

Guidelines for the General Psychiatry Application Process and for Inter-Residency Transitions

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Selecting a psychiatry program is a seminal event. There is often not enough guidance about this process. The American Association of Directors of Psychiatric Residency Training (AADPRT) recognized that this was a high-stakes process and that there was the opportunity to provide input about the process and promoting fairness and consistency, which could help provide the best opportunity for applicants to select where they will train and for programs to accept trainees who are well qualified for what a program offers and will best fit into the learning environment. A workgroup created guidelines included herein for the application process to begin general psychiatry training and to transition from one program to another, including transfer from one General Psychiatry program into another and entry into Child and Adolescent Psychiatry Residencies as well as subspecialty fellowships in psychiatry.

General Psychiatry Residency Application Process Guidelines

This document is the product of an AADPRT initiative with regard to the residency application process. The goal is to provide guidance regarding, and suggestions to improve, the application process to applicants, Training Directors, Directors of Medical Student Education, Program Coordinators, and

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others closely involved in the residency application process. Through this community, we hope that the qualities that are consistent with the ideals of our profession: fairness, justice, authenticity, humility, and honesty, are promoted in a fashion that creates the best opportunity for applicants to find a program that fits their particular interests and for residencies to have qualified applicants join their programs. Although non-binding, the intent of these recommendations is to promote transparency and the betterment of our field.

We hope that this information will be broadly distributed: to applicants, to AADPRT members, to medical school offices of student affairs, and to ERAS (Electronic Residency Application Service; our partner in the application process) through CareerMD, which is a part of ERAS available to medical students as a guide to selecting training programs. This guideline has been reviewed and endorsed by the National Resident Matching Program (NRMP), the Association of Directors of Medical Student Education in Psychiatry (ADMSEP), APA Council on Medical Education and Lifelong Learning, and resident representatives of APA (1).

Initial Application to General Psychiatry Residency Programs

The application process begins with the completion of a formal application through the ERAS (<http://www.aamc.org/students/eras/>). ERAS allows the applicant to efficiently transmit all necessary information and documentation to programs. Applicants should be aware that the ERAS application is a legal document, and programs take all information on applications seriously. Falsification of any information on the application may be grounds for immediate disqualification and reporting to ERAS. Programs are encouraged to report any irregularities on an application to ERAS Investigates (erasinvestigations@aamc.org). If substantiated, this information will be forwarded to all programs to which an individual has applied.

There are a number of elements that psychiatry program directors and residency admission committee members consider in an applicant to their program. The following list reflects the order of priorities for many programs, but applicants should be aware that there may be differences between programs.

1. Medical School Performance By and large, the most important dimension for consideration by programs is how applicants have performed in medical school. What was their overall performance? Where do they stand in relation to their peers at their own medical school? Was there evidence of a positive trajectory over time in medical school performance, particularly in regard to the applicant's performance on clerkships, as compared with the first 2 years in classroom activities? How did the applicant perform in the core psychiatry clerkship or any subsequent subspecialty psychiatry clerkships, such as child and adolescent psychiatry or consultation–liaison? These issues are generally summarized in the Medical Student Performance Evaluation (“Dean’s Letter”), and applicants should be aware of the contents of their letter.

2. The Personal Statement The personal statement of the applicant is also an important component. It provides an opportunity for the applicant to let the program know about himself/herself as an individual, to define what is important to her/him, and to communicate information about unique personal experiences that might make him/her an attractive candidate. Residency programs especially look to understand the motivation, interests, future career ideas, and perspective of the applicant. The personal statement also provides information about the applicant's writing skills. In addition to the content, training directors look for personal statements that are well-organized and written, with attention to details such as spelling and grammar. It is a good idea to have colleagues and faculty advisors review them before they are sent. The personal statement is expected to be the applicant's own work. Borrowing (or using) material written by someone else without proper attribution as part or all of one's personal statement is unprofessional and may be grounds for immediate disqualification.

3. Letters of Recommendation (LOR) Letters of recommendation are best when written by faculty members who have direct knowledge of the applicant's performance in medical school. There is no right number of letters of recommendation, but three or four letters in addition to the

Dean's Letter (MSPE) are usually sufficient. Programs may have specific requirements, so it is always a good idea to check with each program about application procedures. Some programs may expect a certain number from psychiatrists, a letter from the Chair, etc., whereas others will not have specific requirements. In general, at least one letter should speak to the applicant's performance in a clinical psychiatry rotation. It is recommended that applicants ask and confirm that faculty members can write a supportive and knowledgeable letter. Training directors generally place more value on a highly enthusiastic letter from a faculty member who knows the applicant well than a more generic letter from a nationally or internationally renowned faculty member less familiar with and enthusiastic about the applicant's work. Training directors discourage “ghost-writing” of LOR (i.e., having others, including the applicant, write and then faculty sign the letter) and give greater value to letters in which applicants have waived their right to see the letter.

4. USMLE Scores While required for all applications, USMLE scores are generally integrated with other application materials and, for most programs, are not seen as stand-alone, “make-or-break” factors. To be clear, applicants are advised to ask whether programs have cutoff scores for offering interviews. In general, scores are especially noted by programs if they are outstanding or demonstrate an applicant's particular difficulty in passing examinations. It is also important that there is timely completion of the USMLE, as some programs require completion of Step One and Step Two before entry into residency training, even if the applicant's medical school does not. If this is not accomplished by the time of the interview, it may compromise the applicant's chances. Applicants should be prepared to discuss any difficulties they may have had in passing these exams.

5. Other Activities Research, volunteer activities, work, community service, leadership, teaching, and life experiences, particularly related to psychiatry and mental healthcare systems, are important and are considered as well. Training directors will especially be interested in activities that involve substantial and sustained investment of an applicant's time and energies.

Take-Home Points

1. The ERAS application is a crucial document and should be approached with the same degree of seriousness as any other legal record.

2. Programs look at the totality of an individual's application, taking into account the MSPE, personal statement, LORs, USMLE scores, and other activities, to decide whether to take the next step and offer an interview.

Invitations for Interviews

Applicants should confirm that programs have received a completed application. On the basis of the above information received, programs decide who will be offered an interview and will contact applicants to invite them for an interview. Some programs wait until the Medical Student Performance Evaluation (MSPE, or Dean's letter) is released on November 1 before inviting any applicants for interviews, whereas others may begin sending interview invitations as early as September. Applicants can expect to hear from programs in a timely manner, given individual programs' practices regarding the timing of interview invitations. If an applicant has not heard from a program within 1 month after a completed application (including the MSPE) is received, they should contact the program coordinator to check on the status of their application. Although applicants can expect timely responses to questions (including whether they are offered an interview), because of the large number of applications to many programs, applicants should understand that little or no feedback about their application will be provided.

Programs generally have limited (but some) flexibility in the timing of interviews. However, once an interview is scheduled, applicants should make every effort to keep that appointment. Interviews should be rescheduled only under unusual circumstances, and programs should be given a minimum of 2 weeks' notice so that other applicants can be accommodated. Short-notice cancellations (i.e., a few days or less) unfortunately occur commonly, especially at the end of the interview season. Short-notice cancellations, unless for an emergency, not only are considered unprofessional, but may deprive another applicant of an interview opportunity.

Programs are encouraged to report short-notice cancellations to ERAS and, if substantiated, this information will be made available to all program directors immediately on the ERAS Program Directors Work Station. Furthermore, medical schools may be notified by ERAS of an applicant's short-notice cancellation.

Take-Home Points

1. Programs can be expected to respond to an application in a timely manner; if an applicant has not heard from a program within 1 month of the time a completed application

was received, then the applicant should contact the program to request a response.

2. If an interview is scheduled, applicants should make every effort to keep the appointment.
3. If necessary to change or cancel, the applicant should provide 2 weeks advance notice to the program. Failure to do so may result in reporting of the applicant to ERAS and their medical school.

The Interview

Interviews are the final critical source of information for applicants and programs. They provide the applicant an opportunity to explore whether a particular program is a good fit, information on whether the goals and styles of teaching are compatible with their own, and whether the community suits the applicant's interests. Applicants have the opportunity to meet the program director, faculty, and residents in training. Having "alone time" with current residents in a program is quite helpful and should be a part of the interview day. Although training directors understand that applicants want answers to questions about practicalities (e.g., leave, call, home call, parking, cost of living, perks [PDAS, education stipends]), applicants should ask about this in a way that conveys a primary interest in the training and educational experience. After an interview, it is often helpful to discuss impressions with close friends, colleagues, and faculty mentors.

Reciprocally, the applicant's visit provides an opportunity for the program faculty and residents to meet the applicant and consider his/her "fit" into the program. Applicants should be aware that programs will try to gather as much data as possible to make their decisions and will take into account not only information gained during the interviews but also before and after. This includes less formal interactions (e.g., at dinner or lunch) as well as how the applicant interacts with support staff. Alcohol may be offered at some events (e.g., dinner), and the wise applicant will appreciate that, at all times, professionalism should be valued, and alcohol use minimal if at all.

An applicant's appearance and dress are also relevant. Although psychiatry tends to value individuality and creativity, dress should be professional and convey a respectful seriousness about being a physician and the interview process; and, although programs do not go out of their way to find out about applicants, postings on social-networking sites such as Facebook may come to the program's attention.

The interview is also an opportunity for an applicant to convey her/his interest and noteworthy experiences relevant

to functioning as a resident, including participation in research, previous work experience, and volunteer activities. Importantly, the visit is also an opportunity to ask questions about the program and to communicate what she/he hopes to bring to a program. Although desiring information about other residency programs is understandable, applicants should not ask about other programs. Similarly, opinions or comments, especially negative ones, from program faculty about programs other than their own are equally discouraged. The interview also affords the chance to clarify any past performance problems and stressful life circumstances that might have influenced the applicant's medical school performance.

Take-Home Points

1. Interviews are an opportunity for programs and applicants to learn more about each other.
2. Interviews should be looked on as an important professional event.
3. Applicants should keep in mind that programs will consider extra-interview factors, such as appearance and comportment at informal events (e.g., dinner, lunch).

The Match

The National Resident Matching Program oversees the Match process in psychiatry residency. Although NRMP has a long contract (http://www.nrmp.org/res_match/policies/map_main.html) for both applicants and programs, there are a few issues that have been the source of difficulty and bear emphasizing.

1. At this time, the Match is required for all senior U.S. allopathic medical students applying for a PGY1 positions in psychiatry. International medical graduates, osteopathic students, and graduates of U.S. allopathic medical schools who graduated before July 1 of the year prior to the Match who are applying for a PGY1 position, may participate in the Match, but are not required to do so.
2. Applicants and programs participating in the National Residency Matching Program may express interest in each other, but cannot establish a contract or expectation of a contract any time prior to the Match. Programs may choose to communicate how they will rank a candidate but cannot ask applicants how they plan to rank their institution. Furthermore, programs may not pressure an applicant into making a decision or declaration (2). The term "pressure" may be ambiguous, but programs may not ask applicants how or whether they plan to rank the

- program. Applicants should feel under no obligation to communicate to programs whether or where they will rank specific programs. By the same token, applicants should not "voluntarily" provide misleading communications about where they plan to rank specific programs.
3. After an applicant has visited a program, there can be ongoing communication between the applicant and the residency program director, as well as with other relevant faculty and residents. This process can extend the learning experience about a program for an applicant, further informing the applicant and program. To reiterate, applicants and programs can express their interest in one another, but cannot violate NRMP rules by creating a sense of obligation or any other form of pressure on each other.
 4. For applicants who are offered positions outside the Match, programs should not pressure applicants into accepting a position. It is suggested that applicants be given a minimum of 2 weeks to accept or reject an offer.

Inter-Residency Transitions

Transfers and Entry Into Child/Adolescent Psychiatry and Subspecialty Fellowships

This document is the product of an American Association of Directors of Psychiatric Residency Training (AADPRT) initiative with regard to the residency and fellowship application process. The goal is to provide guidance regarding the application process to applicants, Training Directors, faculty, Directors of Medical Student Education, Program Coordinators, and others closely involved in the resident application process. It considers opportunities to improve and enhance the application process. Through this community, we hope that the qualities that are consistent with the ideals of our profession—fairness, justice, authenticity, humility, and honesty—are promoted in a fashion that creates the best opportunity for applicants to find a program that fits their particular interest and that residencies have qualified applicants join their program. This document addresses issues in both the entry into Child/Adolescent Psychiatry (CAP) and other Fellowship programs. The recommendations for both are the same, except that comments about the Match apply only to CAP as entry is generally through NMRP Match, whereas other Fellowship programs do not use the NMRP, and a "rolling admissions" process is the general rule.

We further hope that this information will be broadly distributed to applicants, AADPRT members, program coordinators, and Departments of Psychiatry faculty.

Inter-Residency Transfers

These recommendations have been made to optimize the process of resident transfers from one program to another, including moving from one general psychiatry residency to another, from another specialty into psychiatry, and from a general psychiatry residency to a child and adolescent psychiatry (CAP) residency or subspecialty fellowship. Care should be taken to ensure that these practices comport with Federal Trade Commission regulations.

It is most important that meaningful information about a resident who wishes to transfer from one program to another is communicated to the program to which the resident is applying. AADPRT strongly recommends that the “receiving” training director contact the “sending” training director to discuss the applicant’s performance before offering a position. It also is important that the resident’s current program have reasonable notice of the resident’s intention to leave the program.

The following are recommendations regarding transfer of residents between programs:

1. A general-psychiatry or other resident who wishes to transfer should notify the current program director (PD) as early as possible in the academic year. Residents interested in CAP training should notify the general-psychiatry PD as early as possible to allow for the planning necessary to ensure a smooth transition.
2. General-psychiatry residents wishing to transfer should not begin formal negotiations with another program until they have informed their present Program Director of their intentions.
3. The Program Director at the “receiving” Department should verify with the NRMP R3 System Applicant Match History that the resident does not have a concurrent year match commitment for which a waiver from NRMP is required. **If a resident does have a concurrent match commitment, the resident should request and receive a waiver from NRMP before engaging in interviews with other programs.**
4. Before offering a position to a transferring resident, the Program Director of the “receiving” Department should independently confirm that the resident’s current Program Director is aware of the resident’s wish to transfer. AADPRT recommends that PDs discuss in person or by phone the applicant’s credentials and qualifications.
5. Although the resident’s current Program Director may make a “best case” explanation of why the resident should remain in the program, the resident should not be intimidated in any manner.
6. Applicants who are offered positions to CAP programs or other fellowships outside the Match should not be pressured into accepting a position. Applicants should be given a minimum of 2 weeks to accept or reject an offer.

Admission Criteria for Fellowships and CAP Residency

There are a number of elements that CAP and fellowship program directors and admission committee members consider in an applicant to their program. The following list reflects the order of priorities for many programs, but applicants should be aware that there may be differences among programs.

1. **Performance during general-psychiatry residency:** For most CAP and fellowship PDs, this is the most important source of information about an applicant. It captures the applicant’s most recent and relevant performance and is generally reflected in the letter of recommendation from the Director of the general-psychiatry residency program. Most often CAP or fellowship directors will also speak directly with the PD for an assessment of the applicant’s performance. Other letters of reference also may address the applicant’s recent performance, but the general-psychiatry PD’s evaluation is paramount.
2. **Curriculum Vitae:** The applicant’s CV offers crucial information about the applicant, including accomplishments, interests, awards, research experience, publications, and so forth. Applicants should follow a standard outline and are advised to review their CV with trusted faculty at their current program before sending it to other programs as part of an application. The CV is expected to accurately reflect the applicant’s own work. Inaccuracies are unprofessional and may be grounds for immediate dismissal if discovered.
3. **Application:** Programs may use their own application or, in the case of CAP programs, the Common CAP Application, available at www.aadprt.org. The application contains information similar to the CV, but also includes information about USMLE scores, CSV exams passed, malpractice claims, disciplinary actions, and any gaps in training. PDs will ask about any gaps in training, malpractice, or disciplinary actions, and applicants should be prepared to discuss these matters in a straightforward manner. Applicants should be made aware of whether any such gaps would automatically disqualify an applicant. The applicant’s perspective and discussion of these incidents is generally of much greater importance.

4. **The Personal Statement:** - The personal statement is also an important component of the application. It allows the applicant to let the program know about him or her as an individual, to define what is important to him/her, and to communicate information about unique personal experiences that might make her/him an attractive candidate. Residency programs especially look to understand the motivation, interests, future career ideas, and perspective of the applicant. The personal statement also provides information about the applicant's writing skills. In addition to the content, training directors look for personal statements that are well-organized and well-written, with attention to details such as spelling and grammar. Although it is a good idea to have colleagues and faculty advisors review the personal statement before it is sent, it should be the applicant's own work. Plagiarizing or using material written by someone else without proper attribution as part or all of one's personal statement is unprofessional and may be grounds for immediate dismissal if discovered.
5. **Letters of Recommendation (LOR):** Letters of recommendation are best when written by faculty members who have direct knowledge of the applicant's performance during general-psychiatry residency. Although there is some variability, CAP or fellowship programs generally will expect two letters of recommendation in addition to the general-psychiatry PD's letter. For residents entering CAP programs, an additional letter is required from the general-psychiatry PD, documenting completed residency training experiences, any unfulfilled requirements, and documentation of completed CSV exams. Although CAP PDs prefer that applicants have passed three CSV exams, this generally is not required. Applicants should inquire of the CAP program whether there is a requirement for passing a specified number of exams before beginning the program. All applicants to fellowship programs will need to have passed three general-psychiatry CSVs before matriculating. Training directors generally place more value on a highly enthusiastic letter from a faculty member who knows the applicant well than on a more generic letter from a nationally or internationally renowned faculty member who is less familiar with and enthusiastic about the applicant's work.
6. **USMLE Scores:** Many programs require that applicants have passed Step III before acceptance into a CAP or fellowship program. Others require passing Step III before beginning the program, and still others will have only a recommendation that Step III be passed. Specific

scores on USMLE exams are generally integrated with other application materials and, for most programs, are not seen as stand-alone, "make-or-break" factors. In general, scores are especially noted by programs if they are outstanding or demonstrate particular difficulty passing examinations. If offered an interview, applicants should be prepared to discuss any difficulties with these exams.

7. **Other Activities:** Research, volunteer activities, work experiences, community service, leadership, teaching, and other life experiences, particularly those related to psychiatry and mental health care systems, are important and are considered, as well. Training directors will especially be interested in activities that involve substantial and sustained investment of an applicant's time and energies.
8. **Medical School Performance:** Although crucial for admission to a general-psychiatry residency program, this is of less importance for CAP or fellowship programs because there has been additional, more recent experience with the applicant in the general-psychiatry residency training program. Documentation of satisfactory completion of medical school is required by all programs, although the form (i.e., transcript, diploma, certified diploma, etc.) may vary from program to program. Residents are encouraged to utilize centralized documentation services (e.g., Federal Credentialing Verification Services) early in their careers to be able to efficiently forward previous credentials needed in the future (e.g., employment, state licensure, insurance panels, hospital privileges, etc.)

Take-Home Points

1. Programs look at the totality of an individual's application, taking into account the applicant's performance during residency, CV, application, personal statement, LORs, USMLE scores, and other activities to decide whether to offer an interview.
2. For most programs, the applicant's performance during general-psychiatry training is the single most important piece of information.
3. The application and CV are crucial documents and should be approached with the same degree of seriousness as any other legal record.

The Match in Child/Adolescent Psychiatry

The National Resident Matching Program oversees the Match process for child/adolescent psychiatry fellowships. The NRMP Match Participation Agreement (http://www.nrmp.org/fellow/policies/map_sms.html) governs the process;

however, a few issues have been sources of difficulty and bear emphasizing (3).

1. The ACGME recommends institutions to be “in the Match” if one is offered in that specialty. At this time, over 85% of child/adolescent psychiatry programs participate in the Match. Programs in the Match may make offers outside the Match prior to the July 1 before the resident is to start CAP training. After July 1, if a program participates in the Match, no offers should be made outside of the Match process.
2. Applicants and programs participating in the National Resident Matching Program may express interest in each other, but cannot establish a contract or expectation of a contract any time prior to the Match. Programs may choose to communicate how they will rank a candidate but cannot ask applicants how they plan to rank their institution. Further, programs may not pressure an applicant into revealing the programs at which they plan to interview or into making a decision or declaration. Pressure may be perceived differently among individuals, but, ultimately, programs may not ask applicants how or whether they plan to rank the program. Applicants should feel under no obligation to communicate to programs whether or where they will rank specific programs. By the same token, applicants should not provide misleading communications about how they plan to rank specific programs.
3. After an applicant has visited a program, there can be ongoing communication between the applicant and the

residency program director, as well as with other relevant faculty and residents. This process can further inform the applicant and programs about each other. To reiterate, applicants and programs can express their interest in one another, but cannot violate NRMP rules by creating a sense of obligation or any other form of pressure on each other.

4. For applicants who are offered positions outside a Match (including transfers into another general-psychiatry program), programs should not pressure applicants into accepting a position. Aside from the “scramble” after the Match has occurred when decisions must be made quickly, it is suggested that applicants be given a minimum of 2 weeks to accept or reject an offer.

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