

*Strolling Through the*

# MATCH

2020



# COVID-19 UPDATE

This guidebook was written specifically to help students explore and match into family medicine. **While it was published shortly before the COVID-19 pandemic, it's still an extremely relevant and helpful resource to help choose your future path.**

In addition to reading *Strolling Through the Match*, visit [aafp.org/match](https://aafp.org/match) to access the AAFP's regularly updated FAQ handout "**The Match: What COVID-19 Means for Family Medicine Applicants.**" The handout has guidance on virtual interviews, shifting Match timelines, tools, and more.



# GENERAL RESIDENCY APPLICATION TIMELINE AND CHECKLIST

## April (Third Year) – March (Fourth Year)

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<b>Suggested Timeline</b> <i>(check with your dean's office for specific recommendations)</i>												
<input type="checkbox"/> Research residencies												
<input type="checkbox"/> Finalize senior electives												
<input type="checkbox"/> Arrange MSPE interview (depending on your school's schedule)												
<input type="checkbox"/> Contact your designated dean's office for key ERAS and NRMP timelines												
<input type="checkbox"/> Contact your designated dean's office to receive your ERAS token and applicant instructions												
<input type="checkbox"/> Register with MyERAS (opens first week in June for all applicants)												
<input type="checkbox"/> Complete profile on MyERAS application												
<input type="checkbox"/> Request and assign USMLE transcripts and letters of recommendation and personal statement(s) using the documents feature of MyERAS												
<input type="checkbox"/> Register with NRMP (opens September 15)												
<input type="checkbox"/> Apply to programs as early as possible (opens September 15)												
<input type="checkbox"/> Uniform release date for dean's letter/MSPE (October 1)							X					
<input type="checkbox"/> Schedule program interviews												
<input type="checkbox"/> Interview at programs												
<input type="checkbox"/> Send follow-up correspondence												
<input type="checkbox"/> Choose and submit rank order list												
<input type="checkbox"/> SOAP process opens Monday of Match Week												X
<input type="checkbox"/> MATCH DAY for Main Residency Match—third Friday in March (Dates vary for fellowship matches)												X

ERAS® = Electronic Residency Application Service  
 MSPE = Medical student performance evaluation  
 NRMP® = National Resident Matching Program®  
 SOAP® = Supplemental Offer and Acceptance Program®  
 USMLE® = United States Medical Licensing Examination®

## Acknowledgments

The first version of this resource was developed in 1979 by the students of the Family Practice Student Association at the University of Tennessee in Memphis, with support from the department of family medicine. *Strolling Through the Match* and associated materials are now revised annually by the American Academy of Family Physicians (AAFP). They have been reviewed for consistency and applicability to the career-planning objectives of medical students interested in family medicine.

The AAFP also recognizes the following individuals and organizations for their contributions:

Electronic Residency Application Service (ERAS®)

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**The AAFP is very pleased to provide you with this copy of *Strolling Through the Match*, a guidebook to family medicine residency selection. This guidebook is available online at [www.aafp.org/strolling](http://www.aafp.org/strolling). To order free print copies and find other free AAFP resources for medical students, go to [www.aafp.org/studentcatalog](http://www.aafp.org/studentcatalog) (shipping and handling charges apply). You can also access useful information for medical students and residents at [www.aafp.org/med-ed](http://www.aafp.org/med-ed), or by calling (800) 274-2237.**

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# Strolling Through the Match

## INTRODUCTION

We developed *Strolling Through the Match* to **HELP YOU** make clear decisions about your medical career and learn more about the process of pursuing postgraduate training in family medicine.

**THIS GUIDEBOOK EMPHASIZES A PRACTICAL APPROACH AND ENCOURAGES YOU TO GATHER AND SUMMARIZE INFORMATION ON FAMILY MEDICINE CAREERS AND RESIDENCIES, ESTABLISH TIMELINES, AND ORGANIZE CHECKLISTS AND REFERENCE MATERIALS.**

This guidebook is not a publication of the National Resident Matching Program® (NRMP®) or the Electronic Residency Application Service (ERAS®), nor was it developed under their auspices. The material is intended to complement the information about residency selection provided by the NRMP and ERAS to medical students.

The format of *Strolling Through the Match* is designed to let you supplement the information provided with locally derived materials. You may want to add to or subtract from its contents to suit your specific needs. We hope these materials will complement and expand upon existing residency selection programs in various medical schools.

### ***Tell Us What You Think***

Please take a minute to share your feedback on the usefulness of this guidebook at [www.aafp.org/strollingeval](http://www.aafp.org/strollingeval).

# SECTION 1

## CHOOSING A MEDICAL SPECIALTY

*“Every specialty has its moments of excitement, but if you can’t envision yourself doing the work for 30 or 40 years, it’s probably not the right choice for you. The medicine itself is not the difficult part. The most critical decision is what excites you every single day.”*

— DEB CLEMENTS, MD, FAAFP  
CHICAGO, IL

### Explore Your Possibilities

The matching algorithm will tell you where you’re going for residency after medical school, but first you have to make some decisions about the type of physician you want to be. For that process, there’s no single algorithm. But it matters much more in the long run than your Match results.

The journey to a specialty choice is different for everyone. It may seem like there’s not enough time or exposure to various paths in medical school to make a decision you feel confident about. But your experiences before medical school and beyond your formal medical education can help inform the direction you take.

Trace your steps back to the points in life when you started to envision a future you. What made you want to become a physician? Who influenced your decision to apply to medical school, and what did you admire most about these people? Did you see problems in the world and want to heal them as a physician?

### You’ve Got This

Whether you’re committed to family medicine, or you’re contemplating another primary care specialty, the many phases of medical school training will prompt you to ask yourself, “What should I do next?” many times. Having every detail of your career mapped out early on is rare, so don’t feel anxious about that ambiguity.

### Primary Care

Learning about all the primary care career options available and seeking out information from trusted sources during the first years of medical school will help you identify the personal foundation on which you want to build your future in medicine. You’ll also discover which questions are essential to ask about choosing a specialty as you gear up for the Match and all the decisions that come with this process. When you finally learn where you’re going for residency training, you’ll be able to trust the outcome because you invested time in finding answers and building relationships to make informed decisions.

*What specialty will allow you to be the strongest possible advocate for positive change?*



## WHAT IS A PRIMARY CARE PHYSICIAN?

### *Primary care physicians:*

- Are specialists in family medicine, internal medicine, or pediatrics
- Must be specifically trained to provide comprehensive primary care services through residency or fellowship training in acute and chronic care settings
- Provide definitive care to the undifferentiated patient at the point of first contact
- Serve as the entry point for substantially all of the patient's medical and health care needs, not limited by problem origin, organ system, or diagnosis
- Take continuing responsibility for providing the patient's comprehensive care, which may include chronic, preventive, and acute care in both inpatient and outpatient settings
- Devote the majority of their practice to providing primary care services to a defined population of patients
- Advocate for the patient by coordinating the use of the entire health care system to benefit the patient

Primary care physicians work in communities throughout the world. In the United States, more than half of all office visits are to primary care physicians, and studies of the health care system over several decades have shown that most medical care is delivered in the outpatient setting.

Because they serve as their patients' usual point of first contact, **primary care physicians must be able to build trust, understand all factors that influence health, and apply comprehensive medical expertise to improve their patients' health and well-being.** Primary care medicine is equal parts science, art, and business, and it requires complex thinking. It also constantly challenges and energizes physicians who are comfortable with ambiguity and thrive on the patient relationships at the heart of medicine.

*Evidence of the health-promoting influence of primary care has been accumulating ever since researchers have been able to distinguish primary care from other aspects of the health services delivery system. This evidence shows that primary care helps prevent illness and death, regardless of whether the care is characterized by supply of primary care physicians, a relationship with a source of primary care, or the receipt of important features of primary care. The evidence also shows that primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations.”*

— STARFIELD B, SHI L, MACINKO J. CONTRIBUTION OF PRIMARY CARE TO HEALTH SYSTEMS AND HEALTH. *MILBANK Q.* 2005;83(3):457-502.

There are many similarities between family physicians, internists, pediatricians, and internal medicine-pediatrics (med-peds) physicians who practice primary care. The central differences lie in the patient populations and practice settings their respective residency programs train them to care for.

Family physicians' cradle-to-grave scope of training permits them to engage in wide-ranging care for a variety of patient populations. Within a single family, for example, they have the skills to treat acute illness in a newborn, address the preventive needs of the parents, and manage the chronic health conditions of the grandparents. Family physicians are the only primary care physicians to practice maternity care or most obstetrics.

By contrast, pediatricians typically treat patients up to 18 to 21 years of age, while internal medicine physicians only care for adults. Med-peds physicians care for children and adults.

### THE PRIMARY CARE RESIDENCY EXPERIENCE

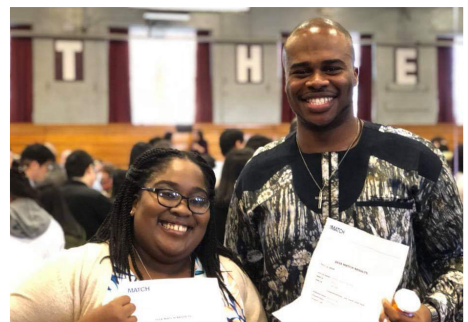
Internal medicine, pediatrics, and med-peds are viable fields for primary care training. However, even at primary care-focused internal medicine or pediatrics residencies, less than half of participating residents may plan to pursue primary care in practice. Only about 50% of pediatricians practice general pediatrics, and less than 25% of internal medicine physicians stay in general internal medicine. By contrast, **more than 90% of family physicians practice primary care.**

### *How long do primary care residencies typically last?*

- **Family medicine:** Three years; several four-year options also available
- **Internal medicine:** Three years
- **Pediatrics:** Three years
- **Med-peds:** Four years; results in eligibility for board certification in both internal medicine and pediatrics

To make sure you'll get the comprehensive training you want, it's helpful to review residency requirements for the primary care specialties. Residency programs in these specialties vary in the way they train residents.

*Table 1* shows selected requirements outlined by the Accreditation Council for Graduate Medical Education (ACGME) for the primary care specialties. (**Please note:** Requirements are not always directly comparable across the specialties. For example, one specialty may set its requirements in hours, while another sets its requirements in weeks or patient encounters. Additionally, although the ACGME requires that residencies in all specialties achieve certain educational outcomes, not every specialty's requirements outline how training around the required outcomes is structured.) This table is meant to help you understand the opportunities, similarities, and differences in primary care training in a broad, general way, not to serve as a comprehensive guide to residency.



**TABLE 1.**

**Comparison of Residency Experiences Based on ACGME Specialty Program Requirements**

Selected Clinical Area	Family Medicine	Internal Medicine	Pediatrics	Internal Medicine-Pediatrics
<b>Continuity/ longitudinal clinic</b>	40 weeks each year minimum (at least 1,650 patient encounters, including child, adolescent, adult, geriatric)	Minimum of 130 half-day outpatient sessions total (half-day sessions must extend over a 30-month period; approximately 12 months of ambulatory time required overall across areas of training)	Minimum of 36 half-day sessions per year over at least 26 weeks per year	Minimum of 36 half-day sessions per year over at least 26 weeks per year; 306 pediatric and 306 adult patients minimum over 4 years
<b>Inpatient adult</b>	600 hours/6 months	Approximately 12 months	—	At least 8 months
<b>Intensive care and/or critical care</b>	100 hours/1 month	3 to 6 months	See “inpatient child” below	5 to 8 months
<b>Emergency medicine</b>	200 hours/2 months adult encounters; minimum 75 child encounters	1 to 2 months	3 months	3 months
<b>Geriatric care</b>	100 hours/1 month	4 weeks	—	Required experience
<b>Inpatient child</b>	200 hours/2 months* *May be completed in the hospital and/ or emergency setting; may overlap emergency medicine requirements	—	10 months (5 months inpatient pediatrics; 2 months neonatal intensive care; 2 months pediatric critical care; 1 month term newborn care)	5 months (not counting critical and intensive care time)
<b>Outpatient child</b>	200 hours/2 months (includes adolescent care)	—	2 months (excluding emergency care time)	2 months
<b>Newborn care</b>	At least 40 encounters (ill and well newborns)	—	See “inpatient child” above	1 month
<b>Surgical care</b>	100 hours/1 month	—	Experience available	—
<b>Musculoskeletal care</b>	200 hours/2 months (must include sports medicine)	Experience available	Experience available	Experience available
<b>Gynecology</b>	100 hours/1 month	Experience available, including required procedures training	Element of required adolescent medicine rotation	Element of required adolescent medicine rotation and procedures training
<b>Obstetrics and delivery care</b>	200 hours/2 months	—	—	—
<b>Dermatology</b>	Experience required	Experience available	Experience available	Experience available
<b>Behavioral health</b>	Integrated behavioral health required, including diagnosis and treatment of common mental illnesses	Experience available	Developmental-behavioral pediatrics required	Developmental-behavioral pediatrics required
<b>Additional subspecialty training</b>	Required throughout training	Exposure to all internal medicine subspecialties and neurology required	9 months	10 months required
<b>Population and Community Health</b>	Required structured curriculum	Required (no structure specified)	Pediatric community health and advocacy required	Pediatric community health and advocacy required
<b>Clinical procedures</b>	Based on future practice needs; list compiled by each program’s faculty and director	Based on American Board of Internal Medicine list and area of practice	Those used in general practice; 13 procedures specified (six inpatient, seven outpatient)	All required pediatric and internal medicine procedures
<b>Health system management</b>	100 hours/1 month	Required (no structure specified)	Required (no structure specified)	Required (no structure specified)
<b>Diagnostic imaging/ nuclear medicine</b>	Regular component of curriculum at most/all programs	Experience available	Experience available	Experience available
<b>Electives</b>	Minimum 300 hours/3 months	Required (no structure specified)	6 months for individualized curriculum experience	Required (no structure specified)

Accessed December 5, 2019

## FELLOWSHIPS AVAILABLE IN PRIMARY CARE

The following fellowships are open to all family medicine, internal medicine, pediatrics, and med-peds physicians:

- 1) Adolescent medicine
- 2) Hospice and palliative care
- 3) Medical informatics
- 4) Sleep medicine
- 5) Sports medicine
- 6) Addiction medicine

Many more fellowships are available within each specialty. Because med-peds graduates are board certified in both adult and pediatric medicine, they have the highest number of fellowships to consider. Fellowships for family medicine graduates are outlined later in this section.

## Osteopathic Principles and Practice/Osteopathic Manipulative Treatment Training in Residency

**As of 2020, osteopathic (DO) and allopathic (MD) medical students all match through the National Residency Matching Program® (NRMP®).** Prior to 2020, programs that offered osteopathic training were accredited by the American Osteopathic Association (AOA) and filled through a match for osteopathic students only. As a result of the transition to a single accreditation system under the ACGME, graduates of both osteopathic and allopathic medical schools will be able to undergo residency training in osteopathic medicine. Training in osteopathic principles and practice (OPP) and osteopathic manipulative treatment (OMT) is not required by the ACGME and not offered in all family medicine residency programs.

The ACGME's Osteopathic Principles Committee offers a designation called "osteopathic recognition" for programs that seek a formal acknowledgment of their commitment to teaching and assessing OPP at the graduate medical education level. Residents in these programs will have specific training requirements, including OPP in didactic lectures, scholarly activities, training from osteopathic physician faculty, and the integration of OPP into patient care. If you're seeking graduate medical training in OPP/OMT, consider osteopathic recognition as one sign that a program incorporates this training. Some programs with osteopathic recognition will also designate a number of their positions to be filled specifically with applicants who will pursue osteopathic training.

Not all programs that incorporate OPP/OMT training choose to pursue osteopathic recognition, so the recognition is only one indicator of a program's commitment to osteopathic education. You can also use the following questions to help assess a residency program's osteopathic education and opportunities:

- What access do residents have to faculty who teach OPP?
- What opportunities does the program have for OMT procedures?
- Does the program bill for OMT?

## Family Medicine

Family medicine is a top-choice specialty for students entering medical school. Factors that influence this choice include the trust families have in their family physician and the high number of family physicians practicing primary care. Even students who grew up without seeing family medicine firsthand enter the specialty. Exciting clinical rotations in family medicine and incredible mentors can make it easy to recognize that you have found your calling.

### *Family medicine residency training:*

- **Emphasizes exposure to hands-on interventions:** Most family physicians provide routine outpatient procedures in their offices. Based on the needs of their patient population, family physicians can build on their residency training to add procedures to their repertoire throughout their career.
- **Is based on continuity clinic experience:** This means that residents follow their patients over the long term.
- **Requires training in diagnosis and treatment of common mental illnesses:** Many students who are drawn to family medicine feel called to provide holistic care, so they find this mental health component essential to their future identity.
- **Provides unique training in obstetrics, gynecology, and surgery:** Performing deliveries and caring for a panel of obstetric patients are requirements for graduation from a family medicine residency. Family physicians can also undergo training in surgical obstetrics.

### **THE FAMILY PHYSICIAN WORKFORCE**

Commitment to caring for all patients requires culturally competent physicians. According to the Agency for Healthcare Research and Quality (AHRQ), family physicians are the specialty that best reflects the geographic distribution of the U.S. population. In addition, **family physicians practice in communities of all sizes, from inner-city and urban communities to rural areas and even frontier settings.** Nearly 78% of family physicians work in urban settings, 11% work in large rural centers, and nearly 4% practice in small or remote rural settings. Family medicine's broad scope and ability to take on any patient allow communities of all sizes to support a family physician.

The Association of American Medical Colleges (AAMC), the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, and others have also reported that primary care physicians are more racially and ethnically diverse than physicians in other specialties.

## **America Needs More Family Doctors**

**The United States is in the midst of a primary care workforce shortage, with crisis-level deficiencies projected over the next few decades. For this reason, organized family medicine is working to expand family medicine residency training and advance primary care practice in the evolving health care system so that 25% of U.S. medical students can match into family medicine by the year 2030.**

## COMBINED RESIDENCY PROGRAMS

As you start researching family medicine residency programs, you'll find that many offer specialized tracks that run alongside the three to four years of core training. These tracks—such as women's health, health policy, and global health—allow trainees to gain extra exposure to certain topics, but they're different from combined (or dual-degree) residency programs.

**Combined programs overlap training in two areas, leading to dual certification. These programs typically take four to five years to complete.**

Of 51 specialties in the 2020 Match, 22 are combined residency programs. Internal medicine–pediatrics might be one of the most well-known combined program types, but internal medicine, pediatrics, and family medicine have a number of combined training options.

**The five combined programs available in family medicine are:**

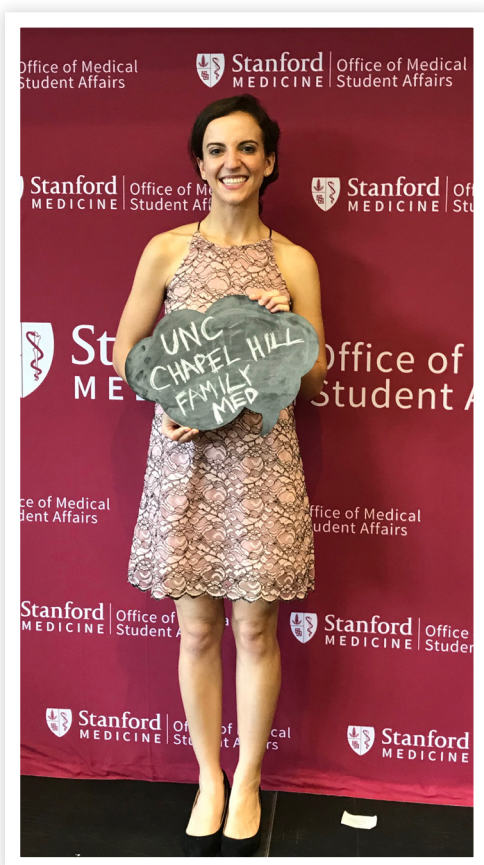
- 1) Family Medicine–Emergency Medicine
- 2) Family Medicine–Internal Medicine
- 3) Family Medicine–Preventive Medicine
- 4) Family Medicine–Psychiatry
- 5) Family Medicine–Osteopathic Neuromusculoskeletal Medicine

Though there are many types of combined training programs, the vast majority of first-year residency positions are offered in a single-specialty program, and most physicians train in a single specialty.

## FELLOWSHIPS FOR FAMILY MEDICINE GRADUATES

Upon graduation from a family medicine residency program, your broad skill set and scope of practice will allow you to do many things. Fellowship training is not required, and most family physicians pursue areas of interest in their practice without completing a fellowship. However, if you'd like to gain more in-depth training in a certain area, family medicine opens doors to numerous fellowship opportunities.

Family physicians can choose from 20-plus fellowships, including emergency medicine, health policy, and sports medicine (*Table 2*).



**TABLE 2. Select Fellowships for Family Medicine Graduates**

Adolescent medicine*	Integrative medicine
Addiction medicine*	International health
Behavioral medicine	Maternity care/obstetrics
Clinical informatics*	Pain management*
Community medicine	Preventive medicine
Emergency medicine	Research
Faculty development	Rural medicine
Geriatrics*	Sleep medicine*
Health policy	Sports medicine*
Hospice/palliative care*	Urgent care
Hospitalist medicine	Women's health
Human immunodeficiency virus/AIDS care	

\*Fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Adapted with permission from Kozakowski SM, Becher K, Hinkle T, et al. Responses to medical students' frequently asked questions about family medicine. *Am Fam Physician*. 2016;93(3):online. Accessed October 29, 2019. <https://www.aafp.org/afp/2016/0201/od1.html>.

**THE AAFP OFFERS A FAMILY MEDICINE FELLOWSHIP DIRECTORY (AVAILABLE AT [WWW.AAFP.ORG/FELLOWSHIPS](http://WWW.AAFP.ORG/FELLOWSHIPS)) THAT IS SEARCHABLE BY FELLOWSHIP TYPE, LOCATION, COMMUNITY SETTING, AND PROGRAM DURATION.**

## Added Subspecialty Qualifications

Family physicians are eligible to receive a Certificate of Added Qualifications (CAQ) from the American Board of Family Medicine (ABFM) if they complete a fellowship and specialized certification examination in one of the following:

- Adolescent medicine
- Geriatric medicine
- Hospice and palliative medicine
- Pain medicine
- Sleep medicine
- Sports medicine

These certificates are awarded in collaboration with the corresponding medical specialty boards. More information about CAQs is available at [www.theabfm.org/added-qualifications](http://www.theabfm.org/added-qualifications).

Family physicians can also receive subspecialty certificates in addiction medicine, brain injury medicine, clinical informatics, and emergency medical services.

What will your career options look like if you pursue additional training? Primary care already presents many exciting, diverse paths. **Even without additional training, family medicine has the largest scope of practice, so completing a fellowship can complement full-spectrum practice.**

For example, many family physicians with subspecialized training choose to split their practice time between their focused area of interest and primary care. As a family physician, it's also possible to direct full attention to your subspecialty, just as you can in internal medicine, med-peds, and pediatrics.

### Family Medicine Facts

Each year, the AAFP surveys its members to capture the scope of their diverse careers in family medicine. Summaries of survey data are available online at [www.aafp.org/about/the-aafp/family-medicine-facts.html](http://www.aafp.org/about/the-aafp/family-medicine-facts.html).

### CAREER OPTIONS IN FAMILY MEDICINE

**For more than a decade, family physicians have been the most recruited of all medical specialists and subspecialists.**

Physicians who have primary care training are needed now more than ever. In fact, if you enter family medicine residency training, you're likely to begin receiving job offers before you even finish your intern year.

**In a 2018 survey of AAFP members, family physician respondents had a mean individual income of \$224,154.**

It doesn't take a very large population to keep a family physician busy, especially when compared with a subspecialist, so family physicians have a high level of control over where they practice and what lifestyle they lead.

Family physicians work in a variety of settings that offer many practice opportunities. These include:

- Office practices
- Hospitals
- Nursing homes
- Community health centers
- Urgent care centers
- Emergency departments
- University-based health centers
- Rural and urban areas
- International settings
- Health care system leadership
- Government settings
- Locum tenens

### PRIMARY CARE AND FAMILY MEDICINE IN THE FUTURE

Family medicine is well-positioned within the health care system as value-based payment models replace outdated and costly systems like fee-for-service. Practice models that





support patient-centered, team-based care continue to evolve, so you will have many clinic styles to choose from. In addition, specialties with broad scopes of practice are likely to receive elevated focus in reform efforts because they are strongly associated with better, more cost-effective care.

**In the search for large-scale solutions that will improve population health and cost-effectiveness, policy makers are turning to family physicians.** As the largest single medical specialty, family medicine has a voice that will continue to be influential moving forward. Having longitudinal relationships with a broad spectrum of patients allows family physicians to clearly see the most pressing issues that communities face and credibly advocate for solutions.

### *Is family medicine right for you?*

Medical students are drawn to primary care for many reasons. Those who choose family medicine often say it has a lot to do with patient relationships, desirable lifestyle, and personal interest in population health. They are typically the people who enjoy every rotation and find the idea of the undifferentiated patient intriguing. Some students can't imagine not knowing what happens to their patients, so they seek out family medicine because of its emphasis on continuity of care.

**The best ways to know whether family medicine is right for you are to try it out and to get involved as early in your training as you can.** Take as many opportunities as you can to shadow family physicians or rotate with them in practice in a variety of settings and ask about their

careers. Questions you might want to ask include the following:

- What are your favorite and least favorite parts of your job?
- What are you excited about for the future of family medicine? What are you concerned about?
- What drew you to the specialty?
- What makes a good day in family medicine great?
- How did your training prepare you for what you have done in your career?
- How did you decide to do a fellowship?
- How did you choose your job?

Ultimately, you will want to look inward to determine whether family medicine is right for you. What do you look forward to as a physician? When you applied to medical school, what were your goals? How did they change or develop further? By looking at yourself honestly and making a commitment to seeking out the best available information, you can trust that your decision in primary care will be a good one.

*Picking family medicine as my first clerkship might have been going a little bit against the grain. After all, most students tend to feel like they should save it until they've gotten more clinical experience to draw on, but it was a decision I definitely do not regret. It helped me see that the opportunities I had were truly endless."*

— CHANDLER STISHER, HUNTSVILLE, AL

Read Stisher's full blog post about his clerkship experience at [www.aafp.org/news/blogs/leadervoices/entry/20181120lv-clerkship.html](http://www.aafp.org/news/blogs/leadervoices/entry/20181120lv-clerkship.html).

## Explore More at National Conference

Events and conferences, such as the AAFP National Conference of Family Medicine Residents and Medical Students, are valuable sources of information that can help you make a career choice. At National Conference, you can talk to program directors, faculty, and residents from hundreds of family medicine residencies and start figuring out where you want to end up after medical school. In addition, you can choose from more than 35 topics specifically tailored to introduce you to the breadth of family medicine in workshops, special interest group discussions, ultrasound clinics, and procedural skills courses.

Because family medicine is such an all-encompassing specialty, **attending National Conference in your first and second years of medical training can help set you up for success during your clinical education.** Attending National Conference in your third and fourth years of medical school will help you expand on your clinical education and find a residency program. **Visit [www.aafp.org/nc](http://www.aafp.org/nc) for more information.**

“Go to AAFP National Conference! There is no better way to investigate potential programs than to meet them in Kansas City in the Expo Hall!”

— CHANDLER STISHER, MD, HUNTSVILLE, AL

## Resources

- ACGME program requirements and FAQs for family medicine (ACGME)  
[www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/ptcatid/8/Family Medicine](http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/ptcatid/8/Family_Medicine)
- *American Family Physician (AFP)* Podcast  
Bonus episodes feature interviews with family physicians  
[www.aafp.org/afppodcast](http://www.aafp.org/afppodcast)
- Entrustable Professional Activities for Family Physicians (STFM)  
<https://www.stfm.org/teachingresources/resources/epascompetenciesmilestones/overview/>
- Kozakowski SM, Becher K, Hinkle T, et al. Responses to medical students' frequently asked questions about family medicine. *Am Fam Physician*. 2016;93(3):online. Accessed December 5, 2019.  
[www.aafp.org/afp/2016/0201/od1.html](http://www.aafp.org/afp/2016/0201/od1.html)
- Webcast: What is Family Medicine? (AAFP)  
[www.aafp.org/whatisfm](http://www.aafp.org/whatisfm)

### Show Your Commitment to Family Medicine

During medical school, the curriculum will definitely keep you busy, but it won't provide all of the information and experiences you will need to make critical career decisions. Medical school training can underdeliver on experience and perspective, particularly in outpatient medicine and primary care. While most health care is provided in the community, medical school training is skewed toward hospital-based experiences. As a result, many students leave medical school with a lack of insight into how care is typically provided and what skills physicians regularly rely on, beyond medical knowledge, to help patients.

It's important to look for opportunities to experience family medicine in multiple settings while you're in medical school. Throughout the United States and abroad, family physicians practice both outpatient and inpatient medicine, caring for diverse populations in settings that include clinics,

*"I don't think you can just one day decide to be committed to family medicine. By the time you apply [to residency programs], you should have accumulated experiences that speak for themselves."*

— ALEXA MIESES, MD, MPH, DURHAM, NC

hospitals, and emergency departments. In the community, family physicians care for patients in nursing homes, make home visits, and even provide health care for cruise lines and corporations. **Having a variety of family medicine experiences during medical school will help you decide what career is right for you, and it will also demonstrate to residency programs that you're interested in and committed to the specialty.** Having patient and practice stories that reflect your personal interests and your passion for family medicine will make your application materials and interviews much stronger.

*Sign up for rotations that are consistent with diverse family medicine experiences.*

**Showing commitment to the specialty is one of the top factors family medicine residency program directors look for in an applicant. At least 92% of family medicine residency program directors cited this characteristic as highly important, according to a report published by the National Resident Matching Program® (NRMP®) in 2018.**

## Find Opportunities for Professional Development

- **Set goals:** Medical school will teach you an amazing amount about medicine, but it may not address other skills you need to operate as a professional in residency and beyond (e.g., leadership, community organizing). Set goals for your own professional development at the beginning of medical school and revisit those goals at least yearly. Throughout medical school, look for ways to develop these skills so you can meet your goals.
- **Get involved (but not too involved!):** Seek opportunities to get involved in extracurricular programs and groups that complement your medical school curriculum and strengthen your personal drive. It's easy to get over-committed, so don't try to join everything. Joining groups and pursuing programs that feed your soul—and build your curriculum vitae (CV)—will help you be energized and whole to tackle the many demands of medical school.
- **Find like-minded peers:** Find a group of peers who share your interest in primary care, or family medicine specifically. Having a network of like-minded peers will help reinforce your values throughout medical school.

*"If you are really committed to family medicine, it shows in what you say and do throughout medical school, not just during application season."*

— GRETCHEN IRWIN, MD, MBA, FAAFP, WICHITA, KS

### Stand Out as a Leader

Leadership is a professional skill that will help you stand out in the Match and throughout your career. According to a 2018 NRMP survey of program directors, leadership qualities are highly valued by a majority of program directors across all specialties. Among factors that program directors use to select applicants to interview, leadership qualities had an average importance rating on par with factors such as medical licensing examination scores and clerkship grades.

The AAFP trains students and residents to lead and advocate. Visit [www.aafp.org/getinvolved](http://www.aafp.org/getinvolved) to learn more.

### FAMILY MEDICINE INTEREST GROUPS

Join your school's family medicine interest group (FMIG), a student chapter of the American College of Osteopathic Family Physicians (ACOFPP), or another family medicine specialty organization. These groups often have state and national support and can help you extend your network—and your perspective—beyond your medical school. FMIGs also provide educational programming in family medicine, including clinical skills workshops that will help prepare you for your clinical curricula during medical school. Leadership opportunities in these groups may allow you to take on responsibilities that align with your professional development goals and interests and can be added to your CV.

*Tip:*

Get involved in a family medicine student organization at your school and participate in community service. Your activities in medical school will speak for themselves when you apply for a residency program.

## **MEDICAL SCHOOL GOVERNANCE**

Your medical school likely has a student council and other opportunities for students to contribute to decisions regarding institutional policies and programs.

Involvement in medical school governance can develop your professional skills through experience working on teams and with different levels of medical school leadership. It can also open doors for you to advance primary care and the specialty of family medicine at your school.

## **STATE, NATIONAL, AND INTERNATIONAL LEADERSHIP**

Your unique perspective as a medical student is valuable to organized medicine. There are opportunities for medical students to serve on boards of directors at the state and national levels, including within foundations, and on special committees and task forces focused on specific aspects of medicine and practice. If you're interested in business, look for creative ways to help lead quality improvement projects within a practice or hospital.

**The AAFP offers a number of leadership opportunities for medical students ([www.aafp.org/getinvolved](http://www.aafp.org/getinvolved)).**

Your AAFP chapter, your state medical society, and community organizations may also offer student leadership opportunities. Additionally, family medicine has a global

footprint, so international primary care organizations may have other ways for you to get involved and gain leadership experience.

## **COMMUNITY SERVICE**

Look for community organizations in need of help with projects that will develop skills that aren't a primary focus in medical school. Even if you're doing relatively simple tasks, volunteering can give you experience working in teams, communicating effectively, and organizing people and initiatives.

Community service experiences can also develop intangible skills that improve your maturity, professionalism, and emotional intelligence, as well as expand your personal and professional network and support system.

## **RESEARCH**

Ask the family medicine department, your family medicine faculty, residents, or senior medical students if they need any help with research projects. Exciting research work is being done in the primary care setting to study what interventions work in the real world with real patients. Early involvement in research will help you understand emerging medical developments and prepare you to meet scholarly requirements in medical school. It may also give you the chance to participate in health care outside the walls of your institution and to attend or present at conferences.

*Attention: First-year medical students*

Consider seeking out a summer research internship at a medical society, nonprofit, or governmental organization.

**LEADERSHIP PROGRAMS AND SCHOLARSHIPS**

A number of organizations that are invested in the development of the next generation of medical leaders offer focused individual leadership experiences. Find programs within your medical school or state by asking your adviser, your school's family medicine department, or other trusted role models and mentors in and around family medicine. You may also consider national programs like the AAFP Foundation's Family Medicine Leads Emerging Leader Institute and the American Board of Family Medicine (ABFM) Pisacano Scholars Leadership Program, which is open to applicants in their third year of medical school.

Some opportunities are very selective, so understanding their eligibility criteria early in medical school will help you work toward meeting them. **If you think you might be a fit for a certain program, don't hold back from applying just because you don't feel you check every box.**

Leadership programs value candidates in whom they see potential, not just those who have the longest list of previous achievements.

## Attend National Conference

The summer after your first year of medical school, make a point to attend the AAFP National Conference of Family Medicine Residents and Medical Students. This annual event is one of the largest gatherings of medical students and residents from across the country. Attending National Conference will give you a boost in developing your hands-on clinical skills, your understanding of how the health care system functions, and your awareness of how broad and versatile family medicine is. Even if you don't end up in family medicine, the conference is a great place to kick-start your specialty exploration because you'll get a taste of everything.

**The American Academy of Family Physicians Foundation provides Family Medicine Leads Scholarships for medical students and family medicine residents to attend the National Conference. Eligibility and application information is available at [www.aafp.org/events/national-conference/about/scholarships.html](http://www.aafp.org/events/national-conference/about/scholarships.html).**

*In medical school, I saw how healthy patients could be, but how the broken system limited them. And that's how I fell in love with family medicine. Family medicine is the best place to impact the system to deliver what our patients really need, which is patient-centered, coordinated care that sees the whole patient and understands—and can impact—the entire system.”*

— RICHARD BRUNO, MD, MPH, BALTIMORE, MD

## Become an Advocate

As soon as you were accepted to medical school, did you notice a change in how your friends and family interacted with you? Did they start asking you questions about their own health and telling you stories about their health care experiences? You may feel like you still have a lot to learn about health care, but to your patients, family, and community, you are now a credible source of information about medicine. With that credibility comes the opportunity—and responsibility—to use your influence for good.

What issues do you care about in health care and beyond? **Look for ways to use your credibility and influence to advocate for family medicine, primary care, your patients, and the societal issues that you care about.** By finding others who also care about these issues, you'll expand your network of people and organizations that can energize you when medical school is draining.

### Tip:

Become knowledgeable about health care reform, health care delivery, and the importance of primary care. In particular, be generally informed about current health care trends that relate to family medicine, such as the Medicare Access and CHIP Reauthorization Act (MACRA) and payment reform. This shows residency programs that you're committed to family medicine and you know what that commitment means.

**Not sure where to start? If you're an AAFP member, visit your chapter's website or contact the staff to learn about resources and events that support members' involvement in legislative advocacy. You can access a chapter directory at <https://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory>.**





## *Join in!*

Medical and professional organizations that offer membership to students can be a great source for educational resources. As a member, you'll get access to exclusive benefits and expand your professional network.

- American Academy of Family Physicians (AAFP)  
**[www.aafp.org/membership/join/student.html](http://www.aafp.org/membership/join/student.html)**
- Society of Teachers of Family Medicine (STFM)  
**[www.stfm.org/join](http://www.stfm.org/join)**
- North American Primary Care Research Group (NAPCRG)  
**[www.napcrg.org/Membership](http://www.napcrg.org/Membership)**
- American College of Osteopathic Family Physicians (ACOFP)  
**[www.acofp.org/ACOFPIMIS/Acofporg/Membership/Students.aspx](http://www.acofp.org/ACOFPIMIS/Acofporg/Membership/Students.aspx)**



### Licensing Requirements

<b>Students at allopathic colleges of medicine (MD)</b>	<b>Students at osteopathic colleges of medicine (DO)</b>
<p>During medical school, you're required to take and pass Step 1 and Step 2 of a three-step test called the United States Medical Licensing Examination® (USMLE®), which is sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners® (NBME®).</p> <p>Two of the steps are administered during medical school. The final step is completed during residency.</p> <ul style="list-style-type: none"> <li>• <b>USMLE Step 1:</b> Assessment of medical knowledge and foundational science</li> <li>• <b>USMLE Step 2 (split into two tests):</b> Assessment of knowledge of clinical science (USMLE Step 2 CK) and assessment of clinical skills (USMLE Step 2 CS)</li> <li>• <b>USMLE Step 3:</b> Assessment of whether you can apply medical knowledge and understanding of biomedical and clinical science in order to practice medicine without supervision</li> </ul>	<p>To graduate from medical school, you're required to take and pass Level 1 and Level 2 of a three-level test called the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA), which is administered by the National Board of Osteopathic Medical Examiners.</p> <p>Two of the levels are administered during medical school. The final level is completed during residency.</p> <ul style="list-style-type: none"> <li>• <b>COMLEX-USA Level 1:</b> Assessment of medical knowledge and foundational science</li> <li>• <b>COMLEX-USA Level 2 (split into two tests):</b> Assessment of knowledge of clinical science (COMLEX-USA Level 2-CE) and assessment of clinical skills (COMLEX-USA Level 2-PE)</li> <li>• <b>COMLEX-USA Level 3:</b> Assessment of whether you can apply medical knowledge and understanding of biomedical and clinical science in order to practice medicine without supervision</li> </ul>
<p>Scores on the first two stages of these exams serve as one crucial piece of eligibility criteria on residency applications and are required by most residencies during the application process. Make sure you're on schedule to complete the required exams in time for your scores to be shared with residencies.</p>	

## SHOULD OSTEOPATHIC MEDICAL STUDENTS TAKE BOTH COMLEX AND USMLE?

Students at osteopathic colleges of medicine are required to take Levels 1 and 2 of COMLEX-USA to graduate from medical school. About half of DO students also take the USMLE exam as a safeguard for residency applications. **Most Accreditation Council for Graduate Medical Education (ACGME)-accredited residencies—including 90%-95% of family medicine residency programs—accept COMLEX scores, but some still prefer or require USMLE scores.** While taking the USMLE may offer flexibility in residency eligibility, it poses a risk if your exam performance is variable. Taking both exams is also an additional cost.

## Your Curriculum Vitae

A curriculum vitae (CV) is a multipurpose personal application form for employment, educational opportunities, honors/awards, presentations, research, and membership or participation in an organization. Learning to prepare a good CV now will help you throughout your professional life. One of the primary functions of a CV is to provide a succinct record of your experience and training. It's a living document that must be continually updated as you complete new experiences and accomplishments.

For additional information on developing your CV, visit [www.aafp.org/medical-school-residency/residency/apply/cv.html](http://www.aafp.org/medical-school-residency/residency/apply/cv.html). Also, the Association of American Medical Colleges (AAMC) offers a CV template at <https://students-residents.aamc.org/training-residency-fellowship/article/preparing-your-curriculum-vitae/>.



## CV TIPS

- **Start now:** Don't wait until late in your medical school years to seek leadership, research, scholarship, and other opportunities that can be listed on your CV. In addition, look for opportunities to publish your work or participate in extracurricular or volunteer efforts.
- **Keep it short:** In general, your CV shouldn't be lengthy. No matter how many accomplishments you list, you won't impress interviewers if they can't quickly pick out two or three good reasons to choose you over someone else. Let your CV help you put your best foot forward.
- **Be concise:** The language of a CV is abbreviated and succinct. Resist the temptation to add explanatory sentences or language. You'll distract the reader from the basic information being presented. When you apply for residency training, you'll have the opportunity to express yourself in a personal or biographical statement. When applying for a job or some other type of position in the future, you can include an appropriate cover letter with your CV to explain your particular qualifications for the position.
- **Make it orderly:** A chronological CV should be arranged in reverse chronological order, starting with where you are currently. You may choose to arrange each section of the CV chronologically.
- **Highlight your unique qualities:** An application form is limited to the few things that a particular institution wants to know about everybody, but a CV lets you highlight information that's unique to you. Add all your key accomplishments and activities in the initial draft. In subsequent drafts or different versions, you can remove information that isn't pertinent.
- **Customize it:** Your CV should be restructured and rewritten—or at least reviewed—for each purpose for which you use it. Some experts recommend maintaining two versions of your CV: a short summary of your training and experience, and a longer version with more detailed information about your publications and presentations.
- **Be entirely honest:** If you haven't accomplished anything in a certain category, leave it out. Don't create accomplishments to fill in the spaces or make changes to basic data to get around possible screening cutoffs programs use. Be honest and specific about your level of participation in a project or activity (e.g., don't say you were the president of a student organization at your school if you just coordinated the organization's membership recruitment). If program directors discover that you have presented false information on your application, it's possible for them to report you for academic dishonesty, disqualifying you from the Match.
- **Get expert advice:** Your dean's office may be able to share CV samples and provide additional guidance. In addition, student organizations at your school may host CV review events, and many regional and national conferences offer these services to attendees. Look for opportunities to have your CV reviewed through local and national student, medical, and specialty societies.

Table 3 provides an overview of the basic information captured in a CV. Keep in mind that your CV doesn't have to resemble those of other students who are applying to the same residency program. No residency program director is looking for a specific CV style. However, you will receive points for neatness and readability!

**In Appendix A, you'll find a sample CV (adapted from a real-life example and edited for length and to preserve anonymity).**

**TABLE 3. CV Elements**

<b>Personal Data</b>	<ul style="list-style-type: none"> <li>• For consistency, give your name exactly as it appears in your medical school records.</li> <li>• Make sure you can be reached at the address, phone number, and email address that you list. Indicate whether there are certain dates when you should be reached at other locations.</li> <li>• Use a professional email address that you check often. For example, if your current personal email address is coolmedstudent@hotmail.com, you might want to create a more professional address, such as janedoe1@gmail.com.</li> <li>• Although some people include the following items, they are not necessary and probably should not be included on a CV:             <ul style="list-style-type: none"> <li>- Social Security number</li> <li>- License number</li> <li>- Examination scores</li> </ul>             If this information is pertinent to your candidacy, the program will request it on the application or at some later point in the application process.           </li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• List your current institution first on your CV, including:             <ul style="list-style-type: none"> <li>- Name of the institution</li> <li>- Degree sought or completed</li> <li>- Date of completion or date of expected completion</li> </ul> </li> <li>• Include medical school, graduate education, and undergraduate education. Omit high school.</li> <li>• Later, you'll add separate categories for "Postgraduate Training" (includes residencies and fellowships), "Practice Experience," "Academic Appointments," and "Certification and Licensure."</li> </ul>
<b>Honors and Awards</b>	<p>It's appropriate to list any academic, organizational, or community awards or scholarships, but you must use your judgment about whether the achievement would be valuable to the person reading your CV.</p>
<b>Professional Society Memberships</b>	<p>List any professional organizations to which you belong and the years of your membership. Include leadership positions held, if any.</p>
<b>Employment Experience</b>	<ul style="list-style-type: none"> <li>• List the position, organization, and dates of employment for each work experience.</li> <li>• Limit this list to experiences that are medically related (e.g., medical technician, nurse's aide, research assistant) or that show the breadth of your work experience (e.g., high school teacher, communications manager).</li> </ul>
<b>Extracurricular Activities</b>	<ul style="list-style-type: none"> <li>• List your outside interests, volunteer service, and extracurricular activities to help develop a broader picture of your personality and character.</li> <li>• Highlight any special talents or qualifications that haven't been given due recognition in other parts of the CV. For example, include things such as fluency in other languages or a certification such as a private pilot's license.</li> </ul>
<b>Publications/ Presentations</b>	<ul style="list-style-type: none"> <li>• List any papers or posters you've published or presented, including:             <ul style="list-style-type: none"> <li>- Title</li> <li>- Name of publication or location of presentation</li> <li>- Date of publication or presentation</li> </ul> </li> <li>• Works accepted for publication but not yet published can be listed as "(forthcoming)."</li> <li>• If this list is very lengthy, consider focusing on the highlights that most relate to your future goals.</li> </ul>
<b>Personal and Professional Interests</b>	<p>Include any information demonstrating your passion and drive that might not have been captured in other sections.</p>
<b>References</b>	<p>You may be asked to provide personal and professional references. These names may be included in the CV, appended as part of a cover letter or application form, or noted as "Provided Upon Request."</p>

According to the U.S. Equal Employment Opportunity Commission, federal law prohibits employers from discriminating against any job applicant or employee on the basis of race, color, religion, sex (including pregnancy or child-rearing plans), national origin, age, disability, or genetic information. Some states and cities have laws that expand these protections. You do not have to provide information related to any protected categories during your interview or time in residency.

## CVs in ERAS

Although CVs are not included as one of the standard Electronic Residency Application Service (ERAS®) application documents, residency programs can create and print out a report in a CV format based on information in your application.

*MyERAS will capture:*

- Current and prior training (residency or post-residency)
- Education
- Language fluency
- Publications
- Work, volunteer, and research experience, including clinical experience, teaching experience, unpaid extracurricular activities, and committee service

You can view how your information will appear to programs by selecting the option to print or review your common application form in a CV format in MyERAS.

**Developing a stand-alone CV is still recommended** for the following reasons:

- It provides most, if not all, of the information needed to complete the ERAS application. Having this information before the dean's interview may reduce the amount of time you spend completing the application.
- Some residency programs may require a CV as supplemental information. Your designated dean's office can't attach your CV to your ERAS application, so you should consider having the CV available during interviews in case it's required by the program.
- You'll use your CV throughout your educational and professional career. Creating your own CV will give you more flexibility in what information you include and how it's structured.

*"You want to write a personal statement that reflects a true understanding of family medicine and your passion for it—more than just 'I like everything, so I'm gonna pick family medicine,' and more than just, 'I had this impactful personal experience with a family doctor and I want to be just like him/her.'"*

— MICHELLE BYRNE, MD, MPH,  
CHICAGO, IL

## Your Personal Statement

**Every application you submit to a residency program should include a personal statement.** The personal statement is how you give faculty members and current residents insight into who you are, what's unique about you as a potential residency candidate, and whether you're a good fit.

### SHOW YOUR PERSONALITY

Remember, residency programs are screening thousands of applications, and individual faculty members and residents are likely to read hundreds of personal statements each year. They will appreciate a statement that showcases your personality. A great statement will be interesting, insightful, and specific, capturing why family medicine—particularly this residency program—is right for you. It should be written in your voice and make the reader excited to meet you.

### SHOW YOUR EXPERIENCE

The personal statement is your opportunity to expand upon activities that are listed on the CV but deserve to be described so your reader can appreciate the breadth and depth of your involvement in them. It should not be another comprehensive list of your activities. Rather, it should provide details about key activities listed on your CV that have prepared you for residency. You may choose to relate significant personal experiences, but do so only if they are relevant to your candidacy for the residency program.

Your personal statement is also an appropriate place to address anything that may be ambiguous on your CV. In particular, you should address any non-traditional path you've taken through medical school, such as time off or an altered curricular journey. It's better to address these directly than to leave a program wondering.

### Tip:

Pick a formative experience in your life or medical training and center your personal statement around that story. However, don't try to share everything. Being concise gives you the best possible chance of having your statement fully read and absorbed. One anecdote is usually enough.

### SHOW YOUR GOALS

The personal statement is the appropriate place to specify your professional goals. You can put down on paper some clear, realistic, and carefully considered goals that will leave your reader with a strong impression of your maturity, self-awareness, and character.

*Commitment is shown through your CV and personal statement. Make sure you showcase activities that relate to family medicine, like family medicine interest groups (FMIGs) and student-run free clinics. The best part about family medicine is the diversity. Most extracurricular activities can support your application!"*

— KELLY BOSSENBROEK FEDORIW, MD, CHAPEL HILL, NC

If you choose to address academic or personal challenges in your statement, focus on what you've learned from those experiences and how they brought you to where you are now. Make sure to address these issues in a positive way, focusing on your path forward.

### Tip:

Find a list of generic interview questions and journal your answers to as many of them as you can. Doing so can spark memories, reflections, and ideas that you can use to build your personal statement.

### SHOW YOUR COMMITMENT

Be sure to emphasize specific reasons for your interest in family medicine and in the residency program. Demonstrated awareness and excitement about what is going on in family medicine can distinguish a good personal statement from a great one. For example, a student will demonstrate real interest and potential as a residency candidate by showing awareness of—or experience with—population health management, super-utilizers, care coordination, or other factors related to the specialty's impact and role in health care at a national level.

### Good Writing Gets Noticed

In your personal statement, the quality of your writing is at least as important as the content. For the moment, forget everything you've learned in medical school about writing concise histories and physicals. Be sure to do the following when preparing your personal statement:

- Write in complete sentences.
- Avoid repetitive sentence structure.
- Avoid using jargon. If there's a shorter, simpler, less pretentious way of saying something, use it.
- Don't assume your reader knows the acronyms and abbreviations you use. As a courtesy, spell everything out.
- Use a dictionary and spell check.
- Use a thesaurus. Variety in the written language can add interest (but don't get carried away!).

Get writing help if you think you need it. For a crash course in good writing, try *The Elements of Style, Fourth Edition*, Strunk and White, Pearson, 1999. If you have friends or relatives with writing or editing skills, enlist their help. Student organizations at your school may host personal statement clinics or your school may offer review services. In addition, local and national student, medical, and specialty societies may offer personal statement reviews or workshops.

**It's very important for your personal statement to be an original composition.** It's fine to get some help from others, but make sure your personal statement is your original work. Remember, in the early part of the residency selection process, your writing style is the only factor reviewers can use to learn about you personally.

## Personal Statements in ERAS

ERAS lets applicants create one or more personal statements that can be earmarked for specific programs. Some programs ask applicants to address specific questions in their personal statements.

Your personal statement(s) must be assigned individually to each program. The MyERAS website describes how to complete the document and assign personal statements to individual programs using MyERAS.

After you submit a personal statement, you may still be able to edit or update it in ERAS. However, if you revise your personal statement after a program has reviewed your application, the changes you make are likely to go unnoticed.

## Your Letters of Recommendation

Programs may ask you to submit both personal and professional letters of recommendation (LoRs). They can be very valuable to program directors looking for distinguishing characteristics among the many applications they receive. While CVs and personal statements have many similarities from candidate to candidate, LoRs are an opportunity to emphasize factors that set you apart as a candidate. The quality of your LoRs may be a key element of the strength of your application.

It's easy to procrastinate when it comes to requesting LoRs. You may think you don't know someone well enough to ask for a

letter, or that too much time has passed since you interacted with a potential letter author (usually an attending physician or community faculty). It's in your best interest to avoid making these excuses.

### POTENTIAL LoR AUTHORS

Starting in your third year of medical school, you should begin to identify LoR authors. The following are good options to choose from:

- Someone from a rotation that was requested by a specific program's application requirements
- Someone from a rotation in which you did well that relates to your chosen field
- Someone who knows you well instead of someone who doesn't, if possible. This is more important than the professional position of a letter author. For example, a faculty member who worked directly with you while you were on a rotation can write a stronger letter than the chair of the department, who may not have had much contact with you.
- At least one person who is likely to be recognized by the residency program, if possible
- Someone who can judge your clinical skills and intentions, not just someone who is a friend
- Someone who is a mentor in your specialty of choice

**Avoid requesting a letter from a resident or fellow.** They may have the best knowledge of your clinical skills, but the attending should write your LoR. Help the attending by providing the names of the residents and fellows with whom you worked so he or she can consult them for input, if necessary.



## Tips From the Experts

- “I think having a variety of faculty is important [for LoRs]. Try to have different specialties represented since family medicine is so broad. Also, it’s helpful to have writers who have seen you work out in the community.”

– ROMERO SANTIAGO, MD, MPH, SACRAMENTO, CA

- “Ask [the person] early/midway through the rotation experience if they can write a positive letter of support for you. Then, you have to formally request the letter through ERAS. Do this as soon as possible and be ready to request the letter officially as soon as ERAS opens for any third-year rotation letters. Even if this means asking before you have a personal statement done, earlier is better (but still share a draft [of your statement] if you can). Provide [the LoR authors] with everything they could need and more. Letter writers are busy, and the more fodder you can provide to trigger their own memories and reflections, the better. Help them help you.”

– KATIE HARTL, MD, TUCSON, AZ

- “First and foremost, ask people who know you well. Don’t fixate on someone’s title or position. Regardless of someone’s rank or title, a very strong letter goes a long way. Also, ask the person if they can honestly write a strong letter on your behalf. Give them an opportunity to say no. Don’t pressure them. In family medicine, you can have LoRs from physicians in any field. However, make sure you have at least one LoR from [a family physician], plus [the] family medicine department chair, if available.”

– ALEXA MIESES, MD, MPH, DURHAM, NC

- “Advocate for yourself by offering specific examples of experiences you had together, for example: ‘Dr. A, I remember when I worked with you on inpatient pediatrics that we worked with the three-year-old patient who continued to have asthma exacerbations, and you were grateful that I took the time to explore the social and environmental aspects of the family’s life that may have been causing these recurrent episodes.’ Remind [LoR authors] of positive feedback they gave you at the time so they can include it.”

– MICHELLE BYRNE, MD, MPH, CHICAGO, IL

## BEST PRACTICES FOR REQUESTING LoRS

- **Follow instructions:** Residency programs might dismiss applicants who don't follow their application guidelines. Some programs specify certain departments or rotations from which the LoRs should originate or require a letter from a person who is not involved in the medical profession. **It's especially important to be sure you submit exactly the required number of letters to each program.** Most programs request three. Sending in more letters than requested can make it look like you didn't review the program's application guidelines carefully enough or like you're trying to make up for a deficiency in another area by overcompensating with LoRs. Additionally, some programs review only the first letters to arrive up to the number they request, and subsequent letters are ignored.

- **Declare your intentions:** If you're planning to ask someone to write a letter of recommendation for you at the end of a rotation, let the potential author know upfront. During the rotation, he or she will be able to take note of what stands out about you. If your performance on the rotation is "letter-worthy," you can follow up on your initial request once he or she knows you well enough to write a letter.

- **Plan ahead:** Allow at least one month from the time you request a letter until it must be submitted. Faculty are busy, may be traveling or otherwise unavailable at the time of the initial request, and usually have multiple letters to write.

- **Provide helpful information:** Help the person preparing your letter by providing your CV, personal statement, and photo, and then making a 15-minute appointment to review your CV with him or her, if appropriate. Additional personal information may also be useful, particularly if you can remind the LoR author of a specific event or situation in which you think you performed well on his or her rotation.

**If you missed the opportunity to request LoRs from previous rotations, don't wait too long to reach out to potential LoR authors.**

## Letters of Recommendation in ERAS

MyERAS allows you to request as many letters of recommendation as you deem necessary through the following process:

1. You enter the LoR authors you've chosen into MyERAS.
2. The system generates a letter request form you can email, mail, or deliver in person to each of the authors.
3. LoR authors register through ERAS on the Letter of Recommendation Portal. They use a letter ID provided on the original letter request form to submit completed letters online. New letters may be submitted on your behalf at any point during application season.

**Please note: MyERAS will only allow you to assign up to four LoRs per program.**

In MyERAS, you select whether to waive your right to see completed LoRs when they are submitted. Keep in mind that program directors and LoR authors will be able to see your selection. Reserving the right to review submitted letters may convey that you're concerned about what was written about you, regardless of your actual reason for viewing your LoRs. Even if you waive your right, LoR authors may choose to share their letters with you directly for your reference and to show support.

## Medical Student Performance Evaluation

The medical student performance evaluation (MSPE) is an important part of your application for residency training. Guidelines have been created to help medical schools evaluate the applicant's entire medical school career.

### MSPE RELEASE DATE

**MSPEs (also called dean's letters) are released to residency programs on October 1 each year. Whether you're applying to your desired programs via ERAS or via other channels, schools will not release the MSPE until October 1.**

ERAS is programmed to embargo the MSPE at the ERAS PostOffice until 12:01 a.m. on October 1. The only exception is MSPEs for fellowship applicants. They are available to fellowship programs as soon as they are transmitted from the ERAS Fellowships Documents Office.

### PREPARATION FOR THE MSPE

At many medical schools, the process of creating an MSPE entails a meeting with your dean or his or her designee so the evaluation can reflect some personal insight into your performance and career goals. Questions to address in preparation for the MSPE include the following:

- When can you begin scheduling appointments to visit with the dean?
- Whom should you contact to schedule an appointment?
- What resources should you have in preparation for your meeting with the dean? Should you have a draft of your CV and personal statement ready? What other information (e.g., transcripts, list of potential residency programs) should you bring along?
- How do you obtain the MSPE to send to residency programs that are not participating in ERAS?
- How long does it take for the MSPE to be drafted, signed, and sent out?
- Will you have the opportunity to review your MSPE before it is sent out?

### Misdemeanor/Felony Questions

The American Board of Medical Specialties (ABMS) requires all participating specialty boards to have guidelines for professionalism as part of specialty certification and recertification. Applicants are required to answer questions concerning felony or misdemeanor convictions.

### What to Know About Family Medicine Residencies

There are more than 600 family medicine residency programs in the United States, and no two programs are exactly alike. When considering a residency, you'll have many exciting options and will want to fully weigh a variety of factors, including the program's curriculum, faculty, benefits package, community, and other characteristics.

Although every family medicine residency program is required to meet certain specifications and minimum requirements for accreditation, each has autonomy to adapt its program to meet the needs of its community, the strengths and interests of its faculty, and the training goals of its residents. You can learn about the minimum requirements for family medicine by browsing common and specialty-specific program requirements on the ACGME website. If a program exceeds the minimum requirements, it can be interesting to learn why they place extra emphasis on a particular area and consider whether this additional experience is something you're looking for.

One advantage of the family medicine specialty is the breadth of the curriculum you'll be exposed to during residency, which will help you build your skills and knowledge so you're well-prepared to start out in a practice and advance your career.

Programs generally structure their curricula in one of two ways, both of which emphasize caring for a continuity panel of patients in the family medicine practice. Most programs run on a standard block schedule with residents rotating through various specialty areas every few weeks (or more). Others use a longitudinal approach with specialty

experiences scheduled throughout the year, most often to create more touchpoints with continuity patients throughout all years of training. It can be helpful to learn about both models as you are considering your options.

*Table 4* provides an example of a block schedule at a three-year program in an urban center. Each block is four weeks long, unless otherwise noted. This sample schedule does not include extra schedule details that programs would likely share (and often post online), such as time off or shift length requirements.

Nearly every program will have some version of their schedule available on the residency website. In advance of your interviews, you can browse the schedule to see if anything stands out or you have specific questions about something shown on the schedule (e.g., a training site).

Family medicine residencies provide well-rounded training, even for residents with interest in a focused area. The great diversity in residency training means you're very likely to find a program that fits your individual strengths and interests.

#### THE THREE STAGES OF RESIDENCY SELECTION

There are three primary stages in the process of selecting a residency program.

##### **Stage 1: Identifying your personal priorities and conducting preliminary research**

During this stage, focus on identifying the factors about a program that are most important to you. As you begin to identify programs you want to know more about, stay focused on collecting objective information (e.g., community size, region, call schedule).

**TABLE 4. Sample Block Schedule at an Urban Residency Program**

First Year												
FM inpatient	FM inpatient	FM inpatient	Emergency Medicine	General surgery (minimum 100 hours)	Cardiology (2 weeks inpatient, 2 weeks outpatient)	Intensive care unit (minimum 100 hours)	Ambulatory surgery	Newborn care (minimum 40 newborns)	Maternity, labor and delivery, clinic	Pediatric inpatient services (minimum 100 hours)	FM center	Various topics in primary care (oral health, diabetes, imaging, ECG, etc.)
Second Year												
FM inpatient (8 weeks)	Women's health (minimum 100 hours)	Adult medicine topics, including pulmonary, neurology, other subspecialties	Musculoskeletal (minimum 100 hours)	Pediatric emergency medicine (minimum 100 hours)	Pediatric ambulatory care	Maternity care, labor and delivery (minimum 100 hours)	Dermatology	Medical home management	Elective #1	Behavioral health, occupational medicine (8 weeks)		
Third Year												
FM inpatient (8 weeks, longitudinal)	Emergency medicine and pediatric urgent care	Musculoskeletal (minimum 100 hours)	Surgical subspecialties (8 weeks)	Adult medicine topics (variety)	Pediatrics and adolescent medicine	FM center	FM center	HIV care	Elective #2	Elective #3		

ECG = electrocardiogram; FM = family medicine.

Second and third year also include longitudinal experiences on care of the elderly and care of children age 9 and younger.

## Stage 2: Gathering subjective information

In this stage, take a more subjective approach to gathering information and identifying the pros and cons of the programs that interest you. Decide on programs at which you'd likely want to interview.

## Stage 3: Interviewing at residency programs

Finally, carefully select a list of programs to apply to and take notes immediately after each interview. Your end goal throughout interview season is to establish a rank order list for the programs you visit.

*The start to my program list-building was actually making a list of things I valued in my future residency program before I looked at a single website. There is no wrong answer in this except what is wrong for you, and it's important to spend some time thinking about what you value for your training. For me, the biggest factors for pre-interview list-building were: 1. diverse patient population; 2. academic medical center; and 3. medium-sized program. For everything else, like personal 'fit,' I had to wait until interviews to see if the program would fit my values."*

— GRACE OLIVER, MD, KANSAS CITY, KS

## Resources for Every Stage

### Stage 1

- Browse individual residency program websites
- Search the AAFP Family Medicine Residency Directory (available as an interactive tool in the “For Students” section of the AAFP app and online at [www.aafp.org/medical-school-residency/residency/find-programs.html](http://www.aafp.org/medical-school-residency/residency/find-programs.html))
- Attend residency fairs at local, regional, and national conferences

### Stage 2

- Complete away rotations at programs of interest
- Talk with residency program alumni, community physicians, or students at the institutions
- Attend residency fairs at local, regional, and national conferences

### Stage 3

- Use a logical tool, such as a sample modified decision table (*Table 5*), to help you systematically quantify the pros and cons of each program by the factors that are most important to you
- Download the AAFP app and use the tools in the “For Students” section. The app includes an interactive version of *Table 5*, plus other features that will help you keep track of programs you’re interviewing with, take notes, and make decisions about your rank list. Also, use the questions tool to curate and export a list of items to ask about during each interview.

**TABLE 5. Sample Modified Decision Table**

Factors	Weight (W)	Program 1	Rating (R)	Score (W*R)	Program 2	Rating (R)	Score (W*R)	
Facilities	8.5	Comments here	4	<b>34</b>	Comments here	7	59.5	
Electronic health record	7	Comments here	9	<b>63</b>	Comments here	4	28	
Curriculum	8	Comments here	9	<b>72</b>	Comments here	9	72	
Faculty	9	Comments here	7	<b>63</b>	Comments here	8	72	
Location	10	Comments here	4	<b>40</b>	Comments here	9	90	
Community size	2	Comments here	5	<b>10</b>	Comments here	8	16	
				<b>Total Score: 282</b>				
					<b>Total Score: 337.5</b>			

*In terms of selecting a program, I would argue they all offer very similar curriculums at the end of the day. Therefore, my primary recommendation is to go where the people fit you the best. These will be your new friends and family and will be what really make your residency experience great.”*

— BEN MEYERINK, MD, SIOUX FALLS, SD

*“Start with geography and [residency locations] where you’ll have family/partner support. Then, seek programs that share your passions. Search program websites to look at current residents in the program and their backgrounds and if they are committed to family medicine and if you share their passions. Go to the AAFP National Conference of Family Medicine Residents and Medical Students in the summer before your fourth year to meet [representatives from] programs you might be considering. Work to connect with residents at the conference to see if it feels like a good fit.”*

— STEVEN R. BROWN, MD, FAAFP, PHOENIX, AZ

## Residency Fairs

**Attending a local, regional, or national conference that features a residency fair gives you the opportunity to learn a great deal about the options available to you in family medicine.** You’ll find that each family medicine residency program offers something unique, even though all of them must meet the same educational requirements. Many students find that attending residency fairs helps them narrow down the list of programs to which they want to apply, which ultimately saves them money.

Advisers at most medical schools recommend that students attend residency fairs in their third or fourth year. However, there are benefits to attending these fairs even earlier in your education, including the following:

- They provide opportunities to explore basic questions about family medicine.
- They can help open doors for away rotations.
- They allow you to get advice on matching without the pressure of your Match season looming over you.

**Some residency fairs will allow you to bring your spouse/partner or significant other with you, even if this person is not a medical student. Be sure to ask the conference or event organizers if guests are permitted.**



## Conversation Starters

Program representatives at residency fairs are typically current residents and faculty, including program directors. This is the same mix of people you'll meet when you go on interviews, but interactions at residency fairs are much more laid-back than an interview.

During a residency fair, it's not unusual to chat with representatives from a program for 30 minutes at a time or to stop by multiple times. Some programs also hold social events after conference hours at a local restaurant, giving you more opportunity to connect. Allow yourself enough time to have meaningful conversations with people from the programs that interest you. **The best way to make a good impression during these conversations is to have a positive attitude and be curious.** Introduce yourself to the representatives and ask them to tell you about their program.

Try the following questions to get a conversation started:

### *Questions to Ask Faculty*

- Where are most of your graduates located? What types of practices do they work in?
- Are all rotations done at the residency's hospital?
- Are there any other in-house residency programs?
- What community service programs does your residency participate in?

### *Questions to Ask Residents*

- What made you decide to come to this program?
- What are your plans after graduation?
- What's a typical week like for you?
- What's call like?
- Where do you feel most of your learning is coming from?

*The question of 'opposed versus unopposed' programs is something I felt like I was taught to ask [that] does not actually yield meaningful information from residents. Better questions are: Who makes up our team when we are on inpatient medicine (i.e., do we work with residents from other programs/specialties)? Do we work with family medicine faculty from our program or are our attendings from other specialties? Are there any other residents working at our hospital; if so, what is the relationship like?"*

— MICHELLE BYRNE, MD, MPH, CHICAGO, IL



## CONFERENCES AND EVENTS

### AAFP National Conference of Family Medicine Residents and Medical Students

July 30-August 1, 2020 | Kansas City, MO  
[www.aafp.org/nc](http://www.aafp.org/nc)

An opportunity for residents and medical students to learn more about family medicine, explore residency programs, and connect with potential employers

### Family Medicine Midwest Conference November 13-15, 2020 | Minneapolis, MN [www.iafp.com/family-medicine-midwest-conference](http://www.iafp.com/family-medicine-midwest-conference)

An academic family medicine conference for faculty, residents, and students from Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, and Wisconsin

### Family Medicine Education Consortium (FMEC) Annual Meeting

October 2-4, 2020 | Arlington, VA  
[Fmec.net](http://Fmec.net)

An academic family medicine conference for faculty, residents, and students from the Northeastern United States, including Ohio and Virginia

### Society of Teachers of Family Medicine (STFM) Conference on Medical Student Education

January 31-February 3, 2021 | Atlanta, GA  
[www.stfm.org/conferences/mse/overview](http://www.stfm.org/conferences/mse/overview)

A national conference for anyone involved in the education of medical students; may be useful if you're thinking about a career in academic family medicine

### AAFP Chapter Meetings

Your chapter of the AAFP hosts an annual meeting that may include opportunities to interact with residency programs. Visit your chapter's website or contact the chapter to ask about events in your area. AAFP members can access a chapter directory at <https://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory>.

## Residency Directories

### AAFP Family Medicine Residency Directory

In the "For Students" section of the AAFP app as part of a comprehensive matching tool and online at [www.aafp.org/medical-school-residency/residency/find-programs.html](http://www.aafp.org/medical-school-residency/residency/find-programs.html).

Captures information about family medicine programs beyond what most other residency directories provide. In the app, the directory is an interactive tool that allows you to find and favorite programs, take notes, rank residencies, and more.

Currently available filters allow you to search by:

- Location
- Program size and type (e.g., community-based, school-based)
- Community setting (e.g., urban, rural)
- Availability of international rotations
- Whether a program includes other types of residencies in hospital rotations
- Whether a program lasts three or four years

The directory also includes the following information about each program:

- Benefits and salary
- Night calls and coverage
- Hospital setting
- Required and elective rotations
- Fellowship opportunities
- Any extra descriptive information a program chooses to provide

### **FREIDA™, the American Medical Association (AMA) Residency & Fellowship Database®**

[www.ama-assn.org/life-career/search-ama-residency-fellowship-database](http://www.ama-assn.org/life-career/search-ama-residency-fellowship-database)

Provides basic information about graduate medical education programs in all specialties, such as the name of the program director and the hospital, as well as the number of hospital admissions, outpatient visits, and available residency positions

### **Residency Explorer** **NEW** [www.residencyexplorer.org](http://www.residencyexplorer.org)

Launched as a prototype in June 2019, Residency Explorer is a new tool from nine organizations involved in the Match process. It allows you to compare programs within your chosen specialty and see data about the applicants who previously matched at each program.

### **Accreditation Council for Graduate Medical Education (ACGME) graduate medical education directory** <https://apps.acgme.org/ads/Public/Programs/Search>

Organizes information by state and specialty, and includes program accreditation status, sponsoring institution, and contact information

## *Tip:*

It's important to use vetted sources of information and to be wary of information captured in third-party websites, such as Doximity. These sites are not a direct source of information and are not informed by any of the residencies directly. They simply do their best to aggregate secondhand public data. Their business model is built on driving traffic and selling ads, not on providing accurate information to inform residency selection. Any information gathered from these sites should be verified. Many experts recommend not using them at all.

*"If there are specific 'niches' you are super passionate about, explore programs that have role models doing these things (HIV care, abortion care, clinical research, etc.)."*

— MATT PETERS, MD, KLAMATH FALLS, OR

*"If you don't know what you're looking for, don't be afraid to message residents and faculty members to hear about programs firsthand."*

— BEN MEYERINK, MD, SIOUX FALLS, SD

## Do's and Don'ts of Residency Selection

- **DO** ask the chair and other faculty members in the family medicine department which residency programs they consider the best fit for your interests and why. They can offer firsthand information about some programs and give you guidance about the amount of variance among different programs. In addition, ask them why they chose their own training program.
- **DO** keep an open mind about the quality of each program. Even though you may never have heard of St. Someone's Hospital, it might have an excellent program. Consider a residency based on attributes such as geographic location, curriculum, unique rotation and elective opportunities, and community engagement rather than solely on the name value of the institution.
- **DO** look for the training program that best meets your unique needs and goals. Different programs excel for different reasons, and individual residency candidates may value the same program for different reasons.
- **DO** be wary of any source that attempts to rank programs, such as the *U.S. News & World Report* ranking of medical schools for primary care or the *Doximity* ranking for family medicine residencies. Their methodologies rely on reviews, not on objective data or statistics. Also, there are too many residency programs for anyone to keep a running tab on which is the best program, and "best" is a relative term that means something different to everyone.
- **DO** consider contacting physicians who are doing their residencies in your chosen field to ask them why they chose their programs and what other programs they considered. Many medical schools are willing to provide the names and residency locations of their graduates.
- **DO** find out about the practice settings and lifestyles of alumni from programs you're considering.
- **DO** talk to students who have rotated through a program or who attend the institution with which a program is affiliated, if possible. Because they have no incentive for recruiting or discouraging you, they can give an objective perspective.
- **DO** consider applying to a larger number of programs if you have had academic or test-taking challenges, if you're applying to programs in popular geographic areas, or if you're applying to combined (i.e., dual-specialty) programs.
- **DON'T** eliminate a residency program because you think or assume that you're not a strong enough candidate. You really don't know that until you've gone through the first stages of the application process, so don't let anyone discourage you.
- **DON'T** be too influenced by information about the increasingly competitive nature of the Match process and apply to an excessive number of programs.
- **DON'T** apply to a program if you know you wouldn't attend it under any circumstances. Although you can apply to as many programs as you want, consider whether it is worth the cost for both you and the program if you already know you're not interested.

## Finding Osteopathic Training in Residency

Training in osteopathic principles and practice (OPP) and osteopathic manipulative treatment (OMT) is not included in every family medicine residency program and varies among the programs of which it is a part. Where it is available, this training is open to both osteopathic (DO) and allopathic (MD) medical students.

One marker of a residency that will provide training and opportunities in OPP/OMT is osteopathic recognition, a designation offered by the ACGME. Programs must meet certain requirements to receive this accreditation. They will likely require residents to participate in OPP didactic lectures and scholarly activities, and to integrate OPP into patient care by providing OMT and other therapies. Some programs with osteopathic recognition will designate a number of their positions to be filled specifically with applicants who will pursue osteopathic training. Applicants can use a search tool on the ACGME's website ([www.acgme.org](http://www.acgme.org)) to find programs with osteopathic recognition. The ACGME website also tracks which of the programs that are now accredited by the ACGME were previously accredited by the American Osteopathic Association (AOA).

Programs may offer OPP/OMT training without holding the osteopathic recognition designation, and not every program that has osteopathic recognition was formerly an AOA-accredited program.

### **Before applying to residencies, MD students who are interested in pursuing OPP/OMT training in residency should research individual program requirements.**

Many programs will require that MD students complete basic training in OPP/OMT—and possibly some assessment—prior to residency. For example, the National Board of Osteopathic Medical Examiners offers an exam called Core Osteopathic Recognition Readiness Examination (CORRE™) for those applying to residency programs that have osteopathic recognition. This exam may not be required, so it's important to check with your programs of interest.

## Narrowing Down Your List of Programs

As you begin to narrow down your programs of interest, make a list of the factors about a residency program and the educational experience it offers that are the most important—or even crucial—to your choice, based on what you know about yourself, your career goals, and each program. Could you definitely include or exclude a program on the basis of a single criterion?

### *Factors to Consider*

- Academic reputation
- Age and stability of program
- Availability of shared or part-time residency positions
- Community (e.g., housing, employment opportunities for spouse/partner/significant other, recreational activities)
- Connection with current residents
- Faculty-to-resident ratio
- Frequency of call
- Geographic location
- International electives
- Number and type of conferences
- Opportunities for further postgraduate training in the same hospital
- Patient population (e.g., racial, gender-based, and socioeconomic mix)
- Physical characteristics of the hospital (e.g., age, atmosphere)
- Presence of other training programs in the hospital
- Provisions for parental leave
- Structure and flexibility of curriculum
- Type of institution

*“The Match process really forces you to know yourself and what you want well. You have more control as a student than it may seem like at the time, so don’t get swept up in the desire to ‘just match’ that you forget to match somewhere you can be happy. Listen to the family medicine mentors at your medical school who are trying to give you advice about how many programs to apply to or what to address in your personal statement. Remember that if you’ve seen one family medicine residency program, you’ve seen **one** family medicine residency program! Do your homework ahead of time to know what might be a good fit for you.”*

— GRETCHEN IRWIN, MD, MBA, FAFAP, WICHITA, KS

Whatever your criteria, let your rational assessment of your needs determine which options to pursue. Before you’re even invited to interviews, review your list and determine whether there are programs you can eliminate based upon new information or careful reconsideration.

The list of programs you ultimately decide you want to apply to may be very short or very long. You may have doubts about your list and reinstate a few programs at the last minute. In any case, accept the margin of doubt and have confidence in your ability to think rationally. After all, you’ve pared down a wide variety of options into a manageable group of choices.

## Navigating the Match

Be sure you have personal, tailored, and expert advising as you navigate the process of matching to a family medicine program. The Single Accreditation System (the merger of the ACGME and American Osteopathic Association [AOA] accreditation systems, which was finalized in 2020) has led to an increase in worry and misguided advice that's prompting students to apply to too many programs and causing programs to process and interview more candidates for the same number of positions. The result is a significant waste of resources for both students and programs.

**The best way for you to navigate the Match is to find an adviser who is well versed in current family medicine residency application practices.** Your adviser should understand variations in regional and program competitiveness, and help you determine the appropriate number of family medicine residency programs to apply to. He or she should help you create a strategic and realistic plan for residency application based on:

- Your medical school performance in the family medicine clerkship and overall
- Your scores on the United States Medical Licensing Examination® (USMLE®) and/or the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA)
- Your extracurricular activities
- Your career plans
- Any special circumstances



# SECTION 5

## APPLYING TO RESIDENCY PROGRAMS

### What is ERAS?

The Electronic Residency Application Service (ERAS®) was introduced by the Association of American Medical Colleges (AAMC) in 1995 to automate the residency application process. The service uses the internet to transmit residency and fellowship applications, letters of recommendation (LoRs), deans' letters, transcripts, and other supporting credentials from applicants and medical schools to residency and fellowship program directors. ERAS itself is not a matching service, and applicants who use ERAS must do so in conjunction with one or more matching services, such as the National Resident Matching Program® (NRMP®) Main Residency Match®. Table 6 shows the application season cycles in ERAS.

TABLE 6. ERAS Application Season Cycles

ERAS has two* distinct application season cycles during which applicants can apply to residency or fellowship programs**.	
Residency cycle for <b>ACGME-accredited programs</b> (September start)	<b>June:</b> Applicants can register for MyERAS and begin working on their applications to ACGME-accredited residency programs.
	<b>September 15:</b> This medical residency match cycle opens for allopathic (MD) and osteopathic (DO) medical student applicants.
	<b>Third Friday of the following March:</b> The NRMP Main Residency Match takes place.
	<b>July 1:</b> Residents begin training.
December start cycle	Subspecialty fellowship programs set their own schedules and typically fall within the July-start or December-start application cycles, meaning that ERAS opens for applications in either July or December.
	Formalized subspecialty matches occur mostly in May-June or September-December, though some fall outside of that timeline. Fellows typically begin training the following July, which may be about a year after their match.

ACGME = Accreditation Council for Graduate Medical Education.

\*Students entering Army, Navy, and Air Force residency programs may participate in the Military Match, which may or may not use ERAS. The Military Match takes place in December.

\*\*Individual residency programs may begin orientation earlier than the start date listed.

### How Does ERAS Work?

ERAS allows the applicant, the applicant's medical school, and the programs to which the applicant is applying to submit and access application materials, including applications, letters of recommendation, medical student performance evaluations (MSPEs), and transcripts.

#### Applicants

Applicants access ERAS through MyERAS and use it to select programs to which they want to apply, submit applications, and assign the supporting documents that will be submitted by their medical school. **Although it's possible to assign the same supporting documents to every program, you can significantly strengthen your application by customizing certain documents, especially personal statements and letters of recommendation.**

## Medical Schools

Medical schools access ERAS through the Dean's Office Workstation (DWS) software, which allows medical school staff to create and assign ERAS tokens to applicants.

**An ERAS token is a one-time access code required for all applicants who register in MyERAS.**

After an applicant has completed the application in MyERAS, the DWS allows medical school staff to submit the corresponding supporting documents (e.g., transcripts, LoRs) for the applicant. Dean's offices determine their own procedures and timelines for processing ERAS materials. As an applicant, make sure that you understand and follow the procedures of your dean's office so your materials are processed in a timely manner.

## Residency Programs

Finally, residency programs access ERAS through the Program Director's Workstation to receive applicants' materials and review, evaluate, and rank all applicants. All of these transactions occur through the ERAS PostOffice. When preparing their rank order list, program directors use the NRMP ID provided in ERAS by residency applicants.

*“Rely on program websites and the AAFP program search as your primary sources of information. Don't hesitate to email a program with questions. [It's] much better to email than to spend money on an interview you could have avoided with more info.”*

— MATT PETERS, MD, KLAMATH FALLS, OR

## Steps in the ERAS Process for Residency Applicants

### STEP 1: FIND OUT IF YOUR DESIRED PROGRAMS PARTICIPATE IN ERAS

MyERAS provides a list of all programs eligible to participate in ERAS in the 2020-2021 academic year, along with basic contact information. Programs not participating in ERAS are included for informational purposes but cannot be selected. Most, if not all, residency programs participate in ERAS for application submissions. You can visit program websites to learn about their requirements and application mechanism, and whether they have any additional requirements or requests that fall outside of the designated application system. Some programs may have more than one program track to which applicants may apply.

Although MyERAS displays programs that have indicated they will receive applications through ERAS, some programs change their processes after the ERAS software has been released.

**It's important to check each program's website and listing in other directories, like the AAFP residency directory or the American Medical Association's (AMA's) FRIEDA, to make sure you don't miss any major application details specific to a residency's process. If you're looking for key information but can't find it on your own, an email or call to the program coordinator is appropriate.**



## STEP 2: GET AN ERAS TOKEN AND REGISTER FOR MyERAS

It's best to get an ERAS token, register for MyERAS at <https://apps.aamc.org/myeras-web>, and begin completing applications as early as possible in the Match season. If you don't already have an AAMC account, you'll need to create one in order to register for MyERAS. **Medical students can receive ERAS tokens as early as their third year to gain limited access that allows them to update the personal information section in ERAS and upload LoRs.**

**Medical students and graduates from the United States:** Contact the dean's office at your school of graduation to determine when ERAS tokens will be available, and to find out the office's procedures for distributing tokens, providing resources, and uploading and processing documents. Each designated dean's office establishes its own procedures.

**International medical graduates (IMGs):** Visit the Educational Commission for Foreign Medical Graduates (ECFMG®) website ([www.ecfmg.org/eras/index.html](http://www.ecfmg.org/eras/index.html)) or contact the ECFMG at [eras-support@ecfmg.org](mailto:eras-support@ecfmg.org) to learn procedures for contacting your designated dean's office and obtaining an ERAS token.

**Canadian applicants to U.S. residency programs:** Register for ERAS through the Canadian Resident Matching Service (CaRMS) to get an ERAS token. CaRMS serves as the designated dean's office for Canadian applicants. Go to the CaRMS website at [www.carms.ca](http://www.carms.ca).

## STEP 3: COMPLETE YOUR APPLICATION AND DESIGNATION LIST

Log in to MyERAS (<https://apps.aamc.org/myeras-web>) to complete your application and designation list. To guide you through the completion of the MyERAS application and the entire process, ERAS provides online help, the ERAS Residency Applicant Checklist, and the MyERAS Residency User Guide at <https://students-residents.aamc.org/applying-residency/applying-residencies-eras/tools-residency-applicants/>.

**ERAS fees are based on the number of residency programs selected, so exercise caution when selecting programs.** A selection based solely upon the information in MyERAS is not sufficient for your career decisions. Be sure to research programs' requirements, deadlines, and other information before you select them using MyERAS. Use the internet and directories like the AMA's FRIEDA. Reach out to a program coordinator if you can't find answers to any specific questions.



## STEP 4: FINALIZE YOUR APPLICATION MATERIALS IN MyERAS

Be sure your application materials are ready to be sent to the programs you've chosen. Do this as early as possible once the application cycle opens, ideally by mid-September for the Main Residency Match.

### *Application Checklist:*

- Complete and submit MyERAS application and personal statement(s)
- Authorize United States Medical Licensing Examination® (USMLE®) and/or COMLEX-USA® transcripts
- Upload a professional photo through MyERAS
- Add and confirm LoR authors and provide them the personalized letter request form generated by MyERAS
- Ask all LoR authors to upload (or designate someone to upload) LoRs using the ERAS Letter of Recommendation Portal. If they need help, they can contact the ERAS HelpDesk at [www.aamc.org/services/eras/397214/erascontactform.html](http://www.aamc.org/services/eras/397214/erascontactform.html) or (202) 862-6298.
- Customize materials sent to individual programs, including personal statements and LoRs. The application may not be customized for each program.
- Assign transcripts, LoRs, and photo
- Ensure that all sections of the application have been completed and that your designated list of programs is final
- Pay fees and apply to programs

## STEP 5: CHECK MyERAS FOR UPDATES AND REQUESTS

Use MyERAS's "Programs Applied To" page to confirm that supporting documents have been uploaded to ERAS and, later, that documents have been downloaded by programs. Check your email and the MyERAS Message Center frequently for interview invitations and requests for additional information. Interview invitations arrive at inconsistent times, and many programs schedule interviews on a first-come, first-served basis.

You may also update your personal information in MyERAS at any time.

## Where Can I Find Additional Help?

- **Your dean's office** is always the first step in resolving and troubleshooting problems
- **Online support from MyERAS** can help while you're using the software. MyERAS also has an **instruction manual** that provides a wealth of information.
- **The ERAS website** has a frequently asked questions (FAQs) section at <https://students-residents.aamc.org/applying-residency/faq/faq-eras-residency-applicants/>
- The **ERAS HelpDesk** is available:
  - Online: [www.aamc.org/services/eras/397214/erascontactform.html](http://www.aamc.org/services/eras/397214/erascontactform.html)
  - By phone: (202) 862-6264 (staffed 8 a.m. to 6 p.m. ET, Monday through Friday)
  - On Twitter: @ERASinfo

## How many programs should I apply to?

**Unfortunately, there is no magic number of programs to apply to.** A trusted adviser or faculty member who is familiar with the current Match environment is likely your best source for guidance. Another starting point is AAMC Apply Smart data (available online at <https://students-residents.aamc.org/applying-residency/apply-smart-residency/>). The AAMC analyzed applicant and matching data for each specialty, as well as scores on the USMLE Step 1 exam, to gauge the point of diminishing returns (i.e., the point at which the value added by submitting one additional application is reduced relative to the value added by each application before reaching the point of diminishing returns).

The Apply Smart findings include estimates for U.S. and international allopathic and osteopathic students. *Figure 1* shows the results of the study on U.S. allopathic medical students applying to family medicine.

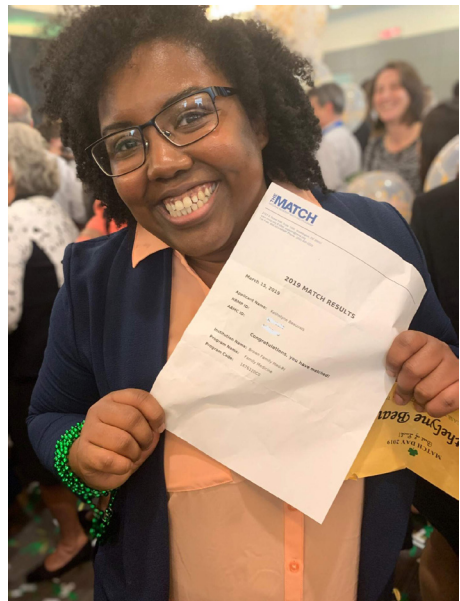
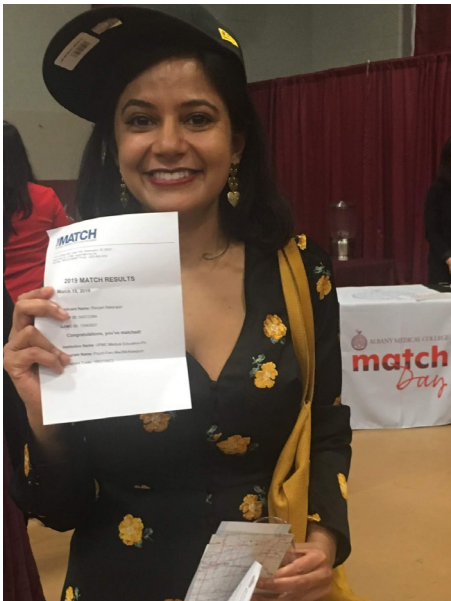
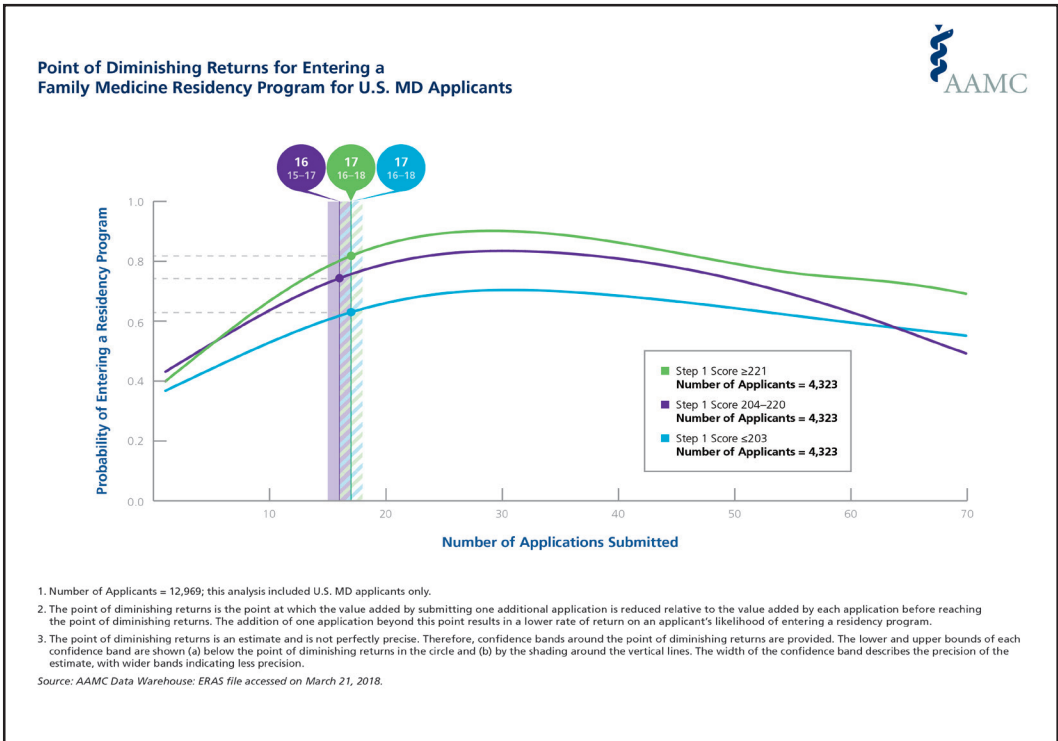
Data on the point of diminishing returns for osteopathic students are limited and do not assess Comprehensive Osteopathic Medical Licensing Examination (COMLEX) scores—only USMLE Step 1 scores.

It's important to note that the Apply Smart charts offer only limited guidance for a family medicine residency applicant for a number of reasons. You may find you are comfortable applying to fewer programs than the AAMC findings alone would lead you to consider applying to. For example, performance on the USMLE Step 2 exam, particularly in clinical skills, may carry more weight for family medicine programs than other specialties because of the importance of strong clinical skills in family medicine, a specialty with high patient interaction. This study also does not take into account geographic variations and other characteristics of either the applicants or the programs that can create significant variation and skew results.

*I wish I had not applied to so many programs. The challenge is to find the 'sweet spot' in terms of number of programs to which you should apply. On one hand, you want to keep an open mind, meet new people and places, and consider things you may not have otherwise considered. But interviewing takes a lot of energy, time, and money! There is no standard number of programs to which you should apply, so just think carefully."*

— ALEXA MIESES, MD, MPH, DURHAM, NC

**FIGURE 1. Point of Diminishing Returns for Entering a Family Medicine Residency Program for U.S. MD Applicants**



# SECTION 6

## INTERVIEWING AT RESIDENCY PROGRAMS

### The Residency Interview

Interviewing at residency programs is a critical, complex stage that adds substance to the process of residency selection. All the months of research and preparation finally reward you with the chance to find out how the programs on your list actually compare with one another. Unlike the earlier stages in the residency selection process, which are focused on background research, the interview provides the opportunity to visit and observe the program and meet your potential colleagues and mentors.

The goals of the interviewers during the interview process are similar to your goals as a residency candidate. They want to confirm and expand upon the information that you provided in your application. They're also trying to determine how compatible you would be with the residents and faculty in the program. Just as you're trying to put your best foot forward, the representatives of the residency program want to show their program in the best possible light without painting a misleading picture. Like you, your interviewers are attempting to shape their rank order list (ROL) of candidates for the Match.

*“Have fun! Interviewing for residency is WAY more fun than interviewing for med school.”*

— KARLY PIPPITT, MD, FAFP  
SALT LAKE CITY, UT

### Three Key Interview Objectives

1. Assess how compatible you are with the program and how well the program meets your stated goals
2. Convey your sense of compatibility with the program to the faculty members, residents, and staff who interview you
3. Assess the program's relative strengths and weaknesses so that you'll be able to structure a justifiable ROL

Conveying compatibility with the program goes beyond making a good impression. In a sense, you are “trying the program on,” or demonstrating to the faculty and residents of the program that you'd be a welcome addition. You may want to think of your interview as an exercise in role-playing, with you in the role of a recently matched resident in that program. But keep in mind that role-playing is not the same as acting. **In your eagerness to charm and impress your interviewers, don't be insincere.** Your interviewers want to find out who you really are. It doesn't serve anyone's purpose for you to give a false impression.

If you keep in mind that the interviewers have their own agenda to fulfill, you won't be dismayed or intimidated by the tougher questions they use to find out more about you. In fact, by thinking about what the interviewers are trying to get out of the interview, you can anticipate their likely questions and have well-thought-out answers ready.

Be careful not to let your attention to the third objective obscure the first two. Being prepared to address all three objectives will increase your chance of having a successful Match.

*Just be authentic. No sense in trying to mold yourself to fit the style or vision of a particular program. Residency is long and hard. You want to end up at a place that is the right fit for you.”*

— ALEXA MIESES, MD, MPH  
DURHAM, NC

## Interview Scheduling Tips

Most programs participating in the National Resident Matching Program® (NRMP®) schedule interviews from September through January. You'll hear some differences of opinion as to whether it's better to be one of the first, middle, or last candidates that a program interviews, but no evidence demonstrates that timing makes a difference in how the program ranks a candidate. Since you don't have complete control over the timing of your interview, try not to be anxious about it.

The following tips will help you plan for productive and enjoyable interviews.

- **Pace yourself:** When interview offers start coming in, make sure to respond quickly, but don't fill up your entire schedule before you've had a chance to hear from the programs you're most interested in. Many applicants schedule too many interviews; end up running out of time, money, or interest; and drop interviews late in the season.

- **Take every interview seriously:** Don't treat any interviews as "practice interviews." This is a waste of your time and the program's. Make sure any program at which you accept an interview is one you're seriously considering.
- **Confirm the details:** Contact programs to confirm your appointment about a week before your scheduled interview. This will give you an opportunity to confirm the place and time of your meeting, find out who you're going to meet first, and perhaps learn some other details (e.g., where you should park).
- **Allow ample time:** Typically, an interview will take several hours and include dinner with residents, and potentially faculty, the night before. If your schedule permits, allow some extra time to tour the community and get a feel for what it might be like to live there.
- **Involve your spouse/partner/significant other, if possible:** If your spouse/partner/significant other will be accompanying you on your interviews, you may want to plan additional time to assess other aspects of the program and community that are important to him or her. Some programs involve spouses/partners/significant others in the interview process (e.g., offering tours of the community or other organized activities), but not all do. Clarify this with the program ahead of time so that you know what to expect and how to organize your schedule.
- **Be thoughtful when you cancel:** If you can't attend an interview, give the program at least a week's notice.

## Helpful Tools

The “**For Students**” section of the **AAFP app** offers tools to help you keep track of programs you’re interviewing with, take notes, and rate programs after you interview. It also includes a questions tool that allows you to curate and export a list of items to ask about during each interview.

The **Electronic Residency Application Service (ERAS®) Interview Scheduler** is a tool that allows programs to send interview invitations to applicants in the ERAS system and gives applicants the ability to schedule, waitlist, cancel, and decline interviews in MyERAS. However, programs that participate in ERAS don’t have to use the ERAS Interview Scheduler. Be sure you find out the preferred interview scheduling method for the programs in which you’re interested.

## Well-being During Interview Season

From the time ERAS opens in September, the pressure of the Match process can feel overwhelming. Interview season is a common source of stress, particularly from a time-management standpoint. Booking travel, preparing for multiple interviews, and then traveling to them can make it difficult to practice self-care or feel present in your daily life.

Although the Match is a high-stakes time, the following are some tips to safeguard your well-being during interview season.

- **Know your worth:** Remember that what happens during the Match is not what determines your worth as an individual. Trust the process and prepare as well as you can for it, but don’t let whatever ultimately happens define you or your future.
- **Put things in perspective:** Keep in mind that you’re interviewing programs as much as they’re interviewing you. Do what you can to give yourself a sense of control during the experience.
- **Build yourself up:** Before you interview

*“Schedule interviews in chunks of two to three geographically approximate programs. Do them over a few days and then take a week or so off to recuperate. Eat healthily. Exercise. Practice difficult questions in advance so that responses are prepared and come easily, instead of lying in bed at night worrying about what you were just asked.”*

— DAVID R. NORRIS, MD, MA, FFAFP, JACKSON, MS

anywhere, remind yourself what you're most proud of accomplishing during medical school and reflect on all the ways you've grown throughout training. This exercise will build your confidence and self-compassion. It can also prepare you for behavioral interview questions, which can only be answered well by drawing on your personal experience.

- **Reach out for support:** Make time to connect with medical school peers and your support network of family, friends, and/or mentors. It can be helpful to talk about what you're going through with people who intimately understand the unique challenges of the Match, as well as people who simply know you well and are champions for your success.
- **Let go of mistakes:** Not every interaction on the interview trail will be perfect. If you come away from an interview feeling defeated, don't obsess over what you think went wrong. Identify what you'll do differently in the future to avoid a similar outcome.

## Budgeting for Interview Season

Estimating and tracking your expenses before and during interviews will help you see where you can save money and limit expenses and where you just have to call the spending an investment in your future (which, of course, it is). **Unfortunately, expenses incurred during the search for a residency position in the Match aren't tax-deductible.** If you're keeping receipts, it will be for your own budgeting goals and needs. You can also share them with a tax professional if you have questions about your own circumstances and how they affect what, if any, deductions you might be eligible for.

*I made sure I was realistic in how many interviews I actually needed to do and did not overdo it. In addition, I made sure to have fun and explore the areas I interviewed at and enjoyed the journey! Lastly, it can be tough during Match season to not see your medical school classmates as frequently as you did during prior years of medical school. We were intentional about staying in touch and meeting up during this period. They understand exactly what you are going through."*

— BEN MEYERINK, MD, SIOUX FALLS, SD

### *Budgeting Tips*

- Don't spend money interviewing at many more programs than you need to. Interview expenses for both students and residencies have grown significantly in recent years, but without any corresponding positive outcome or benefit. Essentially, there are the same number of candidates, but candidates are interviewing at more programs, largely motivated by fear and misguided advising.
- Don't go on an interview if you don't plan on ranking the program. It's a waste of money and time.
- If you're flying to multiple sites, ground transportation costs can quickly become a burden on your bank account. Public transit and hotel or airport shuttles can help minimize costs, when accessible.
- Find out if the residency program offers virtual interviews. This isn't a common practice yet, but some programs are piloting virtual interviews, especially in the first round.



- Coordinate interviews geographically, if possible. This can help you maximize your travel time, particularly if you're traveling far from home or school. However, be careful not to schedule so many back-to-back interviews that you're too tired to represent your best self.
- If you have a spouse/partner/significant other, strategize which locations you need to see together. He or she might not need or want to visit every program with you.
- Ask residency programs that invite you to interview what arrangements they make for interviewees. Family medicine programs are more likely than some specialties to offer assistance and support for travel-related expenses. Many offer lodging for your interview, and some even offer to cover other travel expenses.
- If you're interviewing in a city where you can stay with a friend or family member, take the opportunity to save yourself some money and spend quality time with someone who cares about you.
- If you're flying on an airline that charges extra for carry-on items or checked bags, try to pack light. You'll probably want to bring your interview outfit as a carry-on item anyway so you don't run the risk of not having it once you arrive.
- Most, if not all, interviews will include a dinner as part of the process. Some may offer breakfast and lunch, too. To save on meals the day before or the day after your interview, pack food or pick up a few essentials at a grocery store.

**ACCORDING TO THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC), THE MATCH TYPICALLY COSTS STUDENTS WHO ARE NOT TRAVELING WIDELY APPROXIMATELY \$1,000, AT A MINIMUM. SOME STUDENTS MAY SPEND UP TO \$7,000.**

## Travel Rewards

Many medical students join airline and/or hotel rewards clubs and then dedicate a line of reward credit to their interview travel. This can be a great way to earn miles, extra hotel nights, or cash back when you travel for interviews, especially given the sign-up bonuses you get with most credit cards. Research these programs carefully so you understand when and how your rewards can be used. Also, be sure you know about any fees you might be charged.

Before you sign up for a credit card that gives travel rewards or cash back bonuses, read the fine print to ensure that the card will actually be helpful. It's also very important to pay off your balance each month. Credit cards—particularly cards that claim a 0% interest rate—can be unforgiving if you miss a payment or make only minimum payments on your balance. You could end up spending more on interest than your plane tickets would cost otherwise, especially if your card charges an annual fee for the rewards program.

## Preparing for Your Interview

- Be prepared to **answer the following questions**:
  - Why did you choose family medicine?
  - Why did you choose to apply to this residency?
  - What are your strong points?
  - What are your weaknesses?
  - What are your overall career goals?
  - How would you describe yourself?
  - What do you like to do in your free time?
  - Describe a particularly satisfying or meaningful experience during your medical training. Why was it meaningful?
- Be prepared to **answer questions with specific examples and behaviors that showcase what you want them to understand about you**. Don't just make general statements. For example, rather than answering a question by saying, "I'm a team player," you should say, "Here's an example of how I have been able to work with others to accomplish a collective goal."
- Be prepared to **adjust to different interviewing styles**.
- Be prepared to **"interview yourself" if your interviewer doesn't ask you great questions**. Practice your personal narrative, but don't over-rehearse. Be familiar with what you're going to say, but don't practice so much that you don't answer questions genuinely. To avoid sounding scripted, pause before you answer questions you've been asked in multiple interviews. Jumping in too soon after an interviewer finishes a question can make your response seem canned.
- Be prepared **for the possibility of behavioral interviewing**, during which you might be presented with a case or situation and asked to respond as you would if the case/situation was really occurring.
- Be prepared to **ask your interviewers to give examples or anecdotes when you ask them questions**. It's absolutely appropriate to ask them to elaborate on an answer such as, "Yes, we can offer experience in that area of interest" by saying, "Can you give me an example of a resident who has done this and what it looked like?"

*Think about what three things you'd like the program to know about you and make sure that message comes across clearly. Many questions can be anticipated, so think through your answers to those so you can spend your energy answering the more unusual questions. Also, prepare at least one question for each program that relates specifically to that location."*

— DEB CLEMENTS, MD, FAAFP  
CHICAGO, IL

## DO YOUR RESEARCH

Before your interview, do some research to find out:

### **The residency program's mission and the patient population it serves**

Residencies will want to hear that you're motivated to serve the patients that they care about so deeply. They would rather hear about your interest in their patients than your interest in their city or geographical area.

### **The names of your interviewers**

Put their names into a literature search. You can impress interviewers—faculty, residents, or others—with knowledge of their areas of research. Plus, you may find out you have some common interests!

### **Information about the community**

Visit the websites of the area's local news outlets and chamber of commerce and other sites that provide information about cultural offerings, community problems, the housing market, and job opportunities for your spouse/partner/significant other, if applicable.

*A helpful question (in my opinion) to ask faculty/[program directors] when you go on interviews [is] 'What are graduates of your program doing after residency (fellowships, obstetrics, academic medicine, hospital medicine, or whatever else you might want to do)?' because that will tell you whether or not graduates feel comfortable doing some of those things."*

— CHANDLER STISHER, MD, HUNTSVILLE, AL

## YOUR INTERVIEW QUESTIONS

**Always bring a list of your own questions to an interview.** Write these down or save them in convenient place so that you'll be sure to ask them. Having specific questions about the program will show that you've really given some thought to the qualities of their program. Interviewers get tired of answering the same questions, just as you do, so try to think of a few that reflect your own special interests. Also, be aware of what the program has published on its website so that you don't ask the interviewers to repeat that information.

Decide beforehand which questions you want to ask which type of person (e.g., a question about the details of the call schedule might be reserved for the chief resident). On the other hand, there may be some questions you will want to ask everyone to determine whether there is any discrepancy, such as a question about attending and resident interactions.

During the interview, avoid dominating the conversation, but try to be an active participant in the interviewing process so your interviewer will have a sense of your interest in the program and your ability to formulate good questions.

## Suggested Interview Questions

In Appendix B, you'll find an extensive list of suggested questions that you can ask during your residency interviews to learn about a program's focus areas, strengths, and challenges so you can determine if it fits your preferences. These questions were developed with input from family medicine residency program directors and are organized by the following topic areas:

- General questions for faculty and program directors
- General questions for residents
- Academic or research careers
- Fellowships
- Global health and international service
- Integrative medicine
- Leadership and advocacy
- Osteopathic manipulative treatment
- Procedural skills
- Sports medicine
- Underserved populations and social determinants of health
- Well-being and culture
- Women's health and obstetrics

The AAFP app's "For Students" section lets you compile select suggested questions into one customized list and export or print it to take with you on the interview trail.

### Tip:

Just before the interview, take time again to review the information you've received from the program and any material you may have gathered from other sources. Write down information you've found that you want to verify, as well as any initial impressions you may have formed based on the written material. Pay special attention to the names and positions of people you are likely to meet.

*When [I got] the inevitable 'So, what do you want to know?' line from residents, [these] were my go-to questions:*

1. *Why did you pick this program?*
  2. *If you could change one thing about the program, what would it be?*
  3. *How is your relationship with faculty?*
- There is huge variety in culture, people, and values, so I focused my questions [on] better understanding those things."*

— GRACE OLIVER, MD, KANSAS CITY, KS

## On Interview Day

In addition to the program director, you should talk to other faculty members, residents from different levels of training, and any other individual with whom you would have significant contact as a resident in that program. Often, the residency program will have prepared your itinerary, listing the names of the people you're going to meet and the amount of time—generally 20 to 30 minutes—allocated for each person. **Remember that all members of the faculty and staff may be critiquing you as soon as you start an interview.** You should see the hospital and clinic facilities during your interview. If you have free time, spend it in places where there are residents. This will give you a better feel for the actual working environment.

Remember your goals for the interview so you can establish the right frame of mind. You want to project a positive, confident, and enthusiastic demeanor without being overbearing or insincere.

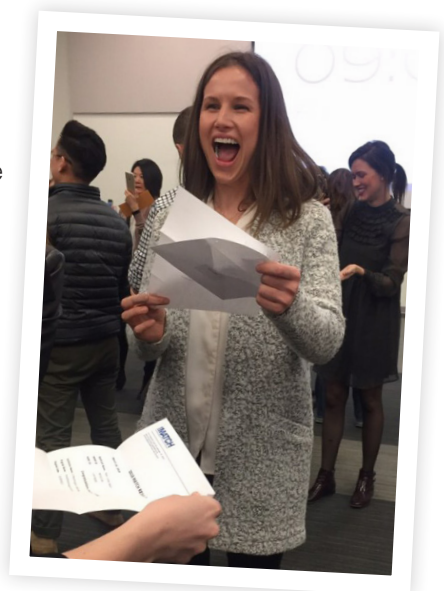
## Interview Basics

- Before you leave your house or hotel room, make sure you have everything you need for the interview (e.g., your notes, paper and pen, tablet or laptop, an extra copy of your credentials).
- In terms of appearance, the general advice is to be neat and comfortable and wear professional clothing (e.g., a suit). Your outfit doesn't need to be expensive. Wear what makes you feel confident. If your interview includes a tour, come prepared for the possibility of a lot of walking.
- Be on time; better yet, be early. Allow yourself plenty of time to get through traffic, find a parking space, get to know your surroundings, catch your breath, and arrive before the appointed time for the interview.
- Be kind, courteous, and professional with everyone you meet, including the office staff, faculty, residents, and anyone associated with your visit. All of these people may have input on resident selection and could be your future colleagues.
- Try to be open and honest. It's okay to be nervous, but don't let your nervousness hide your personality.

**During your residency interview, talk about your involvement in family medicine and show your enthusiasm for the specialty. Be specific and use details to describe what you find appealing about family medicine.**

You'll often meet and interview alongside other applicants each time you're out on the trail. In these cases, your day will likely include individual time with faculty, staff, and residents at the program, as well as group time that includes multiple candidates. The group time might be social or it might involve a structured learning or teambuilding activity. Regardless of the activity, remember that you're always interviewing.

During group and teambuilding activities, the interviewers are looking to see how you work with others and solve problems. If you participate in any of these activities, be prepared to reflect on them afterward and describe what you learned and enjoyed. Have fun, and don't misinterpret such activities as a time to showcase your competitive side. It's essential for programs to see that their future residents can support and rely on each other.



No matter how many other applicants are with you on interview day, remember that you were invited for a reason. Many people working together for a greater purpose is one of the most attractive qualities of family medicine. Be comfortable speaking up when you're with a group so that everyone has a chance to get to know you.

Table 7 is an example of a staggered interview schedule that accommodates multiple candidates. In addition to the one-on-one interview times, this program's interview plans also include:

- A group activity
- Attendance at grand rounds and meet and greets
- Dinner with current residents the night before the interview
- A facilities tour, if requested

**TABLE 7. Sample Staggered Interview Schedule**

Time	Program Director	Faculty A	Faculty B
8:45–9:15	Applicant A	Applicant B	Applicant C
9:20–9:50	Applicant C	Applicant A	Applicant B
9:55–10:25	Applicant B	Applicant C	Applicant A
Break and Group Teambuilding Activity			
10:35–11:05	Applicant D	Applicant E	Applicant F
11:10–11:40	Applicant F	Applicant D	Applicant E
11:45–12:15	Applicant E	Applicant F	Applicant D

*Designate a notebook to bring with you on the [interview] trail. Decide what your top 5 to 10 factors are when choosing a program, and, after every single interview (that night... don't delay!), write down how the program does or does not meet those factors for you. It may not seem like it at the time, but you simply will not remember the details of every program by February, and they will all start to blur together. Being able to review your same-day reactions will be immensely helpful when [you make] a rank order list."*

— MICHELLE BYRNE, MD, MPH, CHICAGO, IL

*Stay curious at each interview and make a point of reflecting on each interview, whether by journaling, drawing, or whatever else works for you. This will come in handy later when you make a rank list...which will come down to your gut feeling, as cheesy as that sounds."*

— MATT PETERS, MD,  
KLAMATH FALLS, OR

### *Taking Notes on Your Interview*

Using standard questions in all of your interviews will help you compare responses across the multiple residency programs you visit. However, don't concentrate on your notes so much that you interfere with effective interchange during the interview. Instead, capture your impressions right after the interview. It's also a good idea to take some notes throughout the day to jog your memory about significant comments, concerns, particularly good points, or particularly bad points.

*Some interview questions are importantly meant to challenge you, so try to recognize a challenging versus [an] inappropriate question. Remember that you're interviewing them, too. If you are uncomfortable because it is inappropriate or seems too personal, then you can try to rephrase the question to make it more appropriate and [stated] in a way that you are willing to answer. If they press you and make you really uncomfortable, then you don't want to work there. Consider excusing yourself from the interview day altogether with as much grace as possible."*

— KATIE HARTL, MD, TUCSON, AZ

## *Tips From the Experts*

- "While academics still matter, family medicine also focuses on relationship and skillful communication from the outset. Once you've been invited to interview, the most important skills are demonstrating empathy, a willingness to work hard, and a commitment to team work." – DEB CLEMENTS, MD, FFAFP, CHICAGO, IL
- "Make sure to get enough sleep, and don't schedule yourself back to back for interviews, if you can help it." – ANNA ASKARI, MD, MSBS, PALM DESERT, CA
- "Try to connect with family and friends wherever you go in the United States for interviews. Reflect on your vision and goals to accomplish in family medicine, as this will help rejuvenate you." – ROMERO SANTIAGO, MD, MPH, SACRAMENTO, CA
- "You want to be approachable, but this is not a casual event. It is a job interview. Do not address or speak to the interviewer as if they are a close friend. Treat them with respect." – ANNA BALABANOVA, MD, CHICAGO, IL
- "Leave interview dinners at a reasonable time. Do not feel rude for saying that you want to go get some rest to be fresh for the next day. Everyone else wants to leave at a reasonable time as well, and the residents want to go to bed, too!" – MICHELLE BYRNE, MD, MPH, CHICAGO, IL
- "[Remember that] if you are uncomfortable in an interview, when the program is trying to impress you, then you will likely be uncomfortable if you match there." – BRITTANY WATSON, MD, CHARLOTTE, NC
- "You will find that your perfect fit program is one in which you enjoy the people that you are around, as well as [finding] motivation in thinking about the resources that a program has and connecting these to the passions and visions that you have as you progress forward in family medicine." – ROMERO SANTIAGO, MD, MPH, SACRAMENTO, CA

## PROHIBITED INTERVIEW QUESTIONS

**According to federal law, you do not have to answer certain questions.** It is illegal to make employment decisions on the basis of age, race, color, religion, sex (including pregnancy or child-rearing plans), national origin, age, disability, or genetic information. Some states and cities have discrimination laws that expand upon those of the federal government. To avoid charges of discrimination based on any of these protected classes, many employers do not ask questions that would elicit this type of information during an employment interview. Residency programs are also prohibited from asking applicants to reveal the names, geographic locations, or other identifying information of programs to which they have applied or may apply. Programs also may not ask applicants whether they have applied to other specialties.

### **Parental Leave, Pregnancy, and Child-Rearing Plans**

A typical concern during the interview process is questions related to pregnancy and child-rearing plans. The federal prohibition against discrimination on the

*I am #TeamSend. I sent thank you notes to the program director everywhere I interviewed, and sometimes also to faculty/residents/other interviewers if I felt I particularly connected with them. If you do take the time to send them, do it as soon as possible while the memory of your visit is fresh.”*

— GRACE OLIVER, MD, KANSAS CITY, KS

basis of sex includes discrimination on the basis of pregnancy and child-rearing plans.

**You do not have to answer questions related to marital status, number of children, or plans to have children.**

During your interview, you may want to ask about the residency program's provisions for parental leave and/or child care responsibilities. Federal regulations provide for 12 weeks of maternity/paternity leave. State regulations may provide for more than 12 weeks of leave, so be sure to check the regulations in the state of each program to which you apply. Federal law does state, however, that the amount of time allowed for maternity/paternity leave must be the same as that which is provided for sick or disability leave.

## RESIDENCY INTERVIEW CHECKLISTS

You may have already formulated a list of standard questions that you want to ask every program for comparison, or you may have developed a checklist of program characteristics to fill out for each interview.

**In Appendix C, you'll find a sample residency interview checklist** created by J. Mack Worthington, MD, of the Department of Family Medicine at the University of Tennessee, Knoxville. It was developed specifically for the evaluation of family medicine residencies.

*Thank you notes are often portrayed as being necessary. However, now that I am on the other end of the [Match] process, I find them to have very little impact. [...] I did contact my top program or two at the end of interview season to thank them and let them know my final thoughts, but I was well connected with them before this period.”*

— BEN MEYERINK, MD, SIOUX FALLS, SD



## Do's and Don'ts of Post-Interview Etiquette

Most medical students strive to remain professional during and after the residency interview process, but it can be challenging to figure out the rules for communication during the matching process versus the standard etiquette for interviews.

- **DO** be aware of your social media “footprint.” Adjust your behavior or privacy settings as needed during interview season.
- **DO** develop your own process for interview follow-up and be consistent.
- **DO** write down your impressions and update your checklist as soon as possible after the interview.
- **DO** send a thank you note to the program and/or to individuals with whom you interviewed to recognize their hospitality and to reaffirm your interest in the program, if applicable.
- **DO** be authentic in your communication. Personalize your message and build on the conversation you had in the interview.
- **DO** ask for more information if you discover several vital questions that you didn't have the opportunity to cover during the interview. This is perfectly acceptable,

### Second Looks

Some programs discourage “second looks” and may interpret it as an insult if you request one. Try to get some insight into this issue when you talk to the residents in the program.

On the other hand, some programs will offer you the opportunity for a second look. Take advantage of the invitation if you think a second look would help. Be aware that programs may interpret your interest in coming back as an indication of your enthusiasm for the program.

particularly if one of your interviewers—most likely, a resident— has invited you to contact him or her for more information.

- **DO** complete all materials in Electronic Residency Application Service (ERAS®) and the NRMP, and have current contact information available, including address, phone number(s), and email.
- **DO** understand that if you're invited by the program for a second visit, it can be made at your discretion and should not have a bearing on the program's ROL.
- **DO** realize that program directors and residency faculty are NOT permitted to solicit post-interview communication from applicants.
- **DO** be careful about sharing your ROL with others, including classmates, residents, your medical school, and residency faculty. You never know how the Match will turn out.
- **DON'T** misinterpret post-interview follow-up from programs as a commitment from them. Determine your ROL based on your preferences.
- **DON'T** send multiple generic emails to the same program director or residency faculty. Make your follow-up contact personal and ask direct questions about the program.
- **DON'T** go back for a second visit unless you are invited. Residency programs are not prepared for uninvited guests.
- **DON'T** post positive or negative comments on your social media accounts regarding your interviews.

Knowing NRMP rules that govern the matching process and your rights and responsibilities under the Match Participation Agreement will help you navigate the Match in a professional manner. The NRMP and the Council of Medical Specialty Societies (CMSS) have developed a tip sheet for the Match, available at [www.nrmp.org/residency-applicant-checklist-match-tips](http://www.nrmp.org/residency-applicant-checklist-match-tips).

## Tips for Ranking Residency Programs

After you've completed your interviews, your next task is to assess the information you've collected and use it to establish your ROL. Determining how to ultimately rank the programs you visited will take time, and you'll likely adjust the order multiple times as the due date for ROLs nears.

Here are some pointers to keep in mind as you evaluate and rank programs:

- **Take your time.** It can be helpful to put your notes aside for a while to give yourself some time to air your thoughts. Talk through your reasoning with advisers, friends, and family, but remember that the final decision is yours.
- **Don't overestimate yourself.** Although you may think you will match at your top choice, you increase your chances of not matching by listing only one program.
- **Don't underestimate yourself either.** If you really want to go somewhere in particular, rank that program first, even if you don't think you have much chance. The program may not get its top 10 choices, and you might be number 11 on its list. Ranking a competitive program first won't negatively influence your chances of matching to less competitive programs lower on your list. Remember, only you will know what rank you matched.
- **Don't list programs that you don't want.** If you do, you might end up at one of these programs. Decide whether it is better to be unmatched than to be matched to a program that you don't want.
- **Rank according to your priorities.** Remember that the order in which you rank programs is crucial to the Match process. Upon casual consideration, one or more programs may seem fairly

equivalent to you. But if you take the time to consider carefully, you may discover reasons you would rank one program higher than another. The matching algorithm is fair, but it is also indifferent to anything other than the ROL provided. If you rank one program above another, it will put you in the first program if it can. It won't stop to consider that, after all, maybe geographic location is more important to you than a higher faculty-to-resident ratio.

- **Don't make your list too short.** On average, unmatched students' lists were shorter than matched students' lists. The average ROL for all Match applicants was 10.91 programs in 2018, up from only 7.46 in 2002.
- **Start over, if necessary.** If you've completed your interviews but decide that you still haven't found what you wanted, look at some more programs. Don't be too frustrated if this is necessary. It's better to put in a little extra legwork now than to have lingering doubts later.

**Rank order lists are due in late February each year. Applicants and programs submit their ROLs through the NRMP.**

Ultimately, finding “the right program” means different things for each applicant. The choice may be difficult because your options seem equally great in many ways. If that's the case, don't downplay the more personal-level preferences that might make one program seem like more of a “fit” than another. **If you've been open-minded throughout the interview process and done your research, trust your instincts as you rank programs.** Also, know that whatever the outcome on Match day, you'll be on your path to becoming the physician you always wanted to be.

# SECTION 7

## THE MATCH: WHAT IT IS AND HOW IT WORKS

### What is the Match?

To secure a residency position at a U.S. family medicine residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME), you are most likely to participate in the National Resident Matching Program® (NRMP®) Main Residency Match®. It occurs on the third Friday of March each year, “matching” students into first- and second-year ACGME-accredited postgraduate medical training positions.

### *What is the NRMP?*

**While the Electronic Residency Application Service (ERAS®) is your home base for applying to most—if not all—programs, the NRMP is the service that will actually match you with a residency.**

The Military Match occurs on a different timeline than the main Match and has its own matching service.

The NRMP is a matching service with uniform processes, meaning that all steps of the process are completed in the same fashion and at the same time by all applicants and participating programs.

#### **STEP 1**

Applicants register with the NRMP after submitting an ERAS application. The NRMP website outlines applicant registration steps in detail at [www.nrmp.org/applicant-registration/](http://www.nrmp.org/applicant-registration/).

#### **STEP 2**

Applicants enter their NRMP IDs into ERAS. This is the ID programs use to rank applicants.

#### **STEP 3**

In late February, applicants and program directors submit their rank order lists (ROLs) to the NRMP. This starts the “matching” process.

#### **STEP 4**

Between late February and Match Day, the NRMP:

- Assesses all of the data it has received from applicants and program directors
- Verifies the integrity of the data and applicants' credentials/eligibility
- Runs an algorithm that results in matches between applicants and residency programs

*“If you’re lucky, you might just feel it in your gut. For people who are more cerebral, the right program is one in which you liked the other residents (believe me, that will become important when the going gets tough), and where you think you will get skills you want as an independent practicing physician.”*

— ALEXA MIESES, MD, MPH, DURHAM, NC

The entire NRMP process is conducted online using the Registration, Ranking, and Results® (R3®) system. Via the online portal, applicants can pay registration fees with a credit card, enter ROLs, and receive Match communications.

## How Does the Matching Algorithm Work?

Since 1998, the NRMP has used an applicant-proposing algorithm for the Match. The NRMP matching algorithm uses the preferences expressed in the rank order lists submitted by applicants and programs to place individuals into residency positions.

**In Appendix D, you'll find a detailed example that illustrates the best way for all participants to prepare ROLs and how the matching algorithm works.** You can also view a video primer about this process at [www.nrmp.org/matching-algorithm/](http://www.nrmp.org/matching-algorithm/).

Knowing your rights and responsibilities under the Match Participation Agreement and being familiar with NRMP rules that govern the matching process will help you navigate the Match in a professional manner. The NRMP and the Council of Medical Specialty Societies (CMSS) have developed a tip sheet for the Match, available at [www.nrmp.org/residency-applicant-checklist-match-tips](http://www.nrmp.org/residency-applicant-checklist-match-tips).

## Basic Rules of the Match

**RULE #1:** All medical students should enroll in the Match and are bound to abide by its terms.

The Match is nearly all-inclusive because it lists almost all PGY-1 positions in ACGME-accredited training programs. Candidates for residency positions in some subspecialty programs will participate in other matches; however, these candidates must also participate in the NRMP to secure a preliminary position for each of those specialties.

If a student is offered a position by an institution outside of the Match (such as an unaccredited position), his or her dean of student affairs can withdraw the student before the Match deadline for changes.

**Please note: Programs sponsored by some branches of the Uniformed Services do not participate in the NRMP.**

**RULE #2:** Applicants and residency programs are not allowed to solicit information about how the other will rank them.

Soliciting ranking information is a violation of NRMP rules. If a program asks you for this information, you are under no obligation to provide it, nor should you.

## Tip:

It's not a violation for an applicant or a program to volunteer information about how one plans to rank the other. **However, any verbal indication of ranking is not binding, and the rank order list takes precedence.** Don't rely on verbal remarks from a program when creating your ROL.

**RULE #3:** An applicant who certifies a rank order list enters into a binding commitment to accept the position if a match occurs.

Failure to honor that commitment is a violation of the Match Participation Agreement signed during registration and triggers an investigation by the NRMP. If the violation is confirmed:

- The applicant may be barred from programs in Match-participating institutions for one year.
- The applicant may be marked as a violator and/or barred from participating in the Match for one to three years or permanently.
- The NRMP will notify the applicant's medical school, the American Board of Medical Specialties (ABMS), and other interested parties.

## All In Policy

Under the NRMP's All In Policy, any residency program that participates in the Match must register and attempt to fill all of its positions through the Match or another national matching program. This policy applies to positions for which the NRMP offers matching services, including PGY-1, PGY-2, and—in rare cases outside of family medicine—PGY-3 positions.

The policy does not apply to fellowship programs or the following exceptions:

### Exceptions

- Rural Scholars Programs
- Family Medicine Accelerated Programs
- Innovative Programs
- Military appointees to civilian programs
- Post-Supplemental Offer and Acceptance Program® (SOAP®) positions
- Off-cycle appointments

Find more details about the All In Policy and the exceptions to the policy on the NRMP website at [www.nrmp.org/all-in-policy/main-residency-match/](http://www.nrmp.org/all-in-policy/main-residency-match/).



## What Are My Chances of Matching?

Statistically, match rates for each type of applicant have remained steady or even improved in recent years. However, popular advice tells students that their chances of matching are in flux as medical schools and class sizes grow without proportional residency position growth.

### *What do the numbers say?*

**The 2019 NRMP Main Residency Match had 38,376 active applicants (i.e., applicants who submitted a ROL) and offered 32,194 PGY-1 residency positions.**

Considering all specialties, there were 1.7 positions available for each U.S. allopathic senior participating in the Match. Considering all applicants, 0.84 of a position was available per applicant.

**Family medicine is the second largest specialty participating in the Match and has a lower applicant-to-position ratio than some specialties that only offer limited training opportunities.**

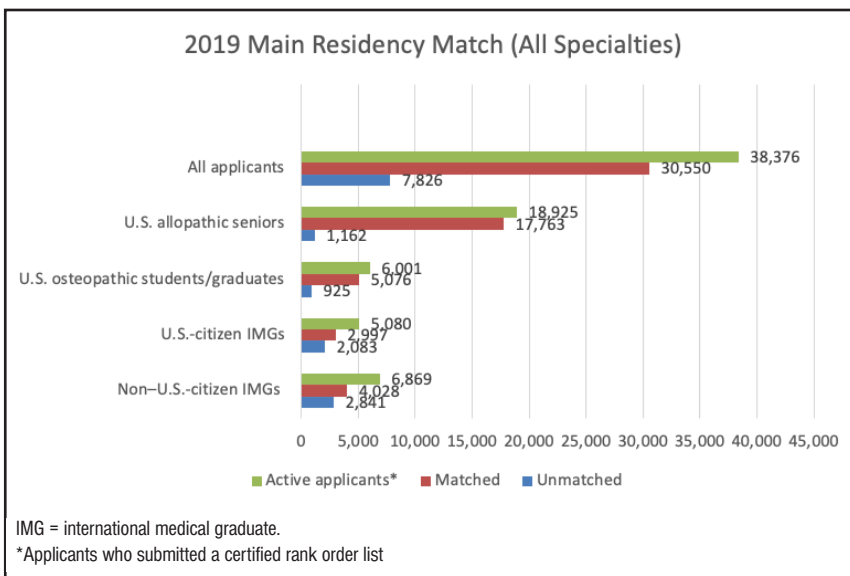
### Stat Snapshot

In the 2019 NRMP Match:

- 93.9% of U.S. allopathic seniors matched to a PGY-1 position (47.1% matched to their first-choice program).
- 84.6% of osteopathic seniors and graduates matched to a PGY-1 position.

Figure 2 shows how many active applicants matched to a residency program in 2019. Active applicants who don't match in the Main Residency Match and applicants who register for the Match but don't submit a ROL may be eligible to participate in the SOAP.

**FIGURE 2. Results of the 2019 Main Residency Match**



Data Source: National Resident Matching Program Results and Data: 2019 Main Residency Match.

## Charting Outcomes in the Match

The NRMP has produced special research reports to provide some data on characteristics of applicants who matched to their preferred specialty. Reports exist for U.S. allopathic seniors, U.S. osteopathic seniors, and international medical graduates (IMGs). *Tables 8-10* summarize the outcomes for family medicine. **The full reports can be found at [www.nrmp.org/main-residency-match-data](http://www.nrmp.org/main-residency-match-data).**

**TABLE 8. Summary Statistics on U.S. Allopathic Seniors, Family Medicine**

Measure	Matched (n=1,438)	Unmatched (n=55)
1. Mean number of contiguous ranks	11.4	3.9
2. Mean number of distinct specialties ranked	1.1	1.4
3. Mean USMLE Step 1 score	220	206
4. Mean USMLE Step 2 score	237	223
5. Mean number of research experiences	2.1	2.7
6. Mean number of abstracts, presentations, and publications	3.0	2.3
7. Mean number of work experiences	3.3	4.1
8. Mean number of volunteer experiences	7.7	6.1
9. Percentage who are AOA members	7.4	0.0
10. Percentage who graduated from one of the 40 U.S. medical schools with the highest NIH funding	27.7	21.8
11. Percentage who have Ph.D. degree	1.0	2.1
12. Percentage who have another graduate degree	17.6	36.0

Note: Only U.S. allopathic seniors who gave consent to use their information in research are included.

Sources: NRMP Data Warehouse; Top 40 U.S. medical schools with the highest NIH funding in measure 10 is from the NIH website (<http://report.nih.gov/award/index.cfm>).

**TABLE 9. Summary Statistics on U.S. Osteopathic Seniors, Family Medicine**

Measure	Matched (n=540)	Unmatched (n=53)
1. Mean number of contiguous ranks	9.1	4.2
2. Mean number of distinct specialties ranked	1.1	1.4
3. Mean COMLEX-USA Level 1 score	506	475
4. Mean COMLEX-USA Level 2-CE score	537	500
5. Mean USMLE Step 1 score	217	209
6. Mean USMLE Step 2 CK score	233	220
7. Mean number of research experiences	1.4	1.1
8. Mean number of abstracts, presentations, and publications	1.8	1.4
9. Mean number of work experiences	3.3	3.5
10. Mean number of volunteer experiences	7.2	4.9
11. Percentage who have a Ph.D. degree	0.2	0.0
12. Percentage who have another graduate degree	22.6	16.7

Source: NRMP Data Warehouse.

Note: Only U.S. osteopathic seniors who gave consent to use their information in research are included.

**TABLE 10. Summary Statistics on International Students and Graduates, Family Medicine**

Measure	U.S. IMGs		Non-U.S. IMGs	
	Matched (n=519)	Unmatched (n=458)	Matched (n=240)	Unmatched (n=342)
1. Mean number of contiguous ranks	6.1	2.7	3.8	1.9
2. Mean number of distinct specialties ranked	1.3	1.4	1.4	1.4
3. Mean USMLE Step 1 score	211	207	220	212
4. Mean USMLE Step 2 score	225	219	231	223
5. Mean number of research experiences	1.4	3.0	1.9	2.1
6. Mean number of abstracts, presentations, and publications	2.0	2.7	2.7	3.1
7. Mean number of work experiences	3.8	5.0	5.8	6.5
8. Mean number of volunteer experiences	4.6	4.4	4.8	4.4
9. Percentage who have a Ph.D. degree	0.0	1.8	1.3	1.9
10. Percentage who have another graduate degree	24.2	30.9	22.6	27.8

Note: Only applicants who gave consent to use their information in research are included.

Source: NRMP Data Warehouse



## Keep in Mind

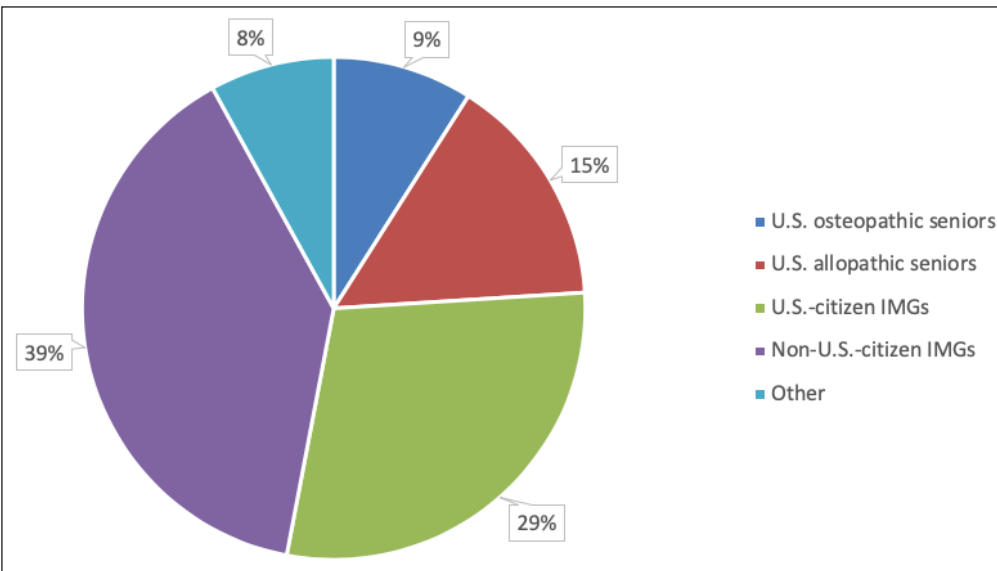
**It's not true that only "bad" programs don't fill.** A program may not fill if its ROL is at odds with the applicants who ranked it or if its list is too short. There will likely be multiple programs you would find desirable that end up with unfilled positions after the Main Residency Match.

**Not everyone will match to a position.** Your dean's office is prepared to counsel students who don't match. Applicants who don't match and programs that don't fill may be eligible to participate in the SOAP.

## What is the SOAP?

The Supplemental Offer and Acceptance Program® (SOAP®) is a program run by the NRMP that takes place during Match Week to match any unfilled residency positions with unmatched applicants. On Monday of Match Week, medical students find out if—but not where—they are matched. Unmatched applicants who meet eligibility requirements can participate in the SOAP to try to obtain an unfilled residency position. *Figure 3* shows a breakdown of participants in the 2019 SOAP.

**FIGURE 3. 2019 SOAP Participants**



Data Source: National Resident Matching Program Results and Data: 2019 Main Residency Match.

## SOAP Facts

- To be eligible for the SOAP, you must be:
  - Registered with the NRMP for the Main Residency Match
  - Eligible to enter GME programs on July 1 in the year of the Match
  - Partially matched or fully unmatched on Monday of Match Week
- There are eight rounds of offers in the SOAP from Monday through Thursday of Match Week. Matches made in the SOAP are announced on Friday, along with those of applicants who matched in the Main Residency Match.
- The SOAP requires the exclusive use of ERAS by both applicants and programs to express preferences and make/receive offers for unfilled positions. Through ERAS, SOAP applicants can access a list of unfilled programs that have positions for which they are eligible. Programs can access applications through ERAS and make offers. **During the SOAP, contact outside of ERAS between programs and applicants constitutes a Match violation.**
- Positions fill quickly in the SOAP and accepting an offer creates a binding commitment. If you participate in the SOAP, be honest, thorough, and critical in your assessment of programs and their offers before accepting one.

### Don't Skip Straight to the SOAP

Each year, a number of applicants register through ERAS for the Match with the intention of only using the SOAP process rather than going through the entire process to interview at programs and submit a rank order list. **It's important to note that the SOAP should not be used as a primary strategy for matching in family medicine.**

The application and interview process is highly personalized and works to the advantage of both the applicant and the program in determining an appropriate fit for postgraduate medical training. Students who rely solely on the SOAP instead of progressing through the standardized application process will be at a significant disadvantage in making a mutually suitable match. Also, the NRMP recommends against this practice, recognizing it as an ineffective strategy. **Statistically, the chances of matching to a program are very low for those who only participate in the SOAP.**

**More detailed information on the SOAP is available at [www.nrmp.org/match-week-soap-applicants/](http://www.nrmp.org/match-week-soap-applicants/).**

**2019 SOAP BY THE NUMBERS**

- **1,768** = Number of unmatched positions after the Main Residency Match
- **1,652** = Unmatched positions offered in the SOAP
  - 1,561 PGY-1 positions offered (of which 847 positions were PGY-1 only, meaning transitional year or preliminary positions)
  - 271 family medicine positions offered
- **1,310** = Positions filled in the SOAP
  - 1,247 PGY-1 positions filled

After the 2019 SOAP, 98.7% of all positions offered in the Match were filled. Only 458 positions were left unfilled in the 2019 Match overall.

## After You Match

After you match, take plenty of time to celebrate and enjoy life! Be sure to give yourself some time away from the rigorous studying that got you to your successful match. Residency will be here before you know it. In the meantime, focus on your personal well-being and taking care of practical items on your to-do list, like finding housing if you're moving, making decisions about your loans, and getting oriented to your new program. Your medical school and the residency program you've matched into should be able to help you answer many of the questions you'll have as graduation day nears.

**The AAFP and the Association of American Medical Colleges (AAMC) have partnered on “Money Management for Graduating Medical Students,” a two-part webcast series that can help you get financially ready to start your residency. It’s available free online at [www.aafp.org/medical-school-residency/medical-school/debt/costs/webinar-moneymanagement.html](http://www.aafp.org/medical-school-residency/medical-school/debt/costs/webinar-moneymanagement.html).**

### *Tips From the Experts*

- “CELEBRATE! Save money. Start looking for housing (renting or buying). Spend time with family and friends before you get ready for a new chapter in life.”  
– ALEXA MIESES, MD, MPH, DURHAM, NC
- “Send thank you cards with the update about where you matched to your [letter of recommendation] writers. Go celebrate with friends and family. Enjoy your life!”  
– ANNA ASKARI, MD, MSBS, PALM DESERT, CA
- “Travel and celebrate sooner [rather] than later since most programs start work in early June and the onboarding paperwork, modules, and tasks are surprisingly burdensome.”  
– KATIE HARTL, MD, TUCSON, AZ
- “First thing is to connect with current residents of the program and try to schedule a visit to get to know the area and find housing options. These can fill up fast and it helps to start early on this. Also, if you are moving out of state, understanding the licensing requirements (driver’s license, etc.) early on during this trip will make life much easier so that you are not scrambling at the last minute to finish these tasks while busy with orientation activities.”  
– ROMERO SANTIAGO, MD, MPH, SACRAMENTO, CA

# SECTION 8

## REAL STORIES FROM THE MATCH

The following stories were originally published on the AAFP Leader Voices Blog. Read more about topics in education and family medicine from the perspective of the AAFP's student, resident, and physician leaders.

[aafp.org/leadervoices](http://aafp.org/leadervoices)

### *Take a Deep Breath, Relax and Trust the Magic of the Match* by Stewart Decker, MD

If there is a day that defines the rest of your life, one that will shape who you are and what you will become, that day is not Match Day. It might be the day you started to steal all the Christmas presents in Whoville, but when you heard the Whos singing, you stopped and your heart grew three sizes. Or maybe it was the day you bonded with an alien symbiote and turn into Venom. Barring miraculous holiday harmonies or supervillain spaceship crashes, no single day has that much power, my friends. Who you are and what you will become are purely functions of your decisions.

Read the rest of Stewart's story: [www.aafp.org/stewartmatch](http://www.aafp.org/stewartmatch)



### *Congratulations on Your Match! Here's What to Do Next* by Alexa Mieses, MD, MPH

I arrived at school at 11 a.m. for the ceremony. Tables were set up with our envelopes organized in alphabetical order. My envelope was right there! I matched to my first choice in the 2016 Match. It was my last year of medical school, and Match Day had finally arrived. My friends and I ecstatically greeted one another but we couldn't really concentrate on a particular conversation. We were just counting down the minutes. Finally, the time arrived. Our dean gave us permission to retrieve our envelopes. I had barely lifted mine off the table before I opened it.

Read the rest of Alexa's story: [www.aafp.org/alexamatch](http://www.aafp.org/alexamatch)



### *Lessons Learned From the Match* by Tiffany Ho, MPH

My vision of providing quality health care for all was shaped by a family physician who founded a mobile clinic for his community's underserved—primarily homeless—population. It's a vision of care that isn't limited to the confines of a four-walled clinic. It's primary care that improves the physical and mental health of the community I serve. I continued to clarify this vision throughout medical school and searched for family medicine residency programs that could further structure my growth.

Read the rest of Tiffany's story: [www.aafp.org/tiffanymatch](http://www.aafp.org/tiffanymatch)



### *Preparing for Match Grueling but Rewarding* by Aaron Meyer

I want to work with homeless populations with coexisting physical and mental illness, so I interviewed with four of the five combined family medicine and psychiatry programs in the country. Each of these combined programs offers only two spots, and they each interview nearly two dozen candidates. No pressure. And on top of that, I have primary care policy and advocacy interests. Sorting out how these family medicine and psychiatry programs compare to categorical family medicine and combined family medicine/preventive medicine programs was a challenge.

Read the rest of Aaron's story: [www.aafp.org/aaronmatch](http://www.aafp.org/aaronmatch)



## *The Match Can Be Daunting; Here's How to Keep It Simple* by John Heafner, MPH

I am sitting here anticipating one of the biggest moments of my life thus far, maybe second to getting married or being born. Well, let's just say the Match is in the top five and move on.

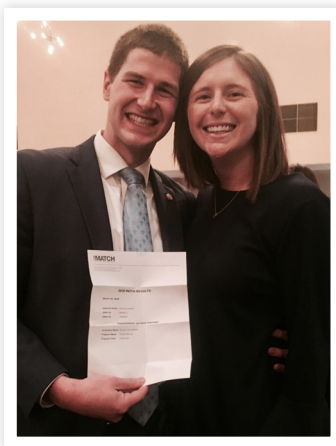
I am anxiously waiting the news on Monday to find out whether I matched with any program, which would be great news on its own. Then the big reveal will come on March 16, and I will know which program I will be training at for the next three years.

There are a million ways to approach the National Resident Matching Program ([www.nrmp.org](http://www.nrmp.org)) but I will share some secrets with the Class of 2019 (and those who follow) that made my experience enjoyable and minimally stressful, as well as some tips on saving money.

First, a great tool for anyone going into family medicine is *Strolling Through the Match*. This free resource, updated annually by the AAFP, provides an excellent foundation for understanding the timeline of the fourth year of medical school and all the application deadlines that must be met. But don't wait until your fourth year to start using *Strolling*. It will guide you in understanding the primary care specialties, making your specialty choice, and keeping up with what you need to do early in medical school to build your curriculum vitae and obtain letters of recommendation.

Don't kid yourself into thinking you'll knock out the residency application in one sitting. It does not require a great deal of mental energy, but it does require time to ensure you have filled in all the appropriate boxes. The most difficult task is deciding where to apply, because there are more than 400 programs in family medicine. My algorithm was simple, and I recommend that whatever method you choose, you just keep it straightforward.

First, I looked at geography, which was important to me and my wife. Then I thought about where I want my career to be in five and 10 years. (It's OK if you aren't sure, but programs will ask you this during interviews, so consider your options.) Understanding where I want to be helped me select programs based on the populations they served and the specific skills taught during residency. For example, I am passionate about working with vulnerable populations in an urban setting and want to be well trained in behavioral health and using medication-assisted treatment for drug addiction. At this stage, I also considered academic versus community-based programs, but this distinction did not help me narrow my list.



You must identify what is important to you, and the above is a list of my top variables. What are yours?

To better understand how each of these variables aligns with your programs of interest, while also meeting residents and faculty at those programs, I would encourage you to attend the 2018 National Conference of Family Medicine Residents and Medical Students in Kansas City, Mo. Representatives from more than 350 programs will be available to meet with you in the Expo Hall.

Keep it simple, and don't overapply. If you don't want to move to a certain part of the country or a specific type of program, then don't apply. It will save you money on application fees and travel.

As I went through the interview process, I considered two key factors: my mind and gut. The mind was analyzing all the components of the curriculum, the benefits (insurance, food stipend, etc.), and the demographics of the hospital and clinic. The gut was responsible for getting a sense of community within the residency. Did the residents appear to get along and love their program? Did they know their faculty and support staff well? Did they have time to socialize outside of the hospital and clinic settings? Did the residency have a clear and obvious mission they were striving to achieve? Was the feel of the program upbeat and lighthearted or rigid and formal? These are too subjective to have any defining criteria but are crucial for your well-being during three years of training. Unfortunately, there is no correct mix when deciding between factors of the mind and the gut, but I trust you will find the right balance when the time comes to submit your rank list.

I want to offer everyone participating in the Match many well-wishes and early congratulations. I had the opportunity to meet many future family physicians along the interview trail with whom I hope to cross paths either during residency or in my future career. I also trained with many wonderful future family physicians at Saint Louis University. Thank you to all who have supported me along this medical school journey, and best of luck to all of you applying in the future. I hope you find your home in family medicine. Even if you are called to another specialty, I hope you continue to value primary care and participate in team-based care with family physicians to improve the health of our patients and our nation.

*Attention, Students: Six Thoughts Before Submitting Your Rank Order List* by Stewart Decker, MD

Tightness in your chest? Hyperventilation? Perioral paresthesias? The differential is limited: Acute twitterpation, or rank order lists for the National Resident Matching Program (NRMP), are due this month ([www.nrmp.org](http://www.nrmp.org)).

I've spent four months out of each of the last four years involved in the application process. Here's what I've learned about how to rank residencies.

First and most important, any factors important to you are valid. There is no stupid reason for liking or disliking a residency program. Trust your gut. It got you through that premed mission trip to Mexico; it'll get you through this.

Second, there is no perfect program. The sooner you understand that, the happier you will be. See "the tyranny of choice ([www.economist.com](http://www.economist.com))" for splashy psychological proof. The basic idea is that when you realize that absolute perfection is impossible (excepting ice cream and sweet potato fries), you will be happy with a residency that is nearly perfect.

Third, don't focus too much on things that matter only a little. The majority of my medical school classmates had Excel spreadsheets with home-grown scoring systems and a minimum of 30 columns. As an overachiever, mine had 31. After too many nights trying to decide whether "mini-golf course quality" or "more bald people to blend in with" deserved the higher modifier, I realized that, for me, there were five things that mattered most:

- public health training and experience;
- rural family medicine training and scope;
- incredible and accessible outdoor recreation;
- Spanish-speaking patients; and
- proximity to family, as well as a resident community that felt like family.

After deciding to focus on these, I felt free. So find your five things that matter most.

Fourth, pay attention to program directors. They will be your mentors. They will be your moral, clinical and professional guides. They set the tone for the culture and character of your residency. If they inspired you, if you connected during your visit, if you want to be more like them or want to learn from them, that means a lot. If your interactions were less than inspiring, that also means a lot.

Fifth, sometimes a residency will be great, except ... something. Maybe you have a partner who's worried about finding a job in that utterly-amazing-but-maybe-too-rural place. Whatever your "except ... something" is, feel free to ask the residency for help. They know the barriers and have myriad ways to address them. See what they can do. At my residency, we frequently help partners connect to potential jobs even before rank lists are due.

Sixth – and this might be the second-most important thing after trusting your gut – find your people. From illnesses to starting a family to run-of-the mill exhaustion, your fellow residents will cover for you, listen to you, commiserate with you, inspire you, encourage you and help you heal. They are far and away the most important part of your well-being during residency. I cannot stress this enough.

There are other resources out there, from an app by the NRMP ([www.nrmp.org](http://www.nrmp.org)) to the AAFP's Strolling through the Match guidance.

That's it. That's what I wish I had known.

And if on Match Day, you don't get the residency you wanted, do this:

- Remember three people who love you no matter what.
- Trust the Match. It's a good process.
- Trust yourself. You are tough, you are in a beautiful and amazing specialty, and you can find joy wherever you land.

### Who is an International Medical Graduate?

#### **International medical graduate (IMG) =**

A physician who received a basic medical degree from a medical school located outside the United States and Canada that is not accredited by a U.S. accrediting body, the Liaison Committee on Medical Education (LCME), or the American Osteopathic Association (AOA)

#### **The location/accreditation of the medical school, not the citizenship of the physician, determines whether the graduate is an IMG.**

This means that U.S. citizens who graduate from medical schools outside the United States and Canada are considered IMGs. Non-U.S. citizens who graduate from medical schools in the United States and Canada are not considered IMGs.

### What is the Educational Commission for Foreign Medical Graduates?

Medical schools outside of the United States and Canada vary in educational standards, curricula, and evaluation methods. The Educational Commission for Foreign Medical Graduates (ECFMG®) was founded in 1956 to assess whether IMGs are ready to enter Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs in the United States. The commission issues a Standard ECFMG Certificate to IMGs who apply for certification and meet all of the ECFMG's requirements.

### REQUIREMENTS FOR ECFMG CERTIFICATION

#### **Step 1: Meet medical education credential requirements**

As an IMG, you must be certified by the ECFMG before you can take the United States Medical Licensing Examination® (USMLE®) or start a graduate medical education program. To certify an IMG, the ECFMG must be able to verify the following credentials:

- a) Physician's medical school and graduation year listed in the World Directory of Medical Schools
- b) Credit awarded for at least four credit years of medical school
- c) Documentation for completion of all credits and receipt of a final medical diploma
- d) Final medical school transcripts

**Both medical students and graduates can begin the ECFMG certification process. However, you can't complete the process until you have graduated because one of the requirements of certification is the verification of your final medical school diploma.**



## Step 2: Apply for ECFMG certification

To apply for certification, you must:

- a) Check the World Directory of Medical Schools at [www.wdoms.org](http://www.wdoms.org) to confirm that students and graduates from your medical school are eligible to apply to the ECFMG
- b) Request a USMLE/ECFMG identification number from the ECFMG (More information is available at <https://secure2.ecfm.org/usmleidrequest/usmleidrequestnavigator.aspx>.)
- c) Use your USMLE/ECFMG identification number to complete the application for ECFMG certification
- d) Submit your application for certification before applying to the ECFMG for examination

## Step 3: Meet examination eligibility requirements

The Federation of State Medical Boards (FSMB) publishes state-specific requirements for initial medical licensure, including:

- Minimum postgraduate training required
- Number of attempts at licensing examination allowed
- Time limits for completion of licensing examination sequence needed for license eligibility

This information is available at [www.fsmb.org/step-3/state-licensure/](http://www.fsmb.org/step-3/state-licensure/).

**It's crucial to verify your eligibility within each U.S. state and to each program before you apply for the USMLE.**

Applicants can waste time and money applying in states that limit training permits and licensure to fewer international medical schools than the full World Directory of Medical Schools list.

Once you meet the examination eligibility requirements, you can apply for the required examinations. They are offered throughout the year. You're required to take and pass the same examination taken by U.S. and Canadian medical students:

- **USMLE Step 1:** Assessment of medical knowledge and foundational science
- **USMLE Step 2 (split into two tests):** Assessment of knowledge of clinical science (USMLE Step 2 CK) and assessment of clinical skills (USMLE Step 2 CS)

Detailed information on the USMLE is available at [www.usmle.org](http://www.usmle.org).

## Timing is Everything

To ensure that your results will be available in time for you to participate in the Match, **It's important to take USMLE Step 2 CS before December 31 of the year prior to the Match in which you're participating.** Schedule this examination no later than March of the year in which you need to take it. For example, IMGs hoping to match in March 2020 should register and schedule their USMLE Step 2 CS examination by March 2019 and take it before December 31, 2019. Ideally, you should take it well before December 31 so that your scores are available during interview season.



## U.S. Residency Directories

### The AAFP Family Medicine Residency Directory

captures information about family medicine programs beyond what most other residency directories provide. It's available online at [www.aafp.org/medical-school-residency/residency/find-programs.html](http://www.aafp.org/medical-school-residency/residency/find-programs.html) and in the "For Students" section of the AAFP app. In the app, the directory is an interactive tool that allows you to research programs, take notes, rank residencies, and more.

### FREIDA™, the American Medical Association (AMA) Residency & Fellowship Database®

, provides basic information about graduate medical education programs in all specialties, such as the name of the program director and the hospital, as well as the number of hospital admissions, outpatient visits, and available residency positions. Visit [www.ama-assn.org/life-career/search-ama-residency-fellowship-database](http://www.ama-assn.org/life-career/search-ama-residency-fellowship-database) for more information.

### The Accreditation Council for Graduate Medical Education (ACGME) graduate medical education directory

organizes information by state and specialty, and includes program accreditation status, sponsoring institution, and contact information at <https://apps.acgme.org/ads/Public/Programs/Search>.

## Applying to U.S. Residency Programs

### GET AN ERAS TOKEN

Most programs require applicants to submit their applications using the Electronic Residency Application Service (ERAS®). This requires an ERAS token, which is a one-time access code used to register for MyERAS. For IMGs, the ECFMG coordinates the ERAS application process. Visit the ECFMG website ([www.ecfm.org/eras/index.html](http://www.ecfm.org/eras/index.html)) or contact the ECFMG at [eras-support@ecfm.org](mailto:eras-support@ecfm.org) to learn procedures for obtaining an ERAS token. ERAS tokens for IMGs become available beginning in June.

### REGISTER WITH THE NRMP

The National Resident Matching Program® (NRMP®) coordinates the Match for U.S., Canadian, and international medical students and graduates. If you want to participate in the Main Residency Match, you must register with the NRMP after submitting an ERAS application. The NRMP website outlines applicant registration steps in detail at [www.nrmp.org/applicant-registration/](http://www.nrmp.org/applicant-registration/). **See Section 7 for more detailed information about the Match and how it works.**

Because offers made and accepted during Match Week will be binding under the Match Participation Agreement, only applicants eligible to begin training on July 1 in the year of the Match will be allowed to participate. The NRMP exchanges data with the ECFMG to recertify the status of IMGs.

## KNOW APPLICATION DEADLINES AND REQUIREMENTS

Individual programs may have special requirements, so carefully follow the instructions for submission of your applications. Application deadlines may also vary among residency programs. Check program websites for details, and call or email the program coordinator if you need to verify any information or have a specific question.

## UNDERSTAND ELIGIBILITY REQUIREMENTS

Before you expend effort and financial resources applying, it's important to understand the eligibility requirements for each residency program in which you are interested. **Be aware that it can be challenging for IMGs to obtain residency interviews in the United States.** The number of graduates from U.S. allopathic and osteopathic medical schools has grown considerably, resulting in increasing competition for a relatively fixed number of residency positions in the United States. For example, an average-sized family medicine residency with seven positions per class has more than 1,000 applicants, including almost 200 U.S. allopathic medical school seniors, approximately 90 osteopathic medical school seniors, and more than 1,100 IMGs.

Because of this, many residency programs have tightened their eligibility requirements, often by limiting the number of years since graduation for international applicants (for example, limiting consideration to those who are within three to five years of graduation). Many residencies list their requirements for applicants (e.g., medical school graduation year required, types of visas accepted, number of attempts on the USMLE allowed) on their websites.

## GET STATE-SPECIFIC INFORMATION

Before applying to residency programs, you may want to find out if you can get a license in a specific state during residency. The Federation of State Medical Boards (FSMB) publishes state-specific requirements for initial medical licensure.

This information is available at [www.fsmb.org/step-3/state-licensure/](http://www.fsmb.org/step-3/state-licensure/). In addition, some states, such as California, have a list of recognized international medical schools that are eligible for licensure in the state.

## Will You Need a Visa?

To participate in U.S. graduate medical education programs, **IMGs who are not citizens or lawful permanent residents must obtain the appropriate visa.** The two most common visas are the H-1B (Temporary Worker) and the J-1 (Exchange Visitor). Some institutions will sponsor the visa for IMGs in the residency program. The ECFMG is also authorized by the U.S. Department of State to sponsor foreign national physicians for the J-1 visa. Questions about obtaining a visa should be directed to your residency program staff, the U.S. embassy or consulate in your country of residence, or the U.S. Citizenship and Immigration Services.

## Charting Outcomes in the Match

To better understand your individual chances of matching to a U.S. residency program, review *Charting Outcomes in the Match for International Medical Graduates*, a report of NRMP data on the characteristics of IMG applicants who matched to their preferred specialty. This information is available at [www.nrmp.org/main-residency-match-data](http://www.nrmp.org/main-residency-match-data).

## IMGs in Family Medicine

Graduates of medical schools outside of the United States play a vital role in the U.S. health care system. Some data suggest IMGs are more likely than U.S. medical graduates to practice primary care and to serve underserved populations. However, over the last decade, the number of IMGs entering family medicine residency programs has decreased in relation to the increase in osteopathic medical graduates entering family medicine (*Figure 4*).

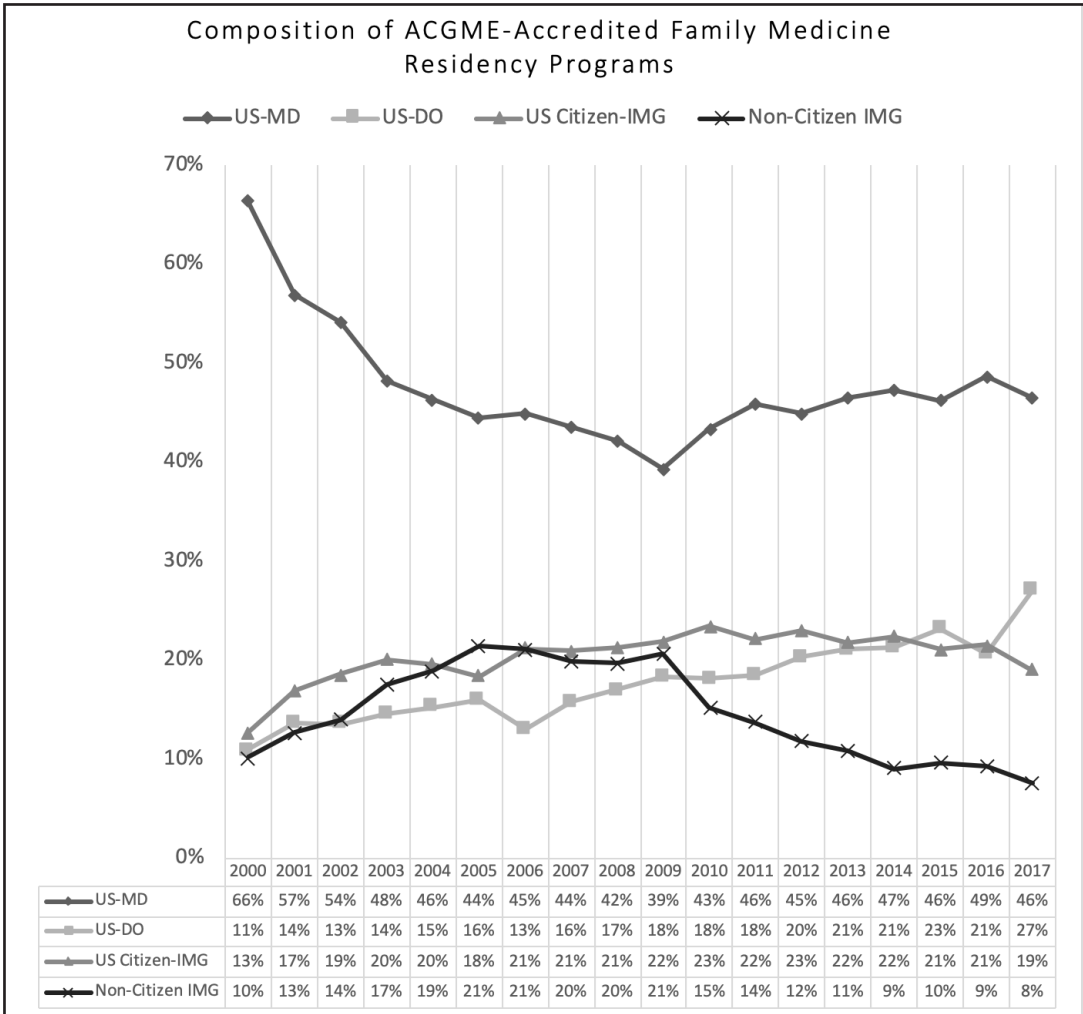
**In 2017, IMGs made up 27% of the incoming class of family medicine residents. A majority of these IMGs are U.S. citizens who trained abroad. Only 30% of IMGs who enter family medicine residency training are not U.S. citizens.**

The NRMP's report *Charting Outcomes in the Match for International Medical Graduates* includes a section analyzing trends among IMGs who match to family medicine. NRMP data show that there is an increased probability of finding a match if the applicant:

- Is graduating from medical school the same cycle as residency application or within fewer years of graduation
- Has more contiguous rankings of family medicine residency programs (i.e., not interrupted by other specialties on the list)
- Has higher USMLE Step 1 and Step 2 scores

**In Appendix E, you'll find additional tips from the article *What Residency Applicant IMGs Need to Know When Applying to U.S. Family Medicine Residency Programs*.**

**FIGURE 4. Composition of the Entering Class of ACGME-Accredited Family Medicine Residency Programs by Year, 2000-2017\***



\*These data are based only on residency census data, and previous years' graduates have not been removed. Thus, data are available from 2000 - 2017.

Phillips JP, Wendling A, Bentley A, Marsee R, Morley CP. Trends in US medical school contributions to the family physician workforce: 2018 update from the American Academy of Family Physicians. *Fam Med.* 2019;51(3):241-250.

Reprinted with permission from the Society of Teachers of Family Medicine.

## Resources

### GENERAL IMG RESOURCES

- AAFP IMG Resources  
[www.aafp.org/membership/involve/constituency/img.html](http://www.aafp.org/membership/involve/constituency/img.html)
- Association of American Medical Colleges (AAMC) ERAS Timeline for IMG Residency  
<https://students-residents.aamc.org/applying-residency/article/eras-timeline-img-residency>
- ECFMG Information Booklet  
[www.ecfm.org/2019ib/index.html](http://www.ecfm.org/2019ib/index.html)
- The ECFMG Reference Guide for Medical Education Credentials  
[www.ecfm.org/certification/reference-guide.html](http://www.ecfm.org/certification/reference-guide.html)
- *The ECFMG Reporter* (free newsletter)  
[www.ecfm.org/reporter/](http://www.ecfm.org/reporter/)
- Federation of State Medical Boards  
[www.fsmb.org](http://www.fsmb.org)
- World Directory of Medical Schools  
[www.wdoms.org](http://www.wdoms.org)

### VISA INFORMATION

- U.S. Citizenship and Immigration Services  
[www.uscis.gov](http://www.uscis.gov)
- U.S. Department of Homeland Security  
[www.dhs.gov](http://www.dhs.gov)

### GRADUATE MEDICAL EDUCATION RESOURCES

- AAFP Family Medicine Residency Directory  
[www.aafp.org/residencies](http://www.aafp.org/residencies)
- Association of American Medical Colleges/Electronic Residency Application Service (ERAS®)  
[www.aamc.org/eras](http://www.aamc.org/eras)
- Educational Commission for Foreign Medical Graduates  
[www.ecfm.org](http://www.ecfm.org)
- FREIDA Online™, AMA Residency & Fellowship Database®  
[www.ama-assn.org/life-career/search-ama-residency-fellowship-database](http://www.ama-assn.org/life-career/search-ama-residency-fellowship-database)
- National Resident Matching Program® (NRMP®)  
[www.nrmp.org](http://www.nrmp.org)

## Online Residency Directories

- AAFP Family Medicine Residency Directory  
[www.aafp.org/residencies](http://www.aafp.org/residencies)
- Accreditation Council for Graduate Medical Education (ACGME) Program Search  
<https://apps.acgme.org/ads/Public/Programs/Search>
- American College of Physicians (ACP) Interactive Internal Medicine Residency Database  
[www.acponline.org/membership/medical-students/residency/find-a-residency](http://www.acponline.org/membership/medical-students/residency/find-a-residency)
- FindaResident website, hosted by the Association of American Medical Colleges, (AAMC), an online service to assist programs with filling unanticipated vacancies and to help applicants identify residency and fellowship opportunities that are not available via ERAS and the NRMP  
[www.aamc.org/findaresident](http://www.aamc.org/findaresident)
- FREIDA Online™, American Medical Association (AMA) Residency & Fellowship Database®  
[www.ama-assn.org/life-career/search-ama-residency-fellowship-database](http://www.ama-assn.org/life-career/search-ama-residency-fellowship-database)
- Visiting Student Learning Opportunities™ (VSLO™)  
<https://services.aamc.org/20/vsas/>

## Other Websites

- AAMC Careers in Medicine®  
[www.aamc.org/cim](http://www.aamc.org/cim)  
Includes a self-assessment tool for considering specialty choice
- AAMC Financial Information, Resources, Services, and Tools (FIRST)  
<https://students-residents.aamc.org/financial-aid/>  
Financial resources for medical students, including information on the cost of applying for medical residency
- AAMC Report on Residents  
[www.aamc.org/data-reports/students-residentsreport/report-residents](http://www.aamc.org/data-reports/students-residentsreport/report-residents)  
Includes information on characteristics of applicants and residents, and post-residency professional activities
- AMA Medical Student Section  
[www.amaMedStudent.org](http://www.amaMedStudent.org)
- Family Medicine Interest Groups (FMIGs)  
[www.aafp.org/fmig](http://www.aafp.org/fmig)
- NRMP Main Resident Match Data  
[www.nrmp.org/main-residency-match-data/](http://www.nrmp.org/main-residency-match-data/)  
Includes reports on Match outcomes and surveys from program directors that examine the factors they use to select applicants

## Journals

- *American Family Physician*, American Academy of Family Physicians  
[www.aafp.org/afp](http://www.aafp.org/afp)
- *The New Physician*, American Medical Student Association  
[www.amsa.org/publications/the-new-physician/](http://www.amsa.org/publications/the-new-physician/)

## Organizations

- Accreditation Council for Graduate Medical Education  
**[www.acgme.org](http://www.acgme.org)**
- American Academy of Family Physicians  
**[www.aafp.org](http://www.aafp.org)**
- American Medical Association  
**[www.ama-assn.org](http://www.ama-assn.org)**
- Association of American Medical Colleges/Electronic Residency Application Service (ERAS®)  
**[www.aamc.org/eras](http://www.aamc.org/eras)**
- National Resident Matching Program® (NRMP®)  
**[www.nrmp.org](http://www.nrmp.org)**

## E-Guides

- Choosing a Medical Specialty, hosted by the AMA  
**[www.ama-assn.org/residents-students/career-planning-resource/choosing-medical-specialty](http://www.ama-assn.org/residents-students/career-planning-resource/choosing-medical-specialty)**
- Applying to Residencies with ERAS  
**<https://students-residents.aamc.org/applying-residency/applying-residencies-eras/>**

## Books

- Freeman BS. *The Ultimate Guide to Choosing a Medical Specialty*, Fourth Edition. New York: McGraw-Hill Medical; 2018.
- Iserson KV. *Iserson's Getting Into a Residency: A Guide for Medical Students*, Ninth Edition. Tucson, Ariz.: Galen Press, Ltd.; 2019.
- Taylor AD. *How to Choose a Medical Specialty: Sixth Edition*. Southern Pines, NC: Student Doctor Network; 2017.

## James Smith

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## EDUCATION

- 2020 MD, anticipated, University of Alabama School of Medicine (UASOM), Birmingham, AL
- 2016 Rural Medicine Program, Auburn University, Auburn, AL
- 2015 BA, *summa cum laude*, Anthropology, University of Alabama at Birmingham (UAB), Birmingham, AL

## RESEARCH EXPERIENCE

- 2018-2019 **Medical Student Research Assistant**, Department of Family Medicine, UASOM, Huntsville Regional Medical Campus, Huntsville, AL. Worked to identify factors that lead UASOM students to pursue a career in family medicine.
- 2017-2018 **Student Choice Project Team Leader**, Family Medicine for America's Health. Conducted multiple focus groups and performed qualitative data analysis.
- 2017 **Medical Student Research Assistant**, Department of Cell, Developmental and Integrative Biology, UASOM. Conducted patch clamp technique on sweat gland cells and cystic fibrosis bronchial epithelial cells to study cystic fibrosis. Conducted RNA extraction to test differential gene expression when treated with VX-770.

## PUBLICATIONS

- Anderson A, Patel T, Nowel M, Smith J. Development of a collaborative community approach to increase student matches into family medicine. *Ann Fam Med*. 2018;10(1):9-11.
- Young J, Do A, Smith J. Modeling gene interaction networks that buffer disease in yeast. *Genes (Basel)*. 2017;6(1):30-52.

## POSTER PRESENTATIONS

- Herren A, Gates H, Smith J, Coles P, Bramm D. UAB Huntsville Integrated Residency Program. Research and Innovations in Medical Education (RIME) Week poster session, Birmingham, AL, 2018.

Smith J, Gaviria C, Abston P. A Stevens-Johnson Syndrome Scare. UASOM Huntsville Regional Medical Campus Research Day, Huntsville, AL, 2018.

## ORAL PRESENTATIONS

- 2018 **Guest Speaker**. American Medical Student Association Convention and Exposition. Washington, DC. Topic: Family Medicine, the AAFP, and the AMSA
- 2018 **Co-presenter**. Society of Teachers of Family Medicine Conference on Medical Student Education. Austin, TX. Topic: FMIG Faculty Advisor Summit
- 2017 **Guest Speaker**. UAB Department of Biology Welcome Reception. Birmingham, AL. Topic: Advice for Pre-Health Students
- 2017 **Co-presenter**. American Academy of Family Physicians (AAFP) National Conference of Family Medicine Residents and Medical Students. Kansas City, MO. Topic: Telling Your Story

## LEADERSHIP AND EXTRACURRICULAR ACTIVITIES

- 2018-2019 **Student Member**, AAFP Commission on Health of the Public and Science
- 2018 **Reference Committee Member**, National Conference of Family Medicine Residents and Medical Students
- 2018 **Interview Host**, Rural Medicine Program Interview Day, UASOM
- 2017-Present **Student Member**, Rural Advisory Council, UASOM
- 2017-2018 **Student Trustee**, AAFP Foundation Board of Trustees
- 2016-Present **Member**, UASOM Family Medicine Interest Group (FMIG)
- 2016-2017 **Research Symposium Co-Director**, Medical Association of the State of Alabama.
- 2011-Present **Pre-Selection Committee**, Smith Scholarship Foundation.

## VOLUNTEER ACTIVITIES

- 2018 **Medical Mission Trip**, Juan Dolio, Dominican Republic. Travelled with a group from the UASOM Huntsville Regional Medical Campus on a one-week medical mission trip in partnership with SCORE International.
- 2016-2017 **Equal Access Birmingham Clinic**, Birmingham, AL. Volunteered in a student-led clinic that provides health care to the uninsured of Birmingham. Conducted patient histories and physical exams, checked blood glucose and blood pressure, and educated patients on medication use, when appropriate.
- 2016 **Project Homeless Connect**, UASOM FMIG, Tuscaloosa, AL. Volunteered at a one-day health clinic to provide free health screenings and acute medical care for homeless/uninsured/underinsured patients. Conducted patient histories and physical exams.
- 2016 **Pre-matriculation in Medical Education Program** (medical simulation), UASOM. Volunteered as part of a team of health care professionals for a six-week summer program for students prior to the start of their first year of medical school. Helped guide participants through various medical simulation scenarios and debrief them after the simulation ended.

## HONORS AND AWARDS

- 2017 Family Medicine Leads Emerging Leader Institute Leadership Project Award
- 2016 Family Medicine Leads Emerging Leader Institute Scholar
- 2016-2018 Smith Foundation Graduate Scholarship
- 2016 Alabama Rural Medicine Scholarship
- 2015 Smith Foundation Outstanding Graduate Award
- 2012-2015 UAB President's List
- 2012-2015 Smith Foundation Trustee Scholar
- 2012-2015 UAB Golden Excellence Academic Scholarship

## PROFESSIONAL SOCIETY MEMBERSHIPS

American Academy of Family Physicians, Student Member  
Society of Teachers of Family Medicine, Student Member  
American Medical Student Association, Student Member

## PERSONAL INTERESTS

Church, traveling, cooking, spending time with family, hiking



# APPENDIX B

## SUGGESTED INTERVIEW QUESTIONS

### GENERAL QUESTIONS FOR FACULTY AND PROGRAM DIRECTORS

You can get basic information from most residency program websites about the program's structure and philosophy. Meetings with faculty members and program directors are your opportunity to go beyond such surface information. Use the following questions to ask about topics including curriculum, rotations, processes, past accomplishments, graduates, and the future of the program:

- Where are most graduates located?
- What types of practices do graduates go into after residency?
- How do you perceive your program compared to other programs?
- What are the program's strengths?
- What makes your program unique?
- What kind of feedback have graduates given you about your program?
- Which rotations are conducted at which hospitals and clinics?
- What other residency programs are on site?
- How and how often is feedback provided to residents?
- How would you describe the patient demographics?
- What community service programs does your residency offer?
- What changes do you anticipate in the program during the next three years?
- In what ways is the program an innovator in education?
- Can you give me an example of how the program handles [X, Y, or Z]? (Be specific. Ask about scheduling, leadership development experiences, away rotations, navigating different approaches to complex situation, etc.)
- Can you describe the community? What do you enjoy the most/least about living here?

### GENERAL QUESTIONS FOR RESIDENTS

The time you spend with a program's residents is key to understanding what your life would be like as a resident. Use the following questions to ask current residents about the learning process, expectations, community service opportunities, lifestyle, and other practical issues related to training:

- What was the most important factor that made you choose this program?
- What is a typical week/month/year like for a resident in PGY-1, PGY-2, and PGY-3?
- What is call like? What kind of backup and supervision is provided?
- When leave of absence becomes necessary, what happens?
- What community service opportunities are available?
- How do you and other residents deal with the stress of residency? What kinds of wellness programs does the residency program offer?
- What do you and other residents do for fun?
- How do you view other residency programs at the institution and what are your interactions with them?
- Which areas or processes are helping you learn the most?
- What are the program's strengths?
- In what areas could improvements be made to the program?
- What are your plans after graduation?

### QUESTIONS ABOUT ACADEMIC AND/OR RESEARCH CAREERS

Not all family medicine residency programs prepare residents for academic and/or research careers. Use the following questions to find out if the program will meet your goals for an academic and/or research career:

- How does the program support the research interests of residents?
- How do residents meet their scholarly requirements?

- Can you describe noteworthy or award-winning scholarly activities of residents in the program?
- Does the program support opportunities to present or publish research? If so, how does the program support these opportunities for residents?
- Are there opportunities to achieve additional graduate degrees during residency? If so, can you give me an example of a resident who has done this and how the curriculum was structured? How long did it take?

### QUESTIONS ABOUT FELLOWSHIPS

Use the following questions if you plan to pursue a fellowship after family medicine residency:

- [*Describe your personal fellowship interests and then ask:*] How could this program prepare me for fellowship training?
- How will I receive adequate training to prepare me for a fellowship, while ensuring that it's not to the detriment of other aspects of my training?

### QUESTIONS ABOUT GLOBAL HEALTH AND INTERNATIONAL SERVICE

Global health and international service opportunities vary widely by program. Some programs may require the development of strong global health skills because they serve a large community of patients who are immigrants or refugees. Use the following questions to determine how well a residency program will help you meet your goals for international experiences:

- What is the goal of the international rotation?
- Can you describe the field experience (e.g., clinical activities, public health initiatives, community activities, patient education, other activities)?
- What is the cost of international experiences to residents?
- What opportunities exist to seek additional funding for international rotations?
- Will I have professional liability insurance while participating in an international rotation?
- Will my employee benefits (e.g., health insurance, dental insurance) continue while I am abroad?

- How long are the rotations?
- What time of year do residents travel?
- Are certain years (i.e., PGY-1, PGY-2, PGY-3) prohibited from participating?
- In what country (or countries) do the residents engage in international activities?
- Have residents ever designed their own global health experiences? If so, can you provide some examples?
- What policies and processes are in place to ensure resident safety during travel?
- How many residents have participated in international experiences in the past two years? Can you provide some examples of their projects and experiences?
- Who are the faculty involved? What other international experiences have they had?
- Whom do I contact to get more information?
- What are the didactics (e.g., lectures, reading, discussion, debriefing) of the rotation?
- Does the program accept medical students for trips?
- Does the program accept residents from other programs for trips?

### QUESTIONS ABOUT INTEGRATIVE MEDICINE

Less than 15% of family medicine residencies incorporate integrative medicine practices into their curriculum. Use the following questions to ask about a program's approach to teaching and practicing integrative medicine:

- What is the program's philosophy on integrative medicine?
- How does the program incorporate integrative medicine into practice and training?

## QUESTIONS ABOUT LEADERSHIP AND ADVOCACY

Family medicine is unique because of the importance it places on advocating for the health of patients, families, and communities. Family medicine residencies have health policy training integrated into the curriculum. Some residencies offer opportunities for training and exposure in health policy and advocacy, as well as flexibility for residents to pursue state, regional, or national leadership positions. Use the following questions if you're interested in leadership and advocacy opportunities during residency:

- Does the program have a leadership curriculum?
- Are residents supported in external and/or organizational activities?
- Does the program support time away from training to pursue leadership opportunities?
- Have your residents held external leadership roles? If so, which roles and how has the program made these roles work with residency schedules?
- How has the program balanced accommodating opportunities that require time away from residency with the curricular requirements of the program? What arrangements could potentially be made for a resident who wanted to *[describe your own interests]*?

## QUESTIONS ABOUT OSTEOPATHIC MANIPULATIVE TREATMENT

Not all residencies offer training in osteopathic manipulative treatment (OMT), so you'll want to check availability by program. Use the following questions if you're interested in this type of training:

- What access do residents have to faculty who teach osteopathic principles and practice (OPP)?
- What opportunities does the program have for OMT procedures?
- Does the program bill for OMT?

## QUESTIONS ABOUT PROCEDURAL SKILLS

The Council of Academic Family Medicine (CAFM) *Consensus Statement for Procedural Training in Family Medicine Residency* (available online at [www.afmrd.org/page/cafm](http://www.afmrd.org/page/cafm)) is a great resource on procedural

skills. Family medicine residencies are required to teach procedures commonly performed by family physicians in ambulatory and inpatient settings. Many residency programs offer training in additional procedures in which faculty members have experience or interest, and/or procedures that are needed in the communities they serve. It's also possible to receive procedural training through partnerships and relationships with other specialty departments and services in the context of your family medicine training. Use the following questions to ask about procedural training opportunities:

- Could you describe your curriculum as it relates to procedural skills in family medicine? What procedural skills training does the program offer?
- What is your philosophy regarding procedural skills in family medicine?
- How do residents get exposure and training in procedural skills?
- How are procedural skills taught? Is simulation used? If so, for which procedures?
- Which women's health procedures are taught? Is training offered in point-of-care ultrasound (POCUS)?
- Which procedures are regularly billed?
- Do residents work with other specialty departments or services for procedural training? If so, could you describe that relationship and your residents' role?

## QUESTIONS ABOUT SPORTS MEDICINE

Family medicine residents interested in sports medicine may need additional training outside the standard curriculum. Use the following questions to ask about the availability of sports medicine training:

- Does the program offer curriculum in sports medicine? Do faculty members practice and teach these skills?
- Does the program serve patient panels that have sports medicine needs?
- Could you describe the program's relationship with other specialty departments or services that provide sports medicine services or training? Do the program's residents have opportunities to work with or learn from those groups?

## QUESTIONS ABOUT UNDERSERVED POPULATIONS AND SOCIAL DETERMINANTS OF HEALTH

Family medicine residency programs are specifically required to have residents assess community, environmental, and family influences on health. Use the following questions to learn more about the populations served by the program:

- What are the clinic's primary patient populations?
- Are there opportunities to serve underserved patients?
- What is the program's training curriculum in population health? How will this prepare me to approach population health and health equity in my practice?
- How will I learn to address social determinants of health, population health, and the interface between primary care and public health?
- Where do residents see patients outside of the clinic (e.g., nursing homes, free health clinics, home visits, telemedicine, community health events)?

## QUESTIONS ABOUT WELL-BEING AND CULTURE

A program's culture will have a significant impact on your residency. Use the following questions to ask about how resident well-being fits into the overall training program:

- Could you describe the program's wellness curriculum?
- What is your philosophy regarding resident well-being?
- How will the program's culture help me grow as a physician?
- How does the program assess resident well-being?
- How does the program evaluate whether it has delivered on residents' expectations, based on training opportunities they anticipated as applicants?

## QUESTIONS ABOUT WOMEN'S HEALTH AND OBSTETRICS

Family medicine residencies require that residents have exposure to and experience in obstetric care, including spontaneous vaginal deliveries. The average family medicine resident performs 48 spontaneous vaginal deliveries, including 10 involving continuity patients from their own panels. Students who are interested in delivering babies or providing care in complicated or surgical deliveries after residency may want to apply to programs that offer training beyond the minimum requirements. Use the following questions to ask about women's health and obstetric care in the program:

- Which obstetric procedures are available in the program?
- What are the learning processes for training in obstetrics (OB)?
- Which faculty members teach obstetrics?
- If there is an obstetrics/gynecology (OB/GYN) residency, how do family medicine residents work with faculty and residents in that program? Which residents cover call for OB service?
- Could you describe the residency's relationship with the other departments or services that provide OB care?
- How would you describe the program's OB experience?
- How many deliveries does a typical resident handle in your program? Will I have an adequate volume of deliveries in training to be prepared to handle deliveries in practice? Could you describe options to have more or fewer deliveries?
- How many continuity deliveries does a typical resident handle in your residency? Could you describe options to have more or fewer continuity deliveries?
- Can you tell me about a resident who has [*describe your own educational goals*], and how she or he accomplished that goal?
- Does the program participate in Reproductive Health Education in Family Medicine (RHEDI) certification for pregnancy termination procedures?
- If the residency program does not offer training in pregnancy termination, what are the options for me to receive that training?

# APPENDIX C

## SAMPLE RESIDENCY INTERVIEW CHECKLIST

Residency Program \_\_\_\_\_ Date \_\_\_\_\_

### Overall Rating

Rating Scale: 1=Poor; 2=Fair; 3=Adequate; 4=Good; 5=Excellent

1. Area

- \_\_\_ Housing
- \_\_\_ Schools
- \_\_\_ Recreation
- \_\_\_ Climate
- \_\_\_ Distance from Family
- \_\_\_ Practice Opportunities

2. Facilities

- \_\_\_ Modern
- \_\_\_ Well Managed
- \_\_\_ Efficient
- \_\_\_ Good Staff

3. Faculty

- \_\_\_ Experienced Clinicians
- \_\_\_ Educators
- \_\_\_ Humanistic

4. Residents

- \_\_\_ Full Complement
- \_\_\_ Good Attitude
- \_\_\_ Board-Certified Graduates

5. Benefits

- \_\_\_ Salary
- \_\_\_ Health Insurance
- \_\_\_ Malpractice
- \_\_\_ CME/Professional Development
- \_\_\_ Moonlighting

6. Library/Technology

- \_\_\_ Accessible
- \_\_\_ Full-time Librarian
- \_\_\_ Adequate Volumes
- \_\_\_ EHR

7. Curriculum

- \_\_\_ Well Planned
- \_\_\_ Accredited Program
- \_\_\_ Variety of Electives
- \_\_\_ Conferences
- \_\_\_ International

8. Evaluation/Advancement

- \_\_\_ Cognitive
- \_\_\_ Psychomotor
- \_\_\_ Feedback
- \_\_\_ Pyramid

9. Patients

- \_\_\_ Adequate Numbers
- \_\_\_ All Socioeconomic Levels
- \_\_\_ Resident Responsibilities/Call
- \_\_\_ Backup

10. Gut Feeling

11. All Categories

### Comments

(A) Positive

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(B) Negative

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# APPENDIX D

## HOW THE MATCHING ALGORITHM WORKS

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National Resident Matching Program  
2121 K Street, NW, Suite 1000  
Washington, DC 20037-1127*

The process begins with an attempt to match an applicant to the program most preferred on that applicant's rank order list (ROL). If the applicant cannot be matched to that first-choice program, an attempt is made to place the applicant into the second-choice program, and so on, until the applicant obtains a tentative match or all the applicant's choices on the ROL have been exhausted.

A tentative match means a program on the applicant's ROL also ranked that applicant and either:

- The program has an unfilled position, in which case there is room in the program to make a tentative match between the applicant and program, or
- The program does not have an unfilled position, but the applicant is more preferred by the program than another applicant who already is tentatively matched to the program. In that case, the applicant who is less preferred by the program is removed to make room for a tentative match with the more preferred applicant.

Matches are "tentative" because an applicant who is matched to a program may be removed from that program to make room for an applicant more preferred by the program. When an applicant is removed from a tentative match, an attempt is made to re-match that applicant, starting from the top of the applicant's ROL. This process is carried out for all applicants until each applicant has either been tentatively matched to the most preferred choice possible or all choices submitted by the applicant have been exhausted.

When the Match is complete, all tentative matches become final.

### APPLICANTS' RANK ORDER LISTS

Five applicants are applying to three programs. After considering the relative desirability of each program, the applicants submit the following rank order lists to the NRMP.

Anderson	Chen	Ford	Davis	Eastman
1. City	1. City	1. City	1. Mercy	1. City
	2. Mercy	2. General	2. City	2. Mercy
		3. Mercy	3. General	3. General

- **Applicant Anderson** makes only a single choice, City, because he believes that he will be ranked highly at City and has assured the program director that he would rank City number one.
- **Applicant Chen** ranks City, which she prefers, and Mercy. She believes Mercy will rank her first, and so she reasons that there is no risk of her being left unmatched, even if she does not rank additional programs.
- **Applicant Ford** would be pleased to end up at Mercy, where he had a good clerkship, and believes they will rank him high on their list. Although he does not think he has much of a chance, he prefers City and General and so ranks them higher than Mercy.
- **Applicants Davis and Eastman** have interviewed at the same programs. Like the other applicants, they desire a position at City or Mercy and rank those programs either first or second, depending on preference. In addition to those desirable programs, those applicants also list General lower on their ROLs.

## PROGRAMS' RANK ORDER LISTS

Two positions are available at each program. The programs submit the following ROLs to the NRMP.

Mercy	City	General
1. Chen	1. Eastman	1. Eastman
2. Ford	2. Anderson	2. Anderson
	3. Chen	3. Ford
	4. Davis	4. Davis
	5. Ford	

- **The program director at Mercy Hospital** ranks only two applicants, Chen and Ford, for his two positions, although several more are acceptable. He has insisted that all applicants tell him exactly how they will rank his program, and both of those applicants have assured him that they will rank his program highly.
- **The program director at City** includes all acceptable applicants on his ROL, with the most preferred ranked highest. He prefers to try to match with the strongest, most desirable candidates.
- **The program director at General** thinks her program is not the most desirable to many of the applicants but believes she has a good chance of matching Ford and Davis. Instead of ranking those two applicants at the top of her list, however, she ranks more desired applicants higher.

APPLICANT	RANK	PROGRAM STATUS	MATCH
<b>ANDERSON</b>	1. City	City has 2 unfilled positions.	Tentatively match Anderson with City
<b>CHEN</b>	1. City	City has 1 unfilled position.	Tentatively match Chen with City
<b>FORD</b>	1. City	City has no unfilled positions and tentatively has matched with more preferred applicants.	
	2. General	General has 2 unfilled positions	Tentatively match Ford with General
<b>DAVIS</b>	1. Mercy	Mercy did not rank Davis.	
	2. City	City has no unfilled positions and tentatively has matched with more preferred applicants.	
	3. General	General has 1 unfilled position.	Tentatively match Davis with General
<b>EASTMAN</b>	1. City	City already has 2 tentative matches but most prefers Eastman.	Chen is removed from City to make room for Eastman; tentatively match Eastman with City.
<b>CHEN</b>	2. Mercy	Mercy has 2 unfilled positions.	Tentatively match Chen with Mercy; Mercy has 1 unfilled position.

**The process is now complete:** each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been considered. **Tentative matches are now final.**

## RESULTS

- City matched to applicants Anderson and Eastman.
- Mercy ranked only two applicants and was left with one unfilled position.
- General, which ranked four out of five applicants, filled all its positions.

Mercy	City	General
1. <b>Chen</b>	1. <b>Eastman</b>	1. Eastman
2. Ford	2. <b>Anderson</b>	2. Anderson
	3. Chen (displaced for Eastman)	3. <b>Ford</b>
	4. Davis	4. <b>Davis</b>
	5. Ford	

## CONSIDERATIONS

- Ford, Davis, and Eastman used the Match to their advantage by ranking all acceptable programs to maximize their chances for a match. They, in addition to Chen, were smart to rank programs in order of preference and not based on where they believed they might match.
- Anderson took a real risk by ranking only one program. Unmatched applicants have shorter lists on the average than matched applicants. Short lists increase the likelihood of being unmatched.
- The program director at Mercy violated the rules of the Match by insisting applicants inform him how they intended to rank the program, and his program ultimately went unfilled. Ranking decisions should be made in private and without pressure. Both applicants and program directors may try to influence decisions in their favor, but neither can force the other to make a binding commitment before a Match.



BRIEF  
REPORTS

## What Residency Applicant IMGs Need to Know When Applying to US Family Medicine Residency Programs

Perry A. Pugno, MD, MPH, CPE; Amy L. McGaha, MD; Alexander Ivanov, MBA; Kaparaboyana Ashok Kumar, MD

(Fam Med 2011;43(1):43-4.)

Since 1997, international medical graduates (IMGs) have been a growing population within the entering classes of US family medicine residency programs. In 1997, IMGs made up approximately 14.5% of first-year family medicine residents. In 2009, that percentage had increased to 42.4%.<sup>1</sup>

Without a doubt there exists a diversity of perspectives regarding the relative advantages and disadvantages of increasing IMGs in US family medicine residency programs.<sup>2</sup> IMGs bring to US family medicine programs individuals with widely varying backgrounds, skills, and levels of preparation for clinical practice in the US health system.<sup>3-5</sup> It is natural, therefore, for IMG applicants to have had widely varying experiences and expectations as they seek to enter the US system of graduate medical education.

The American Academy of Family Physicians (AAFP) Division of Medical Education and the IMG Special Constituency leadership have responded to hundreds of related questions from IMGs and participate in many forums and discussions about challenges facing IMG applicants. In the interest of providing the best possible advice to IMG applicants for family medicine residency training, we offer the following recommendations:

### Pre-planning

- Be realistic. Recognize that you are competing for a limited number of positions with other applicants who may be more recently trained, better prepared for US clinical work, and have better test scores than you. Residency programs are not obligated to grant interviews to applicants, so you may not get an interview call from some programs.

- Take advantage of every opportunity to improve your language skills and acculturation.

- Contact the US office of the national organization of physicians that represent your particular ethnic or cultural group. This could possibly be your best opportunity for reliable advice, local support, and access to US clinical experiences prior to residency application.

### Applying

- Be wary of companies, Web sites, and sales persons who “guarantee” eventual residency placement. There are no guarantees of placement in the application process.

- Participate in the National Resident Matching Program (NRMP), [www.nrmp.org](http://www.nrmp.org). It validates your

capacity to be a “mainstream” applicant to residency programs.

- Attend residency fairs such as the one held at the AAFP’s National Conference of Family Medicine Residents and Medical Students, which takes place each summer in Kansas City, MO. ([www.aafp.org/online/en/home/cme/aafpcourses/conferences/nc.html](http://www.aafp.org/online/en/home/cme/aafpcourses/conferences/nc.html)) Interacting with faculty and residents in the exhibit area is a great opportunity to speak personally with potential future colleagues.

- Avoid those companies that exploit IMGs, including those that arrange for clerkships and observerships with paid practitioners who provide mediocre clinical exposure and those that “blast” electronic copies of your application to all programs with open positions.

- Make certain that your visa status will permit you to both enter and fully complete your residency training.

From the Division of Medical Education (Drs Pugno and McGaha) and International Activities (Mr Ivanov), American Academy of Family Physicians, Leawood, KS; and Department of Family and Community Medicine, University of Texas Health Science Center, San Antonio, TX (Dr Kumar)



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Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.

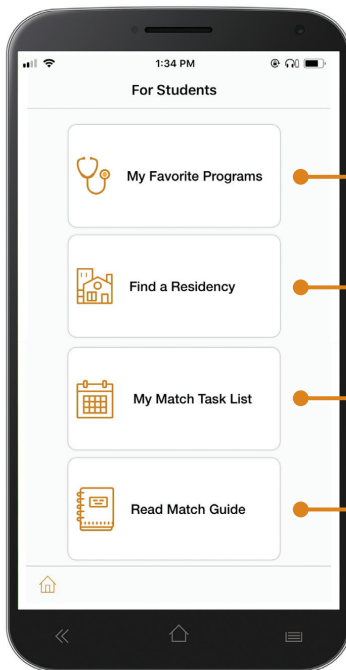
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