The MSP Scholar-to-Scholar Handbook
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The MSP Scholar-to-Scholar Handbook

INTRODUCTION

Hello. The idea of this handbook is to provide newer Med Scholars (henceforth to be called "MSPs") with some of the accumulated wisdom of those of us somewhat more battle-scarred. This handbook will begin with a general overview of the MSP and the (typical) stages of the program. It then will go on to discuss the kind of stuff most of us older MSPs didn't think about early on in our programs but now wish we had --stuff like

- how do you pick a good advisor?
- how do you decide how to split up your grad work and med school?
- how can you stay in touch with medicine while finishing up your other degree?
- what's the structure of the MSP and what use is it to us as students?
- what opportunities are available for developing leadership/administrative skills?
- what can you do when you're not meeting someone else's (or your own) expectations?
- what should you "watch out for" --are there things that'll bite ya if you don't know about 'em?
- what's all this whining about formatting your dissertation? --just you wait!
- who else is in the MSP and why should you bother to get together with them?
- where can you turn when you encounter harassment, discrimination, unprofessional behavior, etc.?

This is the kinda stuff that this scholar to scholar (S-to-S) handbook deals with. Now clearly, you're an intelligent, organized, driven, resourceful person --if you weren't, it's unlikely you'd be an MSP. So don't get the idea that this S-to-S handbook is some
patronizing piece of junk. It's not; it's a resource culled from the experiences of people like yourselves who've hacked their way through the brush to get their MD/PhD or MD/JD. And what this S-to-S handbook hopes to share are the shortcuts they found, the beasts they encountered, the pesticides they found useful, and a general overview of the terrain they covered. Obviously, no one will find all parts of the S-to-S handbook useful or even applicable. But if we've done a half-way decent job in putting this together, you might just have a better experience during your tenure here in the flatlands of Illinois than those who came before.

**Author’s Note:** This handbook was originally written by Benjamin Levi in 1995. It was updated by the MSP Office in October 2003, revised by Jason Rockhill and Sara DePaul along with the MSP office staff in 2001, updated by a MSPAC committee in 2004 and 2005, and revised by Samit Shah and others in August 2009. Most recently, the handbook was updated by the collective efforts of MSPAC with the editing help of the MSP Office in 2011. From here on out, all revisions (even when spearheaded by individuals) are credited to MSPAC as a whole. The information, warnings, advice, and everything else expounded in this handbook have been culled from many sources: Benjamin conducted numerous conversations with MSPs over his 8 1/2 years in the program, formal interviews with approximately 30 past MSPs, years of intently observing MSP-related committees and their constituents, and lots of really wise advice from all the folk who make the MSP work. So, while Benjamin originally put together the words that make up the Scholar-to-Scholar handbook, what it actually says is the product of the accumulated wisdom of well over 250 students and scores of people who have a hand in running the MSP.

**STUFF YOU PROBABLY ALREADY KNOW**

**Organizational Set-Up of the MSP, Grad School, and Med School**

The MSP is a non-degree granting entity that is under the joint sponsorship of the Medical School (based at the U of I at Chicago) and the Graduate College (based at the U of I at Urbana). The main governing body for the MSP is the MSP Steering Committee. This committee has essentially three honchos: the dean of the medical
school (Urbana campus), the dean of the graduate college, and the director of the MSP. It is the latter of these who actually runs the steering committee meetings. The committee itself is composed of representatives from each participating unit at the Urbana campus. There are about 20 or so steering committee members and these folks tend to be college deans and department chairs. In other words, steering committee members tend to be professionally successful, politically powerful, and very savvy people. There is one student representative (with voting power) on the steering committee, and historically that student representative has been taken seriously and treated as a full-fledged member of the committee.

The responsibilities of the steering committee include establishing policy for the MSP, overseeing its operations, and facilitating communication among the participating academic units. Generally speaking, it convenes once or twice a semester. In addition to the general steering committee, there is a "standing subcommittee" of the MSP steering committee: the Admissions Subcommittee. There is no mandatory student representation on this subcommittee, but neither is there any prohibition against it, and the student co-chairs of the Medical Scholars Program Advisory Committee (MSPAC) are invited to attend steering committee meetings and report back to MSPAC.

The Director of the MSP is appointed by and reports to the Dean of the College of Medicine at Urbana (UICOM-UC) and the Dean of the Graduate College at Urbana. The director is expected to wear lots of different hats. Because there are close to 150 students in the MSP, it is hardly surprising that the director's responsibilities get delegated and taken on (in greater or lesser degree) by just about everyone in the MSP office. In any event, the MSP director is expected

- to maintain an active research program in his/her own academic field (thus, the directorship is a 1/2-time administrative appointment)
- to develop a positive intellectual climate for the entire MSP (students, administration, and faculty)
- to serve as a liaison between (any and all aspects of) the college of medicine, the graduate college, faculty advisors, and students
• to develop and oversee the integration of medical and graduate curricula (including research) for students in the MSP

• to supervise the daily operation of the MSP with regard to student recruitment and admissions, evaluation of programs and the progress of individual students, and be a resource and problem solver for difficulties that arise.

As you might imagine, med school and grad school are two separate worlds with their own organizational set-ups and values. As far as grad school goes, there’s going to be a lot of variability from department to department in terms of workloads, attitudes regarding scholarship, as well as how students (and MSPs in particular) are regarded. There is an independent organization (i.e. separate from any U. of I. institutional structure) called the Graduate Employee Organization (GEO) that works to address issues like RA and TA pay inequity between academic disciplines, overworking grad students, etc. You can get in touch with the GEO (1001 S. Wright St.) by calling 344-8283. For better or worse, there is no formal graduate student government or other institutional voice for graduate students other than the normal departmental and grad college channels for addressing one’s concerns. The formal and actual responsibility for the individual academic programs of MSPs remains in the hands of individual students, faculty and administrations of particular graduate departments. In other words, your graduate department is the primary overseer of your graduate program and the primary allocator of financial support (i.e. fellowships, RAs, TAs, and tuition waivers).

The medical school, by contrast, tends to be much more approachable in terms of student concerns. Students are genuinely accepted and solicited at all levels of decision-making. There is a formal body called the Urbana Medical Student Government (UMSG) that in turn has student representatives on all the major (Urbana campus) medical school committees, including the Library Committee, the Student Progress and Promotions Committee, the Educational Policy Committee, as well as various other subcommittees: http://www.med.illinois.edu/studorg/umsg/. In addition to this local representation, there is a student group called the University Medical Students' Council (UMSC) that is composed of students from all four College of Medicine sites (Urbana, Rockford, Peoria, and Chicago). http://www2.uic.edu/stud_orgs/prof/umsc/
The UMSC is set up specifically to deal with medical student concerns, and its representatives also are appointed to various college-wide committees within the college of medicine, including the Executive Committee, the Committee on Curriculum, Instruction and Appraisal, the Committee on Student Progress and Promotions, and so forth. As a rule, the college of medicine (especially at the Urbana campus) is quite interested in student concerns and initiatives. At least on our campus here in Urbana, there are all sorts of curricular changes that have been instituted at students' behest as well as many student projects that have been supported. So, while it may take some getting used to, the organizational set-up of the college of medicine is often quite a valuable resource.

**SCHEDULING (The Next 6-16 Years of Your Life)**

**An Overview**

Completing one's PhD takes on average 3-5 years in the natural and biological sciences and 4-7 years in the social sciences and humanities. By contrast, it usually takes 2-3 years to complete one's JD and one year in addition to medical school to complete the joint-MBA. The reasons for these different time lines include that the JD and MBA involve set coursework and do not require the writing of a thesis; that graduate students in the natural and biological sciences often are not required to complete a master's degree on the way to their PhD; that graduate students in the natural and biological sciences frequently are funded to conduct their own dissertation research; and that graduate students in the social sciences and humanities frequently must write a masters thesis and usually receive their stipends for teaching and/or research that is not directly related to their own dissertation project. None of this is meant to imply that one kind of degree is more or less difficult to complete than another, only that reasons can be identified why certain degrees take longer to complete.

In contrast to grad school, medical school is a pretty straight and uniform shot. Everyone must satisfy the requirements of an extremely overburdened first year that includes 9 courses in the fall and 8 in the spring (more will be said about this later), but MSP students have great flexibility in determining the pace at which they take M1 courses. Everyone must take the same second year courses, and everyone must take
the same 6 core clinical clerkships plus a certain number of weeks of elective rotations. Most MSPs get credited 16 weeks towards their elective requirement by virtue of the work they've already done in their other field. Hence, it is rare indeed for any MSP to need more than 4 years to complete their MD. What follows will be a general discussion regarding scheduling that will begin with the first two years in the program, then move on to med school, and eventually make its way back to grad school.

**Where to Begin**

One of the few requirements of the MSP (and one that is highly recommended by most everybody in the MSP) is that you begin your (lengthy) course of study in your non-medical field. There are many reasons for this. By starting in your graduate program, you establish a working relationship with faculty and students in your department. This is important not only because it helps you establish the mindset of someone pursuing research in your field, but also because it helps establish in the minds of your department's faculty that you are *one of them* and as such should be accorded all the support and mentorship due someone entering their field. Correlatively, MSPs generally receive the vast majority of their financial support throughout their entire graduate course of study from their graduate department. Thus, the more quickly and effectively you show involvement in your department's teaching and research activities, the better off your financial prospects are likely to be. Additionally, the kind of intellectual education and mind-stretching that goes on in graduate school is reported (at least by some) to be good preparation for the flood of information you're going to encounter in medical school, and at the very least is valuable as something different to think about during your M-1 year.

**Subsequent Years**

As of 2009, MSP students are expected to complete the Ph.D. requirements prior to initiating the second year (M2) of the medical curriculum. Exceptions to this policy require explicit permission from the graduate thesis advisor and the MSP Director. The graduate advisor might also wish to consult with the student's thesis committee. The reason for this relatively recent policy is that it minimizes the time between completion of M2 and Step 1 and that it mitigates a well borne out fear that students who finish one degree before starting the second will simply "bag it" and not do the other degree.
Additionally, however, it is felt by many that there is great real value in bringing one's experiences and perspectives from one discipline to bear on the other discipline. The idea is that you'll see things differently both in medicine and in your graduate work simply by virtue of the fact that you've had experiences in the other field, and that this difference in perspective is something to be promoted and valued. At its most fundamental level the MSP is based on the belief 1) that there are important relationships between medicine and other academic fields that are best understood by integrating your MD and PhD education, and 2) that the scholarship you eventually produce will be different and better because of your deeper understanding of these relationships. (Although you may learn that administrators, faculty, and your peers may not appreciate these relationships as much as you do).

Which of the options you take during your years in the MSP will depend on what you (and presumably also your advisor and the MSP administration) feel creates the best fit for your transition from a graduate researcher to a medical student. It is quite feasible to sustain a significant level of research while pursuing medical courses – especially if you decide to split your M-1 year (i.e. spread out the M-1 coursework over Ph.D. years). It is highly recommended that you develop a training plan with your advisor that outlines the courses you will take during certain years and projected dates of completion for key milestones (qualifying exam, prelim exam, thesis defense, M-1 courses, etc.). Several students have had to leave the MSP without a Ph.D. in later years because of disconnects between the student’s expectations and those of the graduate advisor. Maintain a clear line of communication with your advisor and, if possible, get your training plan in writing. This will also help during your yearly advisory conferences.

Unfortunately, for many of us there is no good time to switch fields. Whatever we do, we’re going to lose some continuity, lose some of what we've already built. If there is any trick to surviving these discontinuities, it's probably the realization that people like us are in point of fact much stronger for our dual education and that temporary setbacks are simply part of the price we must pay for developing ourselves in fields that are (in the eyes of most people) quite distinct.
Accreditation & the National Boards

There are (at minimum) three steps to completing your medical education. (However, changes to these steps may be in the works, so please check online resources for the most current information). The first is the basic sciences portion of medical school; the second is the clinical portion of medical school; and the third is your internship year. Corresponding to each of these steps is a standardized exam, National Boards (now called U.S. Medical Licensing Exam or "USMLE") steps I, II, and III. Once you have passed each of these steps, most states allow you to go hang up your shingle and practice medicine. In a few states, one of which is Illinois, you must have a second year of training (in an accredited residency program) in order to hang up your shingle. When you sign up to do a full residency program in pediatrics or surgery or internal medicine or whatever, what you're most likely after is a structured education in an accredited program that eventually will lead to your being "board certified" by the national board in the specialty you've chosen and trained in. In other words, anyone with a medical degree and one (or two) year(s) of residency can say they're a pediatrician. But only someone who's been through an accredited pediatrics residency program and passed their pediatrics boards can (legitimately) claim to be a "board-certified pediatrician." Another reason to be board certified is that many group practices only accept, and most hospitals only grant admitting privileges to, board certified physicians.

What does this all have to do with your scheduling? Well, at least two things. First, National Boards (a.k.a. USMLE) step I "covers" all the basic medical sciences, and at least some of the questions on this test approach this knowledge from a clinical perspective. Your board scores may well influence which residency you are accepted into. For despite the fact that National Boards were never designed to predict performance during residency (and in fact they do not; as I read in a study some years ago, MCAT scores are a more accurate predictor of residency performance), various residency programs use scores from National Boards step I either to screen or to judge applicants. Additionally, scores from USMLE step I are a major determinant for being accepted into Alpha Omega Alpha, the national medical honor society (akin to the Phi Beta Kappa honor society for college students). (Note: Acceptance into Alpha Omega
Alpha is also contingent on superior performance in your medical school classes and can offer a significant advantage if applying for highly competitive specialties.

So to get back to the storyline here, you are strongly advised to have enough continuity in your basic sciences curriculum so that your board scores make you competitive in the field you wish to go into.

**Which Degree to Finish First**

It is mandatory that MSP students complete their non-medical graduate degree prior to completing their MD. The reasoning behind this policy follows:

The collective consciousness of the MSP is almost unanimous in recommending you to finish your PhD or JD before you complete your MD. To begin with, the pull of medicine is so strong that it's very very hard not to get swept away by the current that tells you that 1) you'll lose what little medical knowledge you have if you leave medicine before going on to residency, 2) you can make $30,000+ if you don't go back to grad school, 3) if you go back to grad/law school you'll be treated like a "student" as opposed to a doctor, and 4) residencies may be leery of accepting someone who may not be finished with their dissertation in time for the July 1st start-up date of residency --never mind the pressure this puts on you. In point of fact, there are any number of people who did not finish their PhDs for one or more of these reasons. An additional reason not to finish your MD before your other degree is that once you have graduated med school you are no longer covered by the med school's malpractice insurance. This means that you'll be very hard-pressed to find a physician or clinic that will let you spend some time with them each week (supposing that you're interested in keeping up your clinical skills) while you're back in grad/law school. The timing of medical school milestones is such that almost all residencies start on July 1. If you have completed medical school and not the Ph.D., you are likely to start the residency anyway, and once you do, it is very difficult to finish the Ph.D. A few students have done it, but for some, it has taken 10 years! For these reasons, MSP students must finish their grad degree before their MD.
Clinical Clerkships

There are a total of 64 weeks of required clinical clerkships. Non-MSP medical students are required to have an additional 16 weeks of elective clerkships, but as MSPs we are credited these 16 weeks by virtue of the time we spend doing our other degree. With the exception of "Medicine and Society" (a didactic clerkship offered for seven days during the M-3 year and for 2 weeks in February during the M-4 year), how your clerkship are scheduled depend on many factors that need to be considered, and the SA/MSP office sets the clerkship schedule for the M-3 year. The required clerkships are as follows:

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine I</td>
<td>12 wks</td>
</tr>
<tr>
<td>Medicine II</td>
<td>4 wks</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>8 wks</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>8 wks</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>8 wks</td>
</tr>
<tr>
<td>Surgery</td>
<td>8 wks</td>
</tr>
<tr>
<td>Surgical Subspecialty</td>
<td>4 wks</td>
</tr>
<tr>
<td>Family Practice</td>
<td>4 wks</td>
</tr>
<tr>
<td>Medicine &amp; Society</td>
<td>4 wks</td>
</tr>
<tr>
<td>Electives</td>
<td>4 wks</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64 wks</strong></td>
</tr>
</tbody>
</table>

Note: Traditional medical students have an additional 16 weeks of electives on top of these 64 weeks.

One further aspect of clerkships you should keep in mind when arranging your schedule is the opportunity to do various "away clerkships." While it is required that you will do your core clerkships on site (i.e. at Carle, Provena, and the Danville V.A.), you are encouraged to take electives at other medical schools around the country. In addition to the obvious advantages of leaving town, such short sojourns often give you a chance to get experience in an academic medical setting, to scout out potential residency sites, to get a good letter of recommendation from a person outside of our College of Medicine, and to make connections with research groups and/or residency directors. There is a national registry for arranging these clinical externships and the people in the student affairs /MSP office can tell you all about it. Another way to arrange such externships is to use faculty connections. Many of the local docs and college of medicine faculty may have connections at other academic or community medical centers that you can tap into. Another possibility, of course, is to look into
federal and state externships such as working on Indian reservations, in inner cities, at the NIH etc. --and again, you can get information about these from people in the med school or on the internet.

The sorts of things you'll need to keep in mind in order to do away clerkships are all pretty common sense. Still, it's pretty amazing how many people don't plan ahead sufficiently such that they finish all the required clerkships, have time to study for USMLE step II, and manage to get away for a few clerkships. As a general rule, you probably should be thinking about externships by the spring of your M-2 year (so you can figure them into your schedule) and start making arrangements by the middle of your M-3 year.

The Match

Medical students generally do their residency interviewing during November, December, and/or January of their senior year. Approaches to the interviewing process differ, with some students squeezing in half-day visits while others prefer two and even three-day visits so as to get as full a picture as possible of the institution they're interested in. Depending on your approach, you'll want to schedule more or less time off during your senior year. Once you have finished your interviewing you'll rank order your preferences for the various residency sites. In turn, you yourself will be rank ordered by the residency program directors who have interviewed you. "The match" is the computerized lottery system that optimizes the coupling of your preferences with the preferences of the residencies to which you applied. In point of fact, there's a lot more to this process that warrants knowing, but this handbook isn't really the place to go into it.

Doin' That Other Degree: The JD Scene

If you're doing a JD, you can expect a very intense 1st year. During this year an enormous amount of material is thrown at you and there is a great deal of competition to be in the top 10% of your class so as to "make the law review." For those who hope to secure a position within a law firm, your "class standing" is said to exert a lot of influence in terms of which doors get opened and which do not. The last two years of law school are not without their difficulty, but it is reported that they are nowhere near as onerous as the first year. As mentioned above, it is possible for MSPs to complete the
JD in as little as two calendar years, provided that you take summer classes and petition to receive joint credit for some of the work you do in medical school. The major scheduling concerns for MD/JD candidates have tended to involve their desire to take certain law school electives that are only offered at certain times. Obviously, this is a pretty individual matter. With regard to the bar exam, there is a great deal of variability in terms of when and where MSPs take it. Because the bar exam is state specific (i.e. passing the bar in Illinois does not necessarily certify you to practice in another state), most MSPs choose to wait to take it until they have moved away from Illinois to whatever state they plan to live in. If you do choose to take the bar exam before you leave the MSP, you probably will want to schedule plenty of time to prepare for it, as the pass rate is sometimes as low as 20-30%.

Doin' That Other Degree: The PhD Scene

For most students doing a PhD, your doctoral program is divided into three stages. The first stage is the Master's degree or its equivalent which requires at least 32 semester hours of graduate work – 12 hours constitutes a "full semester load" in grad school. For this stage some departments require a final examination, some require or recommend a thesis, while still others ask for a substantial research paper. Many departments (especially in the natural and biological sciences) mark this stage with qualifying exams that cover material that you're supposed to have mastered in coursework and/or independent studies. If quals are your fate, they are usually given/taken within the first two years of your graduate program and are pass/fail. Do not get too worked up about these—they may seem terrible, but as long as you have put in the effort to understand what you are doing, you will be fine. Remember, they are not trying to weed you out, but they want to make sure that you are not wasting your time and they are not wasting their time and money on you.

Stage two usually involves one or more additional years devoted to coursework and research. During this stage you're supposed to satisfy whatever special doctoral requirements your department has and prepare yourself for your preliminary examination. Requirements may include— but are not limited to— satisfactory performance in coursework, satisfactory and timely completion of all milestones as determined by the program, satisfactory progress in research, and performance on
qualifying, preliminary, and other examinations. Prelims vary from department to department. In some cases they are initial proposals for what you want to do and where you want to go with your research and are supposed to exhibit a sound preparation on your part for the research project you intend. In other departments, students take prelims only a few months before their final defense. In these instances the preliminary examination is seen as a final check to make sure that you have done all the things you needed to complete and give birth to your dissertation. Students who have passed their prelims are commonly referred to as being "ABD:" All But Dissertation.

Stage three involves research, writing, and whatever other activities are necessary for completing an approved PhD dissertation and passing a final oral examination. Doctoral degrees require successful completion of a minimum of 96 semester hours of graduate credit (including the 32 hours from stage one). How pleasant or ugly this stage turns out for you will depend a lot upon who’s on your committee, how much the Gods decide to smile on your research, as well as the amount of support you get from friends and family.

Obviously, there’s a great deal in this stage of your PhD over which you have little to no control. **An important thing that you can plan for, however, is formatting your dissertation. How difficult can it be, you say? HA!!!! Months of work; that's how difficult. There's enough bureaucratic minutia in small print regarding formatting your dissertation to choke a horse! Frustrated students who have already defended their PhD regularly spend anywhere from $150-$600 to have their dissertation professionally formatted. Really! One sure-fire and easy way to avoid all this hassle, frustration, and cost is simply to MAKE SURE THAT BEFORE YOU START WRITING YOUR DISSERTATION YOU OBTAIN COMPUTER SOFTWARE THAT IS ALREADY IN COMPLIANCE WITH YOUR DEPARTMENT'S AND THE GRADUATE COLLEGE’S FORMATTING REQUIREMENTS. Of course, the reason none of these irrational formatting requirements ever get changed is that the people most affected by them (i.e. end-stage grad students) have far better things to do with their time than stick around and lobby the university to amend their guidelines. So for better or worse, your best bet is simply to avoid the problem in the first place.
For further and more detailed information regarding graduate school (your privileges, responsibilities, rules, regulations, etc.) you might want to look at a pretty useful book put out by the Graduate College called (aptly) A Handbook for Graduate Students and Advisors [http://www.grad.illinois.edu/gradhandbook/](http://www.grad.illinois.edu/gradhandbook/). A book that has been recommended by a number of students is called Getting What You Came For: A Smart Student's Guide for Getting a Masters or PhD. It’s pretty inexpensive and has lots of great tips for avoiding and remedying problems in grad school. Think seriously about at least taking a look at this book—it might save you some headaches.

Also, do not forget the most important and knowledgeable resource available to you—your department’s office staff. Seriously, they have probably been around here longer than you and have dealt with any problem you may be having. It doesn’t hurt to ask them a question and they are here for you (seriously, it’s in their job description). So, just ask them!!!!

**Time Limits**

There are two of these, one local, the other national. Locally, the Graduate College has in place a 10-year limit for the completion of both degrees. If you enter the MSP with a Master’s degree already, this limit is further reduced to 9 years. It is, of course, possible to petition for an extension. But especially for those who get stuck in a prolonged ABD phase of grad work, actually receiving an extension can take some finagling. Nationally, the National Board of Medical Examiners has what they call the 7-to-9 year rule. This means that from the date you take National Boards part I (a.k.a. USMLE step I) you then have 7 years before you must complete USMLE step III (i.e. the exam administered after your internship year). The "9" part of the 7-to-9 year rule refers to the fact that you can petition to have that 7-year period extended by two years. One minor stipulation is that they will not accept that petition until your 7th year of eligibility. If you do find yourself in need of such an extension, again the folks in the student affairs/MSP office can and will help you.

With all this talk about scheduling, the MSP administration's final word is this: "**It is important for students to keep in mind that although we all have an interest in them completing their MD/PhD or MD/JD in a timely manner, too great an emphasis on time is not wise. If you compromise the quality of your life or your academic performance to try to finish a year sooner it is not a good decision. Quality must come first.**"
RAS, TAS, AND FINANCIAL AID

An Overview

It can cost as little as probably around $10,000 a year to live here in the flatlands of Illinois, assuming you have a tuition and fee waiver. Given that you need to buy books, have health insurance, and (at least at some juncture) have use of a car, $15,000 a year is probably a more realistic estimate of your minimum financial needs. MSPs who like to enjoy finer cuisine, haute culture, etc. most likely will need to pad their budget accordingly.

The rhetoric is that all MSPs receive financial support during all their years in the program. The reality is that most MSP students get financial assistance; the catch, though, is that every year many MSPs must search long and hard, sometimes kicking and scratching, to get that support. Of the 150 or so MSPs in the program, some are funded by their graduate departments, usually with research assistantships (RAs) or teaching assistantships (TAs). The MSP funds students who have completed the PhD and are enrolled as an M-3 or M-4 student with $10,000 per academic year (or about $777 per month) to maintain the College of Medicine tuition waiver. MSPs who don't get funded by their home departments can find work somewhere on campus, generally teaching or doing something entirely unrelated to their own field of interest. With regard to assistantships at this university, the way it works is that if you get an appointment equal to or greater than 25%-time (theoretically 10 hours per week), you automatically receive a tuition and fee waiver. This waiver is roughly equivalent to a $6000-$10,000 benefit per year --depending on what college you're in, whether you're classed as an in-state resident, etc. Not included in this waiver are about $500 worth of fees per semester that you'll need to pay out of pocket: health service fees (for using McKinley), health insurance fees, and recreation facility fees (for using CRCE, ARC, etc.). If you have a tuition and fee waiver for the spring semester, you are automatically granted a similar waiver for the summer regardless of your employment status. Most appointments are, however, 9-month appointments. In the natural and biological sciences it is not uncommon to have an 11-month appointment. But something or other
in the rules of the university makes it virtually impossible to be paid for the month of August. So keep in mind that you're going to experience at least a one-month drought in funds each summer.

As a general rule, it's feasible to maintain a 50%-time RA/TA when you're enrolled in grad school and (depending on the nature of the RA/TA) a 25%-time RA/TA when you're enrolled in medical school. When you're doing your clinical years of medicine you'll need to make sure that your assistantships are compatible with the demands of your clerkships. Different clerkship directors exhibit significantly different degrees of flexibility in this regard. Because there are so few givens in terms of this issue, it's important that you check with all the appropriate people before committing yourself to any particular RA/TA during your clinical years; otherwise, you could really get stuck.

**RAs**

Research assistantships vary considerably from department to department. In the natural and biological (N&B) sciences they tend to be in your advisor's own lab and involve work directly related to your own research topic. RAs generally range from 25-50% time but, for a variety of reasons, often far exceed 20 hours of work per week even when the work does not involve your own research. Grad students doing their own research on a 50%-time appointment frequently report spending 50-100 hours per week in lab. **An observation that is so obvious it often gets overlooked is that research appointments and the paychecks that come with them are generally tied to your advisor. So if for some reason you and your advisor part ways, you're gonna need to look for new money. Remember, not all advisors provide RAs for their students and this should be a consideration when choosing an advisor. (More will be said about this later in the section dealing with picking an advisor).**

A note of caution: quite a few MSPs have reported being severely taken advantage of by an employer (and/or advisor) by being required to spend large to inordinate amounts of time on projects entirely unrelated to the student's own research (and best interests). Do beware of these situations. Of course, it sometimes can be quite hard to know whether you are in fact being taken advantage of, especially as a
first or second year grad student still learning the ropes. Many MSP students recommend that if you feel at all uncomfortable with the work being required of you by an employer seek out other grad students and MSPs to compare notes. You may learn that your situation is well within the normal range of apprenticeship experiences; but then again it may be otherwise --both of which are good things to find out. If it appears that you are being treated unfairly, contact the head of your department or the Graduate College. Although the MSP office has no formal advising role, they can advise you. However, the MSP office has limited sway. Thus, it is strongly suggested that you follow the grievance process for your department/Graduate College to resolve conflicts with an advisor or other faculty member. One thing that multiple MSPs have voiced is that there's no virtue in prolonged suffering and servitude with an employer and/or advisor who's not helping you make progress toward your degree. The take home message is: seek advice early and get out of bad situations fast.

The same general cautions apply to research assistantships in the social sciences and humanities (SS&H) as well. That said, research assistantships are less common in the SS&H, and when they do exist it is even less typical that your RA will be related to your own research area. Typically, SS&H RAs involve helping faculty with library work, research for a course they're teaching or a paper they're writing. The obvious advantage of assisting a faculty member with a paper is that sometimes it can result in getting your name on a publication.

Places to check for RA positions include your departmental office, the MSP office and MSP newsletters, or the Graduate College Assistantship Clearinghouse.

**TAs**

Teaching Assistantships also vary enormously. As a TA, your responsibilities can range from simply grading papers for a professor, to tutoring students, to conducting and/or overseeing labs, to teaching discussion sections. Organizing and teaching entire courses is against graduate college rules, but we have heard of students who were required to organize and teach entire courses. As mentioned above, most of the TA positions you get will be through your graduate department. But there are other places to check for TA positions, including the medical school (which often needs tutors
NIH MD/PhD FELLOWSHIPS (F30 grants)

The Ruth L. Kirschstein National Research Service Awards (NRSAs) are very prestigious grants from the National Institutes of Health (NIH) awarded to Ph.D. and (of importance to us) M.D./Ph.D. students. The grants are awarded based on students’ proposals of their intended experiments. Not all institutes of the NIH fund NRSAs, and in recent years, the institutes of the NIH that do fund NRSAs have made changes to their funding policies, with some institutes now only providing funding for the graduate school years and others supporting both the graduate school and the later clinical years (M2-M4), so it is best to check the specific institute for their most recent policy.

Many of the things that make for a successful NRSA application can be somewhat out of the hands of a student by the time that he/she is ready to apply for an NRSA. First and foremost, since there are only a few of the National Institutes of Health that offer F30 grants, it is important to have a project that will prove interesting to one of the agencies currently funding the F30s. If a student has a goal of applying for and being awarded one of the grants, this should be kept in mind when choosing a project (and research advisor). The granting agencies will have listed on their websites which areas of research are of particular interest to them, currently. Obviously, the better you can match up your proposal with the interests of the agency, the better off you are. The other side of this is to keep in mind that just because your project doesn’t strictly fall into the mission statement of a certain agency, this doesn’t mean that they won’t consider your proposal. Both aspects of this issue played a role in one of our experiences applying for an F30. During the second year in the MSP, one of us had planned on submitting an application to the NIA (National Institute of Aging) and wrote a pre-proposal email to the contact listed on the agency’s website with a brief description of my planned work to see if it would fit within their funding guidelines. The received response essentially indicated that they had no interest in the research area and that my proposal would be more appropriate for the NCI (National Cancer Institute). At that
time, NCI did not fund F30 grants. Making note of this, they said they would be willing to review the application, but, after discussion with the MSP student’s advisor, the MSP student decided it would not be worthwhile submitting the grant. The following year, NIDDK (National Institute of Diabetes and Digestive and Kidney Diseases) began accepting F30 applications. The MSP student’s grad advisor had previously been awarded funding for research in a somewhat similar area from that institute, and, after looking through their website, the MSP student decided she could write the proposal in a manner that would be of sufficient interest to them. Not long after submitting the application, she received an email saying that her topic did not fall under their current funding interests (again noting the relevance of her project to NCI), but that they would work to find another funding agency that would accept the proposal. Thankfully, she received an email later that same day indicating that NIDDK had changed their mind and would accept her proposal. It went on to get a very good review and funding was awarded based upon her initial submission.

When choosing an advisor, one should also keep in mind his/her past funding history. A significant portion of the grant proposal will be filled out by your advisor and pertains to the ‘training environment’. Your advisor not only needs to be able to persuade the agency that you are a candidate worth funding, but also that, as an advisor, he/she will be able to guide you aptly through the PhD process. It will help if the funding agency to which you are applying has previous experience with your advisor/PI, as they will already have a feel for his/her research and the quality of the results he/she obtains. If your advisor is having a hard time getting funding from the NIH, this may bode poorly for your efforts as well. Simply put, a student who enters the program with a goal of obtaining an NRSA should realize the importance their advisor has in their application.

Finally, we would encourage anyone who has submitted an application to contact their program officer (PO) at least once during the post-application/pre-decision interval. Several of us have had brief email correspondences as well as at least one small discussion on the phone with our program officer. The PO won’t be involved with the
review process, but we found our conversations reassuring and it gave us a better understanding of the entire process. The PO is there to help grant applicants, so you really should take advantage of that. We have found POs to be very encouraging.

Even if your advisor is not well-known or well funded, an applicant can ask other department members or faculty to “sign on” as supporters of their application. One of us added a letter from one of the department facility staff members, as the student proposed to work with him on part of the project. The agencies like to see that you have support from more experienced and historically successful faculty, even if that is not your primary advisor. And, of course, make sure that you have successful example applications off of which you can model your own application. The MSP office can get those to you. You can use a combination of those applications with prior proposals your advisor may have written (if you are lucky) to formulate your own NRSA proposal. We suggest starting very early, as this process, from start to finish, can take quite a while and require the coordination of many different people.

Besides doing well in your lab and classes, obtaining an NRSA should be one of your top priorities early in your MSP career. Let’s face it: no one wants to teach their 2nd-4th years of medical school. In addition, you don’t want to have to worry about a reasonable income during those years. So, we have several pieces of advice when it comes to applying for and NRSA based on our experiences.

To recap: First, and most importantly, apply early. You should be within fairly competitive at the end of your second year. You want to apply early and often, in case you are not awarded one the first round. Secondly, if your advisor is not a fully tenured professor it would be a good idea to get a co-advisor. A co-advisor will remove doubts concerning whether your advisor will be successful in training you. Thirdly, go to the MSP office to obtain successful NRSA applications. They will not only help you write some of the more abstract sections but they will also give you an idea as to what it takes to be successful. Lastly, don’t get discouraged if you are not awarded one the first time around. It is rare that you will be successful the first time—just keep trying!
Other Fellowships

These, of course, are the most desirable sources for support because they give you tuition and fee waivers plus money to do your own work (usually) with few if any strings attached. While NRSAs are probably the most prestigious fellowships, there are gobs of places to get these. The MSP newsletters lists lots of them, and it's often worth checking with the SA/MSP office to see if there's anything new or used that's worth applying for. Your own department probably has at least a few that are worth looking into. More obscure but wonderfully lucrative are the Foreign Language and Area Studies (or FLAS) scholarships that are given to grad/law students interested in learning certain designated foreign languages.

http://www.ed.gov/programs/iegpsflasf/index.html The "allowed" languages tend to be ones like Swahili, Portuguese, East Asian languages, etc., but not stuff like French, Spanish, Latin, or other languages traditionally taught to Americans. You can apply for FLAS scholarships through your graduate department or the MSP.

A more general place to look for all sorts of fellowships and grants is online at the Fellowship Office. Don't miss your chance to be funded by the Illinois Brotherhood of Lutheran Plumbers or perhaps the Left-Handed Socialist Farm-Women of the Ohio River Valley just because you didn't think it was worth looking into. Not everyone's disposable income gets spent on blue-light-specials at K-Mart, ya know; some of it's just sittin' there waitin' for you to put in your application --provided of course that you can convince those Ohio River Valley people of your leftist agricultural leanings.

Loans (Emergency & Long-Term)

It's not uncommon for MSPs to graduate with some debt; most MSPs do take a loan or two. The sage to speak with on this front is James Hall, the Associate Dean for Student Affairs in the Student Affairs/MSP office. One of the more accessible loans for MSP is the Subsidized Stafford loan that provides up to $8500 per year and can be received multiple times up to a total of $65,000. Many of these loans can take as little as 3 months to receive and are interest-free until you complete your education (which can include residency). As with many aspects of our program, planning ahead in terms of cash flow can save a great deal of hassle and anxiety. If for some reason, however,
you find yourself in a financial bind, there may be emergency short-term loans available through the Med School that can provide as much as $500. The university has some discretionary money that is similarly available, and again Jim Hall is the person to speak with to find out where to go.

Once you've applied for a loan, many MSPs recommend closely following the progress of the loan, i.e., double- and triple-checking to make sure that this or that office received the application, check, etc., and that they forwarded it appropriately. This is particularly of issue with loans that come through the med school, as they have to be routed through Chicago. In any event, expect the whole sha-bang to take anywhere from three to six months and to require some long deep breaths.

**Buying a House**

Though it's not directly a matter concerned with financial aid, there are a growing number of MSPs who advocate buying a house early on in the program. Given the choice and price of apartments and shared housing in the area, many MSPs have found owning their own house to provide not only piece of mind and a quiet place to study, but also substantial savings in the long and short term. Some MSPs have even found that by buying duplexes and renting out the other half they are able to substantially cut their living expenses.

**USEFUL MED SCHOOL ADVICE**

**Test Out of Courses**

Testing out of courses in the M-1 curriculum is possible. These proficiency exams can be taken in any subject the summer before the M-1 year. However, this is not necessarily advisable because you will need to know the material for USMLE Step 1.

**Take Courses Early**

If you can squeeze in a major M-1 course during your second year in grad school, do it. This will lighten your load considerably during your M-1 year. Even if all
you have time for is one of the less time-consuming courses, you might think about doing that. As a very general rule, the "heavy duty" courses include Neuroscience, Gross Anatomy, Embryology, and Physiology; the "medium duty" courses include Biochemistry, Histology, Medical Genetics, Immunology, Microbiology, and the lighter courses include Medical Statistics, Introduction to Human Disease, and Behavioral Science.

**Seek Help Early**

If you find you're having trouble in M-1, seek help early. Sometimes all you need is a little re-orientation. For example, one student who was having trouble with biochemistry was told by a biochemistry instructor that he (the student) was trying to learn too much detail. The advice he was then given was to read the boldface above each sub-section in the textbook and only go on to read the paragraph itself if he didn't understand the major concept synopsized in the heading. The result was a significant improvement in the student's biochemistry test scores. Now this example may be a bit extreme, but it illustrates the point that seeking out help early can make things a lot easier.

**Review Books as Texts**

There are a series of review books for the USMLE step I that some students highly recommend you using as your primary text for medical school. The NMS series is published by Wiley and are available at TIS and Horizon bookstores. They cover all the material that'll be on your boards, and with a few exceptions (like medical genetics, which has its own local coursebook) these review books cover pretty well our own medical curriculum if you supplement with the Powerpoint slides from lectures.

**Special Permission**

Especially with regard to clerkships, people will tell you that something simply is not possible. Oftentimes, a polite phone call to the person in charge will get you the special permission you need to do what you want. People here tend to be very accommodating.
Medical CDs
When you have to drive out to Danville for clerkships and you want to make educational use of that time, you might want to check out medical CDs on clinical and/or basic science subjects from the med school library --their selection is actually quite large and that drive can add up to a lot of otherwise wasted time.

USEFUL GRAD SCHOOL ADVICE

Set Up Some Rewards for Yourself
Compared with medical school, grad school has far fewer benchmarks and clear stopping points. Moreover, it's easy to diminish accomplishments like passing quals or prelims or defending your Master's thesis in a program where leaving with an MD and a Masters degree is seen as coitus interruptus. Some people buy things; others go somewhere warm and beautiful; others simply eat. But whatever your inclination, really celebrate your accomplishments. It's all too easy to lose perspective when you're surrounded by over-achieving talented people (like yourself).

Expect a Lull
Many grad students report experiencing a "lull" in their research, a period of time when they feel totally unenthused about their research, and moreover just don't seem to be making any progress, much less reaching any goals. Sometimes this comes before quals or prelims, sometimes in the midst of writing. But whenever it arrives, it feels like it's never going to end. Perhaps the most useful piece of advice is that you're not alone. And what that means is that there are a lot of people to talk with -- and you should. It can make a great deal of difference just to meet other people who experienced "the lull" and made it through -- because it's all too easy to feel really isolated.

Don't Take Too Many Courses
It is sometimes tempting to take more courses than are required by your graduate department because (compared to dissertating) the expectations are clear, there is a definite beginning, an end, and a grade. Beware of this tendency as it can really slow you down. No doubt there's a lot to learn, but by the time you're into your
3rd year of graduate work you’re gonna be sufficiently mature in an intellectual sense to learn additional stuff on your own. So, work hard to keep your graduate coursework to a minimum.

**Finish Papers for Publication**

After leaving this beautiful vacation spot that is also home to the MSP, two principal things are going to effect your professional opportunities: 1) the quality of your PhD (which includes published papers), and 2) your clinical clerkship evaluations. What this means in terms of allocating time and making scheduling decisions is that you should take time to finish both papers and your PhD before beginning clerkships.

**Choosing a Dissertation Topic**

The next piece of advice about choosing a dissertation topic is a bit more controversial. But like everything else in the S-to-S, you'll use what you think is useful and leave the rest. Choose a topic of research that is within the main interest of your advisor. Otherwise, you may have converted your advisor from an expert to an educated layperson who cannot provide the high level of advice and feedback that is necessary for truly superior work. Additionally, choosing a different topic area may mean that you will need resources that are not of priority for your advisor and/or the lab you're working in. In the social sciences and humanities, it is a little bit easier to get around this, as you sometimes can arrange for a professor at another institution (who is an expert in your topic area) to be on your committee. Make sure, though, that your committee members have a good working relationship, 'cause it can get real ugly and you can find yourself in deep doo-doo if your committee chair locks horns with an outside "expert" who you're relying on.

**Choosing a Dissertation Advisor!!!!!!!!! --This one's important folks!**

There’s nothing that'll make or break your graduate experience like who you choose for your dissertation advisor. It’s a lot like choosing whom to marry, but with a vast power imbalance. By and large, we MSPs are talented people capable of doing great things. But if you've got someone making your life miserable, it's unlikely that
anything is going to be great except for the pain throbbing behind your temples day in and day out. There are a lot of things to be said about whom to choose and how to choose, but one piece of advice you can take to the bank is that you shouldn't assume you can entirely trust or change anybody. If the person you're considering for your advisor is close-minded or uninterested or skeptical or hostile (or whatever other negative attribute you want to mention) with regard to your project or even the whole idea of doing an MD/PhD, chances are that you are not going to convince him/her otherwise. Now it's possible that you might be the one to "make all the difference." But if you're wrong, you're screwed . . . . Big Time! So be wary of hubris and arrogance, and choose someone who you can work with and learn from. Too many graduate students have gone down in flames because they didn't simply accept the fact that most professors are not going to change.

The following bits of advice (which have been edited a little) about choosing an advisor were posted on the MD/PhD bulletin board by Dave Potter from the University of Wisconsin. It's not the be-all and end-all of advice, but it's pretty down to earth and to the point:

1) **Personality**: Get to know your prospective mentor. Make sure s/he has a personality that is compatible with yours. Try to avoid mentors who are too controlling, and try to avoid ones who are too absent.

2) **Philosophy**: As an MD/PhD student your time to complete your PhD is limited, so make sure that you and your mentor share the same philosophy with regard to what is an adequate and do-able dissertation project. Try to avoid projects where a significant amount of methods development is required before results can be obtained. Methods development can eat up time like nothin' else. Furthermore, try to avoid projects that are too hot. Hot projects mean lots of competition and that means there is a greater possibility that you will get scooped.

3) **Stability/Funding**: Make sure your mentor has adequate funding to support your research for at least 3-4 years. Also, try to determine (subtly, of course) if your
mentor is currently thinking of moving to a new institution. This can be a big problem and it has happened to not just a few poor unfortunate people. Junior faculty members that do not receive tenure must leave the university and MSP students need to either drop out of the program or find a new lab and start over. This is a very important consideration when choosing a lab and the possibility should be discussed explicitly with the MSP office and the advisor.

4) Experience: Make sure your mentor has graduated at least a couple of other PhDs. Find out how their projects went and see how long it took them to finish. Ask if you can borrow a copy of their dissertations and then read them. [The department should have a copy on file somewhere; if not, the library will have a copy.] If you think they did crummy work, you can expect yours to be similar.

5) Productivity: A good lab is one that is up and running. Some professors can be like tyrannical landlords, always promising to get new appliances and fix old ones. What you see is what you get. Be wary of promises. A good lab will also be able to provide you with assistance/training in the different technical areas of your dissertation project. This means that there should be an adequate number of technicians, post-docs, research faculty, and fellow graduate students from whom you can learn.

The Politics of Graduate School (Important!)

Many, perhaps most, people entering grad school have a certain level of naïveté with regard to the political forces at work amongst faculty and departments. Many a good student has left or been tossed out because s/he got caught up in the gears of a mechanism that s/he was unprepared for, got caught up in a game that s/he did not realize s/he was playing. The game metaphor is a reference to the way the Austrian philosopher, Ludwig Wittgenstein, talked about language as a game. What he meant by this was that language has rules; it has various goals; it has symbols that have different meanings at different times; and language has "plays" that are meant to express a variety of meanings as well as effect a variety of outcomes. One of Wittgenstein's points was that to understand the complexities and subtleties of this game you must recognize first and foremost that what is going on is a game, and not simply a set of
responses, nor simple representation. An e-mail exchange that occurred between an incoming graduate student and a MSP (who was just finishing up his dissertation in that department) uses this notion of a game to explain the political dynamics that are inextricably part of the grad school experience.

Incoming Student: “Here’s a question for you. I’m trying to decide if I’m approaching grad school in the right way. Basically, there are just these sets of ideas and beliefs I find myself always coming back to (things about inquiry, the power of learning, creativity, critical awareness, education as a way to bring more possibility into life, etc.). Somehow these ideas are linked. I don’t know how; I don’t know why. But I’d like to. I’m looking at grad school as a way to help me understand how and why these ideas are related. At least that’s where I want to begin. Admittedly, I don’t know (nor do I care to speculate) where I will end up after my time at UIUC. Do you think going in with this type of focus will at all be limiting to me or off-putting to anyone else? I just want to start my grad work asking questions and seeking out experiences that will allow me to investigate these ideas. Do you think that’s wise? Thanks, J.”

Wizened MSP: “It strikes me that yours is precisely the right attitude for developing your own sense of connections within the world of ideas and to the world of action and need and injustice and practicality. In my experience in our department, you will find no shortage of like-minded individuals, both among the students and the faculty. There’s a lot more I could say about the importance of your approach, but I will demur since I imagine that most of it would not be news to you. And even if it were, the intellectual exploration you are readying yourself for is going to create for you your own “take” on the meaning and importance of the connections you are hoping to draw --and that of course is the truly exciting bit about learning.

What I will suggest, however, is that you should be painfully aware that your experience in academia will be bounded by a variety of power relations. It can make a great deal of difference which teachers you pick and who you choose as your advisor. Without becoming paranoid or sycophantic, I think it’s important to remember that you are being evaluated by people with the power to
hinder your professional progress. I'm not talking about being criticized; that's part of intellectual growth, and when done right can be not only enriching but a valuable experience in and of itself. Rather, I'm talking about the fact that there is a game to graduate school, just as there is with business and politics and so forth. By "game" I do not mean a trick or a con game, but a game in the Wittgensteinian sense of the term. And the point is that it behooves you to be aware that despite any other intentions you might have, you are in, and unavoidably part of, this game. I've known any number of talented, conscientious people who have left academia, abandoning what would have been a productive and impressive professional career, because they got snowed by the game, or they got disgusted by the game, or they found that the game was starting to take over their value schemes. My point is not that the game is necessarily insidious or scary or insurmountable or anything else. But most graduate students I have known did not know that they were entering this game, and in one way or another that ignorance took its toll. Personally, I think that there's a lot to be learned about oneself and about humanity in general by taking a critical perspective on "the game" as one experiences it. Certainly there's a lot of opportunity in graduate school to explore different ideas and challenge yourself on them, and "the game" is as good a subject as any on which to carry out such a critical examination. So, I guess the feedback I have for you is to make the most of your initial non-directed curiousness and inquisitiveness by recognizing that you are carrying out your exploration within a context that itself needs to be understood and come to terms with. For the skills that one acquires in the process -- judgment, confidence, determination, modesty, cooperation, and so forth-- are extremely transferable. My guess is that to the extent you are able to pursue what interests you, you will do well and en route will enjoy yourself. But keep your eyes open and trust your own critical capacities when evaluating the game. Good Luck, B.”

There are a lot of great points to be taken from this wisdom. One of the most important is that your progress through the program does NOT necessarily rest in your hands. Your graduate advisor or thesis committee can prevent you from progressing through the program. Remember, the single person with the most power over your progress (graduate advisor) is the one that benefits the most from keeping you around longer.
Make sure that your interests have a place at the table before signing up for a situation that you might regret later. For instance, make sure you know your advisor's concrete criteria for graduation and come to a mutual agreement of what satisfies that criteria. It isn’t unheard of for students to leave the MSP to pursue either an M.D. or a Ph.D. exclusively as late as the 4th and 5th years. Make sure this doesn’t happen to you by being aware of the game and making sure that you and all of the relevant people above you are on the same page.

**Expect Resistance**

It can come as a real surprise to discover that some areas of academia and medicine harbor a lot of hostility regarding MD/PhD programs and students. Often the hostility arises out of insecurity: "How could you possibly do what I do without devoting yourself to it full time?” Sometimes the skepticism is more grounded in principle: "The connections between X and medicine are simply too tangential to warrant merging," or perhaps "In this department we want to concentrate our resources on students who will devote themselves full time to the concerns of our area (as we define it)." In any event, it's out there. So be prepared. Don't get caught unaware because your MSP brethren believe in what you’re doing. Your MSP brethren don't pay your stipend or sign off on your research. Expect to encounter some resistance and have some plans in mind for how to deal with it. It is best to assume that you will not be given “special treatment” by either grad school or med school just because you’re MD/PhD. Being MD/PhD is not an excuse for poor performance in either graduate school or medical school. Assuming you do well, resistance will hopefully not be an issue.

**Enrollment/Registration**

For some bureaucratic reason (whose secrecy appears to be linked to national security), it is not possible to be enrolled as a "medical scholar." Instead you must enroll both as a graduate student (officially based on the Urbana campus) and a medical student (officially based on the Chicago campus). As of 08/2009, the MSP office will take care of registration at UIC for you but you must register your graduate coursework at the UIUC campus. [https://www.med.illinois.edu/MSP/Registration/](https://www.med.illinois.edu/MSP/Registration/)
USEFUL LAW SCHOOL ADVICE

Resources
Quite a number of MD/JD students have reported that many of the law professors are quite open, useful, and well-connected when it comes to doing independent projects that have to do with law and medicine. Both the Illinois Bar Association and the American Bar Association are likewise receptive to a variety of student initiatives. There are a number of journals that deal with law and medicine, e.g. The Journal of Psychiatry and Law, The Journal of Law, Medicine, & Ethics, and U.S. Law Weekly. The latter of these three publishes every major U.S. legal case and has a number of relevant sections for MSPs including sections on health policy, on AIDS, and on medical practice, generally. Law-type experiences reported to be very valuable include working on the law review (for which you need to be in the top 10% of your 1st year class), clerking for a law firm that does work that involves medicine, and studying abroad (typically in England).

Publishing
You might want to think early on about using publications to make your medical background even more attractive to law firms. If you are able to demonstrate an ability to analyze and write about medico-legal issues, your marketability likely will increase. Good places to seek such opportunities are with law faculty and/or physicians affiliated with the medical school. Also, there is a medical ethics committee at Carle Hospital that often deals with medico-legal issues.

Professional Antagonism
Antagonism may be part and parcel of the legal profession. Many MD/JD students report, however, that it's no fun at all when it comes on a personal level during clinical clerkships. What to do? The most common thread of advice is to anticipate the distrust and occasional out-and-out hostility. Be prepared for docs lambasting the legal profession (if not your membership in it). Perhaps gently remind them that professional transgressions arise from a variety of societal sources and that you as a student likely bear little responsibility for past wrongs. If that doesn't ease the tension, you might ask
how they plan to atone for the professional transgressions of the Nazi doctors or those involved in the Tuskegee Experiment or medicine’s long history of paternalism.

**OPPORTUNITIES WITHIN THE MSP**

There are lots of opportunities within the MSP for developing your professional skills, creating programs, changing things, improving things, as well as getting to know your MSP peers --who likely will become influential people within their field in addition to being the fascinating folk that they are. Perhaps more to the point, there’s a lot to be learned in terms of effective leadership that goes well beyond how bright you are or how well you know your field. And it is through participating in some of the following activities/organizations that many MSPs have developed the sorts of political, administrative, and general leadership skills that will help make them leaders in their fields.

**MSPAC**

The Medical Scholars Program Advisory Committee (MSPAC) is the student advisory committee to the MSP and is comprised of approximately 15 or so elected members who represent the MSP student body according to both discipline and stage in the program. In essence, the MSPAC is our conduit to all the various aspects of our program. It is the place where student concerns can be voiced and our collective influence focused on issues that affect the program as a whole, smaller groups with more particular concerns, as well as issues that affect lone, unfortunate individuals. In addition to being the closest thing we students have to a governing body, the MSPAC is both a think tank for projects we are interested in and a forum for getting to know more of and about each other. Moreover, it is through the MSPAC that we as students can initiate projects and it is the MSPAC that the MSP administration relies upon for information and leadership. Any MSP may be elected to MSPAC.

**MSP Retreat and Research Symposium Committees**

The MSP has two conferences per year. The first is held at the end of August and is referred to as the MSP Annual Retreat. The Retreat includes guest speakers (often alums), student presentations, and poster sessions as well as socializing,
sharing, and networking. The second conference is held in the spring, includes all students in the College of Medicine, and is geared towards presentation of scholarship. Each conference is organized by a group of 5-10 students with the assistance of the folks in the MSP office for the MSP Retreat and the Forum staff for the Research Symposium. Each committee is responsible for arranging the invited keynote address, organizing student presentations and poster sessions, as well as providing food and setting a hospitable tone for each conference. In addition to public recognition, there is great value in knowing how to organize a conference. It is often by organizing conferences and being a contact person that you get to know your field. Organizing conferences gets you known; it puts you where the action is; it familiarizes you with the latest research in much the same way as does, say, editing a journal. The conference committees constitute opportunities to learn how to do this, and they allow us to make our mistakes here, amongst family, before we try it out there in what is often a very political world. Any MSP may volunteer for these committees.

**MSP Steering Committee**

This committee is the *faculty* governing body for the MSP. It is headed by the director of the MSP, the dean of the Medical School, and the dean of the Graduate College. It is peopled by deans of colleges and heads of departments that participate in the MSP, and many of these people have had an enormous amount of administrative and leadership experience --as editors of major journals, presidents of national organizations, and so forth. Any MSP who has begun the clinical clerkships may be elected to this committee.

**Urbana Medical Student Government**

This body is not limited to MSPs, but also includes traditional medical students (i.e., med students not doing a second degree). The Medical Student Government (MSG) is generally concerned with issues that pertain to medical education, per se. It's not some new revelation, of course, that if you want to change medicine it's important to change the way physicians are trained and professionally socialized. So, again, involvement in this kind of committee work can prove useful for developing leadership skills. Additionally, this kind of forum is a good place to work on everything from public speaking to negotiation skills to developing some modicum of patience for the inevitably
sluggish nature of bureaucracy. There are a variety of committees to which MSG members are appointed, including the Library Committee, the Educational Policy Committee, the Committee on Student Progress and Promotions, etc. Any MSP who has begun medical school may be elected to the MSG. http://www.med.illinois.edu/studorg/umsg/

**University Medical Students Council**

This council is sort of a spin-off from medical student government. The UMSC deals with medical student concerns relevant to any of the four sites --Chicago, Rockford, Peoria, and Urbana-- and is comprised of members appointed from the medical student governments of each of the four sites. Members of the UMSC are in turn appointed to the College of Medicine's Executive committee as well as other college-wide committees such as Committee on Curriculum, Instruction, and Appraisal, the Committee on Student Promotions and Progress, and so forth. http://www2.uic.edu/stud_orgs/prof/umsc/

**Benefits of Becoming Involved**

It is understood, of course, that you are busy. It is also understood that not everyone is interested in initiating new projects or even trying to change what already exists. Still, there are compelling reasons to be involved in these committees and related activities. First, some level of professional participation is required to maintain your standing as an MSP. There's a lot about the MSP that exists because of the past contributions of students, and part of your responsibility as a beneficiary is to contribute to the activities that make up the MSP. Second, these committees are opportunities to learn what you need to know to be an effective leader in the future. These activities provide opportunities to make mistakes in the privacy of your own intellectual community, opportunities to rub elbows with some very talented and enjoyable people, as well as opportunities to develop an intellectual and professional network that may well benefit you in untold ways as you launch yourself into your chosen field. Try it . . . . you'll like it.

**SPECIFIC CONCERNS**
This section deals with some of the more important concerns of individual MSPs. It is unlikely that all the issues mentioned will affect any individual student, but it is almost guaranteed that one or more will be of concern to you. The stuff you're about to read is real. The names have been changed to protect the innocent. The point of this section is to "air" some of the difficulties that are encountered by MSPs, both so that you won't feel so alone if they happen to you, and so that you might be helped by others’ experience. All the information in this section has been culled from conversations with MSPs who have been good enough to sit down and share their experiences, their advice, and the resources that helped them get through the program in one piece.

**Gender**

Whether or not you believed Anita Hill, there's plenty of sexual harassment (if not out-and-out discrimination) in them there woods. What's it like? It's like professors asking you out to discuss your "progress"; it's like clinical faculty kissing you on the cheek when you come to get their signature or ask for a letter of recommendation; it's like being told by someone in administration that they've thought of you when they were going to bed; it's like being told that you do good work for a woman or being asked repeatedly (while they touch your shoulder a little too intimately) if there isn't anything they could do to make you feel more comfortable as one of the few female grad students, or having your resiliency or aptitude doubted solely based on your gender. Sexual assault in its various forms also occurs, though less frequently, as do the considerably more frequent sexist jokes and comments—which tend to be especially pervasive in the corridors of medicine where men have traditionally occupied positions of authority.

Many female MSPs have dealt with the less fragrant transgressions simply by ignoring them, taking the view that to the extent that women establish themselves as competent and effective there are less opportunities for infractions. Other MSPs report that by challenging offensive behavior in a more direct fashion they are able to both prevent similar behavior and feel good about helping to change the environment of medicine or grad school. Still others, however, feel that it's just not worth it to challenge most instances of offensive behavior, as such reactions not only reinforce the behavior, but also identify you as a trouble-maker. Many female MSPs do report that, as a rule, they have received a great deal of support from female faculty (both in medicine and
grad school) with regard to these issues. The difficulty, of course, is that in certain departments there are very few female faculty. The people in the MSP office are well known for being responsive to student concerns regarding sexism and harassment and often are a good first resource if you have problems.

Unfortunately, many women do experience some form of harassment or discrimination during their tenure in the MSP. In the event that you encounter such a problem, talk to the folks in the MSP office or someone at the Graduate College. Not only will they be able to direct you to the right person for whatever follow-up is appropriate, they'll be able to document your experience so that over time a case can be made against repeat offenders. For those of you interested in student government, you might want to keep this issue in mind, as it is long overdue for attention.

**Family & Personal Relationships**

One of the most commonly voiced problems for MSPs is the tension between work and personal life. Sometimes it's a girlfriend or boyfriend up in Chicago; sometimes it's family half-way across the country; sometimes it's kids right there at home. The problem might have to do with needing to breast-feed and not having a place to do it; it may involve an adviser's perception that your pregnancy represents a lack of professional commitment --with all that ensues from such a perception; the tension may arise out of your not wanting to compromise the amount of attention you believe your child deserves; it may arise from your own ambiguity about the importance of research now that you've begun to appreciate how valuable and fulfilling a romantic relationship can be.

This is all hard stuff, maybe the hardest. Because the purpose of the MSP is not just to foster individual development, but also to produce top-notch physician-scholars, there is intractable pressure not to compromise academic excellence. And yet without a sense of balance, without attention to the personal needs of people, there is a danger that that which is most valued will be sacrificed for the sake of "excellence." What can you do?
1) Know what's coming. Ask your peers how long certain kinds of projects take, how many hours per week people generally spend getting X, Y, or Z done. Know what clinical clerkships involve in terms of time demands.

2) Don't assume that you have to pursue every interesting or valuable project that comes along. Learning to say "no" can be amazingly useful.

3) Allocate your time in a way that's consistent with your values and goals. Along these lines, set aside periods of time during the day or week when you promise yourself (and others) that you'll spend time with the dog or your companion or your child or on the phone with your parents, or whatever.

4) Remember that debt is not really a 4-letter word. Most of us are going to make a pretty comfortable living, and it would be downright tragic to lose your marriage (or any important relationship) over a lousy $300 a month job that you're doing just for the money anyway.

5) If you do find yourself in need of counseling (of virtually any sort), there are a fair number of resources for you through the university. A good place to start is the Student Services building on the corner of 6th and John (610 East John Street). Counseling services are on the second floor and they're free. The website is http://www.counselingcenter.illinois.edu. Counseling appointments are made on a same-day basis by calling the Counseling Center (333.3704) any time after 7:50 a.m. McKinley also offers counseling services through McKinley Mental Health http://www.mckinley.illinois.edu/clinics/mental_health.htm. They offer short term psychotherapy and medication services. Also, the MSP office has names of private counselors in the community, though this can get expensive.

6) A number of MSPs with kids have found it helpful to band together when arranging for childcare. You can save a fair amount of money as well as find support from MSPs with similar needs. Again, this is an issue ripe for student initiatives, perhaps through MSPAC or student government.

**Race & Ethnicity**

Despite the fairly diverse population in our burg, Shampoo-Banana can be a pretty parochial place sometimes. The town itself has a long history of segregation, with African-Americans living predominantly north of University Avenue and having little political or economic representation in the community. On campus, there has been more of an attempt to bring people of color into the academic community. But with the exception of a few departments, this has not met with any great success. Particularly in
the natural and biological sciences, there are very few Blacks, Hispanics or Latinos, Arabs, or Native American Indians. There is a growing representation of Asian faculty, and certainly Asians tend to be highly represented in the graduate population. Especially if you've come from the big city, all of this can seem very alienating.

What does this mean for you? It could mean very little except that you have to work a bit harder to form the kind of community and support network that you desire. On the other hand, it could mean that you're going to have some real challenges to your patience, your sense of justice, and your mental health. The forms these challenges take obviously will vary enormously. Here's what some of your peers have experienced:

Quite a number of Black med students and grad students (MSPs included) regularly are assumed to be where they are solely because of affirmative action programs. One MSP was told by a med student classmate (who was a "friend") that he thought it was a good thing for her to be in medical school because "it makes better sense to have inferior doctors from a public health standpoint than to have no doctors at all in the Black community." Similar assumptions of "special treatment" have arisen in terms of grants and awards and fellowships. A number of MSPs also report having to deal again and again with the assumption that because they're educated they are "the voice" for all African-American people. What can you do?

1) First and foremost, recognize that your situation is not unique. You're not alone. You're not being singled out because of some incompetence or weakness on your part. While this is easy to understand, it's hard to internalize. But it is true.

2) Remember that not all insensitive comments are intended to be malicious. Sometimes all it takes is some teaching on your part to overcome ignorance or bias on their part; and the attitude with which you approach this can make a lot of difference in terms of the outcome.

3) To the extent that it is possible, avoid interactions with people who consistently give you trouble. Unless you really enjoy the give and take, you can often minimize your troubles by limiting interactions to those that are professional and absolutely

*Tzurous is a Yiddish word that means troubles, complications, exacerbations, strife, you know....*Tzurous.
necessary. Going around people rather than through them frequently can help you conserve your energy for other projects. Sometimes, you just can't afford to get into certain kinds of interactions.

4) Pick your fights carefully. Sometimes there's so much that ought to be fought, it can be almost numbing. Decide before you engage whether this is something that's worth your time and energy at this point in time. There'll be a lot of things we can help to change when we're MD/PhDs. We have to get there first though.

5) For better or worse, nothing works like success. The better you're able to perform, the less crap you're gonna have to put up with. In some cases this will involve test scores; in others it'll be the number of articles you get published. In any event, know what gets rewarded in your situation and realize that success in those areas will improve your standing. You still may decide to put your energies into projects that don't get much recognition, but you'll have made that choice consciously.

6) If you do encounter discrimination, document it! This is especially important with regard to any incidents that involve faculty. Having a written record with dates, descriptions of the event, quotations, perhaps even others’ signatures if they witnessed the event can be extraordinarily helpful should you find yourself in a jam. We live in a world in which the written word is far more powerful than the spoken word – at least as far as institutions are concerned. So document it.

7) Spending a lengthy stint in your grad department can help minimize your being perceived as an outsider and thereby prevent unpleasant incidents.

8) If your do encounter discriminatory behavior or in any way feel that your work or personal life is being compromised by racially – or ethnically – motivated acts, talk to the folks in the MSP office. They know how to help you and where to direct you. Don't wait until the problem is unmanageable. It's like an infection; you want to start treating it before it gets out of control.

**Sexual Orientation**

Downstate Illinois is not the most accommodating of places for gays, lesbians, or bi-sexuals. That said, Urbana-Champaign is one of the more hospitable locales. There is a fairly wide array of groups and support services available. These include:

- UIUC Office for Lesbian, Gay, Bisexual, and Transgender Concerns
  <http://www.odos.uiuc.edu/lgbt/> includes an extensive on-line resource list
- Coming Out support Groups -- (see on-line resource list above for details on
this and other groups)
  o Greater Community AIDS Project (217) 351-2437
  o LGBT People in Medicine, lgbt med student group
    <http://www.med.uiuc.edu/studorg/qms/>
  o Pride, a university group for undergrads
  o Queer Grads, a university group for lgbt graduate/professionals students
    (see on-line resource list above)
  o Counseling Center, provides individual counseling for many of the psycho-
    social issues surrounding sexual orientation

Specific MSP people to contact include:
  · Jim Hall, Financial wizard at the medical school and Associate Dean
  · Nora Few, Executive Assistant Dean

**Religion**

For those amongst us who are religious, there are some particular challenges
posed by our program. Certain religious faiths prohibit work, travel, even writing on
specific days of the week. This can create various scheduling difficulties, particularly
with regard to clinical clerkships where overnight and weekend call are commonplace.
Finding a spiritual community also can prove a significant challenge. Obviously, there
are lots of churches in the Urbana-Champaign area: additionally, there are a number of
mosques and synagogues, and there is even a B'hai Temple. Within the med school
there is the Christian Medical and Dental Society and the Jewish Student Organization.
Campus-wide, you can look in the university phone book under the registered student
organizations to find a plethora of cultural, ethnic, and religious organizations ranging
from the Buddhism Study Group to the Students’ International Meditation Society to
MBAs for Christ to the Muslim Campus Dewah. In any event, there are lots of places to
find your spiritual community.

**FAILURE**

The long and short of it is that just about everybody fails something. One of the
problems is that in the MSP you almost never hear about it. People don't tend to walk
around announcing that they failed an exam, that they got booted out of a department or
got a below average in a clerkship, that they just didn't manage to pass pathology or
national boards, or that they're spending the summer re-writing their master's thesis. But it happens . . . . all the time. And there's no shame in it. As a friend from Kansas once said: If you're not falling off now and again, you're not ridin' hard enough. Why bring up the matter of failure? Because many MSPs have the perception that they're never supposed to fail. Hence, when they do fall short of their expectations they sometimes land awful hard.

Who fails? Just about everybody . . . at some point or another. You may not believe this early on in the program, and it certainly may not feel as if anyone other than you fails anything.

Why do MSPs fail? For one, the way this joint degree program is structured requires you to radically change direction and emphasis multiple times, and in the process to become skilled (if not expert) in some pretty darn diverse areas of knowledge and practice. For most people it's simply not possible for all these many transitions to be smooth. Additionally, MSPs often have some non-mainstream ideas about the things they're learning. The connections we see, the way we try to integrate various pieces of knowledge can often run counter to accepted ways of understanding or interpreting information. When such alternative views are judged by mainstream standards, the results are not always positive. Of course we sometimes fail because we're wrong or stubborn or lazy or disorganized. But also, we can get caught up in forces that have nothing to do with our academic performance, like departmental politics or personality conflicts.

What is there to do about failure? First, recognize that it's not evidence that you're unfit for the MSP. Second, find out why it happened. It may be a small thing that snow-balled; it may be that you did nothing wrong; it may just be a matter of doing something again. And if it takes you a little more time to get something right, there's no crime in that. There's another great Kansas saying, that if it wasn't for "time" you'd have to do everything all at once. Some things just take a bit more time on your part. And the thing is that at one time or another it happens to just about everybody. So don't sweat it.
What happens next? The MSP Policies and Procedures (2009) detail the possibilities for students that either wish to or are forced to leave the MSP. First, students that withdraw are still considered alumni of the MSP. Students in good academic standing will be allowed to petition to remain in the College of Medicine or the Graduate College if they wish. Students that withdraw will lose their tuition waiver for medical school. (Out of state students will need over $200,000 and in-state will need over $100,000 to complete the M.D.)

How many people fail? It’s hard to tell, and to some extent the answer depends on expectations. About 70% of all students who entered the MSP in the last dozen years completed both degrees while over the same period of time national PhD completion rates were closer to 50%. A handful of MSP students complete the PhD only. Very few leave both degree programs; those who do not finish the PhD nearly always finish the MD. This is a long, demanding process, and having read through all of this should help you stick around for the duration. Good luck!
DIDJANO?

- Dick Van Dyke, Gene Hackman, & Bobby Short are from Danville
- Dan Bloomfield, cardiologist and first medical school dean of the Urbana campus, was the first physician ever to do cardioversion
- Both Bonny Blair and George Will grew up in U-C, and Jesse Jackson, Nicole Hollander, and Roger Ebert are U. of I. alums
- The tradition of "Homecoming" started at the U of I
- Hillel started at the U of I
- Carle Hospital was started by two docs from the Mayo Clinic, and up until the early 1970s most of the docs at Carle were trained at Mayo
- The Boneyard Creek used to be a pristine waterway whose original course was down what is now Green Street
- The University of Illinois Library has the largest collection of any public academic institution in the country, and its holdings are more diverse/broad-ranging than any academic institution (public or private) in the U.S.
- Urbana-Champaign has been determined to have one of the finest public bus systems in the entire country
- The size of the Kraft plant in Champaign is 1.2 x 0.8 miles --that's a lotta cheez!
- Mattoon is the home of Lender's Bagels