



# Residency in the States

**After graduating from the College of Medicine at the University of Vienna, Austria, I was – as many of my colleges – looking at a bleak three-year waiting time for a Family Practice Residency in Austria. Thanks to various coincidences and my supporting parents, I had the chance to study for the entry exams to the American Medical Application System: USMLE Step I and II. At the time they consisted of a preclinical and a clinical two-day multiple choice test on paper. Now the exam is a one day computerized quiz, detailed questions under an intense time pressure.**

It is not only important to successfully finish the test at your first attempt, but most of all you need a good score so that your chances of getting into a residency increase. Furthermore the ECFMG (Educational Commission for Foreign Medical Graduates) requires an English test – their own, or the TOEFL test – and the so called CSA (Clinical Skills Assessment) test. The CSA is a practical test in which you are monitored by Video and through a mirror, to evaluate how well and politically correct you can assess 11 simulated patients in fluent English and put together a diagnosis and treatment plan.

It takes about a year to complete all the requirements for the ECFMG certificate with which you apply for a residency program throughout the United States (a couple of specialties go through a separate specialty programme). In contrast to Austria and Germany you begin with a specialty right after graduating from the University.

Through ERAS – an electronic and internet based programme – your application, including all your documents and letters of recommendation (you need at least one from the States) will be submitted to the different programmes you chose before. About 100 to 300 graduates apply for a spot (depending on the programme and location), about 25 to 50 will be invited for an interview, and only five to 15 will be chosen. In subspecialties like ENT, Dermatology, Ophthalmology these numbers look even more depressing.

After finishing the interview-marathon, a “matching computer” matches the chosen candidates with the elected programmes of the candidates. On the famous and infamous “Match Day” in March, you then will learn to know where you will spend at least the next year of your life, if you don't decide to finish your programme at the site. I applied for a Family Medicine Residency and



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matched in Rockford, Illinois, about one and a half hours outside of Chicago. The education differs from Austrian and German Family Medicine Residency, as that you have your own patient stock, you inherited from a graduate, and follow them as outpatients and inpatients in addition to the usual rotations. So you get a good mix of in- and outpatient experience which is much needed in the more remote areas of the United States. There usually are not many specialists in these areas and a Family Practitioner needs to know how to run a little hospital with clinic, stabilize patients to send them off by plane or car, and even do surgery like C-Sections.

On the first of July each year, a group of doctors meets the “class” they will spend their next three to seven years – depending on the specialty – with. The first year is known as the internship, and often is not only related to the specialty, e.g. general surgery for gynaecologist.

After completing the first year and USMLE Step 3, you get the license to work as a General Practitioner (GP) in urgent care, or just outpatient clinics. Often there is no promotion to the next year without successfully completing the test.

The training in general is built up hierarchically: with every further year you receive more authority and responsibility. At first you are just in charge of the admissions, inpatient

*“I can only recommend a stay abroad, in whatever way. A new system gives new input and courage for changes and improvements.  
Good luck!”*

care and emergency care. As soon as you have a question or feel insecure, one expects that you call a senior (second or third year ...) or your attending and ask for help, which you will receive with enthusiasm at any time of the day or night. The further advanced you are in the programme the more you are expected to take over responsibility and teaching.

Routine work with which a resident spends most of his/her time in Austria, like drawing blood or giving medication is completely taken over by helpful and skilled nurses and other trained workers. Therefore, all the time you have can be spent for care-taking and education.

Furthermore, the system of “pre-rounding” before the attending rounds with you, where you can do research and assess treatment plans

which in the official rounds then will be discussed, needs to be stressed.

Generally education and passing-on of knowledge is emphasized. Open and critical discussions with attendings, residents and medical students are not only welcome but regarded as necessary. Besides the rounding, there are special morning rounds, noon lectures and grand rounds to attend. Every year there are multiple choice tests to evaluate the individual and the programme and compare it with the national average. Your outcome will then be discussed with your personal mentor and if necessary an individual training programme will be set up.

At the end of the programme you will need to take a final test in your specialty, which you have to repeat every seven years. Already before you receive the final license, there are plenty of job offers for every taste. The attendings willingly help to narrow down the choice or apply for a further education.

So I began my three years on a first of July in Rockford, Illinois. The training was divided in two separate areas that ran parallel:

- The Family Health Center, where we saw our own patients supervised by our FP Attendings throughout the three years. We had designated “clinic days” and were responsible for these patients when hospitalized as well.
- Various monthly changing clinical rotations with mostly one on one teaching by specialists, whose patients we cared for under their direction.

In general there is a good working climate with lots of emphasis on teamwork. There is plenty of support and also expectations. Depending on the specialty working hours differ, but by and large the 80 hour week is complied with by now. Normally you are on call every third or fourth night, although this is getting better the further you get in the training. Salary is paid monthly, also staggered by year of training, starting with US\$35,000 per year up to US\$45,000 per year. Overtime and calls included.

The expectations of the Family Practice Programme were high. They were rewarded even higher through the extremely friendly teamwork with the co-residents, attendings and patients. The motivating way of transmitting knowledge is admirable and worth copying as well as the combination of in- and outpatient experience.

**www.usmle.org**  
United States Medical Licensing Examination (Step 1, Step 2, Step 3, Application Materials, Test Accommodations, ...)

**www.ecfm.org**  
Educational Commission for Foreign Medical Graduates (USMLE Step 1, Step 2, English Language Proficiency Test, Medical Education Credentials ...)

**www.nrmp.org**  
National Resident Matching Program (Residency Match, Fellowship Matches, about NRMP, ...)

**www.aamc.org**  
Association of American Medical Colleges (about AAMC, Councils and Organisations, Professional Development Groups, Links...)

**www.goinginternational.org**  
Going International (The “course catalogue” offers a comprehensive overview of new training and continuing education possibilities with more than 2,500 Master's programs, workshops and conferences, organized by over 700 renowned universities, institutions and organisations around the world.)

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