

You Matched! Now What

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Its official, all those years of hard work and putting your best foot forward have led to this, a moment of elation that is unmatched and most likely consists of you crying in front of your computer screen or phone as you attempt to get ahold of anyone that will listen to you. **Congratulations!**

Now after the cheers, tears, and hugs it is time to get things together to have the smoothest transition into residency. There are a few things that you have to ask that are a bit more specific than "OK what's next?"

It's a hard task to write a general course of getting ready for residency but I'll give it a try. Prioritizing things often helps and retrospectively (hindsight is 20/20) this is how I would have gone about it:

1. What documents do I need to turn in to ensure I start on the very first day?
2. How should I approach housing?
3. What I would have liked to have known as a PGY-1

What documents do I need to turn in to ensure I start on the very first day?

The answer is - every institution and state is a bit different.

The best recommendation I can give is to keep all your ERAS documents in PDF form in a folder for easy access. While you won't need most of them for transition to residency they will inevitably be required for fellowship applications.

In West Virginia, where I did my residency, the transition was quite easy. As an IMG, I only had to turn in my med school diploma and ECFMG certificate with the corresponding translations. WV also had a single page medical education permit that was good for a year and only cost around \$80.00. With those requirements completed you were pretty much good to begin. In Pennsylvania at UPMC, where I am doing my fellowship, the process required much more legwork and both a state physician/surgeon's license and a medical trainee license. This process was a bit more arduous and required extra online education with certifications, multiple background checks, and documentation to be signed by your GME/program officials.

As you can see from the markedly different processes in neighboring states things can be quite different. Because of this it is imperative to be in close contact with your program coordinator. It is imperative to maintain a good relationship with your program coordinator as you will realize they hold your future in their hands later on during fellowship applications.

When your institution sends you an email with the required steps/checklist or if you have an online portal with these documents listed, review them immediately and start checking off everything you can at your first review (e.g. upload state ID, social security cards, and other scannable/PDF documents). Pay close attention to background and fingerprinting services as these will take the longest amount of time to obtain, usually 3-4 weeks.

Blood tests for drug screens and serologies can also be a pain to schedule and lead to a delay if inappropriately planned. NPI (National Provider Identifier) and DEA (Drug Enforcement Agency) applications are fairly self-explanatory and if you're lucky, will be handled by the institution. The only other thing to mention in regards to this process is FSMB (Federation of State Medical Boards) and FCVS (Federation Credential Verification Services). These are an online service that holds all your verified documents and will send them to participating state medical boards when you are applying for licensure. The initial application and cost is \$395, and \$99 for each subsequent application. It's a pretty convenient thing to have for any medical practitioner or resident but it is especially useful for IMGs as getting documents from other countries multiple times is costly, time consuming and often futile as certified unopened mail can get opened and corrupted while en route (personal anecdote two transcripts that cost about \$100 plus arrived opened and unusable). Again if any other problems occur hit up your program coordinator or a senior resident.

Helpful links:

FSMB (look at licensing and exams tab and you can also link to any state medical licensing board from this site) <https://www.fsmb.org/>

NPI <https://nppes.cms.hhs.gov/#/>

DEA <https://www.dea diversion.usdoj.gov/drugreg/index.html#regapps>

How should I approach housing?

Maybe this isn't the best way to present this question as everyone is coming into residency in a different situation. Some people are solo, some have significant others and some have already started families. So I guess maybe the best way to think is what responsibilities as a resident should I consider when looking for housing? The main thing would be "call" and program requirements (e.g. late grossing responsibilities and early conferences). When you are on call and you get the page for a frozen you are given about a 30 minute heads up prior to tissue being in your hands. It was a requirement to be within 30 minutes of the hospital when on call at my institution. I know what you're thinking "so what? I'll stay after service and study." Sounds ideal, but you have to take in account late frozen especially head and neck if they get started late and all of a sudden you have 26 margins coming in one after another until 9pm. Then there's the not so common 2 am transplant biopsy (usually kidney and liver). Lastly the

weekend frozen that wasn't on the schedule and you have to swear to God to your attending that you didn't see it there when you checked.

If you are planning on living farther away from the hospital just know that these incidents can add up. In regards to program requirements it's different in every institution. At my institution we were a bit gross heavy in the beginning of residency so there were days when you might leave at 9 pm after finishing your specimens. We also had 7 and 8 am in-person conferences, pre-COVID. If you think about that, on a bad day you may leave at 9 pm and go in the next day at 7 am that's only 10 hours, subtract 5-7 hours for sleep, that leaves 3-5 hours for eating, personal life and of course the most important thing, more important than eating or sleeping or maybe even breathing, STUDYING.

The more time on the road the less time for all things that make life actually worth living, so in my opinion live close if possible, live comfortably if possible, and live in a safe and quiet neighborhood if possible. Again I know this is going to be difficult for residents in larger cities with increased rental prices. Do not hesitate to contact your institution and see if they have subsidized housing available or if they have a list of recommended properties, contact people or past residents who are/were in a similar situation as you (e.g. with a family or significant other). Lastly when renting or purchasing (if inclined) you need proof of income. Most institutions understand this and can send you a copy of your contract with your agreed upon annual salary and/or an institutional letter with your salary detailed. Contact your program coordinator and I'm sure they will provide you with one or point you in the right direction.

What I would have liked to have known as a PGY-1

First thing. You're going to be lost a LOT! Most of us will have had only a minimal amount of exposure to pathology prior to starting residency, as most medical schools try to corral students into primary care. It's OK. Take a few breaths and don't get discouraged. The learning curve from med school to pathology residency is extremely harsh in comparison to other specialties. Head down, listen to attendings and senior residents and you'll be ok. So let's look at things chronologically in a prior-to-start date, first couple of months of residency and then deep into first year.

Prior to starting:

In preparation I would recommend finding a basic histology text and review it. The book my institution recommended was Molavi "[The Practice of Surgical Pathology: A Beginners Guide to the Diagnostic Process.](#)" It was very basic but a quick read. It was helpful and allowed me to become familiar with basic normal histology, and some descriptive terms for architectural and staining patterns aka "The Language of Pathology." It won't teach you everything, obviously, but it will allow you to participate in the conversation and learn from context clues early on. For the more internet inclined residents you are in luck. The internet, YouTube and social media are a bottomless ocean of lectures, articles, free pdf chapters/whole books and tweets. Many of these

platforms have become vital to pathology especially for residents looking for quick reviews and references for specific topics. I would recommend these few places to start:

1. **Twitter:**

- a. Make a professional account.
- b. Look up #PathTwitter and then follow any subspecialty hashtag that you are interested in. There are certain physicians who are “big” on twitter. I’ll let you figure out who they are. Follow them and the platform basically becomes a daily consensus conference of interesting and educational cases.

2. **YouTube:**

- a. SO MANY FREEEEEEEEEE LECTURES!!!!!!!!!!!!!!
- b. Just get on there any explore. They have lectures from benign histology and other basics to specific subspecialty topics.

3. **Sites:**

- a. <https://www.pathologyoutlines.com/> (free)
- b. <https://librepathology.org/> (free)
- c. ExpertPath (Paid, see if your institution provides subscription)
- d. Immunoquery (Paid, see if your institution provides subscription)

First couple of months:

This is where the rubber is hitting the road. Be open to constructive criticism and ask for advice and help. If you are double scoping don’t be afraid to say “I don’t see it”, or “I don’t know/understand” the diagnosis, differential, morphology...etc. This is the time where you’re still amassing your foundation so it’s ok to be wrong or not know. Use advice from attendings and an openness to understand where you may be lacking in medical knowledge or practice competencies and work harder on those subjects/deficiencies. Make sure you are in good rapport with your chiefs and co-residents. Develop a good professional working relationship with them as in the future you may need their help. Lastly and this may be the most important thing, understand that the work load is the work load. It only goes away when it is done. If you or someone else isn’t doing their part then it means someone else has to pick up the slack. If you are going to be a good resident and considerate colleague it is of the utmost importance that you understand that. Head down, work hard, study hard. You got this.

Though not imperative thinking about, or participating in research at this point may be a good idea as well as thinking about a fellowship. If you are going to pursue dermpath then at this point you should be talking to the department dermatopathologist and finding ways to do derm specific research or case reports with the intent of submitting them as abstracts for conferences.

I digress.

Deep into first year:

Step 3. That's the big question. Whether or not you took your Step 3. If yes good for you. The sooner, the better. Now there are no more distractors and you can focus 100% on pathology. If not, know your capabilities as a test taker and set aside the appropriate amount of time for study. Remember starting second year your responsibilities are increased which includes overnight call, in most institutions. That means less time to study. Be sure to get it done in one try. Then walk away from it like Allen Iverson stepping over Ty Lue (if you don't know this reference and would like to see one of the most iconic and cold blooded plays in NBA history do yourself a favor and look it up).

Being prepared for call. Not to beat a dead horse but at this point in first year start paying attention to Clinical Pathology if you are AP/CP. Most pages are CP oriented and if you have a good base, especially in blood banking, you will have a nice anxiety free call week/weekend.

Fellowships. Too soon? NO. The reality of it is by this point in residency you have had an opportunity to see and participate in most anatomic and clinical subspecialties. Start narrowing down what subspecialty you think you would like to do. Talk to an attending within the field and get a layout of the career path. Plan on doing a research project, preferably within the field that you intend on pursuing, with the intent to submit it as an abstract for a conference. I know that seems like a lot of pressure but remember that if you change your mind you still have it on your CV and can use it to show that you have been proactive during your first year.

That's all I gotta say about that – Forrest Gump.