

PHARM.D. TO M.D.

***FROM PHARMACY SCHOOL
TO MEDICAL SCHOOL***

**A COMPLETE GUIDE TO GETTING
INTO MEDICAL SCHOOL**

Nathan M. Gartland, PharmD

PHARM.D. TO M.D.

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Editor: Jacob Nannen

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DEDICATION

To my parents whose love and faith in me have made all of this possible. Thank you for being my inspiration. To my best friend and girlfriend Julia for her constant encouragement to chase my dreams.

“Don’t be afraid to start over again. This time you’re not starting from scratch, you’re starting from experience.”

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WHY YOU SHOULD READ THIS BOOK:

Before we dissect this complex process, allow me to introduce myself. My name is Nathan Gartland and I am a second year medical student, also known as an MS2, and a licensed pharmacist. Prior to my acceptance to an allopathic medical program, I was a pharmacy student at Duquesne University, in Pittsburgh Pennsylvania.

The thought of going to medical school had always been looming in the back of my mind but doing so seemed like an unreachable goal. I had already committed myself to a professional career in pharmacy and making the switch seemed impossible. I kept asking myself, “What would my classmates think? What would my parents think? Is this a terrible idea? Where do I even start?” Following the age-old saying, “If it ain’t broke, don’t try to fix it,” I thought, “why should I abandon a career in pharmacy when it is going so well for me?” You may be asking yourself these very same questions.

As I progressed through my schooling, I became restless with the reality that I would end up having to complete a pharmacy residency to work with patients. While this isn’t entirely true anymore – considering the growth of the profession – the dept of patient care management would still fall short. It wasn’t until my second professional year of school that the possibility of pursuing a career in both pharmacy and medicine dawned upon me. This dream didn’t come to fruition until I received insight from my personal mentor, Dr. Brandon Smith, PharmD, MD, and a fellow pharmacy student, Dr. Tess Calcagno PharmD, who both underwent this very same transition.

If you are reading this paragraph right now, you have already taken the first steps on this incredible journey. When I began this difficult transition, I found myself at the mercy of application cycle. I had no in-house guidance, received no academic counseling, and pushed through the cycle by the “seat of my pants.” While there is a plethora of online resources available to applicants, there are very few references that provide a comprehensive look at how to get into medical school. If they do, it will likely cost you thousands of dollars to get past the paywall. Additionally, none of these resources provide important instructions or perspectives that would benefit pharmacy students. Then again, why would they? Most authors have never been to pharmacy school and neither have most medical school applicants. I wrote this book to provide you, the 1% of medical school applicants, with the necessary input to conquer the application cycle and to successfully receive a medical school acceptance. My only goal is to make your application cycle far easier to get through than mine was.

While much of the information provided in this book is far from novel, I hope it will be a useful resource to guide you through this isolating process. You will find yourself torn in many different directions as your pharmacy school responsibilities clash with your application tasks. Stay focused on your final goals and you can accomplish anything. You are already qualified enough to make it into pharmacy school and survive the academic rigors. Therefore, you are more than equipped to get into the medical school of your dreams.

We will address the different components of the application cycle in the chronological order that will best suit your cycle needs. You may find yourself further along in the process than other readers so feel free to jump around to a section of your choosing.

We will cover various pitfalls along the way to make sure you avoid costly mistakes that will hurt your checkbook and chances of getting an acceptance. We will cover pharmacy specific factors unbeknownst to traditional applicants including APPE rotation recommendations, pharmacy licensure boards (NAPLEX and MPJE), and more! Join me on this tremendous undertaking and follow along as we take your dream from inception to reality.

*Welcome to my personal medical school application crash course,
constructed from a pharmacist's perspective.*

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PART ONE:

THE MEDICAL SCHOOL BLUEPRINT

*“The aim of medicine is to prevent disease and
prolong life; the ideal of medicine is to eliminate the
need of a physician.”*

– William J. Mayo

Every year the number of medical school applicants has gradually risen yet the number of available medical student seats has remained relatively fixed. This statistic may not seem like that big of a deal to many of this book’s readers, but it should highlight the reality that getting into medical school is getting harder and harder each year. One may ask, “How can this be?” It is certainly a multifactorial phenomenon, but the following are likely the largest contributors. The steady growth in the utilization of test prep resources, a surge in more qualified “gap-year” applicants, and tactical application planning. The latter of which I will be focusing on during this chapter.

If you are reading this book, you are likely already a strong and motivated pharmacy student interested in pursuing a career in medicine. You may ask; “Why would I need to follow the same rulebook as a traditional pre-health applicant? Isn’t my unique educational background sufficient to set me apart from the rest of the crowd?” Perhaps it is, but in my experience, it certainly is not. Applying to medical school has many moving parts that require varying degrees of attention. Your educational background will pique an admission board’s interest, but it won’t occupy them for long if you have neglected other important parts of the application. We will discuss all of these in the coming chapters, but your first goal should be to understand the big picture. Know that your pharmacy education can be a fantastic asset to your application, but it will not allow you to coast through the cycle. Please do not be deceived into believing that your prior education affords you a free pass to getting into medical school.

You will need to actively learn about the application process and collect as much information as you can. You do not just learn how to drive a car by jumping behind the wheel and hoping the ride goes smoothly. Well, I am sure that some readers may argue that the aforementioned approach may be the best way to learn but I am here to argue that it is certainly not the safest. Normally, you would participate in a driver’s education course, learn the laws of the road, and practice driving while supervised before going out on the open road. Applying to medical has many parallels to this simple analogy. Unfortunately, pharmacy students and other non-traditional applicants lack this crucial supervision component. Traditional pre-medical students tend to have support and guidance from their institution’s advisory program, a resource unbeknownst to their pharmacy peers. As a pharmacy student you are often applying with half the information you need (at best) or completely blind (at worst). Driving a car without the gift of vision can be cause for some disastrous results. Learn to walk before you run, learn to plan before you apply. “Success is when opportunity meets preparation.”

Before we dive into the intricacies of the medical school application, let me first highlight some of the major principles that will create a strong application foundation. Use these principles as the infrastructure for your application. You may want to refer to this chapter later to remind yourself if you get lost along the way. Benjamin Franklin once famously said, “by failing to prepare, you are preparing to fail.” Build your information arsenal, study the approach, have a plan, and stick to it!

KEY PRINCIPLES:

- 1. WOULD YOU EVEN MAKE THE CUT:**
- 2. APPLYING TO MEDICAL SCHOOL IS EXPENSIVE:**
- 3. CHOOSING A MEDICAL SPECIALTY:**
- 4. CREATE YOUR AAMC ACCOUNT:**
- 5. CONTACT YOUR UNIVERSITY’S PRE-HEALTH OFFICE:**
- 6. TAKE THE MCAT FIRST AND TAKE IT SERIOUSLY:**
- 7. YOUR PHARM.D. IS YOUR MOST PRIZED POSSESSION:**

1. WOULD YOU EVEN MAKE THE CUT?

You are probably wondering what it takes to even get into medical school. Of course, good grades and a passion for medicine go a long way but what does that really mean? I certainly had no idea when I began to investigate this career altering pathway. What I have found is that heartfelt personal statements, stellar letters of recommendations, and fascinating clinical activities often fall to the wayside when an applicant has low medical school statistics. Let that last sentence sink in. As pharmacy applicants those facets of a good application are our bread and butter. We have ample clinical experience, a laundry list of meaningful patient encounters, and access to devoted professors. I am here to tell you that these are ancillary components, at least in the beginning stages. Your final goal may be to get an acceptance, but your short-term goal is to survive the first round of application rejections. Strong medical school statistics are what get you through the door or rather prevent your application from making its way to the recycling bin. Hopefully, you will read this section and have a better understanding of what it takes and if you have potential to pursue a career in medicine.

For the 2020-2021 application cycle there was over 53,000 applicants but only a little over 22,000 matriculated. In other words, only 42% of the applicant pool made it into medical school. Some programs are obviously more competitive than others and this individual data can be found online through each respective medical school's website or through the paid Medical School Admission Requirements (MSAR) platform. We will review the MSAR in the future so do not go running off spending money prematurely. As you can see getting into medical school is no easy task.

The two most important medical school statistics are your Medical College Admissions Test (MCAT) Score and your Undergraduate Grade Point Average (GPA). Some medical schools refer to this as your cumulative GPA (cGPA). Your GPA can also be further subdivided into your BCPM GPA which stands for Biology, Chemistry, Physics, and Math courses. I will often refer to this GPA as your Science GPA (sGPA). This is calculated when you input all your courses into the American Medical College Application Service (AMCAS).

You can also calculate it yourself using MedicalSchoolHQ GPA Calculator. I would encourage you to do this since your overall GPA you get from your pharmacy program is not equivalent to your sGPA. As a pharmacy student you will find that you will have taken far more credits that count towards your sGPA than traditional applicants. You are spending two extra years in school so adding more grades can be beneficial to minimize a few B's and C's along the way. Medical schools appreciate a high cGPA but take more interest in a strong sGPA. The sGPA demonstrates proficiency in courses related to science and medicine, which admissions feel is a more accurate predictor of future academic success considering our line of work. In general, its far easier to get an "A+" in "English 101" than it is to get the equivalent grade in "Organic Chemistry 202." Your sGPA reflects this reality and it holds more weight in the eyes of an admission officer. This process may seem trivial, but it can give you a good idea of where you stand.

I have listed some important statistics from the most recent application cycle below for your reference. You can use these statistics to gauge how qualified you are to apply to medical school. We will discuss the complexities of a strong application in more depth in later sections. Alas do not get discouraged if you fall below these averages. Plenty of students get in with subpar statistics and I can almost guarantee you that none of them have pharmacy doctorates.

2020-2021 Application Cycle:

Average MCAT (Allopathic):	511.5
Average MCAT (Osteopathic):	503.8
Cumulative GPA (Allopathic):	3.73
Cumulative GPA (Osteopathic):	3.54
sGPA (BCPM):	3.66
Non-Science GPA:	3.82

CALCULATE YOUR LizzyM SCORE:

The **LizzyM Score** is used to quantify your chances of getting into medical school using the success rates of other applicants with similar medical school statistics. You can use this tool to determine the odds of getting accepted based solely on your GPA and MCAT scores. This can be a useful tool to give you a snapshot of your application health, but the calculator neglects other facets of a strong application. Also, just because the calculator says you have a “75% chance of getting accepted somewhere” does not mean you will be part of that cohort. You could very well be part of the 25% with the same stats that did not get in. Use this tool to get a rough idea of where you stand but do not rely on it beyond that. Check out the calculator through the link or QR code below.

TAKEAWAYS:

- Statistically speaking, only 42% of applicants will ever matriculate.
- Receiving a medical school acceptance is getting harder every year.
- A strong MCAT and GPA are essential to a strong application.
- Your sGPA is more valuable than your cGPA.
- The LizzyM Score can be a useful metric to determine your percent chance of getting an acceptance.

EXTERNAL RESOURCES:

- **Resource:** Medical School HQ GPA Calculator
<https://medicalschoollhq.net/med-school-gpa-calculator-for-amcas-aacomas-and-tmdsas/>



- **Resource:** LizzyM Score Calculator
<https://www.studentdoctor.net/schools/lizzym-score>



2. APPLYING TO MEDICAL SCHOOL IS EXPENSIVE:

Although every applicant's experience will be different the financial burden of applying to medical school is often a shared experience. Regardless of your upbringing it is important to recognize that applying is not a cost-free endeavor. As a pharmacy student you will likely already have a substantial amount of debt. According to The American Association of Colleges of Pharmacy's 2017 Graduate Student Report, the average graduating pharmacy student will have amassed \$163,496 in student loan burden. The scariest part is that this data is from 2017 and the loan burden is likely even higher today. I myself graduated pharmacy school owing approximately \$150,000, slightly below the national average. Regardless, mortgage sized education loans are no laughing matter. This is not to scare you away from pursuing a career in medicine but rather to provide some perspective. Assuming you have a considerable student loan burden like I do, deciding to continue your education warrants a financial inspection. You now have a fiduciary responsibility to yourself to protect your finances more so than ever before.

It is not an easy task convincing your family, loved ones, professors, and peers that you are going back to school. Some may even think you are crazy! That six-figure pharmacist salary that is almost guaranteed at the end of your schooling will fall to the wayside to take on even greater debt. This is no easy decision, and I am only talking about the financial implications at the moment. This life-altering decision has many other complexities that you the reader must wrestle with individually. You must be willing to add years to your schooling experience, handle the mental burden of new information, and now complete a residency after graduating with your medical doctorate. This career shift also has many appealing attributes, otherwise you wouldn't be reading this book. This transition isn't for every pharmacy graduate but those who are considering this route need to limit their expenses to the best of their ability during the application cycle and throughout medical school.

Disregarding your future medical school tuition, the application process itself can be very expensive. These expenses can balloon if you are not careful but also do not try to cut corners to save a few dollars. I would much rather be a broke medical student than to save a few dollars on the front-end only to end up reapplying the following year. This is not to encourage you to blow out the budget but for you to understand a few extra thousand dollars upfront is far better than not becoming an attending physician ten years later. For example, when I first took the MCAT I elected to utilize free resources only. I believed that my pharmacy school education was sufficient to excel on the exam. Well, I could not have been further from the truth. It ended up costing me far more later on when I needed to enroll in a prep-course, re-purchase the MCAT, and invest thousands of hours into preparation. Do not try to cut corners!

As a pharmacy student it may be difficult to scrape up a few thousand dollars for applications. If you are a practicing pharmacist these costs will sting but won't dramatically impact your net worth. For students, save up all your birthday money, pick up a few extra shifts at your local pharmacy, or take out a few extra thousand dollars on your school loans. You can certainly be frugal throughout the process but the last stressor you need is a financial one.

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For your reference I have listed some cost you will encounter on the application trail. This process takes more than it gives but getting that acceptance letter makes it all worth it in the end, believe me! Of course, it is impossible to accurately predict every little cost along the way and each student's experience will be unique. Please note that the costs are always rising so if you are budgeting, always compensate for a little over-charge. The chart below is far from comprehensive, but I hope it will provide you with a rough idea of what you are up against.

Investment Contribution	Minimalist (\$)	Average (\$\$)	House in the Hamptons (\$\$\$)
MCAT Cost	\$320		
Test Prep	Free Resources Only	AMCAS Material (\$500)	Test Prep Course (>\$1,500)
CASPER (Altus Suite)	\$12 for Test \$12 x # of Programs Ex.) 15 programs = \$192	20 programs = \$252	25 programs = \$312
Primary Application	\$170 for 1 st School \$42 for extra schools Ex.) 15 programs = \$800	20 programs = \$968	25 programs = \$1,178
MSAR	\$28		
Secondary Applications	\$100 per school Ex.) 15 programs = \$1,500	20 programs = \$2,000	25 programs = \$2,500
Interview Travel	Highly dependent on the number of interviews you receive and how far away they are. (~\$2,000)		
M.D. Deposits	~\$100 and refundable		
D.O. Deposits	~\$1,000 per school and NON-refundable		
Total	\$5,940	\$7,168	\$8,938

From my personal experience, I ended up spending closer to \$10,000 after everything was said and done. To be fair, I was neither the smartest nor the most strategic during my application cycle. I applied very broadly to over 33 programs (yikes!). Within my large program list, I failed to adequately review school specific application requirements and had to forgo my pursuit of acceptance along with any associated financials. For example, I was overzealous when applying to reach programs, and unrealistic about getting into programs with severe in-state biases. I tossed away hundreds of dollars in poorly coordinated primary applications and took a bare minimum approach to MCAT preparation which resulted in a costly retake.

While the final result was a medical school acceptance, the manner in which I did it was far from strategic and even less coordinated than I would have hoped. We will address some of these important shortcomings and how to keep your balance sheet out of the red. Check out Medical School Headquarters' **Application Cost Estimator** to calculate your own potential costs. This is a very useful tool and unfortunately, all too realistic. There are many resources available to you to help limit the cost burden of applying to medical school. We will focus on programs and opportunities that Pharmacy students may find appealing.

#1: The Association of American Medical Colleges (AAMC) can assist applicants through their “**Fee Assistance Program.**” Qualifications include demonstrating proof of citizenship and providing parental income values. Check out their **website** to see if you qualify.

#2: Consider applying to an **MD-PhD Program**. This is an extremely competitive application process that allows participants to complete a hybrid education plan. They start off completing the first 2 years of medical school, then 3-4 years for PhD. attainment, followed by the final 2 years of medical school. The incentive to take on this indirect route to becoming a physician includes a cost-free medical school education. The tradeoff for a free education is an additional 3-4 years of your life spent in an academic research lab. You can learn more about this specific program in the “**Additional Resources**” chapter.

#3: The Military’s **Health Professions Scholarship Program**, otherwise known as HPSP for short. I bring this up because it is one of the most commonly offered scholarships and its features almost seem too good to be true. In short, the military will pay for all your medical school expenses including tuition and supplies. They also provide the student with a monthly stipend for living expenses. In turn, at the completion of your schooling you are expected to pay back the contribution through equal years of service as a military doctor.

A career in the military is certainly not for everyone but an offer this attractive is often hard to overlook. As a pharmacy student riddled with debt, I found this program to be extremely appealing, at least at face value. As the old proverb goes, “if it’s too good to be true, it probably is.” While the upsides of the program are quite obviously marketed by the military, the downsides are often realized much later. I have listed a few Pros and Cons about the program, and you can read through and see if this scholarship opportunity is appropriate for you.

Pros:

1. **Your tuition costs are completely covered.** This “pro” should be weighted considerably more as the cost of your medical school tuition rises. This scholarship will be far more fruitful to the recipient if they attend an out-of-state private institution compared to their public in-state programs.
2. **You will receive a monthly stipend of approximately \$2,000 per month.** The monetary value will vary based on your medical school location and your branch of military you intend to serve under.
3. **There is an opportunity for large signing bonuses which can exceed \$20,000.** To qualify for these bonuses, you are often required to complete a 4-year service obligation.
4. **You have an opportunity to serve in the American Military and will have access to most, if not all, benefits allocated to military personal.** A career dedicated to the service will provide ample military benefits and open the door for pension eligibility.
5. **You will have the opportunity to travel and see more of the world than any civilian physician would ever have access to.** This feature is highly variable, and I have been told from current physicians in the program that the military attempts to work with you to match your travel requests. This however can also be slotted as a “con.” See below for more details.
6. **Lastly, physician residency pay is on average higher than civilian residency pay.** A recent study published in Cureus found that on average military residents earned 53% more than their civilian resident counterparts. This flips dramatically once you become an attending (another major “con” listed below).

Cons:

1. **You may have less autonomy regarding the selection of your future specialty.** The military only needs certain types of physicians, and they will likely put limitations on what you can specialize in. This is related to the number of military residency match positions available each year. The military needs far more emergency medicine and trauma surgeons than they need pediatric oncologists. If you are interested in a very specific subspecialty you may want to investigate the current demand for said profession before signing up for the HPSP.
2. **Although you received payments and tuition coverage upfront, you will have to pay this back through equivalent years of service.** If you accepted a 4-year scholarship, you are expected to pay back those years in service. Another important consideration is that your residency training DOES NOT count towards repayment, even if you participate in the military match. You are also subject to deployments and can be placed wherever the military needs your services at that point in time. This may not always fit with your personal schedule, especially if you are interested in starting a family or your own private practice.
3. **As a military attending, your salary is far lower than a civilian equivalents salary.** According to the same Cureus study the military attending made 32%-58% less than their civilian counterparts. To put this into perspective, consider the numbers. If you are an orthopedic surgeon in the military, your civilian counterpart will make approximately 50% more gross annual income. Instead of the \$500,000 attending salary you were expecting, you will only make approximately \$250,000. Multiply this deficit by 4 years for repayment purposes and you are short \$1,000,000. The opportunity cost of pursuing a career in the military far exceeds any potential benefit you may experience from a cost-free medical education which averages no more than \$350,000.

The HPSP scholarship may be attractive at first glance, but it has some drawbacks hidden away in the details. Considering our substantial pharmacy school loan burden this program may help prevent you from succumbing to even more debt, but I hope you understand what you are signing up for. The best advice I can offer is for you to talk with someone who is currently in the program. Their experience and insight will be worth far more than some conjecture in a book.

You can learn more about this program through the on the next page. If you are committed, you should reach out to a military recruiter, and they will facilitate your enrollment!

TAKEAWAYS:

- The average pharmacy graduate has \$163,496 in student loan debt.
- Applying to medical school is expensive.
- Apply smartly and you will save money by default.
- AAMC offers a Fee Assistance Program for qualifying applicants.
- The MD-PhD program may be a viable option for students interested in research while covering their education costs.
- You can seek a free medical school education through the HPSP program but read the fine print before signing up.

EXTERNAL RESOURCES:

- **Resource:** Medical School HQ Application Cost Estimator
<https://medicalschoollhq.net/medical-school-applications-cost-estimator/>
- **Resource:** AAMC Fee Assistance Program
<https://students-residents.aamc.org/fee-assistance-program/fee-assistance-program>
- **Resource:** HPSP Scholarship
<https://www.goarmy.com/amedd/education/hpsp.html>



3. CHOOSING A MEDICAL SPECIALTY:

You may be wondering, “why is this guy talking to me about choosing a specialty right now? All I want to do is know how to get into medical school.” I completely understand so I will keep this section short. You will have plenty of time throughout medical school to soul-search and find your true passion. I am introducing this concept because having a general idea upfront can help motivate you throughout the application cycle. Additionally, having a set specialty can help you navigate difficult questions you may receive throughout the interview season. For instance, “I loved pharmacy school, and it helped me identify that I am extremely passionate about pursuing a career in anesthesiology.” We will discuss the intricacies of interviewing in future chapters.

Another facet pharmacy graduates need to consider when choosing a specialty in medicine is the opportunity cost of lost income as a pharmacist. Don't worry, this isn't another chapter on finance, but I want to introduce the idea that you should consider your future attending salary. I am not saying you should select your career based on the highest paying position, but it certainly needs to be part of the discussion. A pharmacy graduate is starting medical school sometimes 2-4 years later than most matriculants. That's 2-4 years of attending income you will never see, unless you plan on making up for it by working until you are 70. Pharmacy graduates have high debt burdens, and a higher paying specialty will help remove some of the financial pressure you may face. Lastly, the opportunity cost of attending medical school is much higher for pharmacy graduates than it is for traditional biology graduates.

According to the Bureau of Labor Statistics the median pharmacist pay in 2020 was \$128,720. In comparison, graduates with a bachelor's degree only made \$48,400 on average. Based on these crude numbers you can extrapolate the forgone income based on your time in medical school and the time you spend completing residency training. Factoring in your future specialties income it will take a pharmacy graduate far longer to overcome the lost income than it will for a biology graduate. Therefore, pharmacy graduates should consider higher paying specialties to offset this financial imbalance.

This is not to say you should avoid family medicine, but it will take you far longer to recover financially. For instance, the 2020 Medscape Family Medicine Physician Compensation Report found that the average compensation was \$234,000 a year. When you decide to pursue your medical education, you are throwing away any potential pharmacy income. Factoring in 4 years of medical school and 2 years of residency training you will have forgone 6 years of pharmacy income. That amounts to a total of \$772,320 in lost income by going to medical school to become a family physician. The average medical school debt is \$215,900. Add this to your pre-existing pharmacy debt (~\$163,496) and we are sitting at negative \$379,396. I have included the pharmacy loans to this equation because of the inability to begin paying them off due to your education extension. Now add this all together and the opportunity cost of going to medical school is negative \$1,151,716. That's over a million dollars that a pharmacy student is behind and that's just for the shortest residency training period. Review the chart below to emphasize how important choosing a specialty really is.

Opportunity Cost of becoming a Family Physician	
Start	-\$1,151,716
Year 1	-\$917,716
Year 2	-\$683,716
Year 3	-\$449,716
Year 4	-\$215,716
Year 5	+\$18,284
Notice how it would take 5 years of attending salary (\$234,000) just to break even and this calculation is extremely optimistic. I have excluded tax calculations and interest accrued on loans for simplicity. This model also operates under the assumption that your entire income is going towards loans which is extremely unrealistic.	

Now let us use a higher paying specialty to see how the growth compares. The average income for an orthopedic surgeon is \$498,080 a year. They must receive at least 5 years of residency training which extends the pharmacy income opportunity cost to a whopping deficit of \$1,666,596.

Opportunity Cost of becoming an Orthopedic Surgeon	
Start	-\$1,666,596
Year 1	-\$1,168,516
Year 2	-\$670,436
Year 3	-\$172,356
Year 4	+\$325,724
Year 5	+\$823,804
Notice how it would take much less time to overcome your debt/opportunity cost. Also, the growth is exponential thereafter.	

Look at the chart below and feel free to crunch your own numbers and see how long it would take to come out positive. Add your anticipated cost of medical school tuition and current pharmacy school debt for an even more accurate prediction. Making more money leads to faster loan repayment but life isn't just about money. I only hope that you take the opportunity cost a pharmacist experiences into consideration when making your decision.

Opportunity Cost	Profession Example	<u>Biology Graduate</u> (\$48,400 Lost Per Year)	<u>Pharmacist</u> (\$128,720 Lost Per Year)
4 Years of Medical School	N/A	\$193,600	\$514,880
Now choose your anticipated specialty to see the opportunity cost.			
2 Years of Residency	-Family Medicine	\$96,800	\$257,440
3 Years of Residency	-Emergency Medicine -Internal Medicine	\$145,200	\$386,160
4 Years of Residency	-Radiologist -Anesthesiology	\$196,600	\$514,880
5 Years of Residency	-General Surgery	\$242,000	\$643,600
1-2 Year Fellowship	-Orthopedic Surgeon -Trauma Surgeon -Transplant Surgeon	\$290,400	\$772,320
7 Years of Residency	-Neurosurgery	\$338,800	\$901,040

At this point you are probably wondering if I am even an advocate for pharmacy students going into medicine? We aren't even 20 pages into this book, and you are probably reconsidering even applying. Believe me when I say this but **going to medical school was the best decision I ever made!** Even when factoring the financials and extra years of schooling I have no regrets. Do not let these first couple sections discourage you! You are also probably wondering when I am going to start discussing how to apply. Hang tight, in the next section we will begin to discuss the principles of applying and what to expect.

TAKEAWAYS:

- Choose a medical specialty that you are passionate about.
- If you enjoy two different specialties equally, choose the one that pays more.
- Be aware of the pharmacy income opportunity costs and understand that these downside costs impact pharmacists more because of their forgone six-figure income.

4. MAKE AN AAMC ACCOUNT:

Congrats on making to the first active portion of this book. You survived the finance section so applying should be easy right? I do not think we are quite there yet, but the first step is to make an **AAMC Account**. The AAMC website will serve as your conduit to the medical world. On this website you will have access to a plethora of resources, many of which I will discuss in this book. Creating an account now is strongly encouraged, and necessary when you start to apply. When doing so make sure you use a personal email and not a university affiliated account. Depending on your institution, you may lose access to your university email upon graduation. I found it useful to create a whole new email to keep my medical school emails and affairs organized. When you are applying, AMCAS (the application portal) will utilize the same email information. That's it, short and sweet. Off to the next section!

- **Resource:** AAMC Create Account Page
<https://www.aamc.org/>



5. REACH OUT TO YOUR UNIVERSITY'S PRE-HEALTH ADVISORS:

This section only applies to students who are currently in pharmacy school or enrolled in a university. Graduated pharmacists can skip this section as you will likely not have access to campus resources anymore.

While in pharmacy school I had the opportunity to enroll with my university's pre-health program. I had reached out to several of the advisors in the program explaining my interest in pursuing medical school after pharmacy school. They recommended that I participate in the program, and by doing so I would have access to traditional pre-medical student resources. This would include personal mentoring, general guidance, and networking with other pre-health students. If you have access to this then I encourage you to explore this opportunity, especially since you will be able to receive a committee letter. This letter, although not essential, is very helpful to have and helps you avoid yet another application pitfall.

Unfortunately, I never got around to enrolling in the program because of the added tuition costs and the additional responsibilities. I applied without the support of the university and subsequently lacked a committee letter. Not having said letter did prevent me from getting into some programs who believed that my application was left incomplete. For those of you who do not wish to enroll I would still establish a line of contact with the pre-health office who may be able to assist in application questions or give you a rough idea of how "healthy" your application is. Remember, these advisors do this for a living so having insider tips can go a long way!

6. TAKE THE MCAT FIRST AND TAKE IT SERIOUSLY:

Now that you have created your AAMC account and have established a line of contact with your university's pre-health, we can begin to discuss the most important step for getting into medical school, the MCAT. Performing well on the MCAT (Medical College Admission Test) is by far the most challenging part of the entire application cycle. Getting accepted to a medical school program is highly dependent on having a good score. This test is not the only factor that is considered when applying but it serves as a rate limiting step, a reference to all those chemistry fans out there.

We will discuss the MCAT in great detail in **PART THREE**, but I am introducing this here to emphasize how important this exam is. Do not take it lightly. Please do not make the mistake of believing your pharmacy background will have adequately prepared you for this monstrous exam. It requires extensive preparation including content mastery and an understanding of specific test taking strategies. I personally underestimated this exam and subsequently scored in the 38th percentile, which led to a retake. Scheduling another MCAT attempt complicated my application cycle and added another 4 months of preparation to my already busy schedule.

As a pharmacy student my recommendation to you is to take this exam during the summer between professional year 2 (PY2) and professional year 3 (PY3). This will leave you ample time for a retake if required, and if not, plenty of time to build a strong medical school application.

If you are a younger pharmacy student reading this book, you may be able to take it between your PY1 and PY2 years. This may afford you more time for potential retakes, but you run the risk of having your exam score expire. Your MCAT score is only valid for 3 years after completion of the exam. In other words, you will need to receive an acceptance to a program within that time window, or you will need to retake the MCAT, despite having a good score. That means during your PY4 year of school while applying!

If you are an older pharmacy student in their PY3 year or beyond (including graduates), take the MCAT when your schedule permits. This is ideally when you have limited distractions from work and/or exams. I was forced to take my MCAT during my second semester of PY3 year right before the application cycle opened. It is certainly possible to achieve this but preparing for the MCAT during this period of my life was extremely stressful and took away from bettering my application. If you are a rising PY3 student or PY4 take the exam during scheduled rotation off-blocks. Pharmacy graduates will need to consider taking time off from work or remain disciplined to study after your shifts.

I recommend that you take the MCAT first before committing time to improving your application. Your MCAT score is a major component to getting into medical school and a subpar score will hold you back. I would hate for you to throw your heart and soul into creating the perfect application but having a bad MCAT score holding you down. We will discuss what makes a good application in future sections so do not worry about that here. As I mentioned the MCAT will make or break your application so dedicate all your time and effort to this **First**.

7. YOUR PHARM.D. IS YOUR MOST PRIZED POSSESSION:

Very few medical school applicants will have such a unique educational background so use it to your advantage when applying. I found it relatively easy reflecting on clinical patient interactions when writing my primary application and it was due to our high quantity of pharmacy rotations. You will find interviews very enjoyable as well. It is the first face-to-face opportunity to truly demonstrate that you are a healthcare professional. The interview will feel natural to you and as if you are talking to just another physician on the hospital ward. Pharmacy school not only teaches you the intricacies of pharmacy, but it fosters a sense of professionalism that sets you apart on interview day. However, don't be fooled into thinking you are the strongest applicant in the room. You will interview with a diverse crowd of students who each have unique experiences, research achievements, etc. They will all be trying to put forward their best self. I am only encouraging you to do the same!

I have placed this section here for you to really consider the “million-dollar question” (literally): **“Why medicine and why not pharmacy?”** You will need to have a strong, logical, and concise answer to this defining question. Everyone you encounter – ranging from the physician conducting your interview to the barista at the hospital coffee shop – will look at you as if you are crazy. Convince them that you want to be there and that you are ready for the next chapter of your life!

I have also placed this section here to emphasize that **your PharmD is unique, but it will not push you through.** We will address how to create a holistic application later but keep this critical statement in your mind. The next part will introduce a schedule which you can follow at your leisure in order to maximize your chances of getting into medical school.

PHARM.D. TO M.D.

PART TWO:

THE SCHEDULE

*“To study the phenomena of disease without books
is to sail an uncharted sea, while to study books
without patients is not to go to sea at all.”*

– William Osler

In this section, we will dive into each Professional Year of Pharmacy school and create a framework for you to follow as you progress through your schooling. When I was busy studying for pharmacy school exams and completing clinical rotations, I hardly had time to get organized. I have created an abbreviated list for you to review below. Feel free to jump to the section that best suits your current year in school. I would encourage you to read over each section to ensure that you do not miss any critical steps along the way. If you are a graduate already, this section will serve as a checklist, and not so much as a template of action. You will still have to complete the application requirements but at your own individualized pace.

1. UNDERGRADUATE YEARS:

2. PROFESSIONAL YEAR ONE (PY1):

- a. Get involved in research opportunities:
- b. Create an AAMC Account:
- c. Start Shadowing Physicians:

3. PROFESSIONAL YEAR TWO (PY2):

- a. Complete a medical mission trip:
- b. Take the MCAT:
- c. Continue to shadow physicians and complete research:
- d. Have you taken the correct prerequisites:

4. PROFESSIONAL YEAR THREE (PY3):

- a. MCAT Round Two:
- b. Letter of Recommendation:
- c. Draft Your Personal Statement and Work Experiences For AMCAS:
- d. Advanced Practice Pharmacy Experience (APPE) Rotations:
- e. Do not forget to budget:
- f. Determine if the Early Decision Program is right for you:
- g. Complete the Primary Application through AMCAS:
- h. Complete Secondary Applications:

5. PROFESSIONAL YEAR FOUR (PY4):

- a. Take the CASPER Exam:
- b. Interview Time:
- c. Provide Update Letters to Programs:
- d. Letter of Intent:
- e. Seeking Pharmacy Licensure (NAPLEX and MPJE):

6. LICENSED PHARMACIST:

- a. See Above:

Use this schedule as a generalized framework to guide you throughout pharmacy school and gauge your application health. For instance, if you are a PY4 student but have no research experience and hardly any shadowing hours, your application is far from complete. In comparison if you are a PY1 reading this book and follow these steps algorithmically, you will be very well prepared. Unfortunately, the medical school revelation many pharmacy students encounter often presents itself during the back end of our schooling (PY3 and PY4 years). With that said, try to fit in as much as you can in with the time you have. It is important that you do not rush your application though. If you plan on applying, make sure it's a representation of your best self. Second time applicants struggle far more than first timers!

Note: This schedule is designed for students who wish to matriculate directly from pharmacy school into medical school. If you are planning on a gap year you will have even more time to perfect your application!

UNDERGRADUATE YEARS:

If you are an undergraduate, consider switching to a premedical track. The pharmacy route is far more difficult and expensive! Students in the professional phase of pharmacy school are likely committed to the pharmacy path due to the inability to transfer pharmacy specific credits. In other words, **this is your last chance to reconsider a career in pharmacy!** There are much easier ways to get into medical school. Trust me!

PROFESSIONAL YEAR ONE (PY1):

During your PY1 year you are likely still adjusting to the heavy course load and professional responsibility thrust upon you. Pharmacy school, just like medical school, expects far more from you than any undergraduate curriculum. This year should be dedicated to adjusting to the rigors of pharmacy school and achieving excellent academic performance. If you find yourself in good shape academically, you can start planning out your medical school approach.

GET INVOLVED IN RESEARCH OPPORTUNITIES:

Having a strong research background is a fundamental component to a holistic medical school application. The more years of experience you the more likely you are to get publications and presentations. Medical schools love seeing applicants who are dedicated to advancing medicine, and conducting academic research is the primary conduit to do so.

Pharmacy school faculty always have projects available so do not hesitate to send out a few emails. It never hurts to ask and doing so can facilitate faculty networking that will last for many years to come. If a project isn't readily available, the professor will have your contact information and you will be more likely to get projects in the future.

You should also consider applying to undergraduate research programs that you can complete over the summer. These tend to offer financial compensation for your work which is always appreciated. Most programs also allow you to continue your project past the end of the summer which can turn short-term projects into longitudinal research works.

Despite the positive attributes related to conducting research, I recommend you take on research projects that you are passionate about. Conducting research can be time-consuming, tedious, and downright difficult. These factors can magnify if the project you are working on is of no interest to you! You may not have the luxury to be picky upfront about research opportunities, but you are far more likely to continue your work over the years if you are passionate about it!

MAKE AN AMCAS ACCOUNT:

The American Medical College Application Service (AMCAS) platform is where you will spend the majority of your time during the application cycle. Create an account to familiarize yourself with the platform. However, creating an account does not mean you should start filling out your application. This is just for learning purposes. You should be focusing on bolstering your application and getting good grades in pharmacy school at this point in time.

START SHADOWING PHYSICIANS:

You might not have direct access to physicians at this point in your pharmacy training but it's never too early to get some exposure. Reach out to family friends or relatives in the healthcare field who may be able to put you in contact with practicing physicians. Your Pharmacy faculty can also be a resource but be prepared to defend your interests. As long as you are honest, many faculty mentors would be happy to connect you with one of their attending co-workers.

If you are like me and have no healthcare professionals within your family circle, you may want to start with shadowing clinical pharmacists. This will help introduce you to the hospital policies, broaden your understanding of pharmacist responsibilities, and allow you to network with residents and attendings. Working with a practicing pharmacist will have you understand if you will be happy following through with your education or if you need to make the switch.

The more physician shadowing hours you have under your belt the more validated your transition will appear to application reviewers. What better way to justify your transition out of pharmacy than by having thousands of hours of shadowing experience to back you up!

PROFESSIONAL YEAR TWO (PY2):

Now that you have a year of pharmacy under your belt you should have pretty good time management skills. It is now time to start developing your medical school portfolio. PY2 year affords its own challenges, such as more challenging courses and the opportunity to take on leadership roles in clubs/organizations. The clinical courses you take during this year are what convinced me to pursue a career in medicine. Enjoy them!

COMPLETE A MEDICAL MISSION TRIP:

Spring break is an excellent time to complete a weeklong global health experience. Look into your universities study abroad office and see if they offer any medical mission trips. Most university's will be affiliated with organizations that give students the opportunity to volunteer their time for international service initiatives. The trip may not be medically related, but I can promise you the experience will certainly be worthwhile. The pharmacy curriculum is fairly rigid, and students traditionally struggle to find time to study abroad. You may not be able to spend a semester in Europe but a trip over a short break or during your summer should suffice. If you are unable to find a trip through your university, you can either propose a trip to pharmacy faculty or investigate various third-party coordinators. There are many philanthropic organizations online but the most referenced is "Doctors Without Borders." Full disclosure: I completed a medical mission trip through my university so I cannot speak from experience concerning these online resources. Do your own research and determine what the best option may be for you.

Completing a medical mission trip provides you with an opportunity for hands on clinical experience, while fostering individual character development. You will certainly not regret this opportunity, and it demonstrates that you are committed to helping those in need. Experiences like these make for a unique application!

One major drawback to completing a medical mission trip is the cost. Depending on where you go and the time of the year some trips may exceed \$3,000. Budget accordingly and find affordable programs. If international travel is not within your financial means, you can also consider local community mission work. There are plenty of underserved populations lacking adequate medical care in rural and urban parts of the United States.

TAKE THE MCAT:

The summer after your PY2 year is the perfect time for your first MCAT attempt. I will discuss this exam in more depth in the next chapter of this book so do not get bogged down here. In general, I recommend that you start studying after your spring finals and plan to take the exam right before your PY3 fall semester begins. Sacrificing your summer may not seem too appealing upfront but it will give you ample time for a retake if necessary.

If you take the exam any sooner, you run the risk of having your score expire. The MCAT score is only valid for 3 years and some medical school programs only accept scores within 2 years.

CONTINUE TO SHADOW PHYSICIANS AND COMPLETE RESEARCH:

Medical schools love to see continuity. This also allows you to gather more hours and follow through with research projects that can take years to complete. While it is nice to get a variety of experiences from different shadowing offices, it will be most valuable to get several hundred hours from a singular office, as opposed to only get 15 hours from 3 different offices. While variety in experience is important the quantity of hours is far more valuable.

HAVE YOU TAKEN THE CORRECT PREREQUISITES?

According to AAMC, medical school programs require 8 Credits of Introductory Biology with lab, 8 credits of English, 8 credits of General Chemistry with lab, and 8 credits of Organic Chemistry with lab. This list is considered an absolute minimum requirement and almost all programs demand additional prerequisites. These would include, but are not limited to, 4 credits of Biochemistry, 8 credits of physics with lab, 8 credits of mathematics. I have listed this information in a table below for easier viewing purposes. Read through the chart and make sure you have passed all these courses and have completed the mandatory credit amount. For reference, 4 credits are equivalent to one semester, while 8 credits equate to two semesters worth.

Course Title	Credit Requirement
General Biology I & II with Labs	8
English with Writing	6-8
General Chemistry I & II with labs	8
Organic Chemistry I & II with labs	8
Biochemistry (Lab not required)	4
Physics I & II with labs	8
Mathematics (Calculus, Statistics, etc.)	6-8

Fortunately for most pharmacy students, these course requirements are usually fulfilled as an undergraduate. I had all my credits accounted for except for Physics II (4 credits). Depending on your individual pharmacy school curriculum you may have the opportunity to take elective courses in your PY3 year. This is an excellent time to complete any missing prerequisite course work. If you have been following my schedule you will have already completed your MCAT and will be more confident enrolling in extra courses knowing you have a rock-solid MCAT score.

FINANCIAL PRO-TIP: If your pharmacy curriculum allows you to take elective credits you may want to consider taking them at a cheaper university. For instance, during my tenure in pharmacy school I was allotted 9 elective credits. I had the opportunity to take any course offered at the university but unbeknownst to many of my peers, undergraduate level courses were billed at the higher pharmacy credit hour rate. In other words, cheap undergraduate level courses were being pro-rated to match the much higher pharmacy credit billing cost. To better illustrate this, the current rate for a pharmacy credit at my alma mater is \$1,723. If you recall, I still needed to take a physics II class to complete my medical school prerequisite requirements. The course itself was a total of 4 credits including a lab section. If I had taken it through my university, those credits would have been billed at the pharmacy credit rate and NOT at the appropriate undergraduate rate. I would have owed \$6,892. Alternatively, I enrolled at a local 4-year institution and took an eligible physics II class that only cost me \$3,540. I was able to transfer those outside credits into my alma mater to fulfill my pharmacy elective credit obligations. Enrolling into a new 4-year university felt tedious at the time, but it was well worth \$3,500 in savings. Check with your pharmacy school advisors and university registrar to ensure that you are eligible for this type of financial maneuver. Remember, it never hurts to ask!

Lastly, if you are unsure whether or not you have met the prerequisite requirements for a particular medical school, don't hesitate to contact the respective program to clarify. They are often willing to work with you and can clarify any ambiguities.

PROFESSIONAL YEAR THREE (PY3):

MCAT ROUND TWO:

Hopefully, this step is long behind you and a retake is not necessary. However, accidents happen and sometimes you need to try again. I had to take the exam twice and you may as well. There is no shame in that. Do not get discouraged, and do not let anybody tell you to give up. As Thomas Watson, former president of IBM once said, “If you want to succeed, double your failure rate.” There will be hiccups along the path to success so buckle down, analyze your shortcomings, and fine-tune your approach. PY3 is a great year to try again and will allow you to still matriculate into medical school the same year you graduate pharmacy school.

LETTERS OF RECOMMENDATION:

Select your candidates. Find faculty, employers, research associates, and physicians who are willing to write you a “positive” letter of recommendation. I have placed emphasis on positive because nothing sinks an application like a lukewarm or, dare I say, negative letter of recommendation.

It is important to request your letters early so that a less than ambitious letter writer does not delay your application submission. Start asking in January of your PY3. Have them complete the letters by March. This should give you plenty of time to process the letters and submit them into the Primary Application via AMCAS. Remember, if you are planning to immediately matriculate after graduation you will have to submit your application in the summer during the start of your PY4 year. Medical school applications are submitted almost an entire year in advance.

Make sure you find a physician to write you a letter. If you are planning on applying to osteopathic programs also known as “DO schools,” make sure you also get a letter of recommendation from an osteopathic physician. Certain DO programs will require a DO letter of recommendation. Without one, your application will find its way to the recycling bin. Researching which schools require them will not only save you time but money as well.

AAMC developed a short document to guide letter-writers on how to create solid letters of recommendation. I recommend you attach this document in your future email to make the process easier. Your professors, mentors, and supervisors are always busy so try to make writing a letter of recommendation as painless as possible for them. Review the Letters of Recommendation Section in **PART FOUR** for a detailed look into the process.

- **Resource:** AAMC Letter Writing Guidelines
<https://www.aamc.org/system/files?file=2019-09/lettersguidelinesbrochure.pdf>



DRAFT YOUR PERSONAL STATEMENT AND WORK EXPERIENCES FOR AMCAS:

The sooner you create these the less crunched for time you will be. You will not want to delay your application cycle because you developed writers-block. This can be a very time-consuming portion of the application cycle and the more time you have to articulate your experiences the better they will turn out. This is an incredibly tedious process that warrants frequent re-wording and grammar adjustments. Your goal should be to tell your story, extract meaning from past experiences, and most importantly, provide application reviewers with a first glance at who you really are. The late Will Rogers famously said, “you never get a second chance to make a first impression.” Show your future readers what you are about!

In short, you will have the opportunity to share 15 experiences and the ability to designate 3 of which are most meaningful. You are limited to 700 characters for ordinary experiences and 1,325 characters for those you designate “most meaningful.” Check out PART FOUR: The Primary Application, under the **Work/Activities section** for more details about how and what to pre-write.

ADVANCED PRACTICE PHARMACY

EXPERIENCE (APPE) ROTATIONS:

As your final months of the didactic portion of pharmacy school come to an end, you will be tasked with picking your PY4 APPE Rotations. I would recommend that you pick rotations that will not overburden you, especially during your application phase. This would include your summer months when you will finalize your primary application and begin to submit secondary applications. The last thing you want is to spend 10 hours a day in a hospital on a challenging rotation and then having to stay up all night working on time-sensitive applications.

I would recommend that you DO NOT complete particularly challenging rotations during your PY4 year unless you have a true passion for the preceptor or line of work. You may find yourself already accepted to a medical school by early October so your focus at this time should be on changing professions, not on fulfilling arduous rotation requirements. Moreover, some rotations may be structured like a miniature pharmacy residency, a career path you are no longer pursuing. These challenging rotations will certainly improve your clinical skills, but they may also grind you down. You are on the horizon of committing yourself to a decade of higher education. Cut yourself some slack and enjoy your final months of pharmacy school.

Some pharmacy schools offer “off-blocks”, and I would encourage you to take at least one during this busy summer. If you must complete rotations over the summer, try to get easier rotations with reasonable preceptors. It would be in your best interest to fulfill your community pharmacy requirement or an ambulatory care rotation during this period due to the reasonable work hours.

The interview portion of the cycle begins from early September to the end of March. It will be impossible for rotations and interviews to not conflict, but most preceptors are willing to work with you. You may not have any interviews scheduled at the start of a rotation but can be asked to attend several by its conclusion. I would recommend that you be transparent with your preceptor on your first day and let them know about your post-graduation plans. This will open up a line of communication and allow you to easily coordinate make-up hours for interview absences.

Your stats may help you predict when you will need interview time off as well. For Instance, if you are rocking a 4.0 GPA with a 522 MCAT you should anticipate several interviews in early September and October. If you have a 3.1 GPA and a 502 MCAT, you may not hear from programs until January! There is no perfect tool to predict when you will get interviews but being realistic about your application health can guide you through the cycle. At the end of the day, you will still be a pharmacist so don't sweat the little stuff. You are already on the cusp of a fantastic achievement!

PRO-TIP: Only your first APPE rotation can be used in your Primary Application Work Experiences Section. By the time your Primary Application is due, you may not even have completed a rotation yet. On the application they are looking for completed experiences so the majority of your clinical rotations will not qualify. For instance, when I was accepted to rotations at The Johns Hopkins Hospital and The Cleveland Clinic Main Campus Hospital, I was disappointed when I was not able to mention these prestigious experiences on my applications. When I was picking rotations in my PY3 year, I was under the impression that I would have been able to incorporate these nationally recognized programs into my experiences list. These rotations were challenging and although I have no regrets, I would have certainly enjoyed less responsibility while coordinating medical school interviews.

FINANCIAL PRO-TIP: Elect to take local APPE rotations close to your place of residence. This is another facet of pharmacy school that many university faculty neglect to discuss. They hardly address the financial cost of attending distant rotations. I conducted two out-of-state rotations during my tenure and each one cost more than \$1,000 including living expenses. Pharmacy faculty often encourage students to explore different institutions because 99% of the student constituency will select rotations for networking purposes. While broadening your clinical knowledge is important, most of your pharmacy peers will choose a rotation site to gain favor with the institution. Their goal is to pursue future employment or procure a desired residency match position. To them, a distant rotation, and the costs associated with it, are a necessary evil when the upside can involve a potential job offering. While it may be beneficial to make friends in different cities you will have plenty of time to do that while on your future medical school rotations. If your pharmacy school allows it, I would encourage you to move home and complete your APPE requirements at local hospitals and pharmacies. By avoiding apartment rent and distant rotations you could save thousands of dollars and still get great rotation experiences.

DO NOT FORGET TO BUDGET:

I know we have already discussed how expensive the application cycle can be. This is just a friendly reminder to make sure you develop a budget and work a few extra shifts at your pharmacy job. You may even need to take out a few extra thousand dollars in loans. If you are financially constrained but want to add a few more programs to your application list, the last thing you want is to have to wait weeks for a loan approval. You will be surprised how quickly your bank account will drain during the first few months of applications; I promise you that!

DETERMINE IF THE EARLY DECISION PROGRAM IS RIGHT FOR YOU:

The Early Decision Program provides applicants with the ability to submit a singular application to one participating medical school of their choosing. By doing so the student is guaranteed to receive a final decision by October 1st from the institution of choice. If they are accepted, the student is obligated to attend the medical school. They may not apply to other programs and are contractually bound once accepted. If the student is rejected, they are eligible to submit more applications to other medical schools. I have listed a few “Pros” and “Cons” below to help you better understand this path.

Pros:

- **You can apply to your dream school and demonstrate your dedication to the program.** Reasons to do so could include cost-effectiveness, alignment with personal goals, or the school’s proximity to family and friends.
- **You will have a final decision by October 1st.** If accepted, your cycle will end, and you can focus your efforts on rotations or begin preparing for pharmacy boards. This can be particularly beneficial if your future medical school is not within the same state as your current pharmacy school – the reason being that you will have plenty of extra time to learn your medical school’s state pharmacy laws which will be different than your state specific pharmacy law education.
- **Your application costs are condensed to a singular primary application and secondary application.** This avoids the volume problem that many students face when applying broadly. Taking this path can save you thousands, but don’t get swayed by the money. Your future is on the line!

Cons:

- **Electing to complete Early Decision DOES NOT lower the medical school's standards for acceptance.** If you are a mediocre applicant then you will be judged accordingly. In other words, there is no favoritism or preferential treatment for taking this path, compared to a traditional application pathway.
- **There are only a small number of seats allotted to Early Decision Applicants.** This process is highly competitive and is best for unique applicants with standout experiences. Instead of competing for 180 available seats, you are now competing for approximately 10-20. While you may be a pharmacy school graduate, you will still need to have a rock-solid application that fits the particular medical school's metrics.
- **You are contractually bound if accepted so you must be confident that you want to go the program you apply to.** This may not be beneficial if you discover later-on that you don't fit well with the school's mission or its current student population. There are many stories of students dropping out of medical schools due to toxic social environments and a cut-throat student body. Your education is your number one priority but obtaining it without the support of your peers or faculty can be quite awful!
- **A rejection will set you back substantially.** Not only will you have been rejected from your dream school, but you will now have to apply to several new programs very late in the cycle. This is a considerable disadvantage as many programs will have already begun offering interviews or acceptances to regular applicants.

For your full disclosure, I did not participate in the Early Decision Program. To be honest: when I was applying, I did not even know it existed. I cannot speak from experience, but I wanted to cover it to keep you informed about the benefits of this potential application route. Applying to the EDP can be very strategic to qualified individuals but a slight miscalculation on your odds of acceptance can be very detrimental overall. This path is typically reserved for outstanding applicants only, but an outstanding applicant with a pharmacy background will fare even better!

COMPLETE THE PRIMARY APPLICATION THROUGH AMCAS:

AMCAS opens in May but cannot be submitted until June 1st. If you have been following the schedule you should have already pre-written most of the content. All that is left is for you to input your content. Submit your work and await verification. Upon verification completion, your AMCAS application will be sent to each medical school of your choosing. Medical schools will not receive applications prior to July 1st. Completing this portion on time is critical and maximizes your chances of getting into a medical school. I am serious, don't submit this late! **PART FOUR** of this book is devoted to the Primary Application, where we will cover more specifics.

COMPLETE SECONDARY APPLICATIONS:

You will begin to receive secondary applications from early July all the way up until December. Most medical schools will review your primary application and subsequently send you a "secondary application" with additional essays you will need to complete. Historically speaking, secondaries were only sent to qualified applicants who had a good chance of getting into the program. Unfortunately, most medical schools today will automatically send a secondary to every applicant who submitted a primary application to their program. Sorry to disappoint but getting a secondary application from a medical school doesn't make you special.

There are still some programs out there that will reject an applicant even before getting a secondary. These rejections are usually reserved for students who applied to programs well above their means or those who were filtered out due to a low MCAT or GPAs. For example, Wake Forest Medical School will not review an application if the applicant does not have a sGPA of 3.2 or higher and a cumulative MCAT score of 502 or higher. This is just one medical school and there are others who have additional requirements. Research each school prior to submitting your primary or you are literally throwing away your time, energy, and capital. For more information about secondary applications, please review **PART FIVE** of this book.

PROFESSIONAL YEAR FOUR (PY4):

TAKE THE CASPER EXAM:

The CASPER Exam is a 90-minute ethics test that attempts to examine an applicant's "people skills" through various situational judgement tests. The test is designed to place you in the middle of different conflicts between two groups of people and tests how you would handle things. There is usually not just one right answer but various ways of handling each conflict.

You are expected to complete the CASPER Exam only for medical schools that require it. There still are several programs that do not utilize CASPER, so you are "off the hook" if you apply to these programs exclusively. For now, just understand that it is another test you will have to take prior to finishing your applications. Fortunately, it is far easier than the MCAT and requires hardly any preparation so do not sweat it!

We will focus more on this exam and some new components designated as Altus Suite. Altus Suite contains the CASPER Exam, SNAPSHOT, and DUET. Please read **PART SIX** for more information about each specific requirement.

INTERVIEW TIME:

Interviews are in my opinion the most exciting part of the application cycle. You can finally showcase the professionalism that has been engrained in you from years of pharmacy school. This is your opportunity to demonstrate those extra years of research and clinical exposure, along with your capacity for interprofessional collaboration (where many of your fellow applicants fall short). This is also a huge achievement to get an interview. Most programs only offer several hundred interviews during the cycle, and you have been lucky enough to secure one. It is at this point that the odds of getting an acceptance have shifted dramatically in your favor. Do not let it get to your head and certainly do not make the mistake of thinking that you are finished! Getting an interview is a major milestone and another step closer to your goal.

You should expect to hear from programs as early as August and as late as April. Each school operates at its own pace and utilizes its own methods for interview selection so don't get caught up in the online drama. For more information about interviewing, check out **PART EIGHT**.

PROVIDE UPDATE LETTERS TO

PROGRAMS:

This is your opportunity to highlight any key improvements to your resume since you submitted all your application materials. If you have been following the schedule, you will have completed your secondaries by September and should now be in the waiting phase. You are at the mercy of the medical schools and their will to grant you an interview or an acceptance off the post-interview waitlist. However, this period is not entirely passive, and you can submit an update letter to the programs of your choosing. Do your research and find out what schools on your list accept updates and find out how they accept them. The last thing you want to do is spend time creating a personalized update letter for a program that will reject your efforts.

Make sure the content you provide in the update letter is **substantial and of the highest quality**, such as recent publications, an incredible patient experience, or a respectable new position in the hospital. This is a fantastic opportunity for pharmacy students to broadcast their unique APPE rotations and demonstrate the clinical nature of their involvement. As you will see, some APPE rotations will hardly assign responsibility, while others will expect you to fill the role as an active pharmacist. I have been on rotations where I would represent the pharmacy department on rounds by making medication recommendations to the medical team independently. These make for unique stories that the Admissions Committee will love to hear! Your PY4 year also is the time when much of your pharmacy related research will come to fruition. As pharmacy students, many of you will have been working towards presenting your work at the American Society of Health-System Pharmacists (ASHP) Mid-year Clinical Meeting. This showcase for residency and fellowship applicants is a great opportunity for you to present a poster or give a stand-out presentation. This is yet another excellent experience to demonstrate your passion for research and the propagation of medicine, and certainly a worthy addition to your update letter.

Note: Do not send updates until you have given programs a reasonable amount of time to process your application. You do not want to be that applicant who submits an update 20 minutes after completing the same school's secondary. They will wonder why you did not include that information with your recently submitted contents. Doing so can make you look unorganized, and negatively impact your application chances. Unfortunately, I cannot tell you how long that will be because everyone applies at different times, but generally November or December are reasonable times to submit an update. Here are a few examples of when you may consider sending an update letter.

1. If you have interviewed at the program and haven't heard from them in a while or have been placed on a post-interview waitlist.
2. If you have been placed on a Pre-Interview Waitlist, a letter may remind them that you exist and are doing great things.
3. If you have had no updates about the status of your application since you finished your application, an update letter might jolt them to look into your profile.

Lastly, even if you don't have anything substantial to update your medical schools with (unlikely with your APPE Rotations), you should still consider the gesture. Many programs appreciate the act because it demonstrates that the student is still interested in their program. It will also serve as a touchpoint opportunity where you can contact the program again and let them know that you are "extremely excited to hear from them."

We will cover update letters in more depth in **PART NINE**. In that chapter you will find a sample update letter that I utilized during my own cycle for your reference.

LETTER OF INTENT (LOI):

Are you on a post-interview Waitlist? Was the school you interviewed at the program of your dreams? Is it the only school you have heard from and really need to get in? If you said yes to any of these questions, then you should consider writing a letter of Intent (LOI). This is a document you can submit that allows you to express your profound interest in the specific program and make a pledge to attend said program if accepted. Sound familiar? If you were thinking of the Early Decision Program, then you would be correct. The main differences are that a LOI is much less formal, and you are under no obligation to carry out your pledge. I recommend that if you choose to write one of these letters that it is consistent with your pledge, but I also understand that circumstances can change at a moment's notice. For more information, please review **PART NINE**.

SEEKING PHARMACY LICENSURE

(NAPLEX AND MPJE):

Now that you have been accepted to a medical school you can take a breather. You have achieved the ultimate goal and you will one day be a physician. The only question that is left unanswered at this moment is “are you going to be a pharmacist?” Once you have committed to a school you will need to decide if you are going to sit for your boards. Personally, I think it would be a disservice to yourself if you decided to pass them up! You have worked so hard over the years to finish pharmacy school that putting in a few extra months to get your license is but a small feat. The summer after you graduate is by far the best time to seek licensure. You will never have as much free time as you do now and dedicating a few hours to your boards will pay off 10-fold.

Alright, I'll get off my soap box and give you the insider tips. Preparing for the NAPLEX and MPJE are both expensive and a logistical nightmare, especially if your future medical school forces you to cross state borders. The major benefit of studying for the exams (especially the NAPLEX) is that it will help with your medical school journey. I understand that dedicating time to study and prepare can be difficult, especially since you are now on the horizon of starting four more years of intense schooling. In the end, I believe it is still worth it! You will one day have to ask yourself the same question and see where it takes you.

By getting your license, you can also work throughout medical school. Working during this busy period of your life is very uncommon but it will provide you with experience that can help bolster your resume – not to mention the nice chunk of cash you receive working for ~\$50/hour. Working a few hours, a week won't pay off your student loans, but it can minimize future expenses. I am currently working as a pharmacist on the side, and it has supported my daily living!