



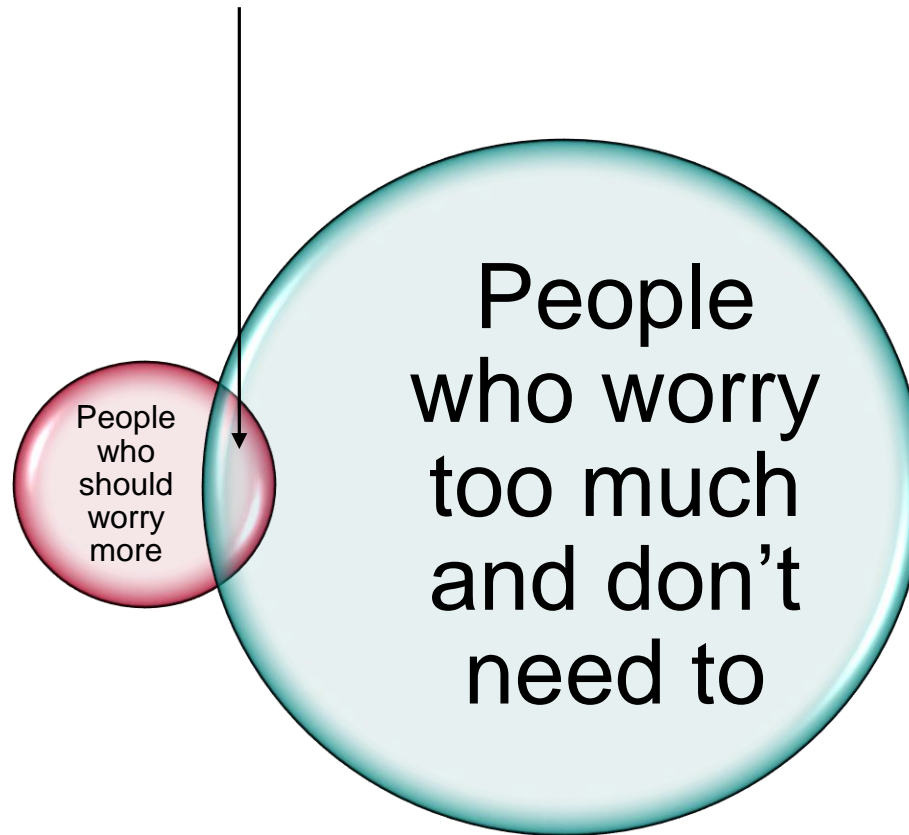
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

Family Medicine Residency: *Application Tips and Discussion*

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UNM FAMILY MEDICINE

The Application Process

People who worry the right amount about the match process



Most of You: Don't Freak Out!

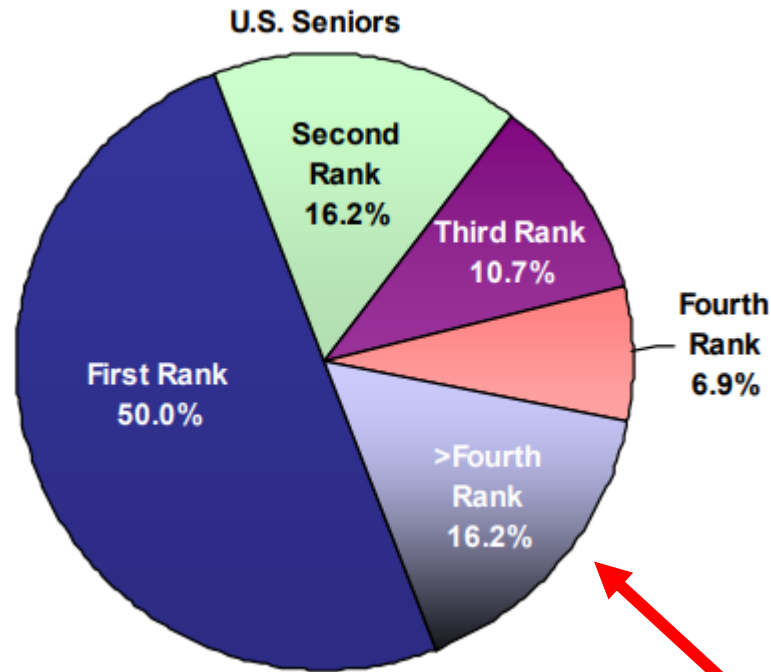
Table 4 Applicants in the Matching Program, 2016 - 2020

Applicant	2020		2019		2018		2017		2016	
	No.	%	No.	%	No.	%	No.	%	No.	%
Seniors of U.S. MD Medical Schools										
Active Applicants*	19,326	100	18,925	100	18,818	100	18,539	100	18,187	100
Matched PGY-1	18,108	93.7	17,763	93.9	17,740	94.3	17,480	94.3	17,057	93.8
Unmatched PGY-1	1,218	6.3	1,162	6.1	1,078	5.7	1,059	5.7	1,130	6.2
Withdraw	376	1.9	414	2.1	428	2.2	431	2.3	401	2.1
No Rank List	79	0.4	78	0.4	66	0.3	60	0.3	80	0.4
Total	19,781	100	19,417	100	19,312	100	19,030	100	18,668	100

Figure 7

Percent of Matches by Choice and Type of Applicant, 2019

Matched Applicants



but do be
appropriately
cautious

Strolling Through the Match (google it)



unmfm.pbworks.com/w/page/33814686/FrontPage

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Wiki Pages & Files

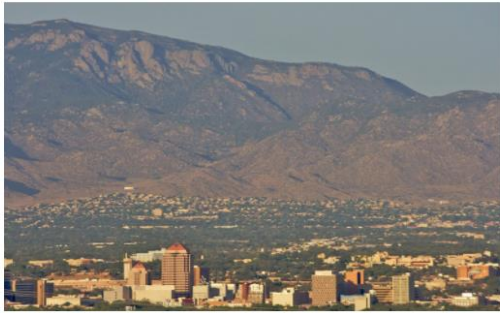
VIEW

FrontPage

last edited by Dan Waldman 2 months, 1 week ago

Page history

Welcome to the UNM Family Medicine Residency Collaborative Workspace



Sidebar

List of Most Used Links

Forms

- [FM Adult Admitting Criteria 7 2017.pdf](#)
- [Adult FM-IM transfer protocol](#)
- [Geriatric Trauma Consultation Agreement](#)
- [FM Peds Admission Criteria June 2017.pdf](#)
- [FM H&P Form](#)
- [MCH H&P Form.pdf](#)

[General Residency Policies and Procedures \(must be logged in\)](#)

Rotation Info

- [Required Rotation Catalog](#)
- [Elective Listing](#)

IPS Resources

- [FM Inpatient Service Main Page](#)
- [Inpatient Education Conference Schedule](#)

MCH Info

- [MCH Main Page \(must login\)](#)
- [MCH Note Templates \(public\)](#)
- [MCH Clinical Guidelines \(must login\)](#)
- [MCH Clinical Forms \(public\)](#)
- [MCH UNM Care Guidelines \(must login\)](#)
- [Ambulatory Women's Health \(must login\)](#)
- [Family Planning Resources \(must login\)](#)
- [MCH Beta Book \(must login\)](#)



- [Milestones](#)
- Clinics**

 - [Southeast Heights Clinic Page](#)
 - [One Hope Clinic](#)

- UNMH websites**

 - [HSC Intranet](#)
 - [Antimicrobial Stewardship \(must be on intranet\)](#)
 - [UNMH Pharmacy Website \(must be on intranet\)](#)

- [UNM FM Student Application Overview](#)
- [SOM Family Medicine Match Advisement](#)



unmfm.pbworks.com

Other resources

1. University of Washington: “Assessing Your Competitiveness”

Note- this is from 2011 so the USMLE numbers may have *slightly* changed.

<https://depts.washington.edu/fammed/education/advising/apply/assessing-your-competitiveness/>

2. Residency Faculty Opinions about Medical Student Advising: A National Survey

<http://www.stfm.org/FamilyMedicine/Vol47Issue2/Crossman134>

3. Interesting article about the match algorithm

<http://fivethirtyeight.com/features/another-34000-people-are-about-to-put-their-future-in-the-hands-of-an-algorithm/>

4. “In Defense of the Personal Statement”

<http://annals.org/article.aspx?articleid=1389854>

5. Do’s and Don’ts of Residency Interviewing

<https://www.aafp.org/dam/AAFP/documents/events/nc/handouts/nc17-res-interviewing.pdf>

Some of You:

Understand that your step failures, class failures, shelf exam failures (if visible on your transcript) may make you less competitive than IMGs who ace tests

Get ready to look at programs in places you might not have considered...

Discuss with your match advisor

From “Strolling Through the Match”

GENERAL RESIDENCY APPLICATION TIMELINE AND CHECKLIST

April (Junior Year) – March (Senior Year)

Suggested Timeline

(check with your dean's office for specific recommendations)

	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
<input type="checkbox"/> Review specialty and residency materials	████████████████████											
<input type="checkbox"/> Finalize senior electives	████████████████											
<input type="checkbox"/> Arrange MSPE interview (depending on your school's schedule)	██											
<input type="checkbox"/> Contact residencies for program information, requirements, and deadlines	██											
<input type="checkbox"/> Request application materials from programs not participating in ERAS	██											
<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 July 1 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 Documents feature of MyERAS				████████████████								
<input type="checkbox"/> Register with NRMP (opens September 15)						████████████████						
<input type="checkbox"/> Submit request for dean's letter/MSPE, letters of reference to be sent to programs not participating in ERAS					████████████████							
<input type="checkbox"/> Uniform release date for dean's letter/MSPE – October 1							X					
<input type="checkbox"/> Apply to programs (opens September 15)						████████████████						
<input type="checkbox"/> Schedule program interviews (Timelines vary for programs that do not participate in the NRMP.)						██						
<input type="checkbox"/> Interview at programs						██						
<input type="checkbox"/> Send follow-up correspondence						██						
<input type="checkbox"/> 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®

Be on Top of Things

You can create/edit as much as you want July-September but **you should be finished before 9/15 when programs can begin downloading**

Have these things uploaded/done so you'll be in the first stack of downloads when applications begin:

- personal statement
- CV
- Step scores
- Programs selected

Step 2? If you don't have step 2, + step 2 CS results when programs make their rank list...**you will not be on it.** People with no test failures or class failures will likely get interviews without step 2 scores back, people with failures may not.

Number of Applications?

Working backwards: ***Interview/Rank*** 10-12 places. (unless lots of application deficiencies or couples matching)

strong candidate: submit your ERAS app ~**15** places right at the start, if you have <10-12 interviews in a week, apply to more places

medium candidate: submit to ~**25-30** places to start

less competitive: candidate you should submit to **50+**. You may need to write emails to PDs asking for consideration for interview. Interview at as many places as you can logistically. Add more places if you aren't getting interviews. Have step 2 done.

What is a Strong FM Candidate?

Strong: did well on tests (>220 or so on step 1 and at least average on step 2 if available). No failures of classes. LORs say you are great, Dean's letter has no red flags, you look like an FM applicant on paper, and your PS is well written

Medium: >200 on steps and no failures. Otherwise, like strong, your CV has less "excellence" but zero red flags.

Less Competitive: any of these: step failure(s), class failure(s), decelerated for academic reasons, red flags in Dean's letter ("*Johnny struggled at first on the rotation, he did improve a little by the end*")

Less competitive candidates are at risk of getting screened out- the full application isn't even read.

Choosing Places to Apply

Ask around. (UNM med student document?)

Strong candidates: perhaps start by looking at all the programs in places around where you want to live

Look at their websites

AAFP Family Medicine Residency Directory

FM Residency Explorer? (Summer 2019)

If you really want to explore: go to the AAFP Student Conference in KC (usually first week in August)

Less competitive applications- assume you may not get to live in a super “*desirable” city. Look for programs with few US MDs. Many of those get almost no US MD applicants but are GOOD PROGRAMS

Interview with the NM programs!

*e.g.: Portland OR, Seattle, Denver, LA, San Francisco area, etc

How Competitive Are...

YOU?

Fail a Step?

Failed anything?

Some Honors?

Leadership?

Take time off?

Good interviewer?

Good/Worrisome comments in
Deans Letter?

Look more interested in a different
specialty?

THE PROGRAM?

Makeup of residents*?

Location?

Their priorities & mission?

*note: don't assume because a
program has largely
IMG/Caribbean grads that you are
a shoe-in, but it can give you info.

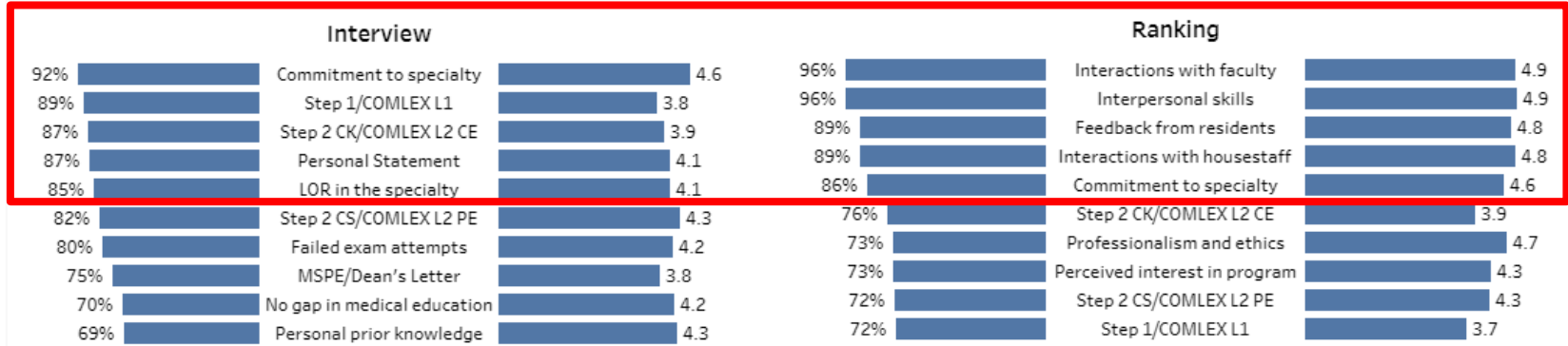
****Also MANY PROGRAMS WITH
IMGs ARE GREAT****

Results from the 2018 NRMP Program Director Survey

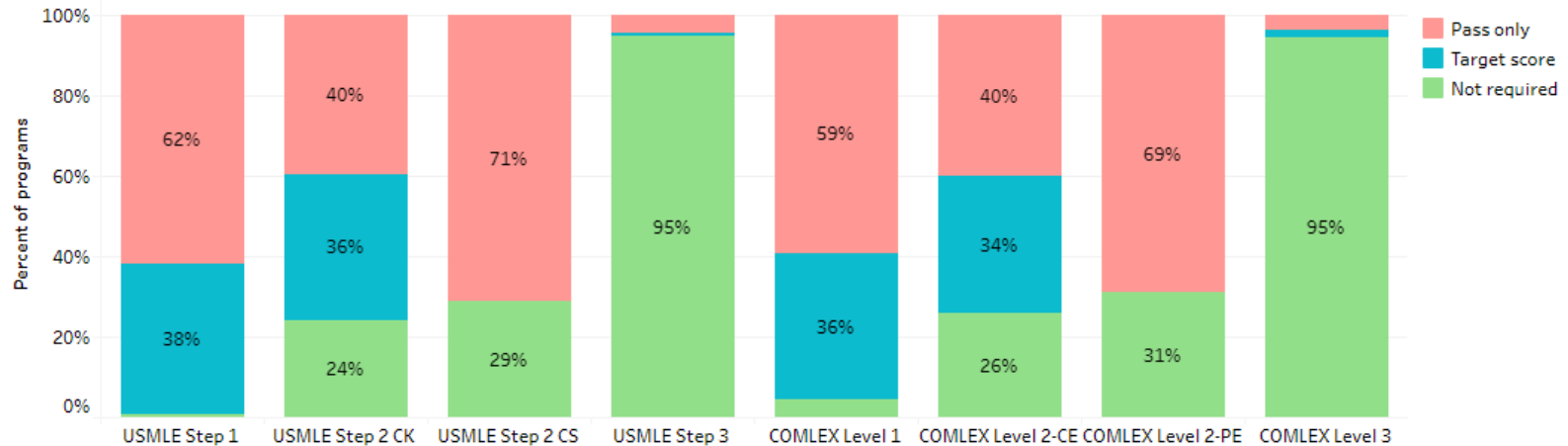
Select a specialty

Family Medicine ▾

1. Top 10 factors program directors use in selecting applicants to interview and in ranking



2. USMLE and COMLEX score requirements



2a. Target scores

USMLE Step 1



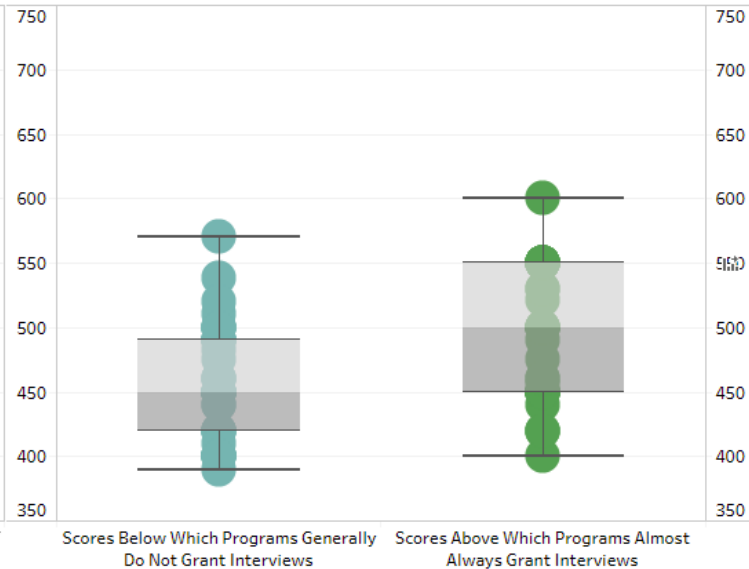
USMLE Step 2 CK



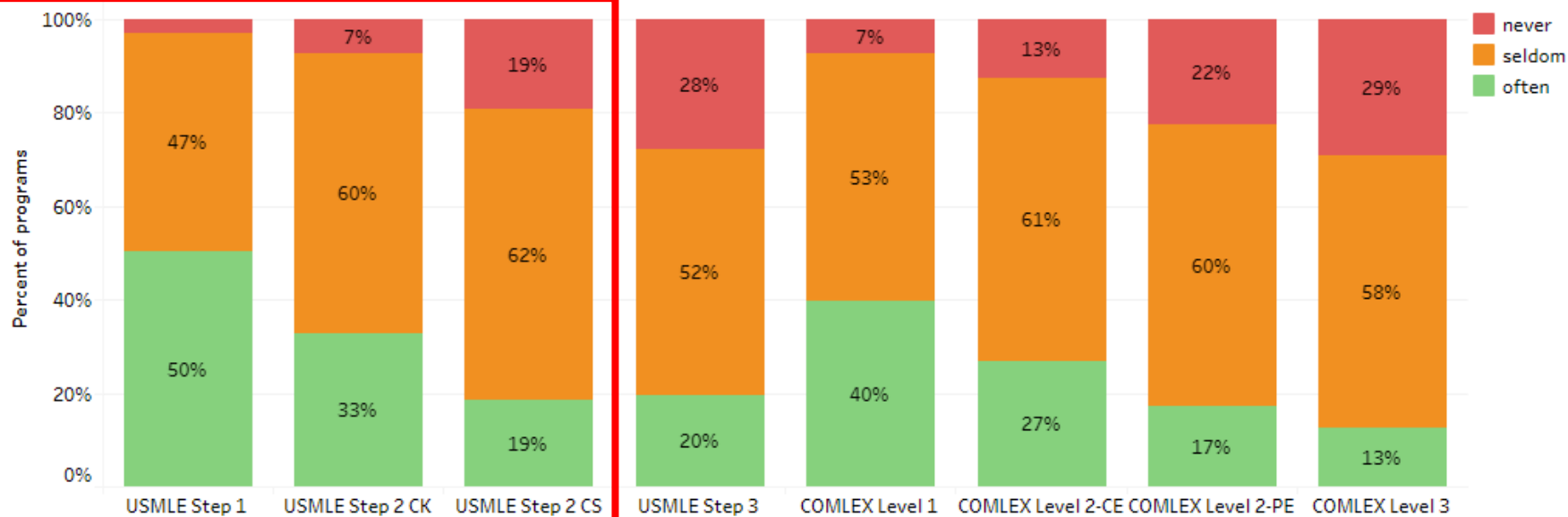
COMLEX-USA Level 1



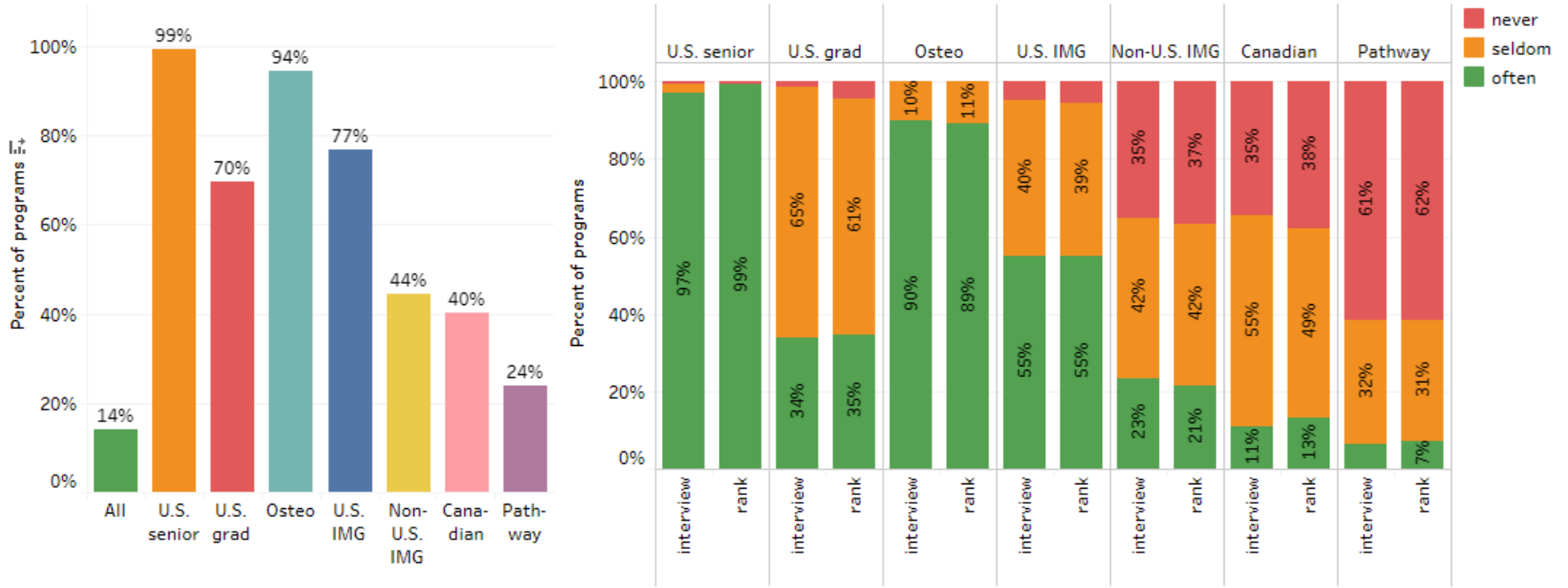
COMLEX-USA Level 2 CE



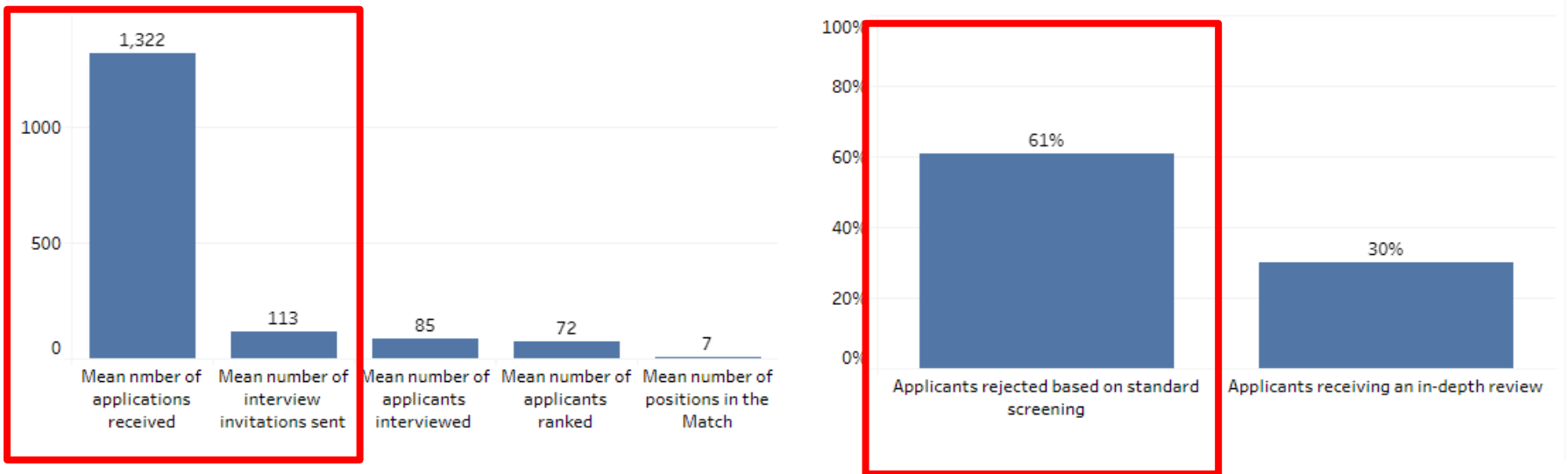
2b. Consideration of applicants who failed the exam on first attempt



3. Applicant types typically considered



4. Positions, applications, interviews, and ranks



What will get you screened out?



Failed a pre-clinical class early, then nothing else

Failed step 1 1x

Failed step 2 CK 1x

Failed step 1 2x

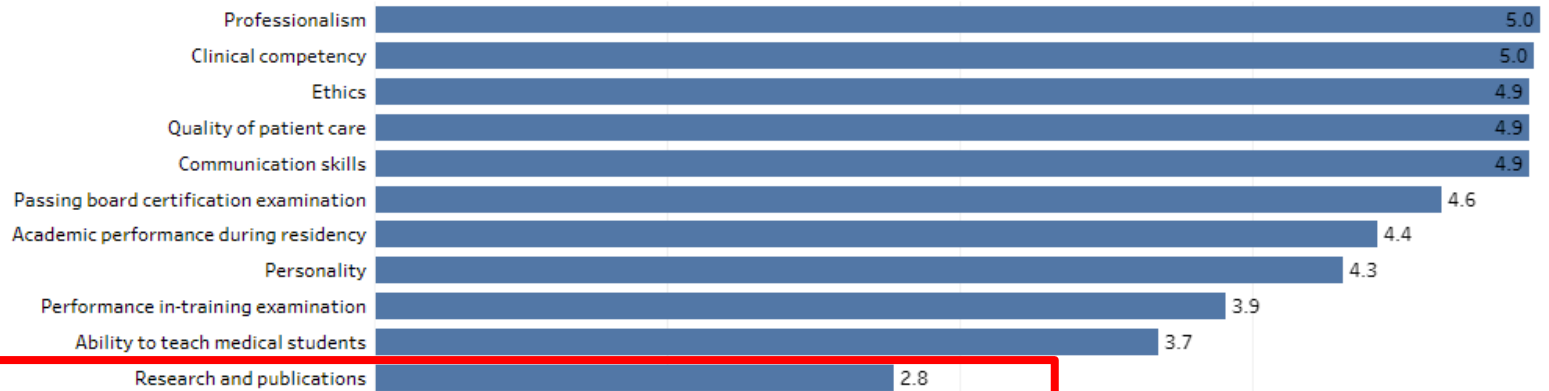
Failed step 2 CS

Failed step 2 CK or CS more than 1x

The lower on the list you go, the more likely you will be screened out (i.e. not have your application looked at)

6. Factors in assessing residents success

Average rating on a scale of 5 (5=very important)



When to worry you didn't apply to enough places?

Different residencies offer interviews on different timelines

If you have few interviews ~2 weeks after Deans letters are released (most released Oct 1), apply to more programs and check in with your advisor

Application Elements

Tips on FM CV

FM looking activities and themes

Things that show you are interested in the health of both individuals and communities

Research tends to be of less importance but in certain areas can look good

Highlight

- Leadership (if you have)
- Volunteerism
- Things that show you are passionate, and passionate about FM or things of interest to many in FM

Should I Put That on My CV?

A link to your well-written blog? (*That shows that you are an angry person and bitter towards your medical school*)

Your passion for/dedication to online virtual communities?

Your love of writing Harry Potter fan fiction novels?

Your involvement with political things, advocacy, etc?

Any of the above could work (or not)...be mindful

Letters of Rec

At least one FM, hopefully 2

No trend of other specialties

If you want them to cover something specific- talk to them about it openly (i.e. help explain a deficiency)

Who should you ask?

- Hopefully you can find people that think you are great.
- ***“Do you think you’ve worked with me enough to be able to write me a letter of rec?” if they hesitate...beware***

Personal Statement

Don't just reiterate your CV

Have someone else read it for grammar

Have your advisor read it

Can customize for site- maybe your top 5 sites?

Be interesting but better yet **be humble**

Don't give excuses for failures or problems. Take responsibility. "I learned"

People will find things in there to talk about in interviews, so put things you might want to talk about

Definitely address glaring issues in CV/Deans letter. Programs are risk averse. This is your place to counter perceived risk.

Some Overused Themes (...for what it's worth)

“As 3rd year went on, I realized I liked everything”

(Are there more interesting ways to say this?)

“The dewdrops on leaves glistened as I opened the door of the Ecuadorian/Ugandan/Peruvian clinic ”

Don't open with it- careful about how you come off.

Also, what about local populations?

Sub-I Thoughts

Do you **absolutely need** to do one in FM? No, but often makes sense to do

Availability: UNM, Santa Fe, Las Cruces

Don't do our MCH here if you don't like OB

You can get letters and also make a good (or bad) impression (*residents like hard working/fun peers*)

If there is a particular place you know is going to be a top choice: consider an away rotation

If you are particularly interested in a program, try to do a sub-I or rotation there

The Interview Process

The Interview Day/Social Events

You are feeling them out/they are feeling you out

Be nice to support staff

Show up on time

Have **your** q's that you care about. (these will change)

You probably wouldn't be there if they didn't think you could "do the job." Now they are trying to figure out if you will be happy, fit in, etc.

Social Events: don't overdo things. Be friendly. Be complementary, interested (even if you're not), etc. The residents are assessing if you'll make a good teammate.

The interview: Common Q's

Where do you think you'll be in 5 years? Doing what?

Why are you applying here specifically?

Why FM?

What Questions do you Have for Us?

Most places don't put you in groups, but some do.

(want to practice more q's? easy to find typical residency interview q's online)

After the Interview: “Follow Up Correspondence” (controversial)

If you like the program, consider sending the PD a personalized note or email

Language you can use in correspondence: “I was really impressed with your program” “you are one of my top choices”

Telling a program you plan to rank them first: powerful-but don’t say that if not true. If it is true though you can say it if you want ****but absolutely don’t have to**** (also why do you like them?)

They can’t ask you where you are ranking them: it’s a match violation

Rank Decisions

Nuances of Programs...So Many

“Opposed/Unopposed” (ugh)

“Academic/Non-Academic” (ugh)

Religious/non-Religious

Private Institution vs Non
Profit/Public

Importance of PD?

OB focus?

Community Focus vs Hospital
Focus (*may/may not not correlate
with type of program on paper*)

Closed/Open ICU...many of you
won't care

Hospitalists Group in the hospital?

Large/Small

Clinic Sites

Population Served

Other unique things?

What do their residents ***do when
they graduate? What do you
want to do?***

What really matters...

Who are these people, who are their graduates, where is this place, what kinds of doctors do they train, what kinds of patients do they serve...

Many people choose between their top programs based on “a gut feeling” (which is fine)

Many/most programs are “fine.” This isn’t the biggest decision in your life.

Final thoughts

Problematic Themes from Previous Students...

“No one told me to...”

“I didn’t realize I should have applied to all the NM programs”
(there are 4, soon 5)

Not realizing that if you failed step 1 you probably need a passing step 2 score to get a good number of interviews

If you don’t have a passing step 2 and CS in ERAS by early Feb you **WILL BE REMOVED** from match lists

“I really wanted to live in ____ city and it was that or not match”

“I only want to interview at 4-5 places, I’m trying to save \$\$”

Questions PD's Get Asked by Applicants



Things that show people have investigated our program (and the area if from out of town)

Q's that ask about pros/cons of our program but in a nuanced framing

-“projects you're working on”

-“things you're most proud about your grads”

-“what would you change if you had unlimited resources”



Questions that seem like ticking off boxes- to see if we have “everything”

Questions applicants don't seem to care about (better to say you're absorbing all the info, q's may come up later)

Questions that make me concerned that applicants are: rigid, mean, entitled, super high maintenance

Conclusions....

Figure out how competitive you are

Don't be afraid to listen to your instincts about fit

look at what the graduates are doing

Most docs in FM do outpatient only. Even grads from very “procedural programs.” So a program with strong outpatient training but weaker inpatient training may be great training

Don't put your eggs in one (or even 5) “baskets.” Put them in 10-12 ranked baskets of varying competitiveness

Programs are looking at fit/dedication to their goals and low risk

You may need to go to lesser known regions in the country

Don't forget about us here at UNM!

Go to AAFP KC Student Conference in the summer if you can

Advising

You should have an FM match advisor who is not in our residency leadership group

My email: dpwaldman@salud.unm.edu

I'm willing to meet with you if you want! (totally up to you). I can tell you about how you "look on paper"

Recommendation: talk to lots of people, but be wary of specific advice given by people who don't advise FM candidates much

Questions?
