	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02/2019

1. Objective:

The USMLE (United States Medical Licensing Examination) is the United States Medical Licensing exam and is made up of three steps whose ultimate goal is to obtain a medical license. These tests are sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME).

2. Range:

The USMLE assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills that are important in health and illness and that form the foundation of safe and effective patient care.

This document contains a list of steps to follow, income accounts and approximate budgets.

3. Reference Documents:

N/A

4. Definitions:

4.1. USMLE Step 1, USMLE Step 2: Clinical Knowledge CK, Step 2 Clinical Skills (CS) and Step 3


4.2. USMLE Step 1: Assess basic sciences.

4.3. Step 2 Clinical Knowledge (CK): Assesses clinical knowledge, the ability to formulate a diagnosis and from there provide the appropriate treatment.

4.4. Step 2 Clinical Skills (CS): Evaluates clinical skills and knowledge, relationship with the patient and the English proficiency through a simulated exam with standardized patients.

4.5. Step 3: is the final exam of the USMLE sequence.

4.6. Timeline: Timeline graph for exam preparation and taking.

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02/2019

4.7. Match: National Residency Match Program is responsible for the placement of participants applicants in the program.

4.8. Not everything is the grade: This is necessary to obtain access to the medical residency program.

5. Content:

What should I do to practice medicine in the United States?

To apply for the medical residency competition in the United States, it is necessary to be certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

This requires taking the United States Medical Licensing Exam (USMLE), which is a three-step exam divided into 4 exams in total (Step 1, Step 2 CK, Step 2 CS). Step 3 is another component of the USMLE that must be passed, however, it is not necessary to obtain ECFMG certification.

These 4 exams (the details of each will be broken down later) must be passed by all doctors, both foreign and American, who wish to enter a specialty or practice medicine in the United States.


How many exams are there and what do they consist of?

Each exam covers an area of medical knowledge necessary to properly evaluate, diagnose, and treat patients.

The previous exams can be taken in the order and date you prefer, although most prefer to take Step 1 first and then Step 2. Once passed (Step 1 and Step 2), it is possible to request ECFMG certification and apply to residencies. medical. It is important to remember that all steps must be approved, at most, in a period of 7 years that begins with the approval of Step 1.

What do I have to do to take the first exam?

To start the process it is necessary to register on the ECFMG digital platform (www.ecfm.org) to obtain an ECFMG ID. All your data will be displayed on this platform, including reports of the grades obtained in each exam.

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

5.1. USMLE Step 1:

What is Step 1?

The USMLE Step 1 is the first of three exams that must be taken in order to validate your license as a doctor and apply for a place in the medical residency competition in the United States. It evaluates the ability to understand and apply important concepts of basic sciences in medical practice, with special emphasis on the principles and mechanisms underlying health, diseases and modes of therapy.

Step 1 is built according to an integrated content scheme that organizes basic scientific material in two dimensions: system and process. This content is divided into the following aspects:


- Basic sciences: anatomy, physiology, pathology, pharmacology, immunology, microbiology, biochemistry, genetics, pathophysiology and behavioral sciences (biostatistics, bioethics and epidemiology).
- Clinical application of basic sciences aimed at the following systems: nervous, cardiovascular, endocrine, musculoskeletal, skin and subcutaneous tissue, reproductive, respiratory, renal, urinary, psychiatry, hematology, oncology and gastroenterology.
- Passing Step 1 ensures mastery not only of the sciences that provide a foundation for the safe and competent practice of medicine today, but also of the scientific principles necessary to remain competent during your lifelong learning continuum.

For more information about the content that Step 1 evaluates, access the following page: <https://www.usmle.org/pdfs/usmlecontentoutline.pdf>

How is Step 1 structured?

It is a Computerized Based Testing (CBT) or computerized exam consisting of no more than 280 questions, lasting 8 hours. This is divided as follows:

15 minutes	Tutorial (<i>optional</i>)
7 hours	7 blocks of 40 questions (<i>1 hour per block</i>)
45 minutes	Rest (<i>distributed according to the examinee's preference</i>)

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

How is this exam graded?

Each test taker receives an electronic score report that includes pass or fail status, a three-digit grade, and a graphical breakdown of each student's performance by discipline and system.

Your performance is represented by a line of X's, where the width of the line is related to the confidence interval of your performance, a direct consequence of the total number of questions for each discipline or system. If any of the lines have an asterisk (*) on the far right, this means that your performance was exceptional in that area (Figure 1).

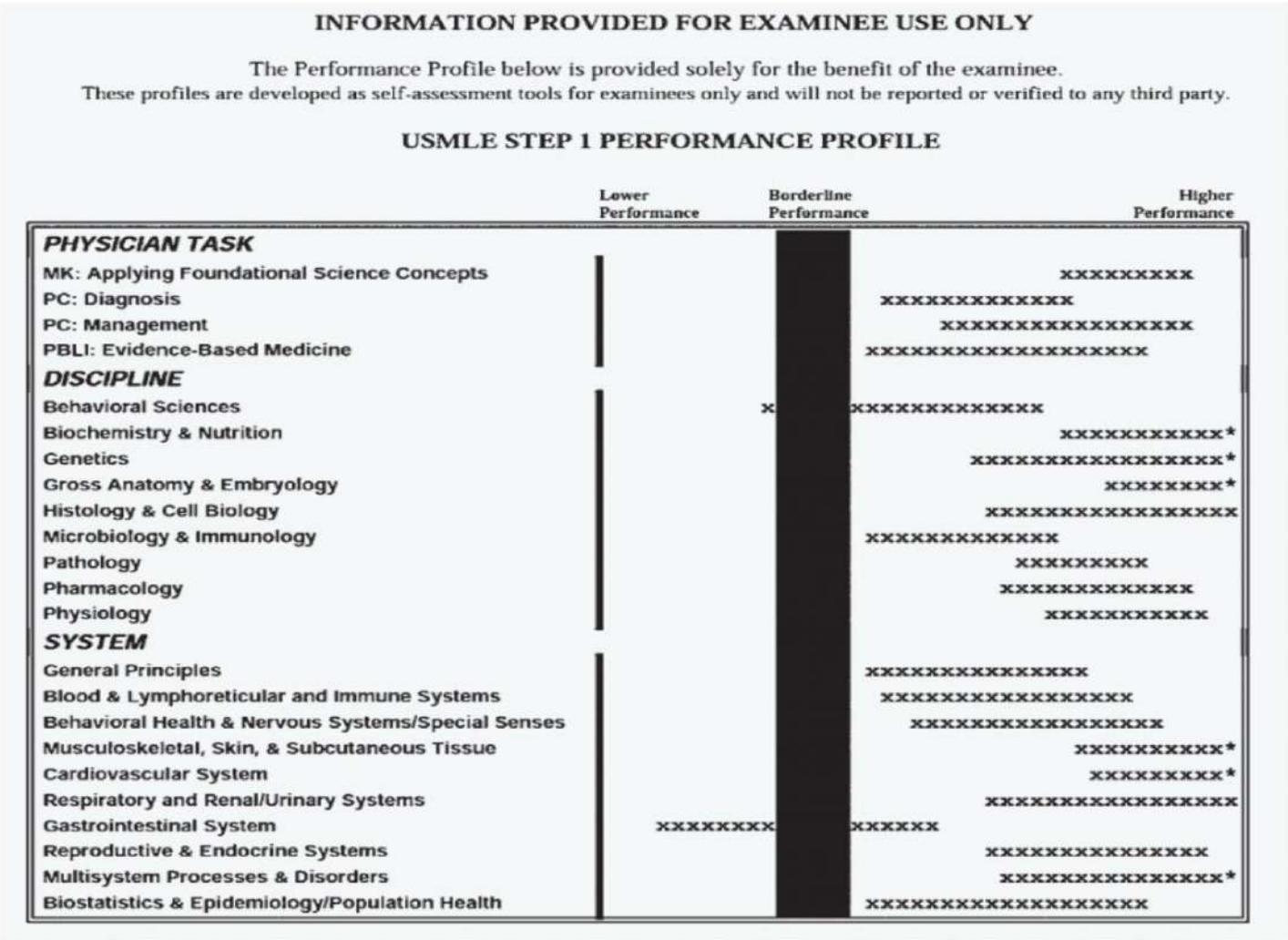



Figure 1. USMLE Step 1 Performance Example

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

Your three-digit grade is based on the total number of items answered correctly on the exam, which corresponds to a particular percentile. This digit will be graded based on the mean and standard deviation of medical school students in the United States and Canada.

For 2017, the mean of Step 1 was 229 with a standard deviation of 20, with a minimum to pass this exam of 194.

How do I prepare to take Step 1?

There are multiple preparation resources for this exam. The type and number of resources used will depend on the student's learning method and their budget. Among the most used methods are: videoconference or self-paced classes, textbooks or summary books, question banks, flashcards and mock exams (which help identify the level of training).

It is important to remember that this exam is a challenging task and you must train to be able to withstand 8 hours of knowledge testing. It is recommended that you evaluate all the resources available on the market, but that you choose those that best suit your learning style and that have also had evidence of effectiveness.

Where can I take it and what should I do before applying for it?

This can be taken in different parts of the world, including the Dominican Republic through the Prometric center, located in the Dominican Republic. Before deciding when to take it (after obtaining your ECFMG ID), you must meet the requirements of the INTEC Health Area:

- Have taken 2 mock exams, either an online NBME and/or UWorld Self-Assessment, and have obtained a grade equal to or greater than 230 (CBSSA510) in both.
- The time elapsed between taking these predictive tests and Step 1 is not more than 3 months.

What is the approximate cost of Step 1?

Prices tend to vary annually, however, currently in 2019, the cost is broken down as follows:

ECFMG ID	USD\$140.00 <i>*One time Payment*</i>
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 <small>INSTITUTO TECNOLÓGICO DE SANTO DOMINGO</small>	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

Step 1	USD\$940.00 + additional cost for taking it outside the United States (USD\$150.00 in Latin America)
Extension of eligibility period	USD\$80.00**
Preparation	Variable cost depending on the resources used

CBSSA: Comprehensive Basic Science Self-Assessment score

Due to the variation in prices, we recommend that you review these links when creating your budget so you will have more updated information:

- <https://usmle.org/step-1/>
- <https://www.ecfm.org/fees/>
- First Aid for the Step 1 2018.

5.2. USMLE Step 2: Clinical Knowledge CK:

What is Step 2 Clinical Knowledge (“CK”)?

Step 2 CK assesses the physician's or student's ability to apply medical skills and knowledge that are essential for the proper care of patients. Step 2 CK emphasizes health promotion and disease prevention.


5.2.1. Description of the evaluated content:

Generalities:

- General principles of basic sciences
- Medicine by system
- Biostatistics, epidemiology,
interpretation of medical literature

Doctor's competence and skills:

- Scientific concepts •
- Patient care (diagnosis, physical examination, laboratory, diagnostic studies,
forecast).
- Patient management (disease prevention, pharmacotherapy, clinical interventions,
recurrence surveillance).
- Professionalism, patient safety, ethics

	United States Medical Licensing Exam (USMLE) Instructions		Code:	INTEC-IAS-01
			Version:	01
			Version Date:	18/02//2019

How is Step 2 CK structured?

Like the USMLE Step 1, it is a CBT (computerized based testing or computer exam) that consists of approximately 320 multiple-choice questions, lasting 9 hours. This is divided as follows:

15 minutes	Tutorial (<i>optional</i>)
8 hours	8 blocks of 40 questions (<i>1 hour per block</i>)
45 minutes	Rest (<i>distributed according to the examinee's preference</i>)

Each block contains a maximum of 40 questions. This number varies depending on whether the block contains abstracts from clinical or pharmaceutical studies, in which case the block would contain 36-38 questions.

The examinee may choose not to take the tutorial, in which case, those 15 minutes will be added to the 45 minute break. It should be noted that once the block of questions has started, time cannot be stopped until it has finished.


What are clinical abstracts and how are they evaluated?

It consists of a summary of an experiment or clinical investigation whose results the examinee must interpret in order to answer serial questions (2–3 questions).

How is the exam graded?

The evaluation report is received electronically and includes the pass or fail status, three-digit grade, and a graphic description of the examinee's performance by discipline and system (Figure 2).

The Step 2 CK grade will be reported in 3 to 4 weeks (3rd or 4th Wednesday after taking the exam).

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

The minimum to pass is 209 points. For 2016-2017 the average score was around 242, with a standard deviation of 17 points.



United States Medical Licensing Examination® Step 2 CK Score Report

FOR EXAMINEE USE ONLY. THIRD-PARTY USERS OF USMLE SCORES
SHOULD RELY SOLELY ON OFFICIAL TRANSCRIPTS RECEIVED DIRECTLY
FROM THE EXAMINEE'S USMLE REGISTRATION ENTITY.

USMLE ID: x-xxx-xxx-x

TEST DATE: January 31, 2019

Your Performance

Test Result

Test Score

PASS


242

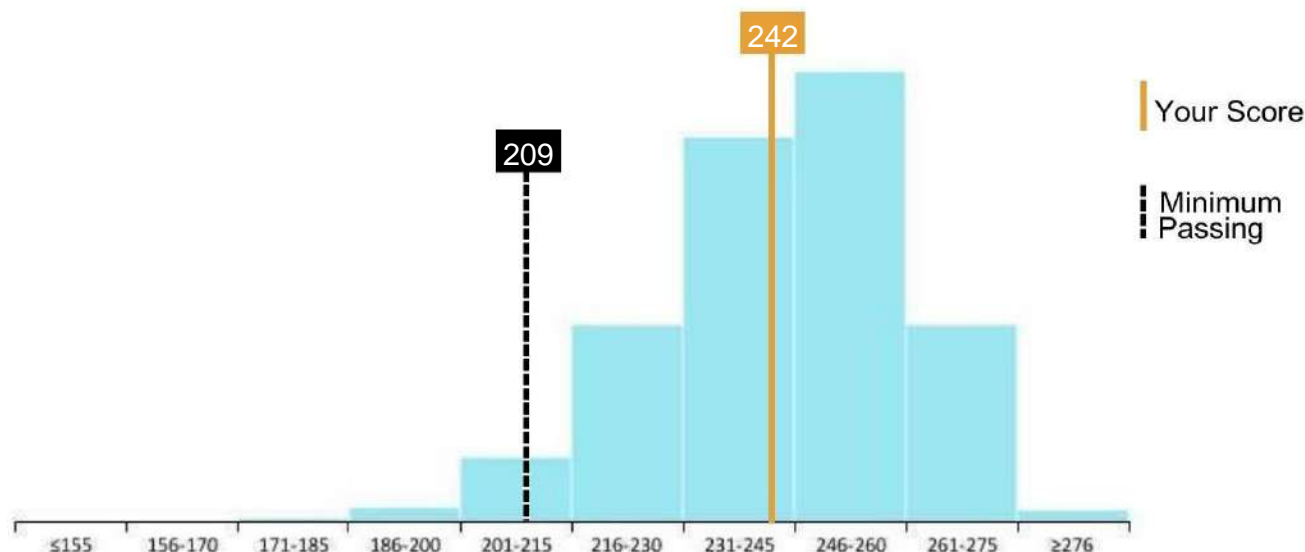
Your Performance Compared to Other Examinees

The chart below represents the distribution of scores for examinees from US and Canadian medical schools taking Step 2 CK for the first time between July 1, 2017 and June 30, 2018. Reported scores range from 1-300 with a mean of 244 and a standard deviation of 17.

If you tested repeatedly under the same conditions on a different set of items covering the same content, without learning or forgetting, your score would fall within one standard error of the estimate (SEE) of your current score two-thirds of the time. The SEE on this exam is 8 points.

Your score +/- SEE: 234 – 250

	United States Medical Licensing Exam (USMLE) Instructions		Code:	INTEC-IAS-01
			Version:	01
			Version Date:	18/02//2019



Where can I take it and what should I do before applying for it?

This can be taken in different parts of the world, including the Dominican Republic through the Prometric center, located at the Dominican American Cultural Institute. Before deciding when to take it (after obtaining your ECFMG ID), you must meet the requirements of the INTEC Health Area:


- Have taken two mock exams, either an online NBME and/or Uworld Self-Assessment, and obtained a score of 240 or higher.

What is the approximate cost of Step 2 CK?

Step 2 CK	USD\$940.00 + additional cost for taking it outside the United States (USD\$170.00 in Latin America)
Preparation	Variable cost depending on the resources used
Extension	USD\$80.00

5.3. Clinical Skills (CS):

What does this test consist of?

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

Uses standardized patients to examine skill in collecting data, performing physical examination, and communicating findings.

What is the exam format?

It includes twelve clinical meetings lasting 15 minutes, accompanied by 10 minutes per case intended to capture the information collected. It lasts approximately 8 hours divided as follows:

- Three clinical cases
 - 10 minutes rest
- Three clinical cases
 - 30 minutes for lunch
- Three clinical cases
 - 10 minutes rest
- Three clinical cases

5.3.1. Clinical Meeting:

In this section, the examinee engages with the patient by asking pertinent questions and conducting a focused physical examination to gather sufficient information to develop a preliminary diagnosis and plan based on the evaluation.


The examinee is expected to communicate with the patient in a professional and empathetic manner, answer questions that may arise during the encounter, and communicate preliminary diagnoses, as well as the studies that will be performed to confirm or rule them out.

5.3.2. Medical Report (Patient Note):

Immediately following each clinical encounter, there are 10 minutes allocated to completing a medical report. The examinee must write on a computer a note similar to the medical record that would be completed later of approaching a patient in real medical space. In this, the clinical history and important physical findings found during the encounter are dated, as well as differential diagnoses with their respective supporting data, and the auxiliary studies that would make up the action plan.

How do you pass or fail this exam?

The USMLE Step 2 CS is a Pass/Fail exam.

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

3 separate subcomponents are evaluated:

- **Communication and Interpersonal Skills (CIS):** evaluates the doctor-patient relationship, the ability to collect information, provide it, assist the patient with decision making and support the patient with their emotions.
- **Proficiency in spoken English (Spoken English Proficiency-SEP):** assesses the clarity of spoken English in the doctor-patient encounter (pronunciation, choice of words, minimizing the need to repeat questions or statements). The evaluation of this subcomponent encompasses the difficulty that the examiner encounters in understanding, as well as the effort required by the examiner to understand the questions and answers provided by the examinee.
- **Integrated Clinical Encounter (ICE):** judges collection skills and interpretation of data in the clinical encounter and in the medical report.

Each subcomponent must be passed to pass the exam.

Where can I take it?


The Step 2 CS is administered at 5 testing centers, which are located within the United States. They are called “Clinical Skills Evaluation Collaboration Centers” and are located in the following states:

- Atlanta
- Chicago
- Houston
- Los Angeles
- Philadelphia

When deciding to pay for the exam and choose a date, you must take into account the fact that there are only these 5 centers, so you must apply early to ensure a date close to when you want to take the exam. It is recommended to pay it at least 3 to 4 months before the desired date.

What is the approximate cost of Step 2 CS?

The Step 2 CS is the most expensive exam in the entire process, because it is in person with standardized patients. To date, it costs US\$1,580.

 <small>INSTITUTO TECNOLÓGICO DE SANTO DOMINGO</small>	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

It is important to emphasize that the examinee will be in charge of managing and paying for their transportation (flights, taxis, Uber, public transportation), their stay (accommodation with a family member, Airbnb, hotel) and their food. These expenses must be taken into account when creating a budget for the entire process.

ECFMG ID	USD\$140.00 <i>*One time Payment*</i>
Step 2 CS	USD\$1580.00
Extension of eligibility period	USD\$80.00**
Preparation	Variable cost depending on the resources used

How is the grade report carried out?

Step 2 CS examiners are grouped into testing periods based on the date they take the test, and these periods span an average of 4 to 6 weeks. These are predetermined from the end of the year prior to the one being examined. The results for a given period are reported, for the most part, on the first day of the grade reporting period. The exception should be made that some examiners may receive their grade in any of the other weeks of the period, not necessarily in the first (Figure 3).

The period of time between the day of the examination and the beginning of the reporting period can include approximately 4 weeks of waiting (taking into account the last day of the examination period), so it may vary depending on the exact date in to be evaluated, and you can wait between 4 to 8 weeks to receive the final report. It is important to take this point into consideration when planning your application year.

United States Medical Licensing Exam (USMLE) Instructions

Code:

INTEC-IAS-01

Version:

01

Version Date:

18/02/2019

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 2 is designed to assess whether an examinee can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE sequence is intended to ensure that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine. There are two components to Step 2: a Clinical Knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CS examination only. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The overall Pass/Fail outcome provided below represents your result for the administration of the Step 2 CS on the test date shown above.

Overall Pass/Fail Outcome
PASS

The overall outcome for Step 2 CS, reported above, is based upon the minimum passing levels set by USMLE for the three Step 2 CS subcomponents. The three subcomponents are Integrated Clinical Encounter (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). It is necessary to pass all three subcomponents in order to obtain an overall passing outcome on the Step 2 CS. Results for the three Step 2 CS subcomponents are reported below.

ICE	CIS	SEP
PASS	PASS	PASS

INFORMATION PROVIDED FOR EXAMINEE USE ONLY

The Performance Profile below is provided solely for the benefit of the examinee.

These profiles are developed as self-assessment tools for examinees only and will not be reported or verified to any third party.

USMLE STEP 2 CS PERFORMANCE PROFILE

	Lower Performance	Intermediate Performance	Higher Performance
Integrated Clinical Encounter (ICE)			■■■■■■■■■■
Communication and Interpersonal Skills (CIS)			■■■■■■■■■■
Spoken English Proficiency (SEP)			■


“CK Performance”
USMLE Step 2

References:

- <https://www.usmle.org/step-2-cs/>
- <https://www.ecfm.org/fees/>
- First Aid for the Step 2 CS

5.4. USMLE Step 3:

What is Step 3?

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

Step 3 evaluates the ability to apply the biomedical and clinical knowledge necessary for independent practice. The exam questions and cases reflect the different scenarios that a general practitioner faces in medical practice. The first day of the exam evaluates the foundations for independent practice and the second day evaluates knowledge of advanced clinical medicine.

How is Step 3 structured?

Step 3 is a 2-day exam, which may or may not be consecutive days, with a maximum of 14 calendar days apart. The first day includes 232 multiple choice items divided into 6 blocks of 38-39 questions; 60 minutes are provided to complete each block. The duration of the first day is approximately 7 hours and includes a 45-minute break and an optional 5-minute tutorial.

The second day lasts approximately 9 hours. This day includes an optional 5-minute tutorial, 180 multiple-choice items divided into 6 30-minute blocks; 45 minutes are provided to complete each block. The second day also includes a 7-minute tutorial followed by 13 virtual simulation (CCS) cases. Each of these cases has a maximum duration of 10-20 minutes of real time. A minimum of 45 minutes of rest is available.

How is the exam graded?

Step 3 results are reported on a three-digit scale and a graphical description of performance by discipline and system. The minimum to pass is 196. The grade is generally reported in 3-4 weeks (3rd or 4th Wednesday after the second day of the exam).

What are the requirements to take Step 3?

Application for the exam is done through the Federation of State Medical Boards (FSMB). The requirements are: • Have passed

Step 1, Step 2 CK and Step 2 CS

- Possess a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree
- In cases of International Medical Graduates (IMGs), having obtained a certification from the ECFMG.

When should I take it?

This answer is very variable. Most states require you to have passed the USMLE Step 3 before your third year of residency. Likewise, Step 3 is part of the requirements to qualify for an H1-B Visa.

Where and when can I take it?

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

This exam is only offered in United States territory (USA, Puerto Rico, Virgin Islands). It is applied through Prometric centers throughout the year, excluding the first two weeks of January and important holidays. The busiest months are from May to July, and from November to December.

What is the cost of Step 3?

The exam has a value of USD\$875.00 for the eligibility periods ending in 2019. The cost is subject to annual variations. The amount is not refundable or transferable, and must be paid via American Express, MasterCard or Visa.

References:

- <https://www.usmle.org/step-3/>
- <https://www.fsmb.org/step-3/>

TIMELINE STEPS



STEP 1

6 meses – 1 año



CERTIFICADO ECFMG

2 semanas luego de aprobar Step
1, CK y CS.

Necesario para aplicar al Match.

STEP 2 CK

4 – 6 meses



STEP 3

4 meses

(no es necesario para obtener
el certificado ECFMG ni para
aplicar al Match)



STEP 2 CS

6 semanas



Septiembre 15

5.5. MATCH: Match: National Residency Match Program:

The “National Residency Match Program” or NRMP is the institution responsible for placing the more than 43 thousand applicants each year in around 31 thousand positions available for resident physicians throughout the United States. This is the final stage of the process and usually happens in March of each year.

As should be noted, there are more applicants for positions offered in the United States, so it is necessary to understand how the process works in order to obtain the best results.

It is important to take into account that in order to make a “match” you must attend the interviews offered by the different hospitals.

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

The system works as follows: each applicant submits a list of the places where they attended interviews, this list is called “Rank order list” or ROL. It must contain each of the hospitals organized in order of the applicant's preference, with the first being the place with the highest preference and the last on the list being the place with the least preference. Similarly, hospitals make a list of each applicant, from the #1 position to the interviewee with the best qualities according to their criteria (also known as fit), to the last place to the candidate with the least qualities for a certain residency program.

The computer system called R3, using the lists of the tens of thousands of candidates and the lists of the thousands of programs, proceeds to locate the candidates with the best fit in the programs they want.

Below are two links on YouTube of how the computer system locates applicants:

- <https://www.youtube.com/watch?v=kvgfgGmemdA>
- <https://www.youtube.com/watch?v=96UCt9CYlx8>

Once the match occurs, this is “binding” which means that the applicant is obliged to work at the hospital where the match was made, and in the same way the hospital is obliged to accept it. Otherwise the NRMP may penalize both the applicant and the hospital.


What things determine whether a candidate can make a match?

The data obtained by the NRMP shows that those people with a greater number of interviews and therefore a longer contiguous “Rank Order List” have a greater chance of being matched. That is, a person who has attended 10 interviews and their Rank order list is 10 programs has a better chance of making a match than a person whose Rank order list is 5 programs. It is essential to try to have a long Rank order list, and for them it is essential to have as many interviews as possible.

It is important to note that interviews are designed for hospitals to find the best candidates, it is not simply a routine process. It is necessary to give the best impression during them. Interviews normally happen between the months of October to January. Being the months of

November and December where most hospitals interview their candidates. Interviews typically require the physical attendance of the applicant, although some hospitals in recent years have chosen to offer Skype interviews.

For an applicant to get a good number of interviews, they must try to have the best possible profile. This is achieved by standing out in the aspects already mentioned previously in this brochure, and also trying to apply to a good number of hospitals through the platform. AGES.

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

In the case of applicants who did not study at universities in the United States, known as IMGs. In order to be able to make a match it is necessary to have the ECFMG certificate before February, however, to get the greatest number of interviews and use the match to your advantage, you should try to have the ECFMG certificate before the process begins (which is usually in September of the year before the match).

5.6. Not everything is the grade

Although it is true that according to the survey of Medical Residency Program Directors carried out by the National Resident Match Program (NRMP) in 2018, the USMLE Step 1 score is the most important when selecting a residency candidate for an interview, there are other factors that are taken into account during this process. Due to the competitiveness of this process, some of these factors are especially important for International Medical Graduates (IMGs). Below, we will detail some of these:


5.6.1. Letters of Recommendation (LORs— Letters of Recommendation):

These are a critical component of applying for a medical residency in the US. The programs generally require 2-4 LORs and preferably at least one of these should be from a doctor practicing in the US. The purpose of these letters is to demonstrate that the candidate has the personal and professional characteristics necessary to be a doctor residing in the US. It should be written by doctors who have seen the candidate perform at some point in their career.

5.6.2. United States Clinical Experience (USCE—United States Clinical Experience):

Clinical experience in the US is very important to obtain a residency position and is a requirement for a large number of programs in all specialties. Obtaining this experience allows the candidate to learn about the United States health system and is an excellent tool to obtain letters of recommendation from US doctors. There are different types of USCE. Below, we will detail some of these:

- **Observership** — is the simplest form of USCE. It is a rotation that allows the participant to observe the day-to-day activities of a doctor in the US. This is what is known as “shadowing”, and has the limitation that the participant does not have direct contact with the patients.
- **Elective (Elective)**—this is done during the last year of the degree. It consists of a rotation, typically 4 weeks (although it may vary), through the selected area of a hospital. This elective is not part of the degree curriculum and therefore the credits will not be validated by the university.

	United States Medical Licensing Exam (USMLE) Instructions	Code:	INTEC-IAS-01
		Version:	01
		Version Date:	18/02//2019

- Clerkship—takes place during the last year of the degree, but unlike the elective, this consists of doing an internship in a hospital in the United States. In this type of rotation, you participate as if you were a medical student from the United States, with certain responsibilities in patient care. It is an excellent way to obtain letters of recommendation, since the doctor in charge must evaluate the student's performance.
- Externship — is done at the end of the degree, already as a doctor. During this rotation, the participant is involved in patient care (under supervision), therefore it is an excellent way to obtain letters of recommendation.

5.6.3. Research (Research Experience)

Although participating in research projects is not a requirement, if the candidate is applying to a competitive program or specialty, the presentation and/or publication of research papers can strengthen the application.

For more information, access:

<http://staging-nrmp.kinsta.cloud/wp-content/uploads/2018/07/NRMP-2018-Program-Director-Survey-for-WWW.pdf>

The Successful Match: Rules to Succeed in the Residency Match by Katta and Dessai.



United States Medical
Licensing Exam
(USMLE) Instructions

Code:

INTEC-IAS-01

Version:

01

Version Date:

18/02//2019

Change History

Applies to the Version	Date	Section	Description

Produced by:

Name:

Position/Area:

Date:

Approved by:

Name:

Position/Area:

Date:

Reviewed by:

Name:

Position/Area:

Date:

Reviewed by:

Name:

Position/Area:

Date: