second look visit is not recommended or required. If you are undecided about one of your top programs, you may wish to reach out to program leadership to see if this is possible.

What are the important factors to consider when ranking programs?

- Rank each program at which you interviewed – unless you would rather go unmatched than attend that program.

- Many factors influence choice of program – geography, program size, program reputation, program strengths, or personal factors such as family needs. The final rank decision should be
based on your all of these things, but also on which program feels like it will be the best fit for you based on your personality and your experience there during the interview day.

- Your list should be based on your personal preferences – there is no benefit to guessing which programs will rank you and then ranking those programs higher.

What do residency programs value the most in candidates for residency spots when considering ranking?

Based on the NRMP Program Director Survey results, in 2018:

- Interactions with faculty and residents during interview and visit
- Interpersonal skills
- USMLE/COMLEX Step 1 and Step 2 scores
- Letters of recommendation in the specialty
- USMLE/COMLEX Step 2 score
- Evidence of professionalism and ethics
- Medical Student Performance Evaluation (MSPE/Dean's Letter)
- Perceived commitment to specialty
- Perceived interest in program
- Leadership qualities